

The Play Concept

Play

The Importance of Play to the Development of the “Self” Literature dealing both with theory and research describes the interaction between the mother and the baby in play situations as being a highly contributing factor in the development of the Self, in spite of the fact that most of the interactions between do not involve play, and that the development of the Self also occurs during other interactions (Bergman & Lefcourt, 1994).

Play research today is carried out with an integrative approach, that considers play an expression combining both cognitive and emotional processes. This approach contradicts the traditional approach according to which developmental psychologists studied play as expressing the baby’s cognitive development whereas psychoanalysis viewed play as an expression of the affective world. (Greenspan & Lieberman, 1994).

The theories that dwell on play as an important interaction for the development of the Self relate to two aspects of play in this context:

- An optimal state for the baby to discover his Self
- An optimal state in which to develop the ability for representation and symbolism

Reciprocal Play Therapy

The individual sessions with the baby are based on Reciprocal Play Therapy (RPT) developed at the Center (Alonim, 2004) which helps the baby to discover the pleasure of the self and human contact. The goal of RPT is to engage the baby by easing him into the experience of social interaction as a source of pleasure, by encouraging him to feel the comfort of unconditional acceptance, to enable the growth of trust and to stimulate the baby's motivation to engage in social interaction.

The three stages of RPT proceed with:

Tempted Play (TP) – The therapist tempts the baby with a favorite object, while the baby can reach for it and may start to pay attention to the therapist working with him, who may then offer him another favorite item. This is the seed from which trust in the provider of pleasure grows.

Sensory Play (SP) – Gradually the therapist will sensitively touch, hug, massage or carry the baby and try to comfort his body. Sometimes this leads to the first smile or cry.

Cognitive Play (CP) – This focuses on the development of basic skills such as looking for a toy, putting a block into a box, etc.

This is a cumulative process that is enhanced by, and incorporates, the elements of the previous stages. In addition to the process in the therapy room which is sparingly equipped, hydrotherapy is included to strengthen gross motor skills and improve spatial orientation.

The baby is free to proceed at his own pace. This is intended to be an empowering experience for the baby.

The Play Room

The baby is not expected to behave in a certain manner, but is the originator of the interactions that take place in the room. Everything in the room is potentially a new learning experience that is guided by the baby during the initial phase of treatment.

The atmosphere is safe for the baby, with the anticipation that the feeling of comfort and safety will lead to stress reduction, to then open the possibility for the growth of trust in the adults who spend many hours with him. Occupational therapists, physiotherapists, psychologists, social workers, speech therapists, etc. are trained to use RPT in the same manner. Individual personalities will produce natural differences. The baby is in intensive one-on-one therapy that takes place for the most part in a playroom specially equipped with large soft, and simple toys. The team of therapists observes the baby, records his behavior and consistently monitors this process by videotapes and charts.

The treatment room is constructed with a large one way mirror that permits therapists to observe before and then again after their session, and allows parents to observe the therapy. The baby is in therapy for up to ten hours daily including weekends. The number of hours is determined by the baby's level of functional development. The therapists alternate every 90 minutes. RPT requires the reduction of distracting stimuli to a minimum since these can interfere with the baby's ability to focus. The objective is to motivate the baby to reciprocate by seeking ways to engage him through pleasurable experiences. The baby's initiatives will direct the therapist's responses to him. Gradually, a bond develops between baby and therapist.

In time the baby usually begins to show preference for family members.

Parents are present throughout the program and view therapeutic sessions through a one-way mirror. They also have separate sessions with their baby and are helped to become skilled observers of his behavior patterns.