WENT INTO THE PLAY ROOM AND THE ELDER SON DREW A PORTRAIT OF MOM. (FIG. 4) THE DRAWING SHOWED CLEARLY THAT HE VIEWED MOM AS QUITE ANGRY—HER TEETH WERE BARED. THEN, HE DREW A PICTURE OF DAD (FIG.5) WITH A SILLY, INANE GRIN ON HIS FACE WHICH WAS QUITE SIMILAR TO DAD'S FIRST DRAWING. AS THIS BOY WAS THUS ENGAGED, THE OTHER BOY AND MOM SET UP A WAR SCENE IN THE SAND WITH SOLDIERS, FLAGS, AND PARASOLS. (FIG. 6) THE DAUGHTER OBSERVED THEM, THEN BEGAN TO CONSTRUCT A SCENE OF HER OWN. DAD FOUND THE HOSPITAL MINIATURES AND PUT THEM INTO THE SAND PICTURE THAT SHE WAS SETTING UP. I FULLY EXPECTED HER TO OBJECT, BUT SHE DID NOT. SHE ASKED THAT I NOT PHOTOGRAPH IT, HOWEVER. DAD SAID THAT HE CHOSE THE HOSPITAL TOYS BECAUSE HE IS A MALE NURSE IN THE ARMY RESERVES. UNCONSCIOUSLY, IT SEEMED TO HAVE MORE TO DO WITH HIS DAUGHTER'S RECENT HOSPITALIZATION AND THE HOPE THAT NOW, THINGS WOULD BE HEALED.

THE BOYS THEN WANTED TO USE CLAY, AND THEY INVOLVED THEIR SISTER WITH THEM. SHE AND THE ELDER BROTHER REVEALED SOME ARTISTIC ABILITY IN THEIR CREATIVE USE OF THE CLAY. HE MADE A MONSTER THAT WAS SIMILAR TO HIS DRAWINGS. IT HAD AN OPEN MOUTH AND ILLUSTRATED ORAL RAGE. HIS SISTER'S WAS THE COMPLETE FIGURE OF A GIRL. THE OTHER BROTHER WAS SOMEWHAT AGITATED BECAUSE HIS PIECE DID NOT GO THE WAY HE HAD ENVISIONED.

THE TIME CAME WHEN THE FAMILY ANGER TURNED TOWARDS ME. THE OLDER SON ACCUSED ME OF NOT DOING ANYTHING BUT OBSERVING. HE DARED ME TO SOLVE THEIR PROBLEMS. DAD ALSO INTROJECTED THAT HE WAS TIRED OF COMING HERE, WHICH WAS ECHOED BY THE DAUGHTER. I TOLD THEM THAT I THOUGHT THERE WAS A TREMENDOUS AMOUNT OF DESTRUCTIVE ANGER IN THIS FAMILY THAT WAS KEEPING EVERYONE UPSET, NOT JUST THE CHILDREN. THE OLDER BOY VERBALIZED EXTREME HATRED TOWARDS HIS SISTER AND ALL THE TROUBLE SHE HAD CAUSED AND SAID THAT HE WISHED SHE WOULD REALLY DISAPPEAR. WE USED SOME ROLE REVERSAL TECHNIQUES DURING THIS SESSION, BUT NO ONE WANTED TO TAKE THE ROLE OF THERAPIST.

THE SESSIONS CONTINUED FOR SEVERAL MONTHS WITH VARIOUS COMBINATIONS OF FAMILY MEMBERS AND WITH FORMATS THAT RANGED FROM ART TO SAND TO VERBALIZATION. THE EXPRESSION OF ANGER, WITHOUT PHYSICAL ABUSE, CONTINUED TO BE THE FOCUS OF THERAPY. AT THE END OF ONE SESSION., THE OLDER SON BECAME QUITE ANGRY WHEN I REFUSED TO ALLOW HIM TO USE THE CAMERA TO TAKE A POLAROID PICTURE OF THE SCENE THAT HE HAD PRODUCED. (IT IS ONE OF MY FEW RULES—I OPERATE THE CAMERAS.) HE IMMEDIATELY BEGAN TO DISASSEMBLE HIS TRAY AND PUT THINGS AWAY, SO THAT I COULD NOT TAKE A PICTURE OF IT, AND HE LEFT THE ROOM. I SAID THAT I GUESSED HE WAS ANGRY AT ME ONCE AGAIN AND I WAS SORRY THAT THIS WAS HOW HE CHOSE TO HANDLE HIS ANGER.

THIS FAMILY WAS TREATED FOR A LITTLE OVER A YEAR IN A FAMILY THERAPY FORMAT THAT INCLUDED ART, SANDPLAY, ROLE PLAY, AND VERBALIZATION. MANY OF THE SESSIONS WERE WITH THE ENTIRE FAMILY WITH THE EXCEPTION OF THE DAUGHTER, WHO ATTENDED AFTER HER HOSPITALIZATION UNTIL SHE EVENTUALLY FOUND HER OWN THERAPIST. AT THAT TIME, IT WAS AGREED THAT HER TREATMENT NEEDED TO BE ON AN INDIVIDUAL BASIS, WITH INTERMITTENT ATTENDANCE AT FAMILY SESSIONS. THE OTHER SESSIONS WERE HELD WITH DIFFERENT COMBINATIONS OF FAMILY MEMBERS.

THE MAJOR TREATMENT FOCUS BEGAN WITH THE DAUGHTER'S HOSPITALIZATION AND ITS EFFECTS ON THE ENTIRE FAMILY. THE ISSUES COVERED INCLUDED THE FEAR AND ANGER ENGENDERED BY EACH FAMILY MEMBER. MUCH OF THE THERAPEUTIC WORK WAS FOCUSSED ON AN APPROPRIATE EXPRESSION OF ANGER AND CONTROL. EACH HAD HIS/HER OWN AUTHORITY ISSUES, WHICH BECAME A STUMBLING BLOCK AT SOME TIMES.

ONE SON HAD SERIOUS LEARNING DISABILITIES, WHICH WILL CAUSE ADDITIONAL STRESS FOR HIM AS HE DEVELOPS. HOWEVER, HE WAS IN AN APPROPRIATE SETTING TO ADDRESS HIS NEEDS.

THE OTHER SON HAD HIS OWN ISSUES WHICH INCLUDED AN EXTREME NEED FOR PERFECTION, WHICH MIGHT LEAD TO UNDUE STRESS AS HE APPROACHED ADOLESCENCE. HE WAS PLACED ON RITALIN AS HE BEGAN THE NEXT SCHOOL YEAR AND IT WAS HOPED THAT THIS WOULD ALLEVIATE SOME OF HIS ANGRY OUTBURSTS.

DAD WAS THE AUTHORITY FIGURE IN THE FAMILY AND MOM FULLY SUPPORTED HIM EVEN THOUGH SHE DIDN'T ALWAYS AGREE WITH HIM. EACH CHILD HAD STRONG NEED TO EXERT AUTONOMY, WHICH CAUSED REBELLION AND UPHEAVAL WITHIN THE FAMILY SYSTEM.

TREATMENT WAS DESIGNED TO ADDRESS THE NEEDS OF EACH FAMILY MEMBER IN A WAY THAT WOULD ENABLE THEM TO BEGIN TO CHANGE THEIR COMMUNICATION PATTERNS. THE METHODS USED WERE BOTH VERBAL AND NON-VERBAL AND INCLUDED BOTH SANDPLAY THERAPY AND ART THERAPY, EXAMPLES OF WHICH ARE DESCRIBED IN THIS ARTICLE. THIS FAMILY EXPERIENCED PROBLEMS OF CRISIS PROPORTIONS WITH THEIR CHILDREN, BUT ULTIMATELY ACHIEVED SOME MEASURE OF STABILIZATION.

THERE ARE OTHER TYPES OF SITUATIONS WHERE IT IS HELPFUL AND EFFECTIVE TO INCLUDE FAMILY MEMBERS IN THE THERAPY OF AN INDIVIDUAL CHILD. THIS IS OFTEN THE CASE WHEN A CHILD HAS HAD SOME TIME IN PLAY THERAPY AND BEGINS TO MAKE SOME POSITIVE CHANGES THAT TEMPORARILY UNBALANCE FAMILY HOMEOSTASIS. SOMETIMES OTHER CAUSES MAY INDICATE

THE NEED FOR FAMILY MEMBERS TO BE INVOLVED WITH THE IDENTIFIED PATIENT SUCH AS A MAJOR INTER-FAMILY CONFLICT WITH A SIBLING OR A PARENT, WHEN THERE HAS BEEN A SIGNIFICANT LOSS THAT AFFECTS ALL THE FAMILY MEMBERS, WHEN A PARENT OR SIBLING IS IN RECOVERY FROM ALCOHOL OR DRUG ADDICTION, AND WHEN A SIGNIFICANT FAMILY MEMBER IS INCARCERATED OR TERMINALLY ILL. ANY FAMILY CRISIS SUCH AS DEATH, SERIOUS ILLNESS, A SUICIDE THREAT OR ACTING OUT THAT AFFECTS ALL FAMILY MEMBERS ARE SOME EXAMPLES OF SITUATIONS WHEN ONE MIGHT CONSIDER INCLUDING THE FAMILY WITH THE CHILD.

THE DECISION ON WHEN AND HOW TO INCLUDE FAMILY MEMBERS IN A CHILD'S TREATMENT IS DEPENDENT ON THE PARTICULARS OF EACH SITUATION. SOMETIMES THE ENTIRE FAMILY IS TREATED AT EACH SESSION AND THE FAMILY, RATHER THAN ONE SPECIFIED FAMILY MEMBER, BECOMES THE PLAY THERAPY PATIENT AS IN THE CASE DISCUSSED ABOVE. AT OTHER TIMES, TREATMENT IS BEGUN WITH THE INDIVIDUAL CHILD AND THE FAMILY IS INTEGRATED INTO TREATMENT LATER. THERE ARE NO RULES TO FOLLOW, OTHER THAN ONE'S OWN THERAPEUTIC JUDGMENT.

OFTEN, SOME OF THE SYMPTOMS THAT ARE TREATED IN CHILD-CENTERED CASES CAN BE AS EFFECTIVELY ADDRESSED THROUGH FAMILY THERAPY AS THROUGH THERAPY WITH THE INDIVIDUAL CHILD. THE POINT WHERE A THERAPIST'S CLINICAL JUDGMENT IS MOST IMPORTANT IS DURING THE ASSESSMENT PHASE OF THE PRESENTING SITUATION. TWO THERAPISTS MIGHT SEE TWO DIFFERENT INTERVENTIONS FOR THE SAME CASE AND EACH COULD BE EQUALLY EFFECTIVE.

EVERY THERAPIST DOES HIS/HER BEST WORK DEPENDING ON THE INDIVIDUAL "FIT" WITH EACH FAMILY. THERE REALLY ARE NO RIGHTS OR WRONGS. THE SINGLE MOST IMPORTANT ELEMENT IS THE THERAPIST'S WILLINGNESS TO HONOR THE FAMILY HE/SHE SEES BEFORE HIM/HER IN A WAY THAT SETS THE STAGE FOR DEEP HEALING TO OCCUR. WHEN THIS CAN BE ACHIEVED IN A LESS-THREATENING FORMAT, SUCH AS WITH FAMILY SANDPLAY THERAPY, FAMILIES LEARN THAT THERE CAN BE OTHER WAYS FOR THEM TO RELATE TO EACH OTHER WITHOUT PUNISHING, SCAPEGOATING OR PARENTIFYING ONE OF THEIR MEMBERS.

THE METHODS DESCRIBED ARE THOSE USED BY THIS AUTHOR. OTHER THERAPISTS MAY USE DIFFERENT TECHNIQUES. THE MAJOR POINT I WISH TO MAKE IS TO URGE THAT EACH THERAPIST FIND HIS/HER MOST COMPATIBLE APPROACH WITHIN A CREATIVE FAMILY THERAPY FORMAT THAT WILL ENHANCE THE WORK WITH EACH CHILD AND FAMILY WITH WHOM HE/SHE COMES IN CONTACT. VIRGINIA SATIR WROTE "I BELIEVE THAT THE FAMILY THERAPIST CAN DO A GREAT DEAL OF PREVENTIVE WORK BY INCLUDING ALL THE CHILDREN IN THE THERAPY PROCESS". (P. 137) I WHOLEHEARTEDLY CONCUR.

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