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Teresa Marie Musick
Playing Together: A Clinician's
Perspective on the Use and Value of
Play in Therapy with Couples

ABSTRACT

The purpose of this study was to examine couples therapists perceptions of their use and value of play in the therapeutic encounter. Secondary to the main hypothesis, this thesis also solicited couples therapists to comment on their experience in couples therapy as a client and how this impacted their sense of relationship satisfaction. Forty-four couples' therapists representing a variety of licensing credentials (psychologists, LPC's, MSW/LMSW/LICSW, MFT's) and time in practice completed a brief online questionnaire. The questionnaire asked participants to rate their use, value, and experience of play in the therapeutic encounter. Results indicate that clinicians who participated in this survey do value and use play in their practice with couples. Findings also suggest as influence of education increased participants use of play and use of assessments also increased. Major conclusions of this study indicate the need of play-based theory for couples work while students are in graduate school.

**PLAYING TOGETHER:
A CLINICIAN'S PERSPECTIVE ON THE USE AND VALUE OF
PLAY IN THERAPY WITH COUPLES**

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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2017

ACKNOWLEDGEMENTS

This thesis could not have been accomplished without the assistance of many people whose contributions are gratefully acknowledged.

I want to thank my advisor, Dr. Narviar Barker, for her continued support through the condensed and often stressful reality of the Smith thesis experience. I also want to thank my amazing partner, Anthony. You are the inspiration of this thesis. Your spirit has taught me more about the joy and durability that a playful disposition brings to a relationship than any research article ever could.

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CHAPTER I

Introduction

Even in its simplest forms on the animal level, play is more than a mere physiological phenomenon or psychological reflex. It goes beyond the confines of purely physical or purely biological activity. It is a significant function—that is to say, there is some sense to it. In play there is something ‘at play’ which transcends the immediate needs of life and imparts meaning to the action. All play means something (Huizinga, 1950, p. 1).

Huizinga was touching on an innate and universal phenomenon when he detailed the relevance of play to life on earth in his book *Homo Ludens: Play is meaningful, at all ages and stages of life*. The relevance of play in the psychoanalytic space seems to have danced around the notion of meaning, from Freud’s description of love and work to Winnicott’s (1971) declaration that the analysis itself is a play space, and to more modern day theorists, such as Handler (1999) who use playfulness as a gauge on mental health.

This thesis sought to explore play and its functions in adult couple relationships, specifically pertaining to how play is used, and valued in couples therapy from a clinicians perspective. This research question is: How do Couples Therapists perceive the function and value of play in the context of the therapeutic encounter? As a secondary question, and for practitioners who have participated as a client in couples therapy, how has the use of play in couples therapy impacted the couples sense of relationship satisfaction?

Play and playfulness in the context of adulthood and within couples is defined and explored, with specific reference to descriptors of play in the therapeutic encounter.

Psychodynamic theory and current research in the realm of play in couples therapy is also examined in this study.

For the purpose of this study, the definition of play was described as a free-ranging voluntary activity that occurs within certain limits of time and place according to accepted rules (Ablon, 2001). Purposefully, this definition is broad, and is meant to be inclusive of the various forms that play is manifested. Play is also accompanied by feelings of tension and joy, and the awareness that it lies outside of ordinary life. From this perspective, play is a theme of activity rather than a category, and therefore almost all activities can be an expression of play (Ablon, 2001). Stuart Brown (2009) describes properties of play as follows: apparently purposeless, voluntary, inherently attractive, freedom from time, diminished sense of consciousness of self, potential for improvising, and continuation desire. Some of these ideas are self explanatory; however, I will detail some that are less so. For example, diminished consciousness of self means was described as ceasing to worry about looking a certain appealing way. In imaginative play, we may even be a different self, and with that we are fully in that moment, which Csikszentmihalyi defined as “flow.” Improvisational potential describes that we are not locked into a specific way, or pattern of doing things. The result may be that we stumble into new ways of behaving, feeling, moving, strategizing, or even being. Finally, continuation desire describes that we desire to continue playing because the pleasure of the experience drives the desire (Brown, 2009).

Terr (1999) was careful to note that play and leisure are not mutually exclusive. Leisure, as defined by Webster is the freedom or spare time provided by the cessation of activities. Terr states, this “is not at all the same thing as play. Play is active; leisure is by definition passive” (Terr, 1999, p. 25). She continued by suggesting that play should not be something we look

forward to at some point in the future, as leisure is often viewed, but instead, should be made time for in the present (1999). Lutz (1982) also understood “informal play” as separate from recreational play and adopted Betcher’s (1977) definition as a useful instrument in psychotherapy. Betcher describes, “Play used in this context does not refer to formal recreational play or sports, but, rather to the more idiosyncratic mildly regressive forms of playful behavior that have been observed to exist in intimate dyads” (p. 21).

Specifically pertaining to adult intimate relationships, couple play involves “mutual vulnerability and nonjudgmental responsiveness” that requires being enthusiastic, in-the-moment and highly interactive (Betcher, 1997, p.20). Van Vleet and Feeny (2015) also describe that play activities may differ on the following dimensions: cooperation, competition, novelty/familiarity, spontaneity, creativity, physicality, and structure. For play to be considered “couples play” it must be enjoyed by both partners, who feel that the play improves the quality of their relationship. In the context of the intimate relationship and the therapeutic encounter, play is indicative of creativity, risk taking, humor, interpretation, recuperation and mastery, safety, and bonding. The functions of play in the context of intimate relationships include the following: indicating or enhancing intimacy, trust, security, and interdependence, moderating conflict and facilitating communication, generating excitement, and relieving stress (Van Vleet and Feeny 2015). An important component to a working definition of play in couples therapy is that playfulness crosses the boundaries of play and extends to all life situations (Guitard, Ferland, and Dutil, 2005). In this way playfulness can be described as a disposition as opposed to just a means of resolving conscious or unconscious conflict within the dyad.

The basis of this study is formulated in the assumption that couples play in the context of the therapeutic encounter is essential to successful treatment. This sentiment is also reflected as

play is seen as invaluable to successful and enduring intimate relationships. Winnicott (1971) suggests play is crucial to the therapeutic experience, and is essential for successful treatment. As with children, play in adulthood can be exploratory, imaginative, and for amusement. Play for adults can be identified through language, verbal symbols, mythic figures, dream scenes, word pictures, drawings, humor, and word-play such as puns, irony, and sarcasm. Changes in vocalization such as tone, cadence, volume, and timbre, as well as body language and dress (costume) may include aspects of play when elements of exploratory, pretend, and amusement are involved (Ablon, 2001).

Participants in this exploratory and descriptive study described their use and perceived value of play in couples counseling, as well as their personal experience in couples counseling, if appropriate, and how this experience related to satisfaction in their intimate relationship. The survey was created based upon the literature review and a sample application was split into three distinct parts all of which required Likert Scale responses: Part One consisted of responses based on clinicians use of play, part two consisted of responses based on clinicians perceived the value of play, and part three required that couples therapists respond to experiences that have influenced their use of play in clinical practice. One open ended question concluded the survey, which asked respondents to add any additional information on play that the researcher may have overlooked. Qualtrics, which includes quantitative and qualitative properties, was used for data collection. Participants represented practicing or retired couples therapists whose practice domain included social work, psychology, psychiatry, marriage and family therapy, and licensed practicing counselors. Two aspects of play in the context of therapeutic work were central for this study: 1) The clinicians' views of how/why play does or does not enter the therapeutic

relationship, and 2) the clinicians' views on how/when play emerges or re-emerges in the couple relationship and how this is tied to the therapeutic encounter.

There were limitations to this study. Some of these limitations include the range of identity markers represented, such as race and ethnicity, as well as place of practice with a majority of respondents identifying as white women who are currently in private practice.

Chapter Two, which follows, details existing literature related to psychoanalytic and development perspectives on play in adulthood, research on play and playfulness in adulthood, research related to play in intimate relationships and couples therapy as well as varying perspectives on the use of play in couples therapy using case materials; Chapter Three defines the methodological approach to this research study; Chapter Four discusses research findings; and Chapter five details the discussion. Findings show that couples therapists who participated in this study use and value play at a statistically significant level.

CHAPTER II

Literature Review

Psychoanalytic Explanations of Adult Play

Terr (1999) suggested that Freud's reduction of the critical elements of life to love and work was too narrow. She argued that play is as important for adults as it is for children. Terr also described that developmental psychologist Erik Erickson echoed Freud's views when he proposed that while play was crucial to child development, adult play was phony and forced.

Unlike the above theorists, developmental theorist D.W. Winnicott believed that play was just as vital in adulthood as in childhood. He also believed that play was vital to the work of therapy. He classified play as a potential (3rd) space that is separate from the intra-psychoic and existing outside of the external world, and being an integral part of culture (1971). He also theorized about the implications of play deprivation in childhood and how this may impact later development:

There is in many a failure of confidence which cramps the persons play-capacity because of the limitations of the potential space; likewise there is for many a poverty of play and cultural alike because ...there was a relative failure of caregivers to introduce cultural elements at the appropriate times in personality development (1971, p. 147).

Winnicott wrote that therapists should expect to find playing just as evident in the analysis of adults as in children, and that it manifests itself, in word choice, inflection of voice, and sense of humor. He also stated, "playing facilitates growth and therefore health; playing leads into group relationships; playing can be a form of communication in psychotherapy; and lastly,

psychotherapy has been developed as a highly specialized form of playing in the service of communication with oneself and others” (1971, p. 56). He even went as far to say that lack of playfulness made a person a poor candidate for therapy, because interpretation is not available when play is absent. He believed that when there is mutual playing between the therapist and patient then interpretation can carry the therapeutic work forward. He emphasized that, “the playing has to be spontaneous and not compliant or acquiescent, if psychotherapy is to be done” (1971, p. 68).

Winnicott believed that play began in a healthy state of trust and allowed clients to explore new activities, new roles, new thoughts, and new emotions (Klein, 1980). This risk taking behavior was necessary for changes to be made in therapy. In this way, the therapist role became helping the client learn how to enjoy playing with situations, roles, analogues, and solutions (Venderbleek, 2005). Winnicott also claimed, “it is in playing and only in playing that the individual adult is able to be creative and to use the whole personality, and it is only in being creative that the individual discovers the self” (1971, p. 73).

In a fascinating paper, Ablon (2001) extends the work of many analysts and developmental theorists including Winnicott, Freud, Ferenczi, Erickson, and Klein, to describe the distinctions and similarities between play in childhood and adulthood. He describes three kinds of play as exploratory, imaginative, and for amusement which may or may not overlap in life, and the clinical situation. Ablon understood play for adults through “word play.” Like Terr (1999), Ablon argues that Freud’s view that play in childhood becomes replaced in adulthood by fantasy and daydreams is a limited understanding. As with children he sees,

“the play of adults serves to promote development, awareness, organization, and mastery of affects facilitating a living rather than a recounting of experience and

transference so that there can be a naming, a renaming, a recursive reworking that is intensely felt and transforming” (2001, p. 346).

Within the therapeutic encounter he described the importance of distinguishing play and reality, as well as the consequences for the clients psyche when play has been stifled developmentally.

He states,

The inability to enter this play space is a limiting factor for many people, especially adults, who are caught on the reality side of this dialectic, maybe too traumatized, hurt, and worried to feel safe enough to play. In addition, for some young children, and adults in analysis in a state of regression, play loses the quality of play when they begin to fear that what they are imagining will become real. This can lead to a reluctance to play (2001, p. 361).

Continuing with the theme of reality, what is true, and not through play is the promotion of change and freedom. With this, it is the job of the analyst to nurture and facilitate the capacity to play for the analyst and the adult patient. Ablon describes this as, “maintaining a reality frame to the play,” so that it stays safe for the adult patient (2001, p. 362).

Ultimately, play highlights the relational and interpersonal aspects of adult analysis. And in Ablon’s view, he admits that often the patient is better at playing than the analyst, “who may not believe in the therapeutic value of play or may be taking himself or herself too seriously” (2001, p. 358). Equally important is the belief that being able to engage in a playful way, as the analyst, “in which the integrity of the relationship is secure, is a means to achieve the kind of personal engagement necessary to stimulate hope, desire, and change” (Ehrenberg, 1992, p. 139). This of course warrants the reality of risk, so in this way the analyst, “meets the patient's communication and accepts the risk of giving the patient something deeply personal and

unexpected” (2001, p. 363). It seems appropriate to bridge the intimacy contained in a trusting therapeutic relationship to one of coupled relationships. Many of the same principles described by Ablon are also required for intimate couple relationships, where there is risk and vulnerability for each partner when engaged in playing, as well as a chance of mastery, and developmental growth as a couple.

Baxter (1992) held that personal relationships can be viewed as “microcultures in which the parties construct meanings through ongoing interactive practices” (p. 337). Thus, from this perspective, play is a particularly significant resource for constructing the systems of meaning that constitute personal relationships (Baxter, 1992).

Lutz’s (1982) dissertation focused on “informal play” in marriage through an Object Relations (OR) lens. Lutz sought to understand informal play and how it is associated to marriage satisfaction and adaption. Lutz elaborated on the OR lens as he described the potential of play to contribute to development and maintenance of positive levels of object relations. He held that the ability to regress determines marital success because regression brings into the adult relationship the deepest elements of “infantile object relations which are necessary for growth and development” (p. 23). Klein (1980) also acknowledged that this same adaptive regression process in marriage is parallel to the one found in the client-therapist relationship in psychotherapy. Thus making play in marriage an important area of research and discovery in couples work.

Klein (1980) describes, “marital playfulness as a means of reconnecting with the internal object representation of the “good mother” and allows for an “adaptive respite” for past or present experiences of loss or separation, as intimacy and well-being are celebrated” (p. 145). Klein (1980) proposed a definition of playfulness that seems particularly relevant to couples

therapy, “Playfulness refers to a particular type of play in which mastery of internal distress is not dominant. Rather playfulness, is a joyous expression of a state of well-being often celebrated through successful mutual cuing within the dyad” (p. 75). It seems that Klein was making a distinction between types of play that are unconsciously motivated by the need to expel hostility as opposed to play that involves a component of gratification. The latter is connected to Fairbairn’s (1952) idea of recapitulation of symbiotic bonding to the “good mother” of infancy.

The motivation for play, from an OR perspective comes from the ego, but not in the sense of instinctual drives. Instead, the motivation for play is deeply connected to the ego’s desire for effectiveness and competence in the social object world. This means that during play there is the potential for multiple modes of interaction with the object, all happening within a safe environment (White, 1959).

Lutz also noted that intimacy and play tend to be indistinguishable. Intimacy is a key variable that must be considered relative to both play and marital adaption because play has been studied as a determinate of marital satisfaction as well as a facilitator of play (Lutz, 1982). Lutz also includes conflict resolution as a behavior in couples to measure marital satisfaction and adaption. Lutz found that play was slightly better at predicting marital adaption than intimacy, as well as play representing a much stronger predictor of marital adaption than demographics such as age, length of marriage, education or age and number of children (1982).

Betcher’s (1981) exploratory paper described “intimate play” through the lens of object relations and adaptive regression which he described as developing based on “intra-psychic structures and interpersonal processes” (p.21). Intimate play is defined as a “spontaneous, mutual interplay in a dyadic relationship, whose content and/or style tends to be idiosyncratic, and is personally elaborated by the couple” (Betcher, 1981, p. 14). Within this definition of intimate

play is also a description of playfulness as an attitude that must also accompany play. Here, intimate play and regression is seen in sexual intimacy, although Betcher is careful to point out that historically regression has carried a negative connotation (1981). However, theorists such as White and Fairbairn (along with many others) have contributed to a shift in the perspective of adult play in psychoanalysis. Betcher described intimate play as having a role in positive bonding, communication, and conflict reduction, and in general terms stabilizing a marital relationship (1981). He describes that although it is difficult to define marital satisfaction, the common factor in all intimate play is its relationship stabilizing function, which contributes “lubrication” to a relationship by “maintaining an equilibrium between intimacy and distance congruent with the individuals defense styles” (1981, p. 29).

Betcher (1971) describes that intimate play takes place in the context of “felt safety,” and by examining this phenomenon through a psychoanalytic lens the couple would experience “ego boundary permeability” (Landis, 1970). This is elaborated as, “both partners having confidence that the partial giving up of internal controls will be sufficiently contained so as to not overwhelm the adult ego and that the others persons response will not be injurious to states of psychological vulnerability” (Betcher, 1981, p. 29).

The notion of “ego boundary permeability” is similar to Winnicotts (1971) “potential space” in the therapeutic relationship as the safe zone for regression. In this way Betcher (1981) returns to the notion of risk that is inherent in intimate play, “Playing is reconnoitering of the unknown borders of two psyches, whose contours can be reassuringly familiar only through the experience of mutual vulnerability and nonjudgmental responsiveness” (p. 20).

Betcher’s study is one of the earliest explorations of play in intimate relationships, and has been referenced in nearly all research related to couple play. Betcher (1971) is also the first

researcher to describe the usefulness of play in marital relationships. In clinical experiences with adult couples, Betcher (1981) found the partners often reported similar play patterns to those they had in childhood play. Further, couples in Betcher's study reported that spontaneous play marked the uniqueness of the relationship and would be missed most if the relationship ended. Also, couples in counseling often demonstrated playful exchanges after conflicts and reported this was a signal of safety and a reminder of the relationship bond. This may be due to inherent risk in intimate play, and the partners revealing usually controlled parts of behavior, feelings, and fantasies (Betcher, 1981).

Distinct from object relations theorists is Plaut (1979), who took Erickson's stages of development and superimposed them with "play stages." In order these play stages are: recognition, discrimination, symbolic, games with rules, playfulness with boundaries, integrated play, generation play, and creative play. What is intriguing about this theory is its application to play in adulthood to the family life cycle. Plaut (1979) noted how types of play will not only correspond to these developmental play stages, but also to the family life cycle stage. For example, one might expect a couple with small children to engage in more generation play as opposed to a couple married for a shorter period of time and without children may engage in more integrated play.

Play in Adulthood

To begin, there have been multiple studies, assessments, and questionnaires developed that attempt to describe play in adulthood (Shen, Chick, and Zinn, 2014), Many of which were designed to understand the function of play in adulthood as well as to define its complexities. These studies, tended to be professionally located in the realm of social psychology. Adult play had also been described as a way of forming and maintaining relationships, much like when

children want to make a new friend and ask them “do you want to play” (Colarusso, 1993).

Colarusso believed adult play may relieve:

The stress of living in reality and the frustration of basic conscious and unconscious needs; it provides a mechanism for confronting a challenge and overcoming it in a gratifying manner. The challenge in play resembles a challenge in the real world, but is more manageable because the goal of play is victory, not defeat. For these reasons play is a mechanism facilitating recuperation and mastery. (1993, p. 226)

Many developmental and social theorists agreed that play ended with childhood, that the full schedules people maintain in current culture holds no time for play, and that the importance of work takes precedence over play (Terr, 1999). This is the premise that Terr builds from throughout her book while also considering the functions of play, examining the appeal of different types of play, and discussing the changing role of play through the life cycle (1999).

Although Terr (1999) is correct in her premise of adult play, she viewed play mainly as an extension of what she observed in childhood play which tended to be activity based. These included gardening, sports games, tea parties, music, art and running. Terr (1999) described that these forms of play in adulthood tend to mimic the activities one enjoyed in childhood. Like Terr, Brown (2009) toys with the idea of certain activities presenting as play on the surface, yet are not being enjoyed in the same ways. For example, Brown described four different types of runners: The exerciser, the competitor, the enthusiast, and the socializer. He deduced that the underlying reasons for running guide the experience of the activity being regarded as play or goal driven behavior. In this example, the enthusiast and the socializer may be the better example

of runners at play; however, Brown (2009) goes on to say the what really matters is the emotional experience of the runner, and that play is a state of mind and not an activity.

Throughout her book Terr seems to be describing one limited form of play, which Ablon (2001) would describe as, “for amusement”. Terr (1999) does describe play in the therapeutic encounter and provides limited examples of word-play. It seems that her view of play in adulthood is limited as it does not take into account the ways in which play is transformed in adulthood through exploratory and imaginative ways that tend to be heavily based in language. To further this point, it seems Terr (1999) failed to recognize the ways that adult play presents differently from childhood play, yet serves similar functions.

A 1995 review of theory, method, and research in longitudinal perspectives of marriage quality and stability examined multiple paths to understanding this process. Two of the paths included the influence of adaptive process to marital quality described in the vulnerability-stress-adaptation model. While there is no mention of playfulness or play in this model, what was described was a link between “behaviors exchanged in problem-solving discussions and change in marital satisfaction” (Karney and Bradbury, 1995, p. 24). They go on to state that, “the focus on learning in the behavioral (or social learning) model could shift away from an emphasis on the rewards and costs associated with discrete behaviors to an emphasis on how couples... learn that they can overcome stressful events through their own interaction” (Karney and Bradbury, 1995, p.24). The emphasis on the idea of behavioral influences to marriage quality and adaptation is supported in later research, and further contextualized what form these interactions take, including how play can be used as a problem-solving technique.

In another study, the interpretation of playfulness was described as, “a state of mind, an internal predisposition that is composed of creativity, curiosity, sense of humor, pleasure, and

spontaneity” (Guitard, Ferland, and Dutil, 2005, p. 9). They also described that “playfulness allows adults to approach activities with the same openness of mind with which the child approaches play; the beginning is known and a precise end is anticipated, but the unfolding may vary” (Guitard, Ferland, and Dutil, 2005, p. 19). In many ways, the researchers interpretation of playfulness in adulthood was similar to those done concerning intimate relationships. These similarities included seeing difficult situations as opportunities to learn, grow and an opportunity to increase skills and competencies.

Although this study was helpful in defining playfulness in adulthood comparative to children, it did not sufficiently describe the influence of playfulness in relationships. Out of the five components related to playfulness in adulthood, only one component was explicitly linked to “relationships with others” by participants, and only in regards to an “external source” of influence. Participants described pleasure in terms of the presence of others, interaction with others, and culture. It seems that many of the other components of playfulness described could also occur in relation to others. It was also surprising to see that pleasure as a component of playfulness was not seen as an influential function of increased intimacy in relationships. Many of the influences described as the various components of playfulness were individualistic and environmental in nature, having little to do with relationships to others. For example, the function of curiosity was described by participants as involving eexploration, inspiration for creativity, personal growth, and as a facilitator of pleasure (Guitard, Ferland, and Dutil, 2005, p. 16).

It has been established that research has explored the functions of play in adulthood as well as sought to measure playfulness in adulthood. Although these studies described play in terms of individual personality characteristics, they have not significantly acknowledged how

these playful attributes contribute to relationship building, maintenance, and success. At this point it is necessary to shift attention to research that evaluates the connection of play and intimate relationships.

Play, Intimate Relationships, and Couples Therapy

This aspect of the literature review seeks to establish what researchers have found regarding the association between play and relationship satisfaction, and then to connect these findings to the necessity of play in couples therapy. Aaron and Aaron (2000) suggested that shared participation in novel and arousing activity is linked to positive relationship quality. Proyor's (2014) study also found a small but positive correlation of playfulness with relationship satisfaction, which suggested that those highest in relationship satisfaction (upper 25 %) were more playful than those with lower relationship satisfaction (small to medium effect size). This was congruent with earlier literature that argued for a positive relation of play and playfulness with relationship satisfaction (Aune and Wong 2002; Baxter 1992).

Few couple counseling theorists, practitioners or clients place play at the center of couples counseling. For example, Markman, Kline and Stanley (2003) detail best practices in couples relationship education, but do not mention play or playfulness as related to teaching effective communication, conflict resolution or working towards relationship satisfaction or stability. However, researches from couple counselors and play theorists have directed attention to the multiple benefits of “couple play” (Aune and Wong, 2002; Baxter, 1992; Betcher, 1977; Betcher, 1981; Klein, 1980; Lauer and Lauer, 1986; Lauer and Lauer, 1990; Lauer and Lauer, 2002; Lutz, 1982).

Gottman, Coan, Carrere and Swanson (1988) found in their research on marital happiness and stability a “positive affect variable” was the only variable that predicted marital stability, and

was also the only variable of those measured to discriminate between stable, happily married couples and stable unhappily married couples. Their positive affect model included two forms; one of which described good-will and the other was used to de-escalate marital conflict. They found that this de-escalation process involved physiological soothing of the partner as well as humor. Although this study did not directly link play or playful behavior within the couple dyad to the positive affect variable, one cannot help but imagine de-escalation techniques being even tangentially related to relationship stability that earlier object relation theorists described as adaptive regression and later researchers in the field of couple play described as necessary for conflict resolution (Klein, 1980 and Vanderbleek, 2005).

Van Vleet and Feeney, (2015) described how research can be advanced in play and intimate relationships and provide a working definition for play in adulthood. In a separate article, Van Vleet and Feeney (2015) also discuss play and playfulness in adulthood with a tone that emphasized the lack of research on adult playfulness despite the great deal of empirical interest in social psychology. They described one reason for the lack of research in adult playfulness may be attributed to the lack of a solid working definition of play, along with a description of the various forms of play. Van Vleet and Feeney (2015) described play serves functions of indicating or enhancing intimacy, trust, security, and interdependence, moderating conflict and facilitating communication, generating excitement, and relieving stress. As of 2015, none of the functions described above have been supported by empirical evidence. The lack of empirical evidence shows a gap between the function of play in relationships and a clear clinical description of the benefits of play in couples' relationship that will be further illustrated below.

Multiple researchers have written on the value of humor in marriage, intimate relationships and psychological well-being (Berlyne, 1969; Ziv, 1988; Hampes, 1992; Kuiper

and Martin, 1993; Hampes, 1994; Honeycutt and Brown, 1998; Aune and Wong, 2002). Aune and Wong's (2002) study introduced and reported an initial test of a theoretical model of play in romantic relationships. They hypothesized that self-esteem and humor orientation would be positively associated with playfulness in romantic relationships. The 113 individuals in the study took five self-report assessments to measure self-esteem, humor orientation, playfulness, positive emotion, and relationship satisfaction. Aune and Wong (2002) found that playfulness in romantic relationships was predicted to be positively associated with the experience of positive emotion. Thus, positive emotion was predicted to be associated with relationship satisfaction. Their study found that self-esteem was a predictor of playfulness and echoed others in stating that play may serve as an important relational maintenance tool. This study also seemed to resonate with object relations theorists and importance of vulnerability when entering a playful state with ones partner.

Other couples counseling theorists view that couples have a need for attachment, comfort and reassuring connection, especially during times of stress (Johnson, 2003). To further this understanding, couples may play together to mitigate the stress that tends to pull couples apart by providing "secure bonding interactions" which may develop increased trust, security and marital satisfaction (Johnson, 2003). Finally, these secure bonding interactions may soften couples to engage emotionally and support each other, which researchers have discovered predicted the future of relationships more so than conflict resolution skills (Johnson, 2003).

Vanderbleek (2005) found in the study of 30 adult couples a predictive relationship between couple play and couple's bonding, and that an "increase in the amount of couple play showed a linear increase in the individual's reported amount of couple relationship satisfaction, communication, conflict resolution and idealistic distortion" (Vanderbleek, 2005, p. 97). These

results essentially indicate that as couples play more, their positive view of the relationship increases. This study also provided an initial validity and reliability support for the Couple Play Assessment (CPA) measure. Vanderbleek states that the CPA may be modified to be more beneficial in the study of couple play and the assessment of couple play in counseling. This assessment tool also proved helpful in guiding the construction of the current study's research questions.

Vanderbleek (2005) expanded the definition of couples play to incorporate couples who were cohabiting and committed, but not living together as well as married couples, same sex and opposite sex couples. With this, significant findings on couple play with an expanded definition and a more diverse couple population provided the possibility for a wider application of couple play in couple counseling.

Vanderbleek is also one of the only researchers to describe the implications of incorporating play in intimate relationships with emphatically supported practice. She describes these implications for Emotion Focused Therapy (EFT) and Cognitive Behavior Therapy (CBT). She described,

“The findings that couple play was predictive of couple bonding, including satisfaction with couple functions, communication, conflict resolution, and idealistic distortion, may mean couple play could be used as an intervention in emotionally focused couple counseling to help change the negative interaction patterns” (2005, p. 114).

The EFT concept that positive emotions improve problem solving by increasing flexibility, creativity, and efficiency in the thought process (Greenberg, 2004) also indicates a role for couple play in emotionally focused couple counseling.

The findings that couple play was predictive of couple communication and conflict resolution holds promise for the use of couple play in behavior therapies, which focus on teaching problem solving and communication skills, and negotiating wanted behaviors. Couple play would appear to have some application with the finding that couple play predicted idealistic distortion. Since couple play was predictive of idealistic distortion, which may detail the schema concept, couple therapists could consider using couple play as an intervention to affect couple's schemas (Vanderbleek 2005).

Casado-Kehoe, Vanderbleek and Thanasiu (2007) established that couple counseling research had identified common factors in long term relationships, and that focusing on improving common factors in these relationships was effective in improving couple stability and satisfaction. They showed that little research has been done in considering couple play as an intervention to affect these common factors. However, couples' counselors have noted a strong relationship between play and successful, long-term relationships (Casado-Kehoe, Vanderbleek and Thanasiu, 2007). They continued to discuss the possible positive effects of couple play on common factors and forms of intervention. The authors also describe that couple play may be used as an intervention in a myriad of couple problems ranging from simple annoyances to complex problem resolution (Casado-Kehoe, Vanderbleek and Thanasiu, 2007). This may suggest that play in couples therapy could be used a vehicle of change in the relationship.

In a later article, Vanderbleek and Casado-Kehoe (2011), created a study which examined the influence of couple play on relationship factors that predict couple satisfaction and stability. The 30 couples in the study completed measures of couple play, relationship satisfaction, communication, conflict resolution, the couple's view of the relationship, physical health, and individual emotional health. They stated that although play in couple counseling has been

proposed as an intervention, there is little research to determine the effectiveness of couple play in increasing satisfaction and stability in couples. The results demonstrated that couple play predicted measures of couple bonding, including relationship satisfaction, communication, conflict resolution, and the couple's view of the relationship. Vanderbleek and Casado-Kehoe (2011) study was highly useful in guiding the current research. In this regard, it was useful to assess couples counselors use of play in their practice and to explore what barriers couples counselors face in utilizing play as an intervention.

Schwarz and Braff, (2012), wrote about utilizing play as an intervention in couples therapy. They provided theory and research, assessments, barriers to play, play in the couple dyad and even provided support to the usefulness of therapists personifying play in practice.

From anecdotal observations of couple counseling clients, Lauer and Lauer (2002) proposed couple play had a wide range of benefits for couples. Couple play also helped couples cope with stress, escape routine, rediscover the freedom and spontaneity of childhood, build emotional capital, and increase creativity and self-understanding (2002). They also found that the play process was iterative. In other words, the more couples played, the stronger they bonded, and the stronger their bond, the freer the couple felt to play (Lauer and Lauer 2002). This may have been because the couple play showed trust and affection, indicating a special relationship that was safe (Lauer and Lauer). This concept of "iterative play" indicates that couples increase a feeling of individuality during couple play, that can then be turned into an increased sense of "we-ness" (Laurer and Laurer, 2002) . They also believed it was important for couples to shift from I-and-you to "we" for relationship stability.

Case Examples of Play in the Therapeutic Encounter

Assessing Playfulness. In a compelling case write-up, Handler (1999) described how he used the ink-blot method to assess playfulness with his adult individual and couple clients. Handler offered multiple techniques that utilized the Roscharch in assessing playfulness including, the patient's ability to partake in a playful activity, or to make playful comments which could then be quantified through frequency of occurrence, or as a two level process of overt or symbolic play (1999). Handler noted that although the Roscharch is a comprehensive system, there is no way to score a protocol for playfulness. He described that although playfulness may be mentioned anecdotally, there is little or no recognition of its importance in the assessment of emotional health or well-being (1999). Also noted is the difference between the standard administration and the playful responses instructions which could provide the therapist with valuable information concerning the patient's future readiness to be playful.

One clinical example was useful in regards to couples therapy, where the wife was described as having quite playful responses initially when seeing the ink-blot, but then a conflict would arise and "spoil" the fun: On Card II she saw the following, expressed in a joyous, enthusiastic tone: "These are two Oriental women doing patty-cake, patty-cake." Suddenly, she became serious: "But they're having conflict down there with their feet—bumping feet" (1999, p. 212-213). Interestingly, her husband tended to accuse her of damaging their "good times" together, turning happy times with her family into conflictual, dissatisfying experiences. This appears to be what she reenacted within the playfulness assessment.

Handler also describes, "that some patients...not only cannot give playful responses, but they give more negative responses compared with their responses using the standard administration. Some patients were actually startled by their non-playful responses; no

interpretation was even necessary” (1999, p. 215). It seems clear that using this assessments provide clinically meaningful insights into the clients psyche.

Handler used the case write-up to call on clinicians to incorporate playfulness assessments through the presentation of these case materials, and in some ways research on play with adults in the clinical encounter did increase during the early 2000’s, and later after 2010. It is also clear, however; that playfulness assessments have not become standard in empirically based research. Part of what the current research seeks to understand is the clinician’s position on this very issue.

Play as a Modality. In a case study by Domenico and Schubach (2002) the use of Sandtray-Wordplay in a couples session transformed the ways in which the other partner was being seen. This couples session was initially marked by hostile verbal communication and defensiveness; however, when the facilitator encouraged the couples to create their own separate worlds in a sand tray the couple was able realized how they lacked relational skills, acknowledge their poor habits and their goodwill toward one another. Following the couples session, the wife participated in an individual session which further contextualized her understanding of her communication style with her husband. This happened as she found a multi-headed serpent in her sand tray that represented her as chained down, and that also represented her feeling trapped and “tightly leashed.” Demenico writes,

By sharing the client's exploratory and self-reflective play process, the therapist demonstrates how the play stimulates the client's innate capacity to examine her destructive approach to marital relationship, allows her to uncover her actual (new) needs in the relationship, facilitates her capacity to claim anger, judgment,

and her 'monstrous cobra self, and supports her in finding more helpful interactive patterns (2002, p. 1).

To further detail the rationale for Sandtray-Worldplay, Demenico described that the emphasis is placed on enhancing the clients' consciousness of the experiences depicted in their play as, rooted in the knowledge that in order to be healthy, individuals actually need to acknowledge and experience all nuances of the cycle of life: All experiences and life circumstances must be navigated completely and in the sequence in which they appear. This holistic view of reality discourages denial and dissociation (2002, p. 11).

Sandtray-wordplay does not use interpretation, but instead encourages the client to fully experience their selves. This form of deliberate and structured play in the therapeutic encounter is also one that incorporates cultural tradition into the foundation of its rationale: “Dr. De Domenico (1986) discussed this as the phenomenological practices of the anthropomorphic spiritual tradition of the American Indians. She links the shamanic journey to the play process that occurs in the Sandtray room during play therapy” (p. 143).

Play Through a Psychoanalytic lens. The final case example of play provides a lively contrast to the former two case examples, specifically with regards to structure. Ablon (2001), a psychoanalyst, contrasted sessions with a child and adult patient through the different manifestations of play:

J used humor as an important variety of play. There was considerable aggression in her teasing where she pretended to play with words and at the same time was quite serious. For adults, figures of speech, like modern art, bring graphic display, kinetic, colorful images to analysis, much like children use toys and objects. J had

a facility for using language in this playful way. Nevertheless there are major differences between J's verbal modes of play, and Emma acting on materials and toys. Adults have available wordplay. This includes puns, play on words like "giving me a bum check." There is the play with words, the mainstream, the bum check, the rubber dollars. There is the invitation to join J, a verbal enactment, a wordplay of the erotic, sadistic words in her language. Children have thing play. In the analytic process we help the child go from the things to words, and adults go from words to the more palpable thing representation, to go beyond the images of abstract paintings and dreams to the linking quality of the hieroglyph.

Her language is vivid and powerful with epiphanies, a play of the visual and symbolic on a dreamscape, like a movie. Not only does the dream elaborate striking visual symbols, fire, a red coat, a spot, but also plays with the tactile, the rub, the sand. Doesn't J, like many obsessionals, try to find her way back to childhood, reaching in her figures of speech, a modernistic art, for images, graphic displays, the kinetic and colorful? For J, interactive talking approaches the almost doing of interactive play. J, in the play of her words, illustrates what an adolescent analysand of mine described as the intellectual not being enough and that experiencing is necessary for understanding. Yes, but what kind of experience? As with play, it is not real; yet it is true in that it conveys an inner truth. This is not to imply that the opposite of play is what is real. It is true that J could murder but in play not in reality. This paradox makes possible the exploration of new possibilities (Ablon, 2001, p. 360).

Generally speaking, Ablon's analysis seemed to be based in interpretation and not an imposed structure of play. He demonstrated an understanding of play as part of natural adult behavior, that can mimic child's play and that is used for the same purposes, but is instead manifested through words, thoughts, fantasies and wonderings instead of object play.

Social Work Applications

The current research seek to demonstrate that play in couples' therapy is relevant to clinical social work practice because it is a viable tool and perspective to understand adult intimate relationships. Additionally, with the inclusion of play in couples therapy, there is also a building of resiliency that may extend into multiple ways that couples expand their bond and work through difficulties. Lutz makes a case for play in psychoanalysis with couples when he stated,

“For psychotherapists it [informal play] can provide access to the generally private sphere of the marital relationship. And, if theoretical speculation about the adaptive effects of informal play proves valid, the generation of patterns in informal play might emerge as a focus of therapeutic change for distressed couples” (1982, p. 142).

Aside from potentially becoming the focus of change work, play could be used in social work practice as a screening tool for assessing couples upon entering treatment, i.e., how relaxed are they with each other? Do they play? Are they spontaneous? How do they resolve conflicts?

“The potential of couple play as an intervention for couples counseling has been indicated by the predictive nature of the relationship between couple play and couple bonding. Since more than half of American households in 2003 consisted of married people or those in couple relationships (Fields, 2003), the divorce rate

was 52% (Sutton and Munson, 2004), and relationship distress effects couples (Johnson, 2003) and their children (Christie-Mizell, 2003; Fauchier and Margolin, 2004; Gottman and Notarius, 2002; Johnson), there is a need for couple counseling interventions that improve the satisfaction and stability of couple relationships” (Vanderbleek, 2005, p. 99).

The above statement was written and published sixteen years ago. The question that is left from the multitude of research is: Today, do couples therapists value the use of play in couples therapy?

CHAPTER III

Methodology

Focus of Study

The current research explored play and its use and value as an intervention for couples therapists who practiced or are currently practicing couples therapy. As a secondary research question, I also explored the use of play in couples therapy and how it effects relationship satisfaction. Thus, the research questions for this study were, How do Couples Therapists perceive the function or value of play in the context of the therapeutic encounter? And for practitioners who have participated as a client in couples therapy, how has the use of play in couples therapy impacted their own sense of relationship satisfaction? Hence, my study aimed to examine both the ‘use’ of play and the ‘value’ of play by couples therapists.

Research Design

My research design was exploratory and descriptive in nature. From an exploratory standpoint, data sought to ask participants to describe their experiences and observations as a clinician with respect to how play is utilized during their therapeutic sessions. The exploratory aspect of this design incorporated the voices of clinicians by asking them to describe their experiences and observations as a clinician and/or as a client with respect to how play is valued and used within the therapeutic encounter, including how play may impact relationship satisfaction. The descriptive component of this research focused on details and conclusions drawn from the clinicians’ results, and provided context to shared experiences among clinicians in either role.

Qualtrics, which included quantitative and qualitative properties, was used for data collection. The survey for this study, administered through Qualtrics, was quantitative in nature with one open-ended question at the end of the study, which allowed participants to add or to respond to information that they felt pertinent to this research, but may not have been covered in previous statements on the survey. Demographic identity markers included race/ethnicity of the participants, age and duration in practice, educational attainment, licensure, and gender identity.

Target Population and Recruitment Processes

The study population for this research included clinicians that were current or former couples therapists, and self-identified as practicing or retired couples therapists who are social workers, psychologists, psychiatrists, marriage and family therapists, licensed practicing counselors, and Christian counselors. Of these professionals, respondents identified themselves as social workers, psychologists, licensed practicing counselors, and marriage and family therapists. Multiple helping professions allowed for a sufficient enough sample size for quantitative data analysis. Using convenience and “snowball” sampling, participants were exclusively recruited through email, social media, various Smith affiliated Facebook groups, mental health professional and through couples therapists Facebook and Reddit groups for outreach to the social work and various mental health professional communities. Potential participants were encouraged to share the study’s recruitment information with their personal networks and/or appropriate professional colleagues who were interested in the study. The researcher also reached out to previous employers and asked that they forward the study survey to other couples therapist in their professional network.

In terms of social media recruitment, the researcher asked active members to complete the survey (if they met inclusion criteria and did not have a relationship with me, the researcher)

and/or to encourage members to share within their own professional networks. Outside of the Smith College affiliated social media groups, the researcher found other applicable Facebook groups that served as a large pool of qualifying mental health professionals. These included: The Art of Couples Therapy, Marriage and Family Therapists, Students and Interns, and Professional Mental Health Counselors, Social Workers, Psychologists. Finally, the researcher requested permission to post in the following Subreddit groups: Professionals of Mental Health Unite for Advice, Resources, and Help Psychotherapy: A Place For Therapists. A total of 53 initial responses were recorded for potential data analysis. Of that total, 44 were considered full responses, and thus the data was analyzed from this group.

Confidentiality

The study survey was completely anonymously, and outside general demographics, did not require participant names. To protect confidentiality, surveys were numerically coded. However, in order to protect the appearance of coercion or displeasure on behalf of potential participants, the consent form advised the potential participant NOT to participate if she or he had *any* relationship with the investigator (i.e., not only as a colleague but also friend, etc.).

Follow-Up Emails and Consent Form

A follow-up email was sent two weeks after the initial invitation email. All of the recruitment emails contained a link to the survey through Qualtrics and asked recipients to consider forwarding the email to their colleagues.

When participants clicked the link to the survey in the invitation email, they were directed to the initial pages of the survey with the introduction. Participants then answered questions related to the inclusion and exclusion criteria. Through skip logic, participants who did not meet the inclusion criteria were directed to a page informing them that they were not eligible

to participate and thanked them for their time. If they met the criteria, participants were directed to the page outlining the informed consent agreement.

After providing demographic information, participants responded to three categories of statements about play in the context of couples therapy. The three areas of response pertained to the value, use, and influence/experience of play in couples therapy. In the third section of the survey, which related to the influence and experience of play, participants had the opportunity to rate statements that involved their own experience in couples therapy as a client. All of those statements included an option of “not applicable,” to ensure that participants could answer all questions that were applicable to them, or choose to not answer any questions that were not applicable to them.

CHAPTER IV

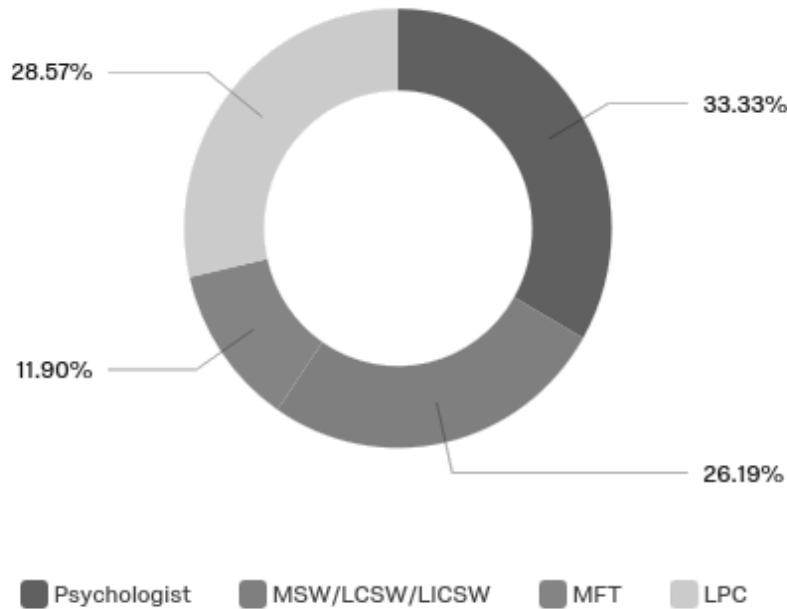
Findings

The purpose of this research study was to explore play and its use and value to couples therapists who practiced or currently practiced couples therapy. I also intended to understand the use play in couples therapy and how couples therapy effects relationship satisfaction. This focus led to my primary research question, how do Couples Therapists perceive the function and value of play in the context of the therapeutic encounter? A secondary question, and for practitioners who experienced couples therapy as a client was, how has the use of play in couples therapy impacted the couples sense of relationship satisfaction? This chapter begins with participant demographics and then presents the analyses of these two research questions that provided the framework for this study.

Participant Demographics

A total of 44 participants voluntarily signed up for this study and began the online survey data process. However, 38 participants either fully met study eligibility criteria, or chose to complete the survey process. These 38 participants, who self-reported as Ph.D. or Masters level practitioners, represented clinicians with four licensing credentials practicing couples therapy for at least one year at the time of this study. These included Psychologists (33.33%, n=14), LPC's (28.57%, n=12), first and second level Social Workers (26.19%, n=11), and Marriage and Family Therapists (11.90%, n=5). See Figure 1 below.

Figure 1. Participant Licensing Credentials

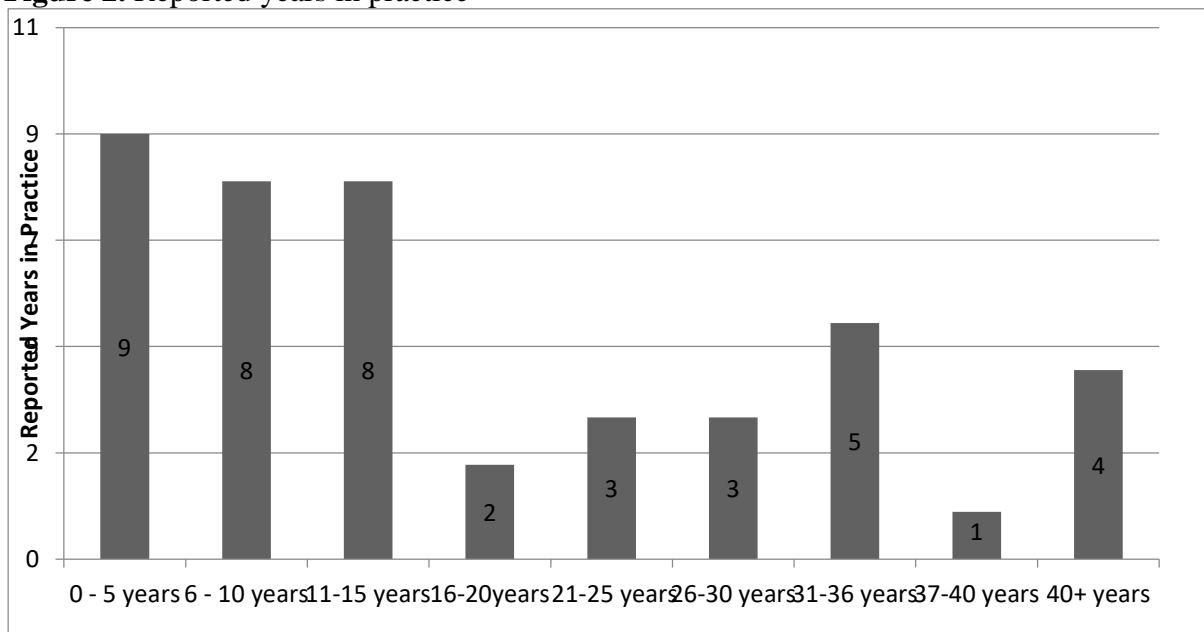


Participants also self-reported receiving post-graduate training in multiple specialties, which included training in one or more of the following areas: Psychoanalysis (n=11) and evidence-based practice (n=5) represented the majority of training identified by participants. Evidence-based practice represented EMDR (eye movement desensitization and reprocessing), DBT (dialectical behavioral therapy), EFT (emotionally focused therapy) and TF-CBT (trauma focused-cognitive behavioral therapy). Imago relationship therapy (IRT) had 3 responses. IRT is a relatively new and unique therapeutic approach to troubled relationships. “Hendrix (1988) developed IRT as a theory and as an operational approach to relationship therapy specifically for couples in committed relationships. IRT is an eclectic integration of psychotherapeutic approaches that include psychoanalysis, ego psychology, attachment theory, self-psychology, transactional analysis, gestalt therapy, psychodynamic approaches, and cognitive-behavioral techniques” Zielinski, J. J. (1999, p. 91). Other specialized training represented by participants in

this study included various forms of couples therapy, not EFT (n=6), and sex or gender specialist (n=3).

Participants also represented a wide duration of time in practice. 58.1 % of participants selected between 0-15 years in practice (See Figure 2). The second largest group reported 31-36 years of practice at 11.4%.

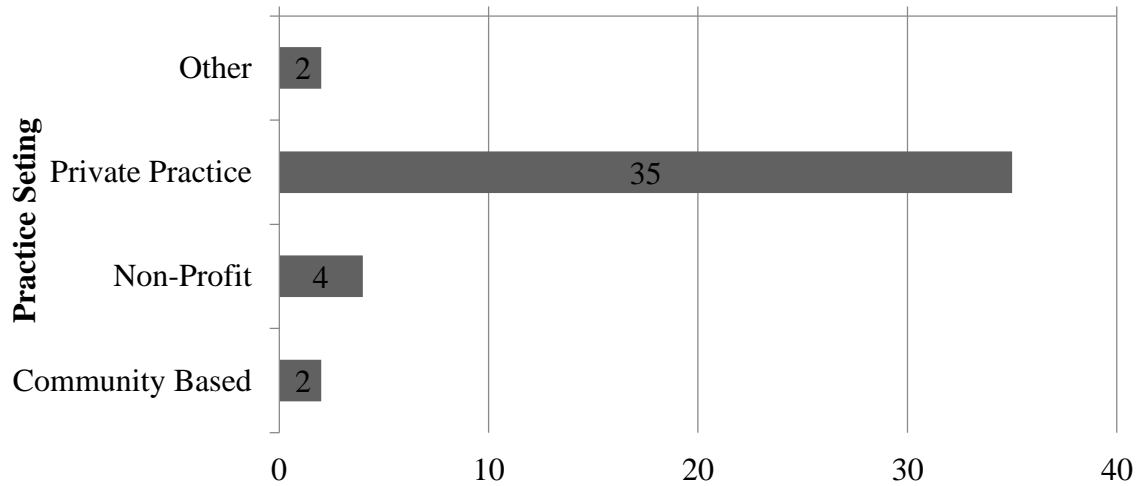
Figure 2. Reported years in practice



81.4 % (n = 35) of the participants identified their practice setting as private practice.

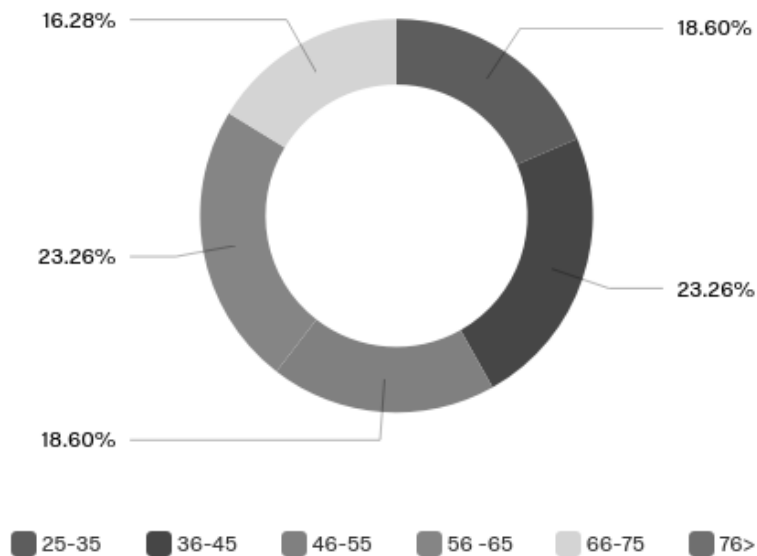
Other practice sites represented were 9.3% (n = 4) Non-profit Agencies, 4.6% (n = 2) Community-based Agencies, and Other (For-profit Agency and University Counseling) 4.6 % (n=2). See Figure 3 below.

Figure 3. Participant Practice Setting



The participant pool was rather homogeneous with 81.8 % (n = 36) female and 90.9 % (n = 40) white. Male participants represented 15.9 % (n=7) of the total respondents. Hispanic participants represented 4.5% (n=2) and Jewish participants represented 2.3% (n=1) of races and ethnicities included in this study. One area of diversity was represented in age with a rather even distribution recorded. (See figure 2).

Figure 4. Participant Age Range



Of the total sample population, one-third of the participants responded to questions regarding their own experiences in couples' therapy as a client. Although there was no correlation found between personal experiences in couples' therapy as a client and use of play as a clinician, the descriptive statistics warrant mentioning. For example, when participants were asked, how influential was their own experience with play upon their sense of relationship satisfaction, 34.1% (n=15) responded very influential and 18.2% (n=8) responded somewhat influential. This infers that 52.3% of the participants in this study recognized some level of influence from their own experience with play upon their sense of relationship satisfaction (See Table 1).

Table 1. , How influential was the clinician's personal experience with play on sense of relationship satisfaction?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Influential	15	34.1	60.0	60.0
	Somewhat Influential	8	18.2	32.0	92.0
	Not Influential	2	4.5	8.0	100.0
	Total	25	56.8	100.0	
Missing	System	19	43.2		
Total		44	100.0		

As table 1 illustrates, even with the prescribed smaller sample size, the data infers that a connection between use of play in couples therapy and relationship satisfaction may exist.

Another interesting frequency emerged from the statement “Clinician skillfulness in engaging me and my partner in play during therapeutic interventions” in relation to how this influenced the participants use of play in couples therapy. This is depicted in Table 2. Here the largest frequencies were recorded in the “not influential” category (n=8, 18.2%). Although this data is not conclusive, it does beg the question of whether participants were responding to a lack of play interventions or to interventions that were not received well. See Table 2.

Table 2. Clinician skillfulness in engaging me and my partner in play during therapeutic interventions

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Influential	3	6.8	17.6	17.6
	Somewhat Influential	6	13.6	35.3	52.9
	Not Influential	8	18.2	47.1	100.0
	Total	17	38.6	100.0	
Missing	System	27	61.4		
Total		44	100.0		

An open-ended question at the end of the survey asked participants to add any additional information they would like in regards to play in couples counseling. A total of twelve responses were recorded and analyzed with centralized themes that fell into three basic categories: (1) a desire for more education; (2) participants’ experience with play in couples counseling; and (3) responses that describe the necessity of play in couples therapy. Of these 12 responses, five were

excluded due to “stated confusion/not understanding the question” or the participants’ beliefs that play was not relevant to their work with couples.

Desire for More Education: Two participants responded that they either felt the need for more training and education on play in couples therapy or they commented that they did not receive any training on play as a therapeutic tool in their academic training at all.

Experience with Play: Two participants reported their experience of play in couples therapy. One participant stated, “Psycho-education about body work and the connection to our personal lives.” This response seems to suggest that her experience of play has involved “body-work.” The other participant responded that in their experience as a client, “play was encouraged, but I believe more specific interventions could have been helpful.”

Necessity of Play in Couples Therapy: Three participants responded to the necessity of play in therapy. One participant stated, “Play in couples' relationships is vital to sustainability, intimacy and communication.” These open-ended statements seem to reflect the larger themes of the study, especially as we understand the use of play existing in the therapeutic encounter when supported by adequate training.

Secondary Descriptive Data: Training Experience by Licensing

Data was also available on who, in terms of credentials, had been influenced by what types of learning experiences. The number of participants that reported receiving training for play with couples during graduate school was very low. Of these figures however, MSW’s and LPC’s reported the highest levels of post-graduate training. MSW’s also exhibited the highest level of training influenced and received from articles or books compared to other professionals.

Table 3. Experience: Influence of post graduate training by credentials

		PsyD	MSW/ LCSW/ LICSW	MFT	LPC	Σ
Training	VI	0	5	1	3	9
Post- Grad	SI	3	4	0	3	10
	NI	4	0	1	1	6
	Σ	7	9	2	7	25

VI: Very Influential, SI: Somewhat Influential, NI: Not Influential, Σ: Total

Research Questions

Research Question 1. “How do Couples Therapists perceive the function of play in the context of the therapeutic encounter,” was analyzed as follows.

H₁: Couples therapists perceive the use of play as important to the therapeutic encounter.

H₀: Couples therapists do not perceive the use of play as important to the therapeutic encounter.

Findings suggest a correlation was significant at the 0.01 level of significance (2-tailed), and the P-value is 0.002 ($r=.491$). Since the P-value, 0.002, is less than $\alpha = 0.05$, there is evidence to reject the null hypothesis, which means that there is sufficient evidence to indicate that couples therapists do perceive the use of play as important to the therapeutic encounter. See Table 6 below for statistical correlations.

Research Question 2. The second research question, “How do Couples Therapists perceive the value of play in the context of the therapeutic encounter” was analyzed with the following hypotheses:

H₂: Couples therapists perceive the value of play as important to the therapeutic encounter.

H₀: Couples therapists do not perceive the value of play as important to the therapeutic encounter.

Therapists were asked to describe their use of in their treatment setting with couples, and were also asked to describe the extent to which they value play as a therapeutic intervention through a Likert scale. Finding show a correlation significant at the 0.01 level (2-tailed), with a p-value of 0.002 ($r = .491$) Thus, the null hypothesis is rejected, indicating that that there is sufficient evidence to indicate that couples therapists do perceive the value of play as important to the therapeutic encounter.

Research Question 3. The secondary question for practitioners who had participated as a client in couples therapy, “how has the use of play in couples’ therapy impacted the couples’ sense of relationship satisfaction”, was also analyzed as follows.

H₃: Practitioners who have experienced play as a client in couples therapy report an improved sense of relationship satisfaction.

H₀: Practitioners who have experienced play as a client in couples’ therapy will report no change in relationship satisfaction.

Two statements in the survey were used in evaluating the participants’ own experience with play in couples therapy and their relationship satisfaction. These were experience-based statements that asked participants to rate how much each of the following statements influenced their use of play in couples’ therapy. The first statement was based on their personal experience as a client in couples therapy, and the second statement asked how influential their own experience with play was upon their sense of relationship satisfaction?

The Pearson showed no significant correlation between clinician’s own experience with play in couples therapy and relationship satisfaction as based on the two questions meant to

analyze this variable. The Pearson correlation is very helpful in measuring the strength between variables and relationships. In order to determine how strong a relationship is between two variables, researchers use a formula to produce a coefficient value, which can range between -1.00 and 1.00. When the coefficient value is in the negative range, the relationship between the variables is negatively correlated, or as one value increases, the other decreases. When the value is in the positive range, the relationship between the variables is positively correlated, or both values increase or decrease together. After performing the Pearson correlation test, the Pearson correlation coefficient value was -0.102. Therefore, I have a negative correlation between clinician's personal experience with play and relationship satisfaction, and the strength of this relationship is weak. Hence, I can conclude there is a weak relationship and negative correlation between these two variables.

Since the P-value, 0.643, is greater than $\alpha = 0.05$, I fail to reject the null hypothesis. There is insufficient evidence, at the $\alpha = 0.05$ level, to conclude that practitioners who have experienced the use of play in couples therapy have an improved sense of relationship satisfaction. See Table 8 for statistical correlations.

Additional Findings

Of the total sample population data was also analyzed using the Pearson correlation based on two variables regarding experience of play: play training, represented by statements 19-21 on the questionnaire and personal experience of play, represented by statements 22-24 on the questionnaire. For both variables a higher score indicated less influence. Correlations were then run between each of these variables and "use of play" and value of play."

There was a significant negative moderate correlation between play training and use of play ($r=-.500, p=.008$). A negative correlation suggests that as influence of play training

increased (score went down) the participants use of play also increased. There was no significant correlation between play training and value of play.

There was a significant negative moderate correlation between play training and use of assessments ($r=-.539$, $p=.004$). A negative correlation suggests as influence of education increased (score went down) the participants use of assessments increased. There were no significant correlation findings in relation to value or use of play and personal experience.

The use of Qualtrics also provided additional data interpretations that were not significant at the .01 level as with the SPSS data analysis, but were instead significant at the .05 level. This data is included to contextualize the SPSS analysis. First and foremost, Qualtrics provides a cross tabulation tool for users to perform multivariate analysis and allows researchers to use a much more advanced statistical analyses employing an outside program such as Excel or SPSS. Qualtrics create an entire report with statistics tables, default (frequency) tables, and graphs that can then be exported to a variety of outside sources, and includes numerous options to customize cross tabs to calculate p-value and Chi-Square statistics.

The value of using the t-test in Excel is that it tells whether a relationship between value of play and relationship satisfaction is legitimate or if this is likely to be just from randomness. Hence, the Value Statement, "I have experienced success in using play as an intervention in my work with couples"; and the Relationship Satisfaction question, "If appropriate, how influential was your own experience with play upon your sense of relationship satisfaction" were analyzed. With degrees of freedom and running the TINV function in Excel, I obtained a critical t-stat. The t-stat was greater than the critical t-value, which proved a correlation significant at the 0.05 level of significance. Excel can provide simple descriptive statistics, t-tests, correlations, 1 or 2-way analysis of variance, regression and other statistical procedures. The P-value in this case was

0.02. Since the P-value, at 0.02, was less than $\alpha = 0.05$, there is sufficient evidence to indicate that couples therapists who have experienced play in couples therapy as a client found the experience to be influential on their sense of relationship satisfaction and also experienced success in using play interventions during their work with couples.

Another significant finding occurred with the question, “How influential was your own experience with play upon your sense of relationship satisfaction”, matched with the value statement, “I have seen couples fail because of lack of play”. Findings indicated correlational significance at the 0.05 level of significance. The P-value is 0.01. Since the P-value, 0.01, is less than $\alpha = 0.05$, there is sufficient evidence to indicate that participants who have experienced play in couples therapy as a client, and report the experience as influential also indicated that in their own practice they have seen couples fail due to a lack of play. These two findings are noteworthy, in that therapists who have been a client in couples’ therapy are recognizing the value of play in both successfully using play interventions, and in acknowledging that couples who lack playfulness have been unsuccessful in maintaining their relationship. See Table 4 for statistical correlations.

Table 4. Personal relationship satisfaction, and value statements: professional experience of success in using play, and couple failure

		Success of play intervention with couples	couple failure due to lack of play
Influence of play experience upon your sense of relationship satisfaction	Chi Square	18.73*	19.65*
	DF	8	8
	P-value	0.02	0.01

DF: Degree of freedom

Significant findings at the .05 level were also found relating to the value statement: Play is an important part of my practice with couples and Influence of Clinician Experience with play-training after graduation. Here the p-value was .03. Since the P-value, 0.03, is less than $\alpha = 0.05$, there is sufficient evidence to indicate that participants who have experienced playing training after graduation also report that play is an important part of their practice with couples. See Table 5

Table 5. Influence of training after graduation on use of play and Value Statement, “Play is an important part of my practice with couples”

		Value: Play is an important part of my practice with couples
Post-Grad Training	Chi Square	16.67*
	DF	8
	P-value	0.03

DF: Degree of Freedom

Summary

This study is unique in that it solicited the voices of clinicians who were clients in couples’ therapy. This research is groundbreaking for two reasons: (1) it explores the use and value of play for couples’ therapists and gives voice to clinicians in expressing play as in intervention tool in couples therapy.

Chapter V

DISCUSSION

The overriding purpose of this study was to determine how couples therapists perceive the function and value of play in the context of the therapeutic encounter. To accomplish that goal it became necessary to reach various prerequisite goals. Defining play in intimate relationships and how the use of play is connected to the therapeutic encounter assumed a high degree of importance during the literature review conducted for this thesis. Hence, it became necessary to reach an understanding regarding how play has been conceptualized within the literature. To date, very little research has been done in the area of play as an intervention tool in the therapeutic process of couples, thus making this study groundbreaking. To provide for the possibility that play could be perceived and measured as a viable component of the therapeutic process, it was important to develop a measurement with the potential for encompassing the totality of the function and value of play in the context of therapy. Once these fundamental steps were achieved, this research moved forward. Using Qualtrics, a survey was developed and self-administered online to clinicians that met eligibility criteria. Once a sufficient number of participants were obtained, the survey ended and the data was analyzed. This chapter reports the conclusions and recommendations that resulted from this data.

What seems to be most significant about this study's results is that the couples therapists who participated in this study do use and value play in the therapeutic encounter with couples; however, based on frequencies, these couples therapists were not grounded in the use and value of play from their graduate training. Data frequencies suggested that the couples therapists in this study were not heavily influenced by training during graduate school, and that they were more

likely to use play, as well as play assessments, if they had also received training post graduation. Several of the participants reported that their experience in play resulted from their additional readings, participation in skill-based training, and or focused studies post graduate school.

As mentioned in the findings chapter, data was collected on participants' specialized training. All the clinicians who responded in the study, clinicians who practiced psychoanalysis, and who had experience with play, reported that their training after graduation (50%, n=4) very heavily influenced their use of play in couples therapy (40%, n=4). Additionally, 37.5% (n=3) of the clinicians that practiced psychoanalysis and who had experience with play reported that their extra training led them to use play in couples therapy (42.9%, n=3). These frequencies suggest that 87.5% of the clinicians in this study that practiced psychoanalysis obtained extra training following their degreed field and that 82.9% of these clinicians reported that their experiences influenced their use of play as an intervention in couples' therapy.

Although the data set for this study is small with a total of 11 participants responding with training in psychoanalysis, this trend should be noted by educators in Psychology and Social Work as an expressed need by those clinicians that education on play in couples therapy is warranted. Supporting this stance, only 4 (9.1%) out of 21 total participants responded that classes during graduate school were very influential to their use of play in couples therapy. What this may infer or suggest is that clinical and human service programs may not see the value of play as a problem-solving or intervention tool with adults, and consequently have omitted this contextual learning. Indeed, this research should be duplicated as it holds particular relevance to practitioners, researchers, and educators who will train future clinicians to work with couples as MFT's, Psychologists, social workers and LPC's.

This study can be considered pioneer research because very little research exists that articulates multiple clinicians' views of play in couples therapy, that also covers various forms of training, or disciplines. Although there are case studies that describe the clinicians' use of intervention, there is little else to support the current research (Ablon, 2001; Handler, 1999; Winnicott, 1981).

The majority of findings is supported by current research albeit, through indirect connection. Participants use of play in couples therapy supports the notion that play with adults is a theory or lens of understanding intimate relationships. The current research clearly establishes that the use of play in a therapeutic relationship is an intention based lens for understanding a couples way of being in relationship that serves as an entrance to improved communication, marital satisfaction, conflict resolution. This is in marked contrast to understanding play as simply an activity involving fun or feeling carefree. From the latter perspective, it seems that play is not always overtly acknowledged by the clinician, but can be a mode of detailing the experience of the couple. It seems that a working definition of play was not entirely clear for some participants, which supports Van Vleet and Feeney (2015) as they describe the problem of lacking an operational definition of play in adulthood.

Also of interest in this study, was that although the current study did not find significant data regarding relationship satisfaction for the participants, the study did support the notion that couples therapists value play in increasing relationship satisfaction for their clients (Vanderbleek, 2005).

Very significantly, this research has lead to a clearer understanding of the process of play as an intervention tool, and how it is to be interpreted, and used in the therapeutic process. My study has provided a more focused understanding of play as a viable intervention tool specifically for

those clinicians who are actively practicing psychoanalysis. This research frames use of play in a way that seeks to highlight clinicians' own experience as inspiration for use of intervention. As with Winnocott's potential space (1971), Ablon (2001) echoes the risk that is involved for both therapist and client when engaging through play. This sentiment rings true today, in a mental health field dominated by highly structured, evidenced-based practice.

Speaking from a Social Work position, we are asked to partake in therapy to deepen our clinical usefulness, and yet, as we step into the clinician role, we are also asked to separate ourselves from our clients. What I hope is gained from this research is an allowance of our clinical selves to be with our clients in a way that values our experiences in intimate relationships as clinically useful to our work with couples.

What lingers from the current research is: can couples therapists - with training and education, allow themselves to be vulnerable while in a state of playfulness with their clients so to promote the practice of play in a safe, contained environment? It is this researcher's opinion that the clinician's modeling of this play behavior may be essential to successful change work in couples therapy that incorporates play.

Study Limitations

This study does not reflect full diversity, especially regarding race, ethnicity, gender, and practice settings. One finding that surfaced through data analysis was a lack of understanding of the distinction between the use of play and play therapy. This seems to speak to the need for a clear distinction between use of play and "play therapy," as in theory or intention-based versus activity-based in couples therapy. It seems that clarifying language around a definition of play in relation to couples therapy along with distinguishing this form of play from "play therapy" would benefit future research. It may be helpful to establish how current couples therapists

understand play's manifestations in the therapeutic encounter. Other limitations relate to some of the survey statements, as it is unclear how the participant understands each aspect of play as it manifests. For example, how does the participant understand mental, physical, and social play? In this regard, it may be useful for future research to test various language patterns and interpretations before launching the survey for data collection.

The study did not focus on sexuality in the expression of play, which seemed to be in part due to the lack of existing play research discussing sexuality and in part because of the researcher's reluctance to include sexuality. The current research should also serve as a guide for future research into specific interventions that "improve the satisfaction and stability of couple relationships" (Vanderbleek, 2005).

Final Thoughts

In the social work world, we often discuss how social change begins within the dyad and can produce a rippling effect. This is especially so as we look at interpersonal relationships being the building blocks of social change work. As adults who are constantly engaged in productivity-based activities that are required by the capitalistic state, I see the promise of playfulness in adulthood as a direct rebuttal of this oppressive system. Too often we are shamed into production, and sacrifice our creativity and imagination to get the present job done. For those who are in the social work profession and see the benefit of accessing creative and imaginative thought in the pursuit of creating a new world- where systemic inequalities are no longer replicated; encouraging, modeling, and validating playful behavior overtly, in your's and your clients intimate relationships is putting that vision into practice. It is this researcher's opinion that allowing our playful selves to flourish within relationships in a system that demands production and individuation is an act of political change.

In closing the researcher sees the current research as making a case for modulating the heavily pushed “mindfulness” movement that exists in the western world. Play requires creativity, a felt break from reality, best shared with others, but not required. I experienced this with my own clients, who as mothers, sought an escape from everyday life. In one scenario, it seemed unfit to suggest that this mother, in her anxious brain, try to meditate while doing the dishes. It was a relief to this mother for a professional to say, “It is okay for you to fantasize, to let your imagination run free, to have a break from your chaotic reality.”

Similarly, suggesting self care tactics such as getting lost in a good book, is also a form of fantasy. Is it not? In some ways, play has always been all around us. It exists even when we don't recognize it, or even when we try to push it away for purposes of work or other mundane daily living activities. It is up to clinicians and mental health professionals to see these opportunities to overtly describe to our clients what has been operating in the background of the therapeutic relationship all along. To be with our clients in delight, laughter, and fantasy (be it destructive or wishful). These moments, of joining with our clients provide each other with the gift of intimacy, and are lessons to be taken into our clients everyday lives.

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APPENDICES

Appendix A: HSR Approval Letter



School for Social Work
Smith College
Northampton, Massachusetts 01063

November 29, 2016

Teresa Musick

Dear Teresa,

You have done a good job in making substantial revisions to your Human Subjects Review application. Your project is now approved by the Human Subjects Review Committee.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Congratulations and our best wishes on your interesting study.

Sincerely,

A handwritten signature in black ink, appearing to read 'Elaine Kersten'.

Elaine Kersten, Ed.D.
Co-Chair, Human Subjects Review Committee

CC: Narviar Barker, Research Advisor

Appendix B: Informed Consent

Couples Therapist Perception of the Value of Play in the Therapeutic Encounter

Teresa Musick, tmusick@smith.edu

Introduction

- You are being asked to be in an exploratory research study of therapist's perceptions of the use and value of play in the context of couples therapy. If you have not practiced couples therapy or if you have *any* relationship with the investigator including professional, friendly or familial, you are advised not to participate in this study. For this study you will be asked about your use and perceived value of play in couples therapy, and *if applicable* how play as an intervention influenced your own experiences as a client in couples therapy.

Purpose of Study

- You were selected as a possible participant because you are a current or former licensed couples therapist. I ask that you read this form and ask any questions that you may have before agreeing to be in the study.
- This study is being conducted as a research requirement for *my master's in social work degree*. Ultimately, this research may be published or presented at professional conferences.

Description of Study Procedures

- If you agree to be in this study, you will be asked to do the following things: Part 1: Respond to Likert scale rated statements based on your experience as a couples therapist; Part 2: Respond to your perceptions of the value of play in couples counseling; and Part 3: Respond to your experience with play. This study will likely take between 10 - 15 minutes to complete.

Risks of Being in the Study

- There may be minor risks in participating in this study. It is possible that you may become uncomfortable disclosing information about your own experiences with play in your work with couples counseling or as a client of couples therapy. I anticipate such risk to be minimal, but worth mentioning. You have the right to choose not to answer any item on the survey that makes you uncomfortable. You also are free to withdraw your participation at any time before hitting the submit button.
-

Benefits of Being in the Study

- The benefits to social work/society include exploring a strengths based perspective on the value and usefulness of play in the context of couples therapy that includes a diverse representation of various ways the human race maintains attachments.

Confidentiality and Right to Refuse

- This study is anonymous. We will not be collecting or retaining any information about your identity. The decision to participate in this study is entirely up to you.
- **All electronically stored data will be password protected during the storage period. We will not include any information in any report we may publish that would make it possible to identify you.**

- You may refuse to answer any question or withdraw from the study without affecting your relationship with the researchers of this study or Smith College. Your decision to refuse will not result in any loss of benefits (including access to services) to which you are otherwise entitled. Because this is an anonymous internet survey, simply exit at any point by clicking on ‘escape’ at the top of the screen if you wish to do so. Answers to questions prior to exiting will remain in the survey up to that point, but I will have no way to know who you are, and the survey will be discarded as I will not use incomplete surveys in my study.

Right to ask Questions and Report Concerns

- You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact me, Teresa Musick at tmusick@smith.edu If you would like to view the study results, you can do so by searching the Smith College Neilson Library, searching for School for social work thesis and typing in my name. The results should be available to you after September of 2017. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974.

Consent

- Your entry into the survey after reading this consent form constitutes evidence that that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. I encourage you to print a copy of this form for your own information.

Agreement to Participate

BY CHECKING “I AGREE” AND CLICKING “NEXT” YOU ARE INDICATING THAT YOU HAVE READ AND UNDERSTOOD THE ABOVE INFORMATION, THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, YOUR RIGHTS, AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

I AGREE

I DO NOT AGREE

Appendix C: Recruitment Messages

Recruitment Email

Greetings Friends, Colleagues, and Classmates of the Smith SSW Community,

Presently, I am working on my Master's thesis at Smith College for Social Work, which involves conducting an exploratory research study into couples therapists use of play in the therapeutic encounter. I am sending you this email to ask for your help with recruiting participants for my research study, which is a brief online survey. If you have *any* relationship with me, as the Investigator, including professional, friendly or familial, you are advised not to participate in this study. If you meet eligibility criteria, I also invite you to participate in the study.

My study focuses on gathering information about couples therapists perceptions of the value and their use of play in couples therapy. Along with this, couples therapists who participate will also be asked to report on what resources and/or experiences have been influential in their use of play in the therapeutic encounter. Potential participants will be asked their consent to participate in the study but WILL NOT be asked for their names. You will only be required to “√” (check) a box if you agree to participate.

Practicing or retired couples therapists are eligible to participate in my study. The aim is to also include clinicians who may have experienced play through couples counseling. Participating in the study is completely voluntary and is very easy. Filling out a user-friendly online questionnaire is the only requirement, which should take between 20 - 25 minutes to complete. The link for the survey is:

If you meet criteria for participating, please consider participating in my study. Participation is completely anonymous, so I will have no way of knowing your identity. If you do not meet criteria, I encourage you to please forward this email to any acquaintances or colleagues you know that may be eligible to participate. The forwarding of this email to other potential participants would be very helpful!

By participating in this research, participants could help to illuminate the little discussed value and use of play in couples therapy as well as gives voice to the implications and benefits of play in couples work.

*Please follow this link to the survey:

If you have any questions about my research or the nature of participation, please feel free to reply to this email (tmusick@smith.edu) or contact me at a later date.

This study has been reviewed and approved by the Smith College School for Social Work Human Subjects Review Committee (HSRC).

Thank you for your time, assistance, and interest in my research topic!

Sincerely,
Teresa Musick
MSW Candidate, Smith College School for Social Work

Recruitment Post for Facebook Groups Smith college school for social work class A’16, A’17, and A’18, and Smith Social Workers speak easy, and Smith SSW Alums

Hello Smith Social Work Community,

Its thesis time... and you know what that means: I am seeking research participants! Here is some information regarding my study that you can offer to potentially interested folks or that you can use to determine your own eligibility.

My study focuses couples therapists perceptions of the value and function of play in couples therapy. My study also seeks to understand couples therapists inspiration for using play in the therapeutic encounter. This includes asking couples therapists to report on what resources and/or experiences have been influential in their use of play with couples. Play in the context of couples therapy is different than play therapy with children, although it is arguable that they serve similar purposes. Potential participants will be asked their consent to participate in the study but WILL NOT be asked for their names or any other identifying information.

A response of “yes” to each of the following questions deems eligibility for participation in this research.

- Are you a current or former licensed couples therapist who practices(d) as a MSW/LCSW/LICSW, LPC, MFT, Psychologist, Psychiatrist, or Christian Counselor?
- Have you practiced as a licensed Couples Counselor for at least one year?

Participants will complete a confidential online questionnaire that takes between 20-25 minutes. To review the informed consent and complete the questionnaire, go to this web link: XXXX

There are benefits of participation. Participants could help to illuminate the little discussed or researched value and use of play in couples therapy as well as give voice to the implications and benefits of play in couples work.

If you meet the criteria for participating in this study, please consider participating in my study. However if you have a relationship with me please pass this survey along to others through sharing on social media or emailing.

This study has been reviewed and approved by the Smith College School for Social Work Human Subjects Review Committee (HSRC).

Thank you for your time, assistance, and interest in my research topic!

Sincerely,

Teresa Musick

Recruitment Posts for Facebook Groups: The Art of Couples Therapy, Marriage and Family Therapists, Students and Interns, Professional Mental Health Counselors, Social Workers, Psychologists, and Marriage and Family Therapists. REDDIT GROUPS: Professionals of Mental Health unite for Advice, Resources, and Help Psychotherapy: A Place For Therapists.

Hello Fellow Mental Health Professionals,

Presently, I am working on my Master's thesis at Smith College for Social Work and am seeking research participants to complete my short survey.

My study focuses on gathering information about couples therapists perceptions of the value and their use of play in couples therapy. My study also seeks to understand couples therapists inspiration for using play in the therapeutic encounter. This includes asking couples therapists to report on what resources and/or experiences have been influential in their use of play with couples. Play in the context of couples therapy is different than play therapy with children, although it is arguable that they serve similar purposes. Potential participants will be asked their consent to participate in the study but WILL NOT be asked for their names or any other identifying information.

If you answer “yes” to each of these questions, you are eligible to participate in this research.

- Are you a current or former licensed couples therapist who practices(d) as a MSW/LCSW/LICSW, LPC, MFT, Psychologist, Psychiatrist, or Christian Counselor?
- Have you practiced as a licensed Couples Counselor for at least one year?

What will participants do? Participants complete a confidential online questionnaire that takes between 20-25 minutes. To review the informed consent, and complete the questionnaire, go to this web link: XXXX

What is the benefit of participation? Participants could help to illuminate the little discussed or researched value and use of play in couples therapy as well as give voice to the implications and benefits of play in couples work.

If you meet criteria for participating, please consider participating in my study. If you do not meet inclusion criteria PLEASE pass this survey along to others through sharing on social media or emailing.

This study has been reviewed and approved by the Smith College School for Social Work Human Subjects Review Committee (HSRC).

Thank you for your time, assistance, and interest in my research topic!

Sincerely,

Teresa Musick

Appendix D: Survey Instrument

Dear Participant,

Thank you for your interest in my study. Before proceeding to the informed consent page, I want to provide you with a brief introduction to my survey for the purpose of contextualizing what I describe as “play” in couples therapy and to provide the intent for this research. The purpose of this research is to explore play and its functions in adult couple relationships, specifically pertaining to how it is used and viewed in couples therapy from the perspective of the practicing clinician. My question is: How do Couples Therapists perceive the function or value of play in the context of the therapeutic encounter?

Playfulness, humor and laughter can help couples maintain strong bonds, especially as they work through conflict resolution strategies and stress reducers. Play between couples can also enhance a sexual relationship and help couples to maintain a balance of excitement and interest in one another. Play for adults can be experienced in language, verbal symbols, games and other joint actions that can lead to joy, emotional release, and freedom within the couples' relationship.

The first two questions are screening questions to determine your eligibility to participate in this study. If you are eligible to participate, you will then be directed to an informed consent page after which the study will begin.

	Yes	No
Are you a current or former licensed couples therapist who practices(d) as a MSW/LCSW/LICSW, LPC, MFT, Psychologist, Psychiatrist, or Christian Counselor?	<input type="radio"/>	<input type="radio"/>
Have you practiced as a licensed Couples Therapist for at least one year?	<input type="radio"/>	<input type="radio"/>

>>

In order to meet eligibility requirements for participation in this study, a “yes” response is required for both of the previous questions.

I meet the inclusion criteria listed above for this study and wish to continue

I do not meet the inclusion criteria and wish to exit the survey

>>

Please select the category that describes your current age.

25-35

36-45

46-55

56 -65

66-75

76>

Please select the category that best describes your gender identity.

Male

Female

Gender Non-conforming

Gender Neutral

Transgender

Please select the category that best describes your race/ethnicity.

African American

Caucasian

Hispanic

Latina/o

American Indian

Asian

Mixed Race/Ethnicity (Please Specify)

Other (Please Specify)

Please select the category that describes the number of years you have been in practice.

0-5 years

6-10 years

11-15 years

16-20 years

21-25 years

26-30 years

31-36 years

37-40 years

40+ years

Please select all the practice settings that describe where you currently practice, or if retired your most recent practice settings.

Community-based Setting

Non-profit Agency

Private Practice

Hospital Setting

Church / Worship Setting

Other (Please Specify)

Please select all the degree and licensing credentials that you have obtained.

Psychologist

Psychiatrist

MSW/LCSW/LICSW

MFT

LPC

Christian Counselor

Please describe any additional specialized training you have received:

Value of Play

	Strongly Disagree	Disagree Somewhat	Neither Agree Nor Disagree	Agree Somewhat	Strongly Agree
I have experienced success in using play as an intervention in my work with couples	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that play, as an intervention, should be used more in work with couples	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I see the value of play in teaching communication skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I see the value of play in teaching conflict resolution skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I see the value of play in increasing couple satisfaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Play is an important part of my practice with couples	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have seen couples fail because of lack of play	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have used a play intervention that was not received well by the couple I was treating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Use of Play: Please select the response that describes how frequently you incorporated play into your practice of couples therapy.

	Never	Sometimes	Often	Always
During treatment with couples I emphasize the role of play in successful relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I use play as an intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I provide interpretation of play behaviors to couples	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I provide interpretations of physical play with couples	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I provide interpretations of mental play with couples	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I provide interpretations of social play with couples	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I encourage couples to practice play in session	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I encourage couples to practice play in their everyday lives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I reflect to couples when a comment felt playful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I use assessments to guide my use of play as an intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Clinician Experience with Play: Please rate how much each of the following influenced your use of play in couples therapy.

	Very Influential	Somewhat Influential	Not Influential	Not Applicable
Classes during graduate school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training after graduation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Articles or books on the subject	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal experience as a client in couples therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinician skillfulness in engaging me and my partner in play during therapeutic interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Success of play as an intervention in my own couples counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If appropriate, how influential was your own experience with play upon your sense of relationship satisfaction?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is there anything regarding play in couples therapy that you would like to add or that you feel is important to this study?