Playful Metaphors

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The inner world of the child is a community of archetypes potentially available for the child’s healthy ego development. Many forces limit and prohibit their utility. Play therapy in the context of a hypnotic relationship can potentiate these archetypes into becoming “playful metaphors” for healing and strengthening ego development. In this article, the author describes her use of playful metaphors in her therapeutic work with two children and explores how metaphor in play therapy is able to connect the child with healing archetypal imagery.

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Maria Montessori (1965) once said that play is the child’s work. It is also the adult’s work. I am very lucky that I am in a profession that allows me to answer my children when they ask: “What do you do in your office?” with “I play all day.” They know it must be true, since they see my office filled with toys, games, dollhouses, and stuffed animals that are in an ever-changing arrangement. Playing is fun, for me and for the children with whom I work. It is through play that children develop, and when development has been interrupted therapeutic play can heal. Play has at least four functions for the child (Schaefer & O’Connor, 1983). These are broadly classified as:

1) **the biological**: a way to relax and release energy, to exercise, to learn basic skills;
2) **the intrapersonal**: a way to explore and develop mind and body, to master situations, to master conflicts through symbolism and wish fulfillment;

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3) **the interpersonal**: a way to develop social skills, to achieve separation-individuation and identity, and

4) **the socio-cultural**: a way to imitate desired roles.

Play and hypnosis share many characteristics. Each requires absorption, a concentrated attention. The person in trance is wholly involved in the imagery or sensorial experience of the moment. The child at play is also absorbed in the creative and imaginative moment. Dissociation is experienced in each. The hypnotized individual may leave his or her body for greater comfort. The child at play moves into the world he or she has created, and both play and hypnosis utilize the senses and imagination creatively. It is the seasoned hypnotherapist who attends not only to what suggestion to give, but also to how a suggestion is worded. This same experienced hypnotherapist is most careful, as well, to the timing of the suggestion. The use of these elements of language and surprise are what made Milton Erickson the master of hypnosis for therapeutic change.

These same elements can be applied to the hypnotic relationship with children in playful ways that bring about therapeutic change. How do we do that, especially when children prefer action to talking? The inner world of the child, when viewed from a Jungian perspective (Kalsched, 1996) is a community of archetypes that are potentially available for the child’s healthy ego development. In this theoretical orientation the archetype is comprised of the archaic and what is typical of the psyche’s self-preservation system (Kalsched, 1996, p. 4). Said another way, it is the mythological, the ancient, and dream world characters universally understood to represent the array of human emotions. The figures of the King or Queen (leadership/power archetypes), of the Wizard or Witch (magician archetypes), of the Soldier or Spy (fighter archetypes), of the Angel or Devil (archetypes of good and evil), are just some of the resources that comprise the child’s inner world. Some of these figures are active and evident in the child’s choice of superheroes and actor roles for make-believe play. We can identify these figures by learning what the child’s favorite storybook, TV, and movie characters are, or by watching to see what the child chooses for a dress up costume.

Other archetypes lie dormant, like sleeping volcanoes, awaiting wakening. Gardner’s “Mutual Storytelling Technique” (Gardner, 1983) is a good example of how archetypes can be accessed. A child draws an object from a “bag of things”, and creates a story about the object. This usually entails the projection of psychodynamic issues onto the story. Once the meaning is surmised by the therapist, the therapist creates a responding story, but one in which conflicts are resolved or healthier adaptations are introduced. Archetypal figures, such as Great Bears, Goblins, and Monsters are often the subjects of these stories. Affect is usually portrayed by the archetypal figures and themes. Many of the active and interactive techniques of play therapy, the so called creative arts techniques, rely on the identification of a child’s affect, the associated maladaptive thinking, and the introduction of new ways of thinking, and new ways to manage affect, usually done in a metaphorical manner and outside of conscious awareness. These techniques of “active imagination” (Kalsched, 1996, p.133) are hypnoidal (Linden, 1996), or what Hilgard referred to as protohypnosis in the imaginative involvement of the younger child (Hilgard & LeBaron, 1984, p. 4).

Many forces limit and prohibit the utility of archetypes, such as inadequate attachment, genetic predispositions, traumas and socio-cultural variables. Anything
that has interfered with the normal development of a child may result in constricted thinking and behavior by the child. For example, the child who suffers from a chronic illness often has some depression secondary to his/her chronic condition. Such a child may not believe in Good Fairies, for if there were such a thing, surely the Fairies would have cured them of their illness, thinks the child. To treat the depression, some restoration of hope and some ego-strengthening to foster resiliency may be advisable. Play therapy in the context of a hypnotic relationship can potentiate the “hidden” archetypes with playful metaphors for healing the injuries to ego development. The hidden archetypes are those superheroes and characters the child plays with or is drawn to, but whose strengths and/or meaning are unconscious to the child.

The following two case examples use the metaphors of magic and mothering to promote therapeutic change. Magic is a very important metaphor. It is full of surprise and it implies that change can happen (Lankton, 1988). When a child’s sense of him or herself, or of the future, has been destroyed because of some kind of traumatic experience, magic is a very powerful antidote. Children understand magic as a way to make things happen that ordinarily cannot happen. It can give children a sense of control and mastery in situations which seem hopeless, and does so with delight and joy. They can pull the rabbit from the hat with the gleeful confidence of the magician. The possibility of magic restores hope.

First Story: Tony and His Heavy Load

Tony was just four and a half when his parents first brought him for therapy. He was a bright, energetic and good looking red headed child whom one would expect to easily capture the attention of teachers and classmates. However, Tony was struggling to find friends, and fought with many of the boys in his nursery school group. In addition, he had regressed in his toileting function and had encopresis (soiling his pants almost daily rather than having his bowel movement in the toilet). It is doubtful that his parents would have sought treatment for Tony’s anger management issues if this rather annoying and smelly problem had not arisen. His mother, a corporate lawyer by training and now an at-home mom, joked that between the infant who had been sick and throwing up all week, her son with a bad cold and runny nose, and Tony’s toileting problem, she was tired of “dealing with so many bodily fluids.” Part of the treatment plan was to help Mom use the logic and organizational skills that she applied to legal cases in the behavioral management of her son.

The first time in my office, Tony came in looking uncomfortable. His face was straining, his body seemed stiff and restrained. When I asked how he was doing and if he’d like to use the bathroom, he reported feeling fine, and said he did not need to use the toilet. This presented a curious dichotomy between his nonverbal behavior and his verbal behavior. As the session proceeded the smell in my office made it clear he was pooping in his pants. If I was going to work with this child I knew I would need some kind of magic (and some room deodorant). Tony was dissociated from his body, not only the poop, but the tension and stress his body exhibited trying not to poop. Encopresis (Owens-Stively, McCain, & Wynne, 1986), in most childhood cases, results from chronic constipation. By the time the soiling develops the child is no longer experiencing lots of pain with bowel movements, which may have initially contributed to the bowel retention. In addition, there is often a behavioral component to the problem.
The history of Tony’s bowel habits and his behavior in my office suggested he had non-organic retentive type encopresis (Kuhn, Marcus & Pitner, 1999). (A medical consultation with his pediatrician later confirmed this.) I did not anticipate that Tony would respond to direct suggestions since his verbal behavior denied there was any problem. He had already refused to take any fiber or laxatives to begin clearing out his bowels. Searching quickly for some positive reframe of his present condition, I commented on what a heavy load he had carried all day (I knew from his mother’s description that his accidents happened at the end of the school day) and how strong he must be to wait all day carrying such a heavy load inside... and what a relief it must be to carry that load on the outside of his body, letting his pants do the work... and how much greater the relief would be when he could deposit that poop in a toilet and not carry the load at all. The look Tony gave me after my comment was that confused, entranced look that said we were on the right hypnotic track. (Or perhaps it said I was full of poop.)

Tony was sandwiched between two siblings—a brother three years older who competed with him in subtle ways (none the parents could see) producing lots of frustration for Tony, and a sister, one year old. Tony’s encopresis developed shortly after his sister was born, and seemed to reflect regression caused by the confusion about where babies come from (you poop them out, in the analytical theoretical orientation) and lack of time with his mother who now had to tend to the baby. His stories and pictures confirmed his misunderstanding about where babies came from, and this was corrected educationally. His wish to be a baby again, to be diapered by his mom, and to be free of toileting responsibilities were addressed through play and hypnoidal techniques (Linden, 1996). For Tony things were made more complicated because his father worked long intense hours and was rarely home, and, when he was, seemed to compete with both of his boys.

So Tony and I got to work, that is, we got to play. First we became spies, he was Spy Number One, and I was Spy Number Two. We traveled the world, in search of bad guys who had to be killed, making the world a safer place. We worked hard, carrying our loaded guns (very heavy loads), discharging them at the proper target, and celebrating after every successful killing. “You are so smart and strong Spy Number One,” I would say. “You work so hard to find the bad guys and always know what to do with them. The chief, your boss, will be so proud of you he’ll want to give you some great reward.” Tony did the action; I did the language. When we weren’t ridding the world of bad guys, we played several board games. His favorite was checkers, in which he devised the rules, so that he could always win. The rules for Kings, Double Kings, and Triple Kings (a very clever rule I had never even considered) were always changing, so I didn’t have a chance at winning. At this point I invited Tony’s father to join us for a session, a real treat for Tony to have his dad alone for an hour. They played checkers, with Tony’s rules, and he won against his father for the first time ever. Dad was very competitive, but he did play by the rules, in this case, his son’s rules. Shortly after that Tony made me a top Pokemon spy, still his assistant, and said the Pokemon didn’t need guns (no more heavy loads to carry). This was a considerable promotion. Its benefits included intergalactic space travel at warp speed. At this time, Tony’s mother reported that Tony had not soiled his pants for over a week, and was no longer interested in the chart of smiley faces he was collecting to receive awards for successful trips to the toilet. Tony was changing at warp speed, too.
A success story! What were the hidden archetypes that Tony accessed in this playful trance? Was it the all-knowing wise man that could see everywhere; or the magician who has the power to root out evil; or the king who could make his own rules and enforce them? And what about Tony’s problems with aggressive behavior? His teacher reported that she heard a loud exchange of protests when Tony approached two boys building blocks together. She braced herself to intervene, but was pleasantly surprised when she heard them work out an arrangement that included Tony. They had decided on new rules to let Tony play with them. (I imagine Tony smelled better to them as well.) Tony no longer had a heavy load, nor a heavy heart, to carry.

Second Story: Gina and her Baby Doll

Gina was four when she began working with me. Her parents sought help with their daughter’s sleep difficulties. Gina would come into their bed several times during the night, disrupting their sleep, and she would decompensate when she was unable to have her parents near by. Her “meltdowns” consisted of full-blown temper tantrums that often ended with their crying child vomiting all over the bedclothes, and this resulted in middle of the night bed-making events. It was easier to let Gina sleep in their bed than to deal with her outbursts. In addition, Gina said she felt afraid, and both parents wanted to ease her anxiety.

Gina was a cute bundle of energy, with a head full of curly blond ringlets that I saw more often than her face. She was in constant motion. She would enter my office and do cartwheels and summersaults from one activity to the next. Her great delight was to play with doll babies, and Gina brought her own favorite doll baby to the office. She was the big sister who had to care for the baby sister, and I was appointed to be the somewhat absentee mother, who left the baby in the big sister’s care.

“You have to go shopping,” she ordered to me.
“But, shouldn’t I be home to care for you and the baby?” I protested.
“No, you have to go out!” she said. In the child’s inner world, the therapist takes the roles handed out.

“Well, then, you’ll have to be a very good mother for that baby,” I replied.

Some of the characteristics of post-traumatic play include a compulsive repetition of certain play behaviors, an unconscious link between the play and the real event, a literalness of the play, some depiction of danger, and a lack of spontaneity and enjoyment (Gil, 1998). Post-traumatic play, by definition, fails to relieve anxiety (Gil, 1998). Gina’s play with the baby often made her more anxious, and had the repetitive quality of something traumatic. A careful history with her mom determined that a trip made when Gina was 3 may have been very traumatic for her, and was reactivated by the family’s current living situation. They were in temporary housing while their own home underwent extensive remodeling.

Gina’s care of the baby became the learning arena for self-care. I became the fairy godmother. I waved the wand that dressed the big sister in fine clothes, who in turn dressed the baby in fine clothes. I waved the wand to provide favorite foods for the big sister, and she got the bottles to feed the baby doll. I suggested the baby might be tired and needed to sleep. Gina put the baby to bed, and I waved the wand so big sister and fairy godmother would have a good night’s sleep, each in her own room. I waved the wand to provide special, beautiful rooms for each of us, elaborating on the
construction of such rooms that I knew were being made at her regular home. Over time, Gina soothed the doll baby more and more.

“I am a good babysitter,” she would say.

“The best,” I would reply.

Gina became the “good mother” she needed to have internally, incorporating the caretaking qualities of the fairy godmother. As the baby doll slept better and better during her play, Gina’s sleep at home, in her own bed, improved markedly. We had awakened Gina’s internal mother archetype, and soothed the internal infant archetype whose demands now seemed normal.

Is this play hypnosis? To my mind, it is. The elements they share are identical. Within the context of the relationship with either “play therapist” or “hypnotherapist”, when the two leave the outer conscious world dominated by reason and cognition, they enter a different realm of inner focus and creative imagination—the place where the language of action, of make-believe, of surprise and magic potentiates the child’s archetypes towards healthy, healing new behaviors.

References


