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“Communication Portal” – on the Use of Drawing, and Play, as Ways to Support Communication in Systemic Family Therapy

„Portal komunikacyjny” – o wykorzystaniu rysunku i zabawy jako form
wspierających komunikację w systemowej terapii rodzin

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The real world is much smaller than the world of imagination.

Friedrich Nietzsche

Abstract

Introduction. Therapeutic work using a systemic approach is one of the primary forms of support for families facing difficult or crisis situations. A therapeutic session with a family that includes young children alongside adults poses a challenge for the psychotherapist. Questions arise regarding how to conduct a therapeutic session while actively engaging all family members.

Aim. The objective of this article is to present systemic therapeutic work with families using methods and techniques appropriate to children’s developmental stages. It describes a non-standard approach to systemic work developed by therapists, demonstrating the use of drawing,

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and play, during family sessions. The benefits and contraindications of working with families with young children using the above methods are presented. The article fills a gap in the Polish literature on the subject and, as a result, can serve as inspiration not only for novice therapists but also for those already practicing family therapy, enriching their professional toolkit.

Methods and materials. Using case studies of systemic therapeutic work with families, the article demonstrates how to apply selected methods and techniques, such as drawing, and play, and how to integrate them into psychotherapeutic practice.

Results and conclusion. This article demonstrates that systemic therapeutic work with families, in which methods and techniques with different theoretical foundations are introduced, can significantly enhance the effectiveness of therapy. The vignettes presented demonstrate how a psychotherapist can easily strengthen therapeutic interaction with all participants in a session by introducing methods familiar to children, and how the session format itself can be accessible to all family members, including the youngest ones.

Keywords: family, systemic family therapy, young child, play, drawing

Abstrakt

Wprowadzenie. Praca terapeutyczna w podejściu systemowym jest jedną z głównych form pomocy rodzinie mierzącej się z sytuacją trudną czy kryzysową. Spotkanie terapeutyczne z rodziną, w której obok dorosłych są małe dzieci, stanowi wyzwanie dla psychoterapeuty. Pojawiają się pytania, jak prowadzić sesję terapeutyczną, która aktywnie zaangażowałaby wszystkich członków rodziny.

Cel. Celem artykułu jest zaprezentowanie systemowej pracy terapeutycznej z rodzinami z wykorzystaniem metod i technik odpowiadających etapom rozwojowym dzieci. Przedstawiono w nim wypracowany przez terapeutów niestandardowy w podejściu systemowym sposób pracy, pokazujący wykorzystanie rysunku i zabawy podczas sesji rodzinnych. Przedstawiono korzyści i przeciwskazania do pracy z rodzinami z małymi dziećmi z wykorzystaniem powyższych metod. Artykuł uzupełnia braki w polskiej literaturze przedmiotu, a co za tym idzie, może stanowić inspirację nie tylko dla początkujących terapeutów, lecz także dla już praktykujących terapię rodzin, poprzez wzbogacenie ich merytorycznego warsztatu.

Metody i materiały. Na przykładzie analizy przypadków systemowej pracy terapeutycznej z rodzinami pokazano, jak stosować wybrane metody i techniki, takie jak rysowanie i zabawę, oraz jak włączać je do praktyki psychoterapeutycznej.

Wyniki i wnioski. Niniejszy artykuł dowodzi, że systemowa praca terapeutyczna z rodzinami, w ramach której wprowadzane są metody i techniki mające różne podstawy teoretyczne, może w znaczący sposób podnosić skuteczność terapii. Zaprezentowane winiety pokazują, jak w prosty sposób psychoterapeuta poprzez wprowadzenie metod bliskich dzieciom może wzmocnić terapeutyczną interakcję ze wszystkimi uczestnikami spotkania, a sama forma sesji może być dostępna dla wszystkich członków rodziny, również tych najmłodszych.

Słowa kluczowe: rodzina, zabawa, małe dziecko, rysunek, systemowa terapia rodzin

Introduction

Systemic therapy, which originated in the 1950s, is one of the fundamental approaches in psychotherapy. The term refers to a group of schools of thought whose common feature is their reference to Ludwig von Bertalanffy’s general systems theory. This approach provides a framework for understanding psychopathological symptoms in one family member in conjunction with intra-family relationships (Grzesiak, 2021; Józefik, 2016; Słysz & Kubiak, 2020).

Within the very broad practice of systemic family therapy, there are many schools and approaches that differ significantly from one another. The essence of systemic thinking in its classical form is the perception of problems and pathologies not as intrapsychic phenomena of the individual, but as the result of interpersonal processes (Dallos & Draper, 2010). Systemic therapists assume that it is the system, not the individual, that “generates” the problem. Signs or symptoms in one family member (most often a child) are understood as a way to maintain family cohesion, or as an impulse for change (Goldenberg & Goldenberg, 2006). A characteristic of systemic thinking is the assumption of circular causality (Cierpiałkowska & Czabała, 2016). This involves searching within the family system for patterns of relationships and communication that indicate the mechanism sustaining specific undesirable behaviour/symptoms.

In the classical approach to systemic family therapy, attention is drawn to such characteristics of the system as wholeness, hierarchical structure, and adaptive self-organisation (Bornstein & Sawyer, 2006). The category of wholeness refers to the recognition that the system as a whole possesses properties that cannot be reduced to the sum of its parts (the system as a whole is more than the sum of its parts). To understand a given system (the family), one must consider the relationships between its elements (family members). Among the characteristics attributed to family systems, one must also consider the organisation of subsystems into hierarchical structures that determine the degree of authority of family members and the boundaries defining the rules of interaction between individual subsystems. Power and responsibility should belong to the parental subsystem (Minuchin, 1974). Adaptive self-organisation, as a property of the system, allows the family to continue functioning despite changing conditions, *e.g.*, during the family’s transition from one phase of the developmental cycle to another.

These system properties are treated differently in classical approaches and in the new, contemporary postmodernist approach, which draws on constructivism and social constructionism. In the classical approach, the family is viewed as a system with a specific

structure and patterns, and the therapist's task is to uncover this structure or pattern. In the postmodern approach, different versions of the family world and of individual family members (so-called *multiversality*) are taken into account, and the therapist adopts a "non-knowing" stance (Anderson & Goolishian, 1992). During the session, the therapist becomes an observer constructing an image, and this is one of many images. They co-create reality together with the family. In this approach, therapy is understood as a process of co-constructing new meanings. A problem or symptom is not considered an external reality, but is brought to life by a description that gives it a specific meaning (de Barbaro & de Barbaro, 1998). The goal of therapy is to participate in a conversation that constantly loosens and opens up, rather than tightens and closes (Józefik, 2003). Through therapeutic conversation, established meanings and behaviour (the sense people assign to things and actions) are given more space; they expand, shift, and change. This creates space for new descriptions to emerge, which is treated as a healing factor. The therapist's role is to introduce a difference; this is done using various techniques characteristic of the systemic approach, such as narrative techniques, genograms, or circular questions. The use of these techniques has one common goal: to introduce a difference. Thanks to this, the therapist can reveal previously unnoticed resources, alternative explanations for the problem, new aspects of the situation, or encourage experimentation with the "difference." These techniques, which are essentially verbal, work well with adult and adolescent family members. However, the question arises of how to invite the youngest family members to actively participate in therapy sessions. One alternative seems to be the use of drawing, or play. Rober (2024) offers an interesting perspective on the use of drawing in therapy. He suggests that the therapist should not attempt to read the hidden meaning of drawings, but focus on developing a dialogue, using the drawing as a starting point. From this perspective, a drawing is not merely "material" for analysis, but an invitation to conversation. In other words, instead of looking through the drawing (play) as if through a window at "what is hidden," we begin to view the drawing (play) as a shared space for meeting, thinking, and speaking. During the session, the therapist strives to create space for as many voices and meanings as possible (Rober, 2024). The drawing thus becomes an opportunity to capture the different worlds of individual family members.

Involving young children in the process of systemic family therapy is a remarkable art. When a family therapist meets adults—parents and children—in the office, they must constantly attune themselves to their worlds. In practice, this means constantly keeping in mind that all participants in the session—both adults and children—are at different stages of development, each with their own capabilities but also limitations. Rober (1998) writes that a child cannot be expected to strive to achieve adult standards. Even when children try their best, they still have great difficulty adapting to the adult world.

Therapeutic work with families with young children is a major challenge. Therapists often need to be able to tolerate uncertainty, chaos, and confusion. They must be aware that they cannot control, or understand, everything during a session. Unexpected situations may arise that are difficult to predict in advance. As Rober (1998) notes, family therapy involving young children is almost never boring, and can sometimes be very rewarding and stimulating.

If a therapist wants to create a safe space for a child in family therapy, they should establish a “safe therapeutic space” where the priority is fostering an atmosphere of openness, and where respect and empathy are essential for the many—sometimes even conflicting—stories presented by family members (Rober, 1998). The point is that children should not be criticised, mocked, or blamed for what they say or convey through symbols or behaviour. The therapist should use clear and concrete language, not too many words, and short sentences. It is helpful to be active in therapy and to give concrete form to words using objects, images, or behaviour. The therapist’s task is to be attentive to the child’s nonverbal and metaphorical communication and to encourage the child to use this type of communication channel. Such actions on the part of the therapist open up space for telling stories that have not yet been told.

Landreth (2016) also points out that it is the therapist’s responsibility to meet the child at their level and communicate with them using a medium with which they are familiar – such a medium might be play or artistic creation. According to Landreth (2016), play is to a child what verbalisation is to an adult. Andolfi and colleagues (1989), on the other hand, believes that play can bridge the adult world—rich in abstract thoughts and words—with the world of children, full of nonverbal expressions and concrete images. In other words, play is the space where children and adults meet, a space where understanding, interaction, and connection are possible (Rober, 1998).

When working with children, the therapist adapts to the young patient’s level of development and functioning, using their language of communication. Speech is typical for adults, while drawing, or play, is the child’s means of communication (Retzlaff, 2013). If, in a conversation with a therapist, an adult does not understand a question, the therapist usually rephrases it so that it becomes understandable. In therapy involving children, however, this technique may not be sufficient. A change in the form of expression (to drawing, or play) is then necessary so that the child understands the situation and the therapist’s statements, and consequently feels safe and can cooperate fruitfully with the therapist. This form of work may be of interest to parents. It opens up communication with the child, engages parents in reflecting on their own emotional reactions, and develops an understanding of the child’s behaviour. It can also increase empathy toward other family members, which helps stabilise the family structure, allows families to get to know each other again and care for one another, and change the family atmosphere.

Theoretical Background. Drawing and Play in Systemic Family Therapy

Drawing, and play, can also serve a diagnostic function. Traditionally, drawings and play have been regarded as a key to the unconscious. Klein (1932/2021) noted that children express fantasies, fears, and unconscious conflicts through play and drawings. Similarly, Zilbach noted that children can “express significant family issues, difficult feelings, and hidden problems through play and drawing, providing important information for the therapist” (1986, p. 74). However, the focus of this article is not to highlight the projective and interpretive role of the methods discussed. The core of working with drawing and play, as the authors note, is not their interpretation, but the creation of a space for family dialogue. During family sessions, the therapists used these methods as material to initiate conversations about the family and family relationships.

Artistic creativity is an activity through which the child can express themselves and communicate with the world. Drawing is one form of such artistic creativity. Szuman (1990), a Polish developmental psychologist, writes about children’s drawing creativity in an interesting way. Drawing is not about mechanically imitating the pattern of nature, especially in case of children. It is an expression of the human mind, which shows reality always only from the perspective and to the extent understood by it. The child’s drawing is only a symbol of the reality, its expression, rather than its likeness. By drawing, children express themselves to the best of their abilities, but they also express what they know and how they understand it. For this reason, a child’s drawings should be viewed not only as unsuccessful attempts to imitate an image of the reality, but rather as manifestations of the children’s separately constructed psyche. Therefore, drawing is a unique, personal expression of a person’s inner experiences (Chermet-Carroy, 2005; Morajda & Sznajder, 2012; Oster & Gould, 2011).

Feelings and attitudes that are too difficult for the child and family to express directly can be safely expressed through independent creative activity, and introducing drawing into a family session provides an opportunity for additional observation of family relationships. Drawing can allow family members to share insights that go beyond their everyday experiences, while a therapist introducing this form of work into a session can gain new information, define goals for future intervention, interrupt inadequate communication patterns within the family, identify alliances, recognise the family power structure and role distribution, strengthen family relationships, and provide insights into the family atmosphere. The use of drawing bridges age gaps, facilitates changes in role-playing, and introduces greater flexibility into family interactions (Oster & Gould, 2011).

Kwiatkowska (1967), who used art therapy to diagnose and treat families, was the first to propose art sessions with the participation of all family members. The drawings used during the family sessions had a therapeutic effect, strengthened

family relationships, and provided a lot of diagnostic information about the functioning of the family. Kwiatkowska asked the family to draw six drawings: “drawing on any subject,” “portrait of a family including the creator,” “abstract portrait of a family,” and “scribbles.” They were later reworked into a picture based on individual projections and associations. Another drawing was made by the family as a group with individual members jointly determining whose “scribbles” were to be turned into an image and what its content would be. The final, sixth, drawing is a work on “any subject.”

Rubin (1978) also used drawings to work with families, just as Kwiatkowska did. She believed that by watching the family while they work, she could observe how decisions were made in the family, notice the conflicts and interactions between family members, as well as the roles and communication patterns. According to her, family dynamics are manifested in the content of the drawings, and the dynamics are also noticeable in the symbols used, the number of works created, their size, the arrangement of elements and the way the works are executed.

Sobol (1982) was also an advocate of assessing the family through art. She combined strategic family therapy methods with art therapy techniques. She also used metaphorical information to transform the hierarchies and family covenants that took place during the creative act itself. Additionally, she used art to practice non-verbal communication and for the presentation by the family, of their problems in a more sincere way than with words.

Alongside drawing, the primary form of activity for a young child—which serves as a means of communication and expression of feelings—is symbolic play. According to Wygotski (2002), pretend play fulfils several very important functions in development. Through play, a child is able to fulfil their most important desires, which are impossible to realize at this age in any other form. Through play, a child develops socially, emotionally, morally, and intellectually. By school age, play becomes an element of inner speech, logical memory, and abstract thinking. It is the most important activity determining the level of development. Through play, a child learns about and explores the surrounding reality, shapes their personality, and develops their individuality.

Winnicott (2011) believed that play is a way of being that most fully expresses human nature. He understood play as an activity enabling the creation of the self and the creation of something new in the world. In his view, play is a way to process suffering, difficult, important, and emotionally charged events; it can also bring relief. It is, therefore, a form of self-healing; a catharsis. Through play, a child has, on the one hand, the opportunity to free themselves from the tensions and emotions that torment them, and on the other, learns various ways to express their feelings and resolve personal problems.

The classic therapeutic techniques used in the systemic approach are primarily verbal techniques that work well with adult and adolescent family members. Drawing, and play, which play an important role in a child’s development by helping them make sense of reality and express themselves, can serve as an alternative approach.

Methodology. The Use of Drawing, and Play, in Systemic Family Therapy – Personal Experiences

Effective therapeutic work with families with young children requires therapists to create a shared communicative space where both children and adults can fully express themselves and how they perceive family relationships. To this end, it is worthwhile using play and drawing. The result of these activities will be adapting communication to the developmental level of the meeting participants, especially the youngest ones. Another effect will be engaging adults, so that they can care for all family members and create a space for them to freely communicate their own versions of reality.

Involving all family members in shared activities can help therapists observe spontaneous intra-family interactions, communication styles, and the family structure (including its norms, hierarchy, boundaries, and subsystems). Joint family activities will provide an opportunity to combine experience and reflection with concrete action, increase the family's involvement in therapeutic work, and experience therapeutic effects (Kubitsky, 2010).

The therapist should begin therapeutic work with the family using play and drawing by answering the question: at what point in the therapeutic process should these be incorporated? Typically, they were introduced at a later stage of the work, after establishing a therapeutic alliance with the family and building trust. However, if the therapist observes that other family members dominate the conversation and that the child is shy and has difficulty communicating during the session, it seems reasonable to incorporate play-based methods early on in the therapeutic sessions.

It is also important to reflect on the specific purpose of using play or drawing: for what purpose are these methods introduced? What specifically does the therapist want to achieve? (*e.g.*, diagnosing the family structure, revealing repressed emotions, activating mentalization, changing rules, establishing effective communication methods). Selected methods can also serve to deepen the diagnosis of the family system and support intra-family relationships. Drawing, or play, provides an opportunity to work through a problem that has emerged in the therapeutic process in a way other than through words. The introduction of a selected method should be preceded by a consultation within the co-therapeutic team – is the chosen moment appropriate? It seems important to not introduce these methods too early. Next, a specific method or technique should be selected from those previously prepared by the therapists (drawing/drawing topic; play/play topic), carefully considering whether the chosen method will be suitable for achieving the intended goal and what the therapist will do after applying it (Kubitsky, 2010).

A family session can begin by assessing the “family atmosphere” at that moment and creating an environment conducive to introducing an activating method. During the session,

the therapist can propose a specific activity, game, or method to the family, accompanying them during the activity, occasionally asking questions, or spontaneously commenting on what has been observed. At the end, the therapist should discuss with the family what individual members experienced while being together in a “different way than before.”

Results. Examples of Therapy with Families with Young Children – Case Descriptions

Case 1: Family A, who sought therapy due to their younger daughter’s soiling and bedwetting. The family consisted of 35-year-old parents and their two daughters aged 11 and 7. The father had his own business, and the mother supported her husband in his business. A. (mother) was very focused on the upbringing of her daughters, especially on the problems of the younger one. Her problem caused difficulties in the functioning of the family and triggered strong anger as well as the sense of guilt. The parents had different opinions on parenting issues: the mother was more demanding and firmer while the father gave his daughters more freedom and responsibility and he was more tolerant of their behaviour.

Preliminary hypotheses formulated by therapists:

H1. The daughter’s problem had a homeostatic function as it stopped the family at an earlier stage of development and focused the mother’s attention on caring for her daughter and controlling her issue. This state of affairs was adaptive and protected the mother from taking steps to return to work. This may have been associated with the mother’s anxiety about whether she would cope with work after a long break and with the change in the distribution of parental responsibilities, which may have been worrying for the father because it required him to be involved in parenting matters to a greater extent. Both parents were very dedicated to their parental roles and they gave priority to them over their marital roles, over caring for their relationship with the partner or the time spent together and their own development.

H2. The problem allowed for the control of the tension within the family. The younger daughter focused the difficult emotions of all family members on herself because the family lacked the ability to express and communicate emotions. Disturbed communication patterns could be observed: the parents did not talk about their conflict; they acted as if it did not exist and they focused on their daughters’ problematic behaviour. The parents did not understand the needs of their daughters, who did not communicate directly what they were feeling, and they regulated their tension through the exhibited symptom and problematic behaviours. The younger daughter functioned as a little child on whom the mother’s control and care were focused. The elder daughter quarrelled

with the younger daughter and tried to attract the attention and involvement of parents by causing chaos and mess.

During the second family session, a drawing was used as a form of joint family work. It was suggested that each family member should draw themselves as an animal on the same large sheet of paper.

The decision of the therapists to introduce a drawing at an early stage of the therapeutic process was related to the younger girl's difficulties, and strong resistance to verbal communication, during the first meeting as well as the imbalance in her ability to reveal and describe her experiences due to the verbal dominance of her elder sister.

At the beginning of the task, the therapists informed family members that they could not talk about their creations while drawing. After the drawings were complete, family members took turns, and each of them was supposed to identify the different animals and justify why he or she thinks someone drew themselves as this particular animal. Subsequently, the creator of the drawing explained why he or she had chosen the particular animal and what he or she thought about the comments of others about his or her figure.

The younger daughter drew herself as a little tiger among such friends as a spider and a monkey. The elder daughter drew herself as a hamster-unicorn. The mother chose a guard dog and the father drew an elephant on the beach.

Both daughters explained that their mum is a wolf and she can be threatening, which came as a very big surprise to her. The father stated that his wife likes to have everything under control. The mother reproached the father for being sometimes too little involved, just as in the drawing where the elephant turns its back on the family's needs.

Each animal seemed to have come from a different world and was of a different size. When the therapists said that it may be difficult for them to get along, the elder daughter drew a portal which decreases and increases in size so that everyone can visit it – this was to affect the communication abilities of the animals in the drawing.

The summary presented by the therapists concerned the strengthening and balance in the parental system as well as looking for an effective communication method, such as the “portal,” which would help bring animals from different spaces together.

The purpose of using a drawing method was to examine the structure of the family (which was initially unclear), to activate alternative communication channels, to build a therapeutic alliance with the family, to verify preliminary hypotheses and to determine the objectives of the therapy. This was also the stage of the diagnosis of the family situation.

As a result of the introduced method, the following benefits were observed for the family: seeing clear differences between family members and the resulting real difficulties in communication. Everyone agreed that there was a need to find a way to communicate effectively and to be close, to “meet” in this communication.

Regarding the benefits for the therapists and the therapy process, they were the following: the building of a therapeutic alliance, a warmer atmosphere during the session, weaker resistance, a better orientation in the family structure, and the specification of the directions for further work. The presented drawing and its discussion with the family revealed that power is in the hands of the mother, which results in the weaker position of the father. Therefore, it seemed reasonable to move towards restoring the appropriate hierarchy within the family, strengthening the parents' sub-system, and consolidating the sisters' sub-system. When discussing the drawing, inappropriate communication patterns were revealed in the family as well as a lack of open expression of anger and a predominance of relational aspects over content aspects, which made it difficult for family members to express the tension they were experiencing and resulted in tension being relieved through the symptom. This confirmed the preliminary hypothesis.

The family liked the applied method. Everyone said they learned a lot about each other thanks to this method. The joint activities and the warm atmosphere during this task allowed the therapists to successfully use activation methods (e.g., Milestone cards) in the further course of the therapy process.

Figure 1

Family A's Drawing “Me as an animal”



Case 2: Family B, who sought help at the centre due to their sons' "difficult"/aggressive behaviour toward their parents and each other, communication difficulties within the family, and the parents' low effectiveness in parenting.

A family of four: mother (35 years old), father (37 years old), elder son (7 years old), younger son (5 years old). The father who was an IT specialist with a university degree was employed on a full-time basis. Mother – an economist with a university degree. She worked part-time and combined her career with housekeeping. She was more involved in her sons' education and upbringing (doing homework, taking the children to extra-curricular activities).

The problem for family B was the aggressive behaviour of the sons, which was corrected to a slight extent by the parenting methods used. The parents had divergent views on parenting: the father preferred an authoritarian style, while the mother declared being in favour of democratic parenting, yet implicit aggression was present in her actions. The difference in opinion generated conflicts between the couple (but this was not the only area on which the spouses did not agree) and hindered the effective resolution of problems with the behaviour of the children.

Preliminary hypotheses formulated by therapists:

H1. The children's aggression was associated with a conflict between the couple which was so serious that it could have even lead to the break-up of the marriage. The couple resolved the conflict (or rather, they helped themselves by not resolving it) by coping with the children's aggression. The children "had no choice" – they had to be aggressive in order for the parents not to escalate the conflict between them and thus maintain a minimum balance which ensured the sustainability of their relationship. The sequences of these behaviours were circular, affected one another, and created a self-sustaining, dysfunctional system.

H2. Problems with communication between the child sub-system and the adult sub-system were revealed in the family, which got divided into two separate worlds – the world of the children and the world of the adults. The two worlds caused a lack of understanding within the family. The children felt abandoned by their parents and their behaviours called the parents to their parental roles.

In the case of Family B, the therapists decided to suggest playing with animal figurines (session 11). This decision was made in view of the division between the children's sub-system and the adult sub-system observed during therapy sessions and the difficulty with integrating these two worlds. Previous sessions were dominated by a conversation which many times was between adults (parents-therapists), with the children being omitted. It was difficult for the children to take an active part in these exchanges, and they became passive listeners.

During the session, the family members were supposed to choose one animal from among the ones put in the box which suited them the best or characterised them

the most. Subsequently, the family was asked to play with each other for a while using the chosen animals. Another part of the game involved sharing thoughts and fantasies about the choices made by family members.

Figure 2

Animals chosen by family members: mom – dog, dad – donkey, older son – dragon with wings, younger son – dragon without wings



The mother chose a dog for herself. She justified her choice saying that she had an open and friendly attitude towards others. However, this did not resonate with the children, who said that dogs can sometimes be aggressive and bite. The father chose a donkey/mule for himself (which came as a surprise to the whole family). He justified his choice with his personal sense of experiencing himself only as a person responsible for earning money, accompanied by a desire to participate more in family life.

Both sons chose dragons for themselves as dragons are threatening and difficult to tame. These choices provided an opportunity to explore ideas on how such animals could be tamed.

The aim of the method introduced was to integrate the sub-system of children and the sub-system of parents into one system of the family. The therapists were also concerned with modelling effective forms of communication of adults with children

and creating opportunities for children to actively express themselves in ways other than through aggressive behaviour.

By using the above method, the therapists managed to find a common means of communication—play—which provided an opportunity for adults and children to communicate and became an opportunity to combine the world of children and the world of adults in one activity. The time spent playing was a time of interaction between different species of animals despite the differences between them. The fact that the therapists noticed it during play started the process of seeking other ways/possibilities for family members to get closer to one another despite being different and distinct. The application of this method gave therapists an opportunity to reflect and contain the emotions experienced by the playing subjects, and to model ways of spending their time together and having a constructive dialogue.

Discussion. When to not Use Play-Based Methods/Techniques

Play methods/techniques should be used with caution, and reasonably, so that it is an activity linked to the family's problem. Games and play should not be introduced into the therapeutic process too early when the family does not trust the proposed form of work yet, and may react with resistance or reluctance to such a proposal. These methods should be used for a specific purpose and should not be used too late, for example when the objective of the therapy has already been achieved in another way. Activation methods should also not be introduced when there is a suspicion that family members may feel embarrassed, exposed, or exhibit a high level of anxiety that they are being judged, *e.g.*, by drawing a picture. Such methods of work may not be useful when working with problems which are excessively burdensome, especially in families where there is overt hostility between family members towards each other, or when family members have poor mentalising and symbolising skills. Just like other therapeutic techniques, they should not be used without adequate knowledge of the interaction in question and its effects, and when the therapist is not personally convinced that they are appropriate methods (Kubitsky, 2010).

Conclusion

A classic systemic work with families sometimes involves children, but it occurs “next to them” because therapy sessions are frequently dominated by a conversation as a way in which adults communicate. Verbal communication can be a barrier for younger participants and hinder the therapeutic relationship, because children

express themselves more fully in spontaneous play and creative activity. Therefore, it is the role of the therapist to create a space in which this child’s way of communicating can be expressed, understood, and accepted, also by the parents (Rober, 1998).

The involvement of the entire family in play or creative activity can produce a supportive and therapeutic effect on all participants. The experience of the authors indicates, that incorporating play and artistic methods as forms of presenting family interactions can be much more effective than asking a small child to say what these interactions look like at home. If parents are invited to participate together with their children in a play, it helps to foster correct ways of communication and promotes conflict resolution (Landreth, 2016).

Expecting children to use verbal expression that is less comfortable for them can create barriers to the therapeutic relationship, which do not positively impact the level of trust and sense of safety during sessions. Play can become a natural means of communication for children, as they express themselves more fully and directly through self-initiated, spontaneous, expression. Play is also a means by which feelings that are difficult to verbalize at certain developmental stages can be expressed (Landreth, 2016).

In seeking a shared communicative/linguistic space where both children and adults can more fully, and freely express how they perceive themselves and the surrounding reality, it is worth turning to activating and projective methods, as well as play and games.

Experiences with systemic therapeutic work with families using techniques derived from other theoretical approaches confirm the benefits described in the literature. Thanks to such methods, communication during sessions becomes more accessible to children, the atmosphere of the meeting is friendly, and this helps reduce resistance and enables the building of a therapeutic alliance. Drawing, and play, serve as a safe way to initiate conversation, especially where words can be difficult. Drawing, and play, are an invitation to dialogue and a safe space where family members can reflect on their experiences. Joint family activities help understand the ways family members interact, revealing the family’s rules, coalitions, internal and external boundaries, and the ways power is exercised. Such work allows us to recognise the needs of all family members, connect them to their feelings and behaviours, and activate mentalization (*i.e.*, paying attention to one’s own and others’ mental states; Fonagy *et al.*, 2014). Another benefit of such sessions is modelling high-quality time spent together in a pleasant and safe atmosphere. For therapists, a benefit may be assistance in determining the direction of further therapeutic work, taking into account the perspectives of all family members.

In presenting this article to readers, the authors hope that it will serve as an inspiration to seek out and develop valuable techniques and methods that support the process of change, which will be an invaluable enrichment to more traditional therapeutic approaches in working with families.

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