

## Article 12

# Creative Metaphors of Life Experiences Seen in Play Therapy

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Creativity begins in childhood, and it is through the creative process of play that children bring objects to life, recreate their environment, and develop a sense of self. In play, children often communicate their experiences through the use of metaphors. Counseling children using play therapy enables the counselor to experience the many metaphorical expressions demonstrated in play themes. Through metaphorical communication, children can reveal their concerns, demonstrate their desires, express their emotions, gain a clearer understanding of their experiences, and create solutions to problems. In many cases, children communicate with the counselor using only the figurative language of metaphors. Yet, children are able to make exceptional changes in their lives and to demonstrate resilience in their coping abilities.

Metaphors are often defined in a variety of ways. Allegories, analogies, similes, proverbs, stories, parables, art, the various uses of objects such as puppets, toys, animals, are all described as metaphorical methods of communication (Frey, 1993). Dent (1987) described metaphors as a kind of figurative language. In play therapy, the constructions of metaphors are important in articulation, communication, and the ability to master an experience (Drucker, 1994). The use of metaphors provides several advantages for children in play therapy. Metaphors allow the child to protect the self and project the experience on to another object, which is much less threatening. Metaphors are often viewed as communication, which affects the unconscious allowing changes in the meaning of the experience and the perception of the situation for the child.

In order for children to express themselves using metaphorical constructions, the counseling environment must provide the necessary props for this type of communication. Play therapy, which involves the use of a playroom, naturally allows the child the medium needed for metaphorical communication. Play therapy allows the child a method to reveal, understand, discuss, and work through traumatic experiences and problems. Bratton and Ray (2000) summarized findings in over 82 research articles, which demonstrated the efficacy of play therapy as a method of treatment for a variety of issues including social maladjustment, conduct

disorder, emotional maladjustment, physical or learning disabilities, anxiety and fear, and negative self.

The use of metaphors in play therapy can be either directive or nondirective. Some play therapists construct the metaphorical expression for the purpose of directing and teaching children specific strategies. An example of the use of directive metaphors can be seen in the book, *Healing Stories*, by Davis, Watson, Marcella, Jackson, and Solzrz (1988). These stories are designed to tell a story similar to the experience of the child and have endings that brings healing and closure. Other directive uses of metaphors in play therapy include the construction of games and art work.

In nondirective approaches to play therapy, the child chooses to construct his or her play in a way that will best communicate to the therapist his or her experience. The toys in a playroom serve as the instruments for metaphorical construction. There are a variety of themes seen in metaphorical constructions in play therapy. Some of those themes witnessed by the authors include the use of elements such as sand, water, paint, puppet shows to represent a life experience, the representation of experiences in the sand tray, and use of video cameras to recreate a story.

The following case studies of David, Olivia, Katie, and Jim demonstrate a variety of metaphorical constructions used by children in play therapy.

David is a 9-year-old boy referred for therapy after his grades declined in school, and he was aggressive toward his peers. David's parents were recently divorced, and his father remarried shortly thereafter. David's father moved out of state, and his parents argued frequently about visitation.

David had difficulty verbalizing his emotions, so he began using the sand tray as his mode of expression. During his third session, he placed army men in the sand with a body of water dividing the two sides. Each side fired at the other until all of the army men were "dead." David provided few responses during the battles, except to say, "He's dead."

David repeated this theme for several weeks. During his sixth session, he elaborated further. As he separated the opposing sides, he informed his therapist, "This is the war between the states." He then stated that the "generals" from the opposing sides "are going to try to work it out." David later said that the generals could not agree, and each side destroyed the other.

David repeated the theme for several additional sessions. The generals continued to be unable to work it out. However, two soldiers were left standing (one on each side). David commented, "These two soldiers are going to try to rebuild the fort."

David's sand play demonstrates the conflict that existed between his parents. They had attempted to reconcile several times before making the decision to divorce. As David gained ego strength throughout therapy, he became more comfortable with dialogue. His resilience became more apparent as the two soldiers attempted to rebuild the fort.

Eleven-year-old Olivia was brought to play therapy after revealing to her mother concerns about "uncontrollable thoughts" and physical complaints such as chest pains and shortness of breath. In Olivia's first sessions she mostly explored the playroom and told the therapist little about herself. During Olivia's second session, she requested the puppet theatre, three puppets, and a video camera. The three puppets were a girl with pigtails, a frog, and a vampire. Olivia said the frog and vampire were her friends, one a mean boy and one a weak boy, both experiencing similar thoughts as Olivia. The little girl with pigtails was she.

During Olivia's puppet show, she mentioned the different reasons for coming to play therapy. Through the conversation with her two friends, Olivia was able to express why she believed play therapy would help them. Olivia explained her rationale for inviting her friends to come to play therapy. She was concerned with one of her close friends because she believed he worried about his thoughts too. It was important for Olivia to make play therapy appealing to her friends, and she described the play therapy center. She talked about all the things she does at the center and how "you can work on your worries during playtime." Olivia wanted to make sure one of her friends was not going to play therapy to just have fun. She also explained to her friends how to approach their parents about attending play

therapy. She offered to talk to their parents if they felt uncomfortable or were not able to convey their reasons for wanting to come to counseling. She told them about her conversation with her mother concerning her worries so they would get an idea about how to approach their parents. Olivia believed that by telling her story and the results of her play therapy sessions, her friends too, would overcome their worries and anxieties.

Katie was referred to play therapy by her family physician based on reports and physical evidence of sexual abuse. Katie's maternal grandmother and mother came to the center following an investigation by child protection services and a police investigator.

Initially in play therapy, Katie was shy and somewhat withdrawn. A couple of months into therapy, Katie began playing in the sand and burying objects, typically characters that she labeled as "bad" and needing to "go away." Katie also began asking the therapist to put the snakes and the large rubber bugs outside of the room, stating again they were "bad," "mean," and "hurt me." Katie would move into nurturing play following this almost ritualistic setting up of the room.

Several weeks of ritualistically setting up the room as just described led Katie to engage in metaphoric play that is often seen with sexually traumatized children. Specifically, these children use substances in the playroom such as sand, water, glue, play dough, and paint to recreate their abuse experience. The tactile experience of combining the substances, coupled with the permission of the play therapist to represent their experiences in the ways they need and the tension in the room as the children create their "concoction," leads to an apparent cathartic experience for the children.

Specifically what Katie concocted in the play therapy room began with a small container of sand (approximately 4" x 8"). There was no lead into this play except the removal of the "bad" characters and snakes. Katie then engaged in mixing substances with her hands. There were several notable aspects of her play while she created her concoction. Specifically, her play was not haphazard; she had a plan and there was no end until she created the exact representation she was attempting to create. Additionally, Katie entered what can only be described as a dissociative state during which she sang a joyless, wordless, haunting song. Finally, when Katie

completed her concoction (sometime only halfway into her playtime) she became symptomatic with a headache, stomachache, or a sore throat, apparently representing the difficulty of this metaphoric representation through somatic complaints.

Katie's representation of her trauma was metaphorically revealed to the therapist through creating the "mess" of her experience in the playroom. When Katie set up the room prior to creating her concoction by putting the "bad" and "mean" figures out of the room, she felt safe enough to work through the trauma of the sexual abuse. Eventually Katie stopped creating a concoction and putting the characters, bugs, and snakes out of the room. As Katie worked through her reactions to the trauma, she experienced and became increasingly able to nurture and comfort herself.

Jim was a 9-year-old who was referred to play therapy because of a decline in his grades and recent clinging behavior toward his stepmother. Previously, Jim had excellent grades and was in gifted classes. He was popular at school, and he was involved in several team sports. His parents were concerned about the sudden changes in Jim. It is important to note that Jim's behavior changes were occurring shortly following the destruction of the Twin Towers on September 11.

At first, Jim was verbal, communicating freely with the therapist. As his sessions continued, Jim began to set up a theme directed at Bin Laden. In each session, he chose a small "king" figure to represent Bin Laden, and then used all of the soldiers, army equipment, and planes to attack Bin Laden. Throughout the attack, Bin Laden always was able to escape, and even when he appeared to be dead, Jim brought Bin Laden back to life, having him state, "It was just a bad dream."

Jim was particularly fond of using the video camera during his play sessions, and he routinely filmed the scenes he set up with Bin Laden and the military. In one session, Jim built a mountain in the sand tray, and then asked his therapist to drop marbles on the mountain. At that time, he recorded the "bombing of the caves." The most memorable representation of world events that Jim set up in play was when he took the recorder and stepped back from a bop bag and stated, "This is the pilot flying into the Twin Towers." He slowly walked toward the bop bag until he placed the camera against the bag, blacking out

everything.

It took several weeks for Jim to play out this theme. However, as he began to change themes, his grades improved and he was less clingy.

These cases are examples of how children use metaphorical constructions to represent their life experiences.

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