The playful therapist

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Play therapy

“Dear Svein, you know, psychotherapy is not supposed to be fun!” I remember my supervisor’s stern eyes. She held my gaze while slowly pronouncing the words. As if I was quite stupid. Or a small child. I wanted to protest as a child would too. “What?! Why not?!” with some jumping up and down, some screaming, or maybe by biting her in the finger as a really naughty kid would do. But I did not. I just said nothing, averting my eyes in a shameful response.

As an aspiring child psychologist doing my training at Nic Waals institute, I was obliged to learn play therapy. And so I did. I met my young patients in the playroom, let the girls and boys pick a toy from the “whole world” cupboard, and observed and played with them while my supervisor observed the sessions through the one-way mirror. But even though I tried my very best not to forget this being serious business, my resolve soon melted away after a couple of minutes of therapy. As a result, my play therapies were more often play than therapy.

Play is therapy

There are no commonly accepted definitions of play or playfulness, probably because these concepts are more about how we do it than what we do. “Play seems to be more of a quality in an activity, than a certain category of activity” (von Tetzchner, 2001). There are different types of play, such as competitive play, physical play, fantasy play, constructive play.

Sometimes we play not because it is fun, but because of its healing properties. Playing can both be an expression of traumatic re-enactment and a part of the recovery process. Ninni from Tove Jansson’s story of “The Invisible Child” is brought to Moominmamma because she has become invisible. Moominmamma prescribes one of her granny’s “Infallible Household Remedies” and lots of love. But it is the Moomintroll that sets the functional diagnosis: “She doesn’t know how to play games or have fun”. Little My then adds: “She can’t be angry”. Little My steps closer to Ninni and declares: “You will never get a face of your own before you have learnt how to fight. Believe me.” It might look as Moominmamma, Moomintroll and Little My understands Ninni’s problem differently, but that is only at a surface level. For both, anger and love can be safely experienced and acted upon in the environment of role play and fantasy play.

Therapy is play

Plato wrote: “You can discover more about a person in an hour of play than in a year of conversation”. And Melanie Klein (1955) stated that the analyst through play gets access to the child’s unconscious in the same way as free association in the analysis of adults.

In fact, psychotherapy is quite similar to games. It is about getting somewhere even though it is difficult. The therapy process can be understood as progressing through levels. As in games, the patient will find some parts of the therapy as more challenging than the rest, and needs some extra motivation to get through it. But in therapy, you do not get bonus points and fanfares when getting to the next level. Why not? Some patients should get applause just for showing up!

Therapy is often exhausting, both for the patient and the therapist. This will affect the therapeutic relation-
When playing with children, they soon discover if you don’t really enjoy it. It is the same thing in therapy. The patient will soon find out if you are faking interest or empathy. Being playful in therapy gives more energy to both patient and therapist. I recently developed Happytap, a game against depression\(^1\). I made it because I wanted to reach out to the people that otherwise do not show up in the psychologist’s office, the so called “not motivated”. But it was also great fun making the game. It inspired me to further explore “gamification” of therapy, but also to be more playful in general.

Play!

Actually, you don’t need to play to be playful. “We can play with everything – ideas, emotions, challenges, principles. We can play with fear, getting as close as possible to sheer terror, without ever being afraid. We can play with being other than we are – being famous, being mean, being a role, being a world” (Koven, 2013). Being playful can be in the small things, such as changing your title from “therapist” to “the rapist”. Or you can actually role-play or play games with them. I have myself experimented with playing the console games “Last of Us” and “the Walking Dead” with my patients. We play it separately between the sessions and each select a clip for discussing or playing together in the next session.

Being playful is about deliberately letting go of control. This requires both the therapist and patient to be safe, which again rests upon the trust that the therapist has the ability to regain control if need be. But it goes the other way around as well. Being playful makes the therapy a little less serious. This can lower the threshold for both the therapist and the patient to explore other interventions then the standard “sitting in two chairs, speaking softly and polite together”-therapy. Just walking while talking or throwing a ball to each other can dramatically alter the form and content of therapeutic communication. It might even lead you to laugh together for no real reason. In my experience, being playful is basically about daring to say, do and even think ideas you otherwise do not share with people. And when you start sharing wild ideas with your patients, it is a bit like putting two horny rats together, it tends to be a lot more of them quite soon.

Psychology and psychiatry have always been about exploring new ways of helping our patients. Being playful is helpful in this endeavour.

References


