

This article was printed in the July/August 2013 issue of the *Psychotherapy Networker*.

Creating Adventure And Play In Therapy *How to Vitalize Your Therapeutic Style* **By Courtney Armstrong**



The more we learn about the emotional brain, the clearer it becomes: to have real therapeutic impact, we need to create experiences that help clients learn to relate to themselves and the world in entirely new ways.

It's no secret that therapists have become enamored with brain science over the past 15 years. In fact, we're so "brain-crazed" it seems you can't go to a clinical workshop these days without having the presenter regularly use terms like *amygdala*, *hippocampus*, or *neuroplasticity*, once thought to be arcane. Many therapists even think that explaining clients' brains to them is an essential feature of therapy, as if a basic understanding of brain science is enough to promote real change in their everyday lives. Ironically, this approach is contrary to the one clinical insight from brain research that's most important to effective therapy: human behavior and motivation are driven mostly by the *emotional brain*—the brain centers that mediate "primitive" emotions and instincts and respond to sensory-rich experiences, not intellectual insights.

How many times have you surprised yourself by jumping at the scary part of a movie or shouting something hurtful at someone you love when you feel angry? You know the villain in the movie isn't real and the insult to your loved one will only make things worse, but your emotional brain ignores this logic and leaps into action. In essence, the emotional brain is our unconscious mind, and scientists estimate that it controls about 95 percent of what we do, think, and feel at any given moment.

The emotional or mammalian brain, as pioneering neuroscientist Paul MacLean called it, learns from experience and association. Rather than being moved by complex sentences or analytical arguments, it's stirred by movement and novelty, by sounds, sights, smells, tastes, and textures—whatever unconsciously evokes emotion. These emotional responses cause hormones and neuromodulatory chemicals, like norepinephrine and dopamine, to be released in the brain, instantly binding and fusing new neural networks together. Thus, no matter how brilliantly our prefrontal cortex delivers insights and plans elegant coping strategies, the emotional brain is primed to override it all with neural patterns that persist until we intervene with something our emotional brain can understand—a compelling felt experience.

All of this is now brain science 101, yet therapists, who ought to know better, are still trying to appeal to the cognitive mind—much as Freud did—with quiet, rational conversation, largely ignoring the importance of creating felt emotional experiences for clients. That isn't to say the standard methods of interpreting, reflecting back, validating, reassuring, instructing, and giving homework aren't useful; they just aren't enough to create that felt experience. It takes more than logic, kindness, and support to spark the emotional brain to create new neural pathways to fire up the healing process.

If people could simply think their way out of emotional problems, wouldn't they do it? Instead, by the time they come to us, many intelligent clients have already spent hundreds of hours and thousands of dollars attending therapy sessions, taking medications, or pursuing other traditional routes for healing. They're experts on their problems, yet they still get hijacked by their emotions. Should we decide that they subconsciously want to remain trapped and write them off as "resistant"? Or should we recognize that the treatment they've received hasn't addressed the emotional brain, where most maladaptive patterns are stuck?

Take my client Sandra, for example. She was an attractive, talented surgeon with a Mensa-level IQ who'd graduated from an Ivy League school at the top of her class. She'd struggled most of her life with waves of severe depression and anxiety, but recently, her mood swings had become stormier and more frequent, affecting her personal life and threatening to wreck her career. She was consumed with the obsessive worry that working long hours prevented her from being an adequate mother; yet when she asked for time off to be with her children, she felt guilty for not working. Her intense feelings of anxiety and resentment resulted in angry outbursts toward her coworkers and daily arguments with her husband. Even worse, she couldn't enjoy time with her children without bursting into guilt-ridden crying jags.

In our first session, she told me, "Intellectually, I understand what causes my depression and anxiety. Trust me. I've had years of therapy and tried dozens of medications. I realize my thoughts are irrational, and know I've developed these patterns because my family of origin was critical, abusive, and chaotic. But I'm 40 years old! When am I going to get over it?"

I realized that, like many clients, Sandra had an excellent grasp of her issues and didn't need assistance recognizing cognitive distortions: she saw them staring back at her in living color. She'd put a lot of energy into reframing them, but her attempts to reason her way out of her feelings only added to her frustration and sense of inadequacy. It occurred to me that what she was really seeking was a new experience of herself—an experience that would cause her to believe there was more to her than negativity. As we talked, I began to search for subjects that elicited a smile on her face, passion in her voice, or movement in her body, all of which I saw and heard when she talked about walking outside in nature, painting with acrylics, and watching her children play.

Assuming she was good at visualizing things, since she enjoyed painting, I asked her to recall something in nature, a place perhaps, that she'd experienced as "beyond beautiful." When describing a sunrise she'd once witnessed by a lake in a wooded area near her home, she released a deep sigh, closed her eyes, and leaned back into the curve of the couch. Her jaw relaxed and her clenched fingers unfolded as she rested her hands on her lap. She took another deep breath and whispered, "I could linger there for hours."

Because she was beginning to relax and indicated an interest in going further, I narrated the scene back to her, adjusting the pitch and tone of my voice so that it was melodic, soothing, and uplifting. I elaborated on her description of the sunrise, suggesting she could enjoy noticing how the crimson edges melted into pleasant pinks and vibrant golden oranges that glowed against the backdrop of a tranquil azure sky and the cool, calm lake. She dropped her tense shoulders as I continued using sensory-rich language to describe the balmy feel of the air and the fresh scent of the pine trees. I even made soft sounds like wind blowing gently and birds singing. Years ago, I'd have felt ridiculous providing sound effects, fearing clients would perceive me as corny, but now I do it to help lighten the mood and encourage clients to let go and be imaginative with me.

When I asked Sandra what she was noticing within herself, she sighed as she murmured, "Feelings of serenity, peace, and joy."

I told her I didn't think the sunrise dropped those feelings of peace inside her. I suggested instead that she was getting in touch with her true nature—who she really was, underneath the clouds of depression. I added, "Just as the sun isn't destroyed by dark clouds and rainy days, we know your light isn't destroyed just because you felt it was. The clouds may cast a shadow, but the sun still rises—and your sun can rise again, too."

Tears streamed down her face as Sandra nodded and placed her hand over her heart, saying, "That's the sweetest thing I've ever heard. I do think that's who I am under all this darkness. But if I show this side of myself to anyone, it gets squelched. I'm careful not to squelch my kids, though. I want them to feel free to express themselves and not feel so afraid, like I felt as a kid."

Her passion for being a loving, supportive parent informed our work in subsequent sessions as we used other types of guided imagery, in which she envisioned stepping into traumatic scenes from her youth and reparenting her younger self with the same nurturing, protective responses she was giving to her children. Within two months, she'd developed a new relationship with herself and her emotions. She reported fewer mood swings and was handling interpersonal situations more effectively. Rather than engage in endless self-talk when she felt anxious, she imagined her sunrise and sent herself feelings of love and reassurance to calm herself down. She became less fearful of getting squelched if she showed her soft side to others. In the end, she commented, "Other therapists *told* me I needed to learn to love myself, but nobody ever showed me how to do that. I feel like I'm finally getting it." She was right. She could never have thought her way into loving herself. She needed someone to evoke a sensory-rich experience of self-compassion in her—to touch her emotional brain and stimulate change in that way.

The Art of Evoking Emotion

Decades ago, Mama Cass of the Mamas and the Papas sang, "Words of love, so soft and tender, won't win a girl's heart anymore. If you love her, then you must send her somewhere where she's never been before." Therein lies the real job of the therapist—to take our clients somewhere they've never been before, especially when they feel stuck. Guiding this journey may require us to go places we've never been before, as we open ourselves up to become more engaging, riveting, entertaining, and even playful in ways that stir our clients' hearts and propel them to action. Motivational speakers know how to stir people in this way and—dare I say?—so do many politicians and cult leaders. Likewise, if you observe any of the great therapists of our time, you'll see that, regardless of their theoretical approach, one thing they have in common is the ability to make a charismatic connection with clients and evoke meaningful emotional experiences in them.

Until six years ago, I was good at treating clients with sincere, nonjudgmental empathy, having been trained traditionally in cognitive-behavioral therapy. My practice was busy, and my clients liked me. They'd gain insight and try out the skills I'd suggested. They'd feel better for a time, but the changes wouldn't stick unless we'd meet for months and they'd make a lot of effort to apply the insights between sessions. In short, my results weren't remarkable. Then I learned to show up for my clients in a more creative, provocative way.

I'd heard that Jon Connelly's approach, Rapid Resolution Therapy, was especially effective for clearing the negative impact of trauma in just one to three sessions, and I was impressed by a demonstration video of his work with a World Trade Center bombing survivor on his website. When I attended my first training, in Orlando, Florida, I expected to hear about new scientific breakthroughs and pick up a few innovative techniques. I didn't expect to witness a theatrical performance by a spellbinding 1960s peace-activist-turned-therapist, who showed up as a mix of artist, actor, stand-up comedian, and evangelical healer. His use of poetic words and dramatic performance art in his trainings—and with his clients—convinced me that doing effective therapy is less about the intervention we employ and more about how we use ourselves in the session to create a therapeutic experience. Connelly taught me not to get overly focused on why the client developed the problem, but to ask myself instead, *What's my intention for this client? What's the effect I want our interaction to have?* He taught me the concepts I used in the imagery exercise with Sandra.

When I began my training with Connelly, I was soft-spoken and reserved. I couldn't imagine pulling off some of the things I'd seen him doing with clients, like playing absurd association games, telling outrageous stories, touching them on the hand or shoulder as he talked, and making irreverent comments. He had a highly developed skill for conjuring up experiences that completely flipped the horrendous impact of a traumatic event into something transformative and healing. For example, one woman he assisted was haunted by a childhood encounter with a neighbor she'd seen peering through her bathroom window as she stepped out of the shower. She couldn't get over the fact that she'd frozen in horror, feeling completely immobilized until he dropped down from the window and left. Connelly tilted his head back, grinned broadly, and then looked directly into her eyes, saying, "He knew you saw him. You caught him. You didn't move around in front of him. You captured him with your eyes and held him until he ran away. Do you think that's what a Peeping Tom is interested in?"

She thought for a moment and said, "No, it's the opposite."

Connelly widened his eyes and emphatically nodded his head. "Yeah, it's *totally* opposite!" he said. Then he shimmied his shoulders, winked at her, and wiggled around in his chair as he continued. "A Peeping Tom wants motion. I mean, the more someone wiggles, the better, right? He ain't looking to see someone be a statue!"

The woman dropped her tense shoulders, laughed, and replied, "Yes, you're right. I hadn't thought of it that way, but it's true. It makes sense."

I realized it wasn't just Connelly's clever reinterpretation that moved this woman. It was the way he interacted with her, lightening the mood as he wiggled his eyebrows, danced around in his chair, and confidently invited the client to entertain this alternative view with him.

Rather than teach us brain science, Connelly threw us into similar role-playing activities, where he teased and prodded us into listening more closely for the wishes beneath clients' words and pivoting our emotional connection with clients to propel their minds toward what they wanted. He showed us how to perform this seeming emotional wizardry by summoning up quick humor, evocative imagery, animated storytelling, silly games, and highly interactive hypnotic inductions. Although I was initially concerned that my conservative Tennessee clients would perceive me as strange if I tried these things in a session, they actually loved them. In fact, my clients consistently say they enjoy our sessions because we do more than just talk about their problems—we create experiences that empower them to see their problems differently and gain a sense of mastery over them.

Before watching Connelly work, I'd never imagined that I might cajole Sandra the surgeon into an imagery experience and completely bypass her logical mind to spark change in her emotional brain. Assuming that she was too serious and intellectual to be interested in that sort of thing, I'd have spent our sessions listening to her with empathy while naively believing that she could feel better if we both just *tried harder* at counteracting her negative thoughts and behaviors with more positive ones.

Now I know that we open up new possibilities for our clients not just with the tools we use or the words we say, but with how we say the words and use the tools. The concept was particularly impactful when I was working with Vanessa, who'd been in the Aurora, Colorado, movie-theater shooting. She was clearly suffering from post-traumatic stress disorder, which was interfering with her ability to complete her doctoral program in physical therapy. Vanessa's experience of trauma completely shattered her innocence and the belief that the world was a safe, friendly place. In the past, I might have tried to help her by encouraging her to seek experiences that could restore her sense of security. Instead, I told her that the world could indeed be a dangerous place, and sometimes life dishes out devastating events that completely rearrange our lives. After all, Vanessa would see this harsh reality play out everyday if she worked with people in physical therapy who'd suddenly been paralyzed from strokes, illnesses, and accidents. Still, so as not to exacerbate her feelings of hopelessness, I knew I had to juxtapose this unfortunate reality with something that made it worthwhile for her to finish school.

Vanessa explained that her whole family was in the healthcare field, and, although she loved sports and had thought about working with athletes, what she really wanted was to help people overcome tragedy. Her face beamed and she gestured excitedly as she told me about a few of the clients she'd helped learn to walk again in her training, but soon she buried her head in her hands, crying, "I'm afraid I won't be able to do this now because I'm such a nervous wreck. I can't pass my exit exam like this! When I try to study, all I can think about are the people I saw bleeding and screaming in the movie theater parking lot, and that I didn't know how to help them. Why did God put me there? Why did I survive? What does it all mean?"

In the past, I'd have compassionately listened to her subsequent litany of maladaptive meanings her mind had attached to the traumatic event, and I'd have gently and logically tried to help her challenge their validity. Now I knew it was far more effective to bypass those arguments completely and find a way to spark her emotional brain—to move her mind toward a useful meaning for her with a bit of creativity and provocation. So in my best motivational-speaker voice, I leaned forward, looked directly into her eyes, and said with conviction, “I don't know what the heck it means. We live in a crazy world, where horrific things randomly blow into people's lives—natural disasters like tornados, hurricanes, and this guy. Who knows what screwed up his thinking and caused him to do this? Who knows why a hurricane hit Dick's town instead of Jane's? But that's not the point. The point is that a few minutes ago, I saw your face light up as you passionately talked about how you helped those people learn how to walk again after events turned their lives upside down. So, while I hate that you found yourself in the middle of that tragic situation, I think you're going to be one hell of a physical therapist, because on a deep level, you now get what it means when someone has an experience that's completely life altering. I know this isn't the way you wanted to get that awareness, but now you've got it. Your clients will sense that you understand their suffering and are still 100 percent committed to seeing them through to recovery and finding significance in their lives in spite of what happened. That depth of understanding will cause you to be 10 times as effective as your colleague down the hall who's just urging his patients to do 16 more leg lifts.”

Tears began to roll down her cheeks as she said, “You're right. I do have that understanding, and I value life more than I ever have since this happened. We can't let tragedy, accidents, or violence take our joy for life away.”

I also did trauma-reprocessing work with Vanessa in the session, but she said it was my impassioned belief in her ability to make a difference in people's lives that caused the emotional shift for her. At our next session, she said her symptoms had decreased and she didn't really feel the need to talk about the shootings. Instead, she became more focused on preparing for her exit exam at school and, metaphorically, learning how to walk again in her own life.

The Power of Play

I've learned that being a therapist is a bit like being an improvisational actor: we need to have a sense of what the situation calls for and adapt our lines on the spot. So while clients like Sandra and Vanessa respond to more heart-centered interventions, other clients respond better to play and humor, which engage the emotional brain, too. For me, getting comfortable using play, irreverence, and humor to spur clients into change was more challenging than delivering heart-centered interventions with more emotional expression. However, inspired by Connelly, I began the process gradually by asking a few clients whether they wanted to try something new in our sessions. If they agreed, I invited them to "get into character" with me. It seemed risky at first, but my clients enjoyed being jocular and engaging in lighthearted role-play to work through difficult emotions. This newly spirited way of doing therapy inspired positive changes, not only for my clients, but also for me. Instead of leaving my office feeling drained and discouraged, as I often had before, I'd leave feeling energized and uplifted.

Michael is a good example of a client who responded positively to my being more playful in our sessions. We'd been working together for a while on his struggles with alcoholism and a debilitating phobia of driving over bridges. Unfortunately, this phobia had shrunk his world, since our town is nicknamed Bridge City and you can hardly go anywhere without driving over a lake or the Tennessee River.

In our sessions, Michael often wore a mask of arrogance and loved to distract me with sarcastic comments anytime we got close to exploring his inner terror and pain. One day, he started by saying, "Ah, I see you're wearing new boots today. Is that what you do with the money from our sessions? Or are you wearing those because you think you're going to kick my butt today with some psychomumbo jumbo?"

To motivate Michael, I realized we had to play and have some fun so he didn't feel threatened. I knew that playing would help my own emotional brain avoid feeling threatened by his unnerving comments. So I laughed and replied, "Yeah. I've got a challenge for you. I know you want to test me to see if I know what I'm doing and if this therapy thing has been worth your money. I think you're ready to cross a few small bridges on foot between now and our next session. You can start out with the little footbridge that crosses the creek in the park a couple of blocks from my office. I'll even meet you there in my kick-ass boots, if you like."

He laughed and said in a mocking voice, "No, Miss Courtney, I don't need you to hold my hand. I can do it all by my wittle self."

Then I teased him and said, "I know you can do it, but I bet you won't."

"I'll bet I will," he responded, smiling. "I'll take a picture on my phone to prove it to you, Miss Smarty Pants."

I shook my head. "I don't believe it. I bet you \$50 you won't do it."

“You’re on, lady,” he said, shaking his fist at me. “If I do it, you’ll give me \$50 off this session?”

I nodded and said, “Yes, sir, I will. But I don’t have to worry about it because you’re so stubborn I know you won’t do it.”

He leapt from the sofa. “Well, I’ll go do it right now and show you! I want my \$50!” With that he drove right over to the park, marched across the bridge, and texted me a picture of him standing on the other side with his tongue sticking out.

He returned to my office within 25 minutes, grinning from ear to ear. Since we still had a few minutes left in his session, I invited him to sit down and handed him \$50. As he reached out to take the money, his hands were trembling and his face was flushed. He gave me a brief hug and began to cry. “Thank you,” he said. “You got me all caught up in that. It’s just now hitting me what I did. I really did it! I can do this.”

I smiled, and said, “Yes, Michael, you absolutely can. We just had to find something more emotionally compelling than your fear to get you to take a risk.”

Over time, a series of similar therapeutic experiences we did together revealed the deeper root of his fears—a long-held presumption that people and the world would always hurt and disappoint him. He realized he coped by not taking risks and “not believing in anything,” so he could avoid further disappointment. Once Michael could put words to this largely nonverbal, deeply felt reality, which had been overshadowing everything in his life, it became less daunting to him. In our last session, he commented, “Yeah, people can hurt and disappoint you. Nothing is ever guaranteed in life, but you do the best you can. The *experience* of going for what I want is still worth it. I can at least believe in that.”

Many of us were motivated to become therapists because of our emotional experiences with trauma, suffering, and adversity. We understand these things deeply, and I’d venture that most of us chose this profession for emotional rather than intellectual reasons. We didn’t just want to be smarter: we wanted to help people heal and make the world a better place.

As therapists, we’re not looking for a mundane 9-to-5 job, and our clients aren’t looking for a nice, empathic listener or a dry analyst. They want someone who not only understands their pain, but also respectfully leads, pushes, and compels them to do what’s in their best interest. For some, that fits the definition of being a coach rather than a therapist, yet I believe it’s our training as psychotherapists and our comprehension of the psychological roots of *emotion* that allow us to be more effective than motivational coaches at facilitating deep change. We understand that healing doesn’t come through simple goal setting, treatment planning, and accountability. True healing occurs when we’re passionately committed to illuminating that spark of light

within our clients' hearts—something we now know ignites new pathways in the emotional brain. Even the tiniest spark can ignite the healing process, as we ourselves become the experience that causes the change, taking our clients to emotional places where they've never been before. It can be challenging as we develop the courage to be more demonstrative, provocative, and playful, but the transformative results this produces in our clients, and in ourselves, are worth it.

It isn't enough to be a kind, supportive guide on clients' journeys. We have to be a *provocative* guide, creating experiences that trigger their curiosity and desire to know more. The experiences we create have to go beyond the intellect to reach a deeply human place, prompting clients to believe they can relate to themselves and the world in a new way. Following this approach, good therapy can often look like performance art, rather than a rational discussion. But let's face it: to get the emotional brain to pay attention to what we're saying and to keep clients coming back to our offices, the therapy experience has to be at least twice as interesting as the problem.

Courtney Armstrong, M.Ed., who trains mental health professionals in creative techniques for healing trauma, is the author of [Transforming Traumatic Grief: Six Steps to Move from Grief to Peace](#). Contact: armstronglpc@gmail.com.

Tell us what you think about this article by leaving a comment below or sending an email to letters@psychnetworker.org.