

The Art of Play

Improvisation , Spontaneity, and Expanding the Repertoire of Practice

“Mr Eliot has not at the back of his mind an idea or argument which could have been expressed quite simply, and which he is purposely disguising. These poems do not begin from an intellectual position or a truth. They begin with a place, a point in time and the meaning or the truth is discovered in the process of writing and in the process of reading. “

Helen Gardner (on the poetry of TS Eliot) in ‘Harold Pinter’ by Michael Billington

Prologue

The practitioner is always on the move. She studies approaches and theories and learns from observation and from doing the job. At first she seeks direction, security, a sense of moving in the correct way hoping that more experienced therapists will reward her loyal following with membership of the particular therapy movement or “club”. This is the common route to becoming accepted as a bona fide practitioner. It is a rite of passage and it is only the beginning. Since I assume that the *practitioner is always in the process of “becoming”, there is no fixed state to our development ~ no final end point.

Here I will suggest some ways in which the practitioner’s repertoire with children and families can be enhanced by attending to the intricate details of practice, where theories may assist but also limit an appreciation of what actually happens in the meeting between practitioners, their young clients and those who live in their families. The practitioner here is considered a performer in the art of play and, central to this performance of practice, is the capacity to improvise within each encounter. The following suggested foci describe and illustrate a social-relational orientation that emphasises the “stage” on which we meet the child at a point in time. We are improvising players in the serious matter of human distress, on a stage where the characters Ethics, Politics Practice and Theory meet.

1 Notice the Child as Teacher

Emily has just learned to walk without holding the hand of her mother. She totters across the pavement towards the huddle of young men smoking, talking and looking mean. I, Grandpa Jim, am apprehensive. But Emily toddles toward the group and halts two feet from them. She looks up into their faces and her broad smile seems to charm them. The boys return her smile with added, slightly awkward, laughter and warmth. Animated by her appearance they lighten up and I begin to smile too, nodding in mutual appreciation of Emily's gift of communication. We move on enriched by the moment of intimacy made possible by a child barely one year old.

This is the lesson I learned from her. The approach of innocence is neither weighed down by judgement nor fear. It is an offering that is somehow returned in kind. To open oneself to the other is a gift that the other experiences even without words being exchanged. Key to connection is gesture, suspension of judgement, and a generous curiosity. Curiosity is often used as an orienting word to help therapists to think in an exploratory fashion, to suspend certainties about truth and to embrace multiple perspectives (Cecchin, 1987). In addition though, curiosity has its roots in 'Cura', the Latin word for care, emphasising a response also shaped by feelings of love and warmth. Without care the therapist is ineffective so the term "curiosity", to be better understood, is charged with feelings and not restricted to an intellectual position based solely on perspective. Feeling and reason are wrapped inside each other.

2 Develop Informed Spontaneity

The Scene

The phone is ringing. I lift the receiver and the receptionist announces; "Your next family is in the Waiting Room." As I replace the receiver I hear a scream from along the corridor. I make out that it's a child crying and shouting something incoherent. My stomach muscles tighten. I take a deep breath like the diver before he plunges from the cliff to the sea.

The Still Life; a moment in time

I enter the room and Jonas is lying on the floor. His mother looks tired and poor. Her skin is pale, lined by a history of deprivation; her lank hair half drawing a curtain over the weariness of her expression. Her daughter stands by a chalk board and looks apprehensive. The social worker sits next to the mother. She looks awkward, not knowing how to respond to the screaming six year old boy lying on the floor thumping his fists and rigid with rage.

I say to his mother; "What is the matter? "

The mother answers, in a voice matching her appearance, "He wants a glass of milk "

When this still life is recreated in workshops it provides an opportunity to hear responses from practitioners about what they might do if faced with this moment when time stands still.

There is any number of ways to respond to the still-life depending on each practitioner's orientation but what is certain is that no two responses will be exactly the same. When asked to imagine their responses some say; "Speak to the mother first"; some say; "Kneel down and ask the child if he wants a glass of milk". Others debate the correctness of saying anything much until the family members have been escorted to the therapy suite. The variety of responses is dependent on the style of each practitioner, honed by study, affiliation to certain theories, personal life experiences, ethical values and the professional contexts within which practice is enacted. {Wilson (2007), Seikkula (2008), Jensen (2008)} Personal Style is as unique as one's facial features. Style is shown in what we *do*. We respond "in the moment" as an improvisation in words and movements. We seek for connection and, later, we may search for reasons about the possible meaning in our action and choice of response.

In the above example I found myself moving toward the boy and lying on the floor beside him, close enough and low enough to look up into his tearful eyes and red face. "Do you want a glass of milk?" I ask. He sniffs and nods and I say; "O.K....I'll get you a glass of milk ". I lift my eyes and notice the mother's forlorn expression and ask; "Would you like a glass of milk?" "Yes please," and she smiles. Her daughter looks at me expectantly so I ask her if she'd like a glass too. "Yes please ". Then the social worker ... "No thank you. "

That is how we began. But let's linger some more in this timeless moment. What did the girl make of my lying on the floor asking her brother a question? Did she think I was favouring him as he is favoured at home? Did she feel overlooked? Did she wonder if this man lying on the floor was appearing to be playful, but, like other men in her mother's life, he would soon turn nasty? And what did the mother make of it? She may have wondered if this was some new child focused technique to engage children who have temper tantrums on a floor. Or, she may have thought the therapist was "nuts". Who knows? For at that moment we act and something happens between us. It is an invitation to welcome the unbidden, to take a step towards the others in the picture and to respond to their responses.

Yet it is not a completely spontaneous movement either. Our actions have therapeutic intent and, in the split second of deciding, we can anticipate that one action or word or movement may be more fitting than another. This is to allow for uncertainty. It can be risky. In this instance the action of the boy elicited a dramatic response. Shotter (2010) refers to an ability of *poised resourcefulness*; a readiness, informed by experience, to respond usefully without planning beforehand. Yet the practitioner also anticipates that her next step will lead to a better, more useful connection than some other response. We discriminate but, in the moment, we are not thinking ahead in such a deliberate fashion. It

is more of an inclination to do something. We are improvisers in words and actions and our actions are informed by context, as are the actions and responses of others in the gathering.

Our responses are inspired by embodied knowledge. We are nudged by experience to say and /or do something seemingly spontaneous. But this “spontaneity” has also been shaped by our professional and personal lives that are part of our repertoire of acting / being in the world. To some degree this is a performance of authenticity. When we recognise feelings of hope or love or grief a part of us asks; “so this is what grief looks like. Is this the feeling of True Love?” We are simultaneously in the swim of events and on lookers from the shore. The practitioner tries to hone this responsiveness as a means of developing a good enough connection. It demands a breadth of repertoire aimed at connecting with the context presented “in the moment.”

3 Emphasise family LIFE, beyond the PROBLEM child

The boy who refused to speak

The psychologist makes a home visit to a child who will not attend school and who refuses to talk to anyone apart from some very close family members. I am invited to accompany the psychologist as a last ditch attempt to make some connection with this child. As we approach the family home we see the grandmother leading the boy away by the hand.

Psychologist; “Hello ... I thought we were to meet to discuss Seamus’s school problem! “

Grandmother (talking from over her shoulder as she departs); “We’ll be back in a while “

We enter the home and sit in the kitchen with the boy’s mother and sister. The psychologist is perplexed. I imagine she is thinking “What do I do now? There is no client present. What should I talk about? “She sits behind the kitchen table looking awkward.

I notice there is a fat rat in a cage in the corner, two goldfish in a bowl and a hungry looking cat eying them up. A big dog approaches wagging his tail showing signs of welcome. A child is by the back door looking at me with interest. She is twirling a hula hoop and showing off. The mother, prompted by hospitality, asks if we would like some tea.

This scene is rich in possibilities for conversation. I discover that the dog is a Rescue Dog that the Seamus loves this dog and the mother really wants to get out more. She feels “caged in. “

I look towards my colleague who seems lost for words. Her expression seems to say “Without the child with the problem, what can we discuss?”

All too often therapists feel their *raison d’être* is defined by talk of problems , their causes, potential solutions and so forth, as if other forms of talking are superficial . But it is quite the reverse. Family LIFE is full of possible connections towards resourcefulness as well as its problems.

Language is in the brickwork of family life. Our surroundings are physical, social and emotional. Like a stage setting we enter the physical space of the family and allow physical imagery to influence our responses. This stage can become a useful focus for the family therapist. He can be on the lookout for useful connections, family resources and events that stimulate connection.

The Rescue Dog provided the impetus for a story that I wrote for the boy as an invitation to meet. I valued the boy's caution about talking with yet another outsider, through the story of a Rescue Dog who had many good reasons not to talk or trust an outsider. The story seemed to create a useful link with Seamus's mother. I invited her and other family members to edit an earlier draft and assist in shaping the final version. The way seemed clearer now to make a better connection with Seamus who liked what he read. In addition, and through further meetings, I later learned that he loved and respected his grandfather who was bed bound. Seamus would not follow anyone's instructions except his. So, the next meeting was organised around the sick bed of the grandfather whose help I recruited in my continuing work with Seamus and his family.

4 Pay attention to the possibilities and limitations of diagnosis

"In most ... treatments there is a rush towards meaning leaving the present moment behind. We forget that there is a difference between meaning, in the sense of understanding enough to explain it, and experiencing something more and more deeply" (pg 140)

Children rarely prescribe their own diagnosis. This is left to the professionals as in the song from West Side Story where Officer Krupke is assailed by various explanations for the anti social behaviour of the gang members... Each explanation bodes a different intervention: psychiatry, social work, punishment. The simple yet often neglected question to put to a child is; *"Can you help me appreciate your point of view?"* Sometimes this essential question has to be couched in the language of play and action. Here is a version of the essential question above.

J.W to Bethan aged 10 " Right... here is a game called 'catch ball and ask questions', The idea is that we throw the ball to each other and when you catch it you can ask me a question. Then it's my turn and so on "

Her eyes light up, she smiles "OK! "

J.W. (After catching the ball)... "What would you like me to do to be helpful to you and your mother "

Bethan: "Can you encourage my mother to stay out of the school playground and not come into my classroom? "

Later; "Can you encourage my mum to talk to my gran again as I want to visit her? "

And again; “Can you tell my mum not to study so much at night? “

These requests became a very significant focus for later family sessions. Up to that point the mother had solely focussed on her daughter’s behaviour, her child’s physical complaints and her worries about her daughter’s performance in school. The daughter’s concerns also opened up more relational, contextual family matters. The child’s “diagnosis “was social not individualistic or intrapersonal.

The child who refuses the idea that something is wrong with him is making an irreverent, creative opposition to the tenets of psychotherapy that try to pin down the problem. Instead, here, the irreverent practitioner meets the irreverent client.

However the practitioner has other connections to consider. The child’s words become heard but not at the cost or exclusion of other family matters and members.

5 Encourage dialogue beyond diagnosis

Can I see with your eyes?

“The boy is on the Asbergers /Autistic spectrum. He assaulted his Paediatrician at the last consultation and he refuses to get into a taxi to go to school. “These were the early referral details about Alan whom I was due to meet. He arrived with his gran and his mother and we sat together in a small room with Alan only four feet away. Before I could begin the initial welcomes Alan got up from his chair, advanced towards me and I thought; “this is it ... he is going to hit me like he hit the Paediatrician!” But he didn’t. Instead he removed my glasses and returned to his chair with them on.

I said “Excuse me Alan but when I don’t wear my glasses I can’t see a thing. Can you give me them back please? “His mother said a few words of encouragement to support my request.

Adam then got up from his chair, walked towards me, and put my glasses on my face. As he came into focus I saw pleasure and playfulness in his eyes, delight at his actions and, in that moment, I smiled back. I wasn’t frightened any more.

His playfulness was at once a challenge to the ordinary rules at the start of therapy. (How many adults would like to do the same as he did? And what a wonderful metaphor his action introduced! “let me see with your eyes and I’ll let you see with mine”

The practice expanded from this simple exchange to include network support meetings alongside individual sessions with Alan. The individual sessions included film making, storytelling and informal play. Significantly, the connection with Alan seemed to encourage participation from the parents and grandparents who, until then, had felt sceptical about professional helpers being involved. The network support sessions provided a context for all family members, professionals and others (like the taxi drivers) to participate (Seikkula 2008). The meetings were aimed at a reflexive style of talk in which each person was

encouraged to discuss their *own* learning from experiences of working and /or living with Alan. In this way Alan did not become the object of discussion; rather each participant was encouraged to discuss their ideas, dilemmas and feelings about their practice.

This is not only a form of contextualizing practice in a social domain; it is also an enactment of the democratization of ideas and expertise. Alan's ten year old sister and his school taxi drivers also joined in without feeling inhibited. We were talking about ourselves as engaged participants in Alan's life. This is a form of therapeutic solidarity that helped create a safe enough, holding environment, for Alan and positive engagement of his family in the support network.

6 Develop 'Human-ualised' Practices

The manualised therapist will have a more attached relationship to the manual than the clients. This approach may suit clients who like to do things by the book with a therapist who can mainly operate in this apparently secure environment. However, the therapist who is also responsive to the idiosyncrasies of each client at each moment is more likely to engage the other in a mutually emerging direction whether or not manuals are used. We can play with protocols rather than become enslaved by them.

The bigger constriction to creativity with children is in the holy belief in the fixedness of certain diagnoses. ADHD is a case in point and its exponential growth in USA and European countries in recent years has led some therapists and professionals to restrict options for practice to parent training programmes, impulse control for "sufferers" and drug treatment (Everett & Volgy Everett, 1999). These prescribed treatments and the literature supporting a neuro-dysfunctional hypothesis marginalises so many other perspectives particularly those that would emphasise the child or young person's own definition as to "what is the matter" Practitioner's cannot afford to close off open dialogue about these matters because for some, like me, they are not only scientifically contentious but more especially ethically concerning, where a social critique of a child's difficulties is only responded to by drugging the individual child. For a broader discussion see Wilson (2010) in press.

Often practitioners with children believe that by taking a family history, explanations for problematic behaviour will be found and that such explanations will lead to methods and treatments that will solve the particular malaise. Past causes are sought and corrective help provided. This approach can sometimes be useful where clear medical diagnoses are relevant for particular conditions. However, when children's problems are only seen as fixed, innate, and constitutional, options are few. This can be seen in some applications of evidence based orientations that can lead practitioners, family members, and the child, to think only in terms of personal deficit.

For those with this orientation, the search for explanations stops at the point of diagnosis and can leave the stage of therapy cold and void of mystery or potential. The problem child is given a role and this role fixes him in his trajectory within the particular system operating to define him thus. Yet to create a generative dialogue requires us to encourage and embrace different voices and opinions.

....“ transformative dialogue ... (refers to) forms of dialogue that attempt to cross the boundaries of meaning, that locate fissures in the taken for granted realities of the disputants, that restore the potentials for multi-being, and most importantly, that enable participants to generate a new and more promising domain of shared meaning “ Gergen (2009) (pg193).The practitioner is, instead, a performer of curiosity and irreverence, a nomad in the land of the definite, a ‘borderliner’ at the edge of dogma. The practitioner has to have one foot in the serious world of rational argument and the language of common sense. He also needs one foot in the realm of playfulness and the capacity for dialogue between the two worlds.

The moral philosopher, Mary Midgley, (2001) addresses the value of avoiding a false antithesis between science and the arts: “ what we are dealing with here is not a simple duel between feeling and reason- nor one between science and the arts- to be resolved by a victory for one side. We need somehow to value and celebrate scientific knowledge without being dragooned into accepting propaganda which suggests it is the only thing that matters “ (pg 53)

7 Pay attention to the Actor/ Practitioner

Christopher Heimann, teacher of improvisation at the Royal Academy of Dramatic Art describes the following abilities required of an actor. For actor read “practitioner “with children and families.

“Training to become an actor is partly about undoing normal educational processes and recapturing some of our childlike abilities; the ability to be fully absorbed in what we are doing, to be curious, vulnerable and open, truly affected by the people and things we interact with, to be present in sensorial experiences and an ability to act spontaneously and intuitively, to experience without judgement, and the ability to surprise ourselves and others”. He summarises these as the capacity that lies at the heart of his (and our) profession: the ability to play. (Heimann May 2009)

“In regard to actors, there are those who can be themselves and who also can act, whereas there are others who can only act, and who are completely at a loss when not in a role, and when not being appreciated or applauded (acknowledged as existing)” (pg 135) (pg 135) (Phillips , 2007) I refer elsewhere (Wilson 1998, 2005, 2007) to the practitioner as having the ability to develop various forms of Transitional Performances as part of the

repertoire of therapy with children and families. These transitional performances are modes that create dramatic explorations of central themes in family life that have a bearing on their troubles. Essentially they are dramatic improvisations based on happenings within family life that act as pointers to stimulate further dialogue between participants and "audience". The improvisational film maker Mike Leigh captures the aim of such performative modes when he describes his orientation towards film making as :

" the joy of looking at ordinary banal things and finding what can be made interesting about them ,it becomes something else, something meaningful, poetic " (pg 56)

Here is an example of a performative mode of improvisation in the supervision of therapists.

Supervisor as Internal Characterization of the client;

This mode was developed spontaneously from a supervision session in which the supervisee, an experienced therapist, was concerned to find a better way of appreciating his young client's situation. He was rich in ideas about what was the matter with the client but all the ideas were descriptions ABOUT the client and his troubles. They lacked feeling, energy and effort. I asked him to tell me as much as possible about the young man's "back story". As I listened I allowed myself to imagine I was entering the experience of the child sitting hearing the story of his life unfold as the supervisee spoke. I paid attention to my embodied response, images, associations and ideas that came from whichever source. I tried to let the story unfold and inform me without too much intent. I allowed myself to enter the hypothetical characterisation of the client as described by the supervisee. Following the supervisee's description I offered my responses "as if "from the child's inner life. It was a transitional performance that allowed both the supervisee and me, to experiment; to enter a temporary theatre of exploration.

The dialogue that follows the transitional performance is crucial in providing space for fresh reflection. What occurs in Internalized Characterizations provides a more three dimensional richness to discussion. When too much intellectualisation occurs it suffocates expression. After the transitional performance we can express and compare experiential and cognitive responses from an appraisal of the improvisation. The performance exists in the realm of the hypothetical, the imaginative. In this instance it provided a novel mode of supervision for the supervisee and fresh perspectives on how to engage more fully with the child's emotional experience of family life.

8 Pay attention to rhetorical influences in communication

Watch and listen to a mother talk to her baby in her pram. Watch and listen to a father comfort his young son when he is upset. Watch what a teacher does to dramatise a story for her class. Listen to how we whisper in the company of a sleeping infant.

At times we become the play-thing of our young clients. When we try to build the magical and fragile world of imaginative play we sense that it could burst like a bubble if the therapist becomes too grown up, too instructive, too rational or too embarrassed. Young children have a keen sense that detects insincerity and the discomfort of adults. For some practitioners this type of play comes easily. For others it needs effort and practise as well as an appreciation that honest mistakes are usually endured with humour by children. The therapist who desperately wants to “get it right” is more likely to get it wrong. Rhetorical skills are part of the therapist’s repertoire. The performance poet acts the words of her poetry. The storyteller dramatises the words to convey the strength of intent. As a practitioner, I play with an eye on therapeutic opportunity. I am not free of intention though intention rests a while so as to enjoy the play for its own sake. In the U.K. insufficient attention is paid to the rhetorical skills in training family therapists. It is as if the breath that carries words is the only current to convey meaning. Yet without precision in posture, gesture, rhythm, and other forms of delivery, so many possibilities die on the air of poor rhetoric.

9 Pay attention to the music of concern from parents

Bruce Wampold (2001) in his study of Psychotherapy efficacy compares the contextual model to the scientific model and concludes that the creation of an effective therapy depends on the shared and valued myth that should be “revered, cherished, and nourished- and not folded into the field of medicine where it will be suffocated” (231) “The contextual model therapist understands that it is the healing context and the meaning that the client gives to the experience that are important” (pg 219). For children this means believing that the therapist will help them with the problems that perturb them. This is often not the same as the “referred problem” or the parent’s views of what is the matter. Here the seriously playful therapist must also find ways to enrich the conversation with alternatives, make the fixed problem more malleable through questioning certainties and at the same time holding in mind the biases of each family member in order to create a usefully healing context.

Recently I visited a child who regularly ran away from home. His father was exasperated, at his “wits end” and kept repeating the same mantra “I don’t know what else to do. He will not listen to me”

The child sat as if in a daze and each time I tried to encourage him to contribute, his father interrupted. I wanted to find a better way to meet with the father in order to stop the talk of accusation and failure that dominated the session. This meant arranging separate sessions so I could appreciate the father’s feelings whilst at the same time trying to introduce a useful difference into the story being told. This situation illustrates a perennial

challenge for family practitioners; how to appreciate each point of view without alienating anyone.

The intricate dance of tolerating multiple “realities” is key to maintaining leverage to work with all those involved. The music in the father’s words “he won’t listen to me! “Were expressed in anger and frustration but, they also spoke of sadness and shame. To appreciate that the tone of anger is nuanced by other feelings, is crucial since hearing the other feeling “notes” provides opportunities for responses beyond the obvious and therefore other descriptions of relating.

I sigh and say “Yes... it sounds really frustrating. The Police calling ... the whole thing sound awful... like a public show...everybody knows your business “

Father “yes. I am embarrassed and I need help ... “ This shift in emphasis allowed the father’s concern to be acknowledged and explored jointly with his son. Our working alliance became more established when we were able to discuss feelings of shame and blame without rushing towards judgement. The reactivity of the earlier session was slowly replaced by reflection, problem solving and mutuality between family members.

To connect with children it is also necessary to make sure a connection of co-operation exists with the parents/carers in his life. To fail here leaves the therapist as either an indispensable parent substitute or an opponent to the real carers in a child’s life. The Child Focused Practitioner must be multi- lingual; able to connect with the language of adult and child fluently.

10 Notice the offerings from the child

Father to therapist, discussing his daughter’s opinion about coming to see me for the first time; “She talked about her meeting with you. She said you remind her of Dr Who” (this is a TV character in a popular Sci- Fi series. The Doctor in question is a time traveller and has an assistant with whom he has many adventures travelling through time and space)

I saw this as a gift and the next time I met with the child we played Dr Who travelling through time to her family at Christmas time. Looking in the window at who would be present at the dinner table and who would sit next to whom, and especially who would be missed. This helped us to make a safe and playful exploration of the child’s family relationships and important themes in her life that aided the focus of our subsequent family sessions.

11 Move from the Classroom to the Playground of Practice

The therapist can be playful but with a background of serious consideration. In earlier writings (Wilson, (2005), (2007) I emphasised the interaction of four contexts for the consideration of possibilities for practice through the image of therapy as a ‘School of Possibilities’ in which all theories resided in the classroom. To translate concepts into the

art of practice we have to step out of the classroom into the playground. This is the Playground of Practice and in this playground there is;

The child who stands alone: This is REFLECTION in practice.

The child who acts together with others: This is MOVEMENT and PARTICIPATION in practice.

The child who draws and paints: This is ART in practice.

The child who sings: This is the MUSIC and POETRY of practice.

The Child who tells stories: This is the STORYTELLER in practice

The child who creates make believe games : This Is the THEATRE and DRAMA of practice

All these modes refer to forms of “painted words” (Hoffman 2002) of Practice; words and actions that have the potential to liberate thinking and experience in therapy with children and families. This inclusive orientation expands therapeutic possibilities where the practitioner is free to use whatever mode and concepts fit with the style and resourcefulness in each child and family.

12 Link Knowledge to one’s personal Style, and maintain a generous Spirit

All practice is informed by the interaction of four dimensions; the practical, ethical, political and theoretical influences and preferences of the practitioner. The practitioner’s style is an idiosyncratic blend of these dimensions, as compass points, to find direction in what we do. While these dimensions are important for our thinking and critical reflection, children in therapy are not at all interested in theories or approaches. They, like adults clients, are much more interested and influenced by the therapist’s ways of being *present* in relationship. I could call this authenticity but that is too fixed a term since we express our genuineness in different ways and in different contexts in order to fit with utility and purpose. I could call it the therapist’s humanity but that sounds restricted to a quality of the practitioner, a benefactor towards those who do not quite come up to the mark. Rather, it has more to do with an attitude that considers practice as a *process of humanization* and a belief in the creative potential of each person (Freire, 1970) .This is expressed in a spirit of *generosity* by the practitioner.

In his book “ The Guitar Man “ (Hodgkinson,2007) the author , talks about three aspects of learning these being ; Knowledge ,(Learning the rudiments of music theory , watching musicians , going to concerts , learning scales and so on ...) and Style which is the musician’s ability to put the knowledge into practice . The third aspect is Grace; this is a small word with many meanings but for the musician the term Grace refers to the soulfulness, the feeling, the generosity of spirit that is put into the playing by the musician.

The parallel for practitioners in therapy is very close. Knowledge is only more or less useful in helping us to develop our style and expand our repertoires but generosity of spirit is the

feel that the practitioner brings to the practice and is arguably the most important dimension.

Epilogue

The overarching aim of practice is to find ways to create contexts of participation, with an attitude of serious play that promotes improvisation and new possibilities and where each participant feels safe enough to take part.

Holzman (2009) describes the work of the Russian psychologist Lev Vygotsky; “Not as a theory of mind but as a theory of *becoming* (my emphasis).... It had to do with the process of becoming and not with the state of being. Activity provides the foundation to move psychology from the study of ‘what is’ to the study of ‘what is becoming.’ “(pg17)

The various features described and illustrated here are a contribution to practices of “becoming” both for the practitioner and the child in context. They are not intended as a list of “must do’s “. Rather, they are suggestions to help the reader develop their own repertoire of practice.

The aim is to create a ***confluence of participation*** in practice that attempts “to reach an understanding in dialogue that is not merely a matter of putting oneself forward and asserting one’s point of view , but of being transformed into a communion in which we do not remain what we were . “ (Quote by Gadamer in Palmer 2001)

Emily did this with her smile.

A former trainee therapist emailed me recently to say she wanted to find more ways to study and improve as a therapist with children and would I please send her “Any advice? “

I thought for a while and emailed her back an old joke:

Tourist, looking for directions to the famous music theatre, Carnegie Hall, approaches an old man at a street corner in New York:

Tourist; Excuse me bud but how do I get to Carnegie Hall? “

After a moment’s deliberation the old man says; ...“Practice.... practice.... practice “.

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* Practitioner refers here firstly to my own experience as a consultant systemic psychotherapist. However I use the term to suggest a more inclusive orientation that can encompass all those inclined towards enhancing their practice with children.

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