
Clinical Intuition at Play



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A clinical psychologist and consulting psychotherapist discusses how elements of play, inherent in the intuition required in analysis, can provide a cornerstone for serious therapeutic work. She argues that many aspects of play—its key roles in human development, individual growth, and personal creativity, among others—can help therapists and patients alike tap into matters unique, salient, and vital to analysis. She recommends therapists take advantage of this intuitive aid play offers by experimenting with embodied perception and response through the use of guided imagery. Creating a sense of play in clinical conditions, she holds, makes it safe for patients to try out new ways of feeling, thinking, being, and behaving, all of which can lead to a deeper self-awareness and to healthy change. **Key words:** clinical psychology; guided imagery; play in psychotherapy; self-awareness

EVERY PSYCHOTHERAPIST relies on clinical intuition—whether in the form of flashes, hunches, gut feelings, body experiences, or behavioral impulses—to fill the gap between theory and practice. Clinical intuition is the means by which therapists perceive and respond to relational patterns during psychotherapy. Intuitive faculties are also critical in patients if they are to be open to experimentation, emotional risk taking, and novelty. Clinical intuition involves a right-brain, fully embodied mode of perception and response that is necessary for deep change. On the other side of the couch, intuition is crucial for patients as well—as a means of opening up, finding spontaneity, and exploring novelty in the context of a caring relationship.

To be effective as a psychotherapist means, in part, to honor the mystery of irreducible uniqueness. Although psychotherapists can, in theory, overlook radical uniqueness, they cannot overlook it in practice. Even allowing for developmental history and cultural background, empirical validation based on normative statistics cannot guarantee that any given method will work with any given patient and any given therapist at any given moment within any given relational and historical context. No matter how popular generalized treatment regimens or manual techniques may be and no matter how much they may quell our anxiety in the face of the unknown, we need to understand their limitations

from the start. Prefabricated methods must always be supplemented with a personal touch that is available *only* through an intuitive feel for things grounded in present-centered awareness.

Immersed in the moment-to-moment thick of sessions, psychotherapists intuitively follow the natural flows of emotion, energy, and information with their patients. The more the perceptions and responses of psychotherapists emanate implicitly and intuitively from the central core of their being, the more attuned they can be to their own inner truths and to those of their patients. The ideal, intuitive therapist moves flexibly between implicit and explicit modes, between bottom-up sensory, somatic, and emotional primary experience and top-down modes of deliberation and creative insights. We must integrate it all if we want to effect therapeutic change.

Although clinical intuition cannot be directly taught, it can be cultivated. Very much like plants in a garden, even the most natural facilities and talents possess wilder aspects that need refinement to be of greatest value and service to others. To tend to one's own intuitive gardens involves what Dan Siegel refers to as *self-attunement* (2007, 2010). When psychotherapists attune to themselves, they redirect inward toward themselves the interest, empathy, and care they ordinarily extend outward to others. When patients pay more attention to embodied intuitive faculties, they create a network of feedback loops that enhance self-awareness and develop unique perspectives. Whether therapists or patients seek and discover different channels of knowing that are singularly their own, people cultivate individual relational styles that contribute uniquely to the interpersonal chemistry of their relationships. Through insight into their personal histories, particular challenges, and special gifts, their intuitive faculties can operate with greatest efficiency.

When we recognize and highlight our intuitive faculties, we bring ourselves closest to where our own unconscious lives and breathes. We ground ourselves in authentic perception and activate our emotionally wise heart centers, from where we are best poised to fine tune the imagination and access our clinical creativity. As psychotherapists, when we cultivate our own gardens this way, we maximize chances of our patients likewise opening up their intuitive powers to perceive, ground, and flower in light of their own unique set of histories, challenges, and gifts. When we encourage the play of intuition in patients, we enhance their self-trust and provide the safety they need to improvise, to try new things, even occasionally to fail and learn from failure.

The exercises that follow are designed to stimulate embodied experience

in order to enhance access to intuition, self-awareness, and self-trust. Because clinical intuition involves implicit learning and memory that cannot be taught directly, we must nourish it indirectly through an open, receptive state of mind. As with any complex skill, the more one practices, the more one can develop skills to orient and navigate through the intersubjective thicket via intuitive faculties. Remember, whether a psychotherapist or a patient—even if we are blinded by confusion or paralyzed by doubt, even if our internal compasses point against the grain of our conventional reasoning—the more we befriend our intuitive side, the more we will grow, both personally and professionally in the process.

Play Is Implicit in All Psychotherapy

Psychotherapy can be such serious business, particularly when interactions with patients involve grave matters, sometimes even related to life and death. Especially at such times, it can be difficult on the surface of things to understand a central role for play. More typically, of course, we recognize the importance of play in play therapy, a popular and useful technique for working with young children who are either preverbal or presymbolic. We also detect the importance of play in sand-tray work, an active-imagination technique for children or adults, one especially favored by Jungian therapists. Here, patients choose a few small figurines from among many and arrange them in the sand to dramatize their dreams or the themes and other aspects of the waking imagination. It is also easy enough to understand the view toward our use of play of those outside our profession who create the host of movies, television shows, and jokes that poke fun or make light of our work with patients.

Yet, there are other, more subtle ways in which play comes to bear under the surface of most psychotherapy, as I have written about previously (Marks-Tarlow 2010, 2012, forthcoming). In fact, I go so far as to claim that at implicit levels, play often occupies a central organizing rhythm in most effective psychotherapies. Sometimes the play of humor in the room coordinates the transference-countertransference dynamics and speaks of the sense of safety (or its absence) in the room. Sometimes play occurs when patients experiment with novel ways of being or behaving that emerge spontaneously at the cutting edge of development, just it occurs during childhood. Sometimes the play of imagination blasts open inspiration, hope, and a newfound capacity to envision a future significantly different from blocked or traumatized past experience. Much as play is lodged

deep within the neurobiological and developmental roots of every infant, so too is play the cornerstone of novel development during psychotherapy.

Deep Roots of Intuition

In *Clinical Intuition in Psychotherapy* (2012), I suggest that the neural circuitry of intuition in all of us begins with three separate but related motivational and emotional circuits, as identified by Panksepp (1998, 2012)—SEEKING, CARE, and PLAY. Panksepp capitalizes these circuits to indicate their role in the limbic circuitry of all mammalian species, not just of humans. Each extends from subcortical roots through higher cortical branches. Each plays a key role in positive growth through secure attachment. Infants naturally SEEK to engage in the outside world in order to meet physical, emotional, and relational needs. When adults respond to their newborns with attuned CARE taking, then all basic needs get met. This readies the comfortable, alert, and relaxed baby to PLAY. Initially, through dyadic play, infants develop curiosity, excitement, and interest in exploring their physical and social worlds. As they grow older, through free play children explore and align the outer world of things and people with the inner eyes and other senses of the imagination; they learn to orient and navigate physical as well as social spaces (see Marks-Tarlow 2010, 2012).

When observing young children at play, we readily see how fully engaged they are in their own internal experience. Especially during the free play of imagination, children's inner absorption becomes so powerful as to completely color their outer world experience. There is no "as if" about it—a sand box *really does become* the launching pad for a spaceship. A *carpet really does fly* to sub-Saharan Africa. The metaphorical nature of play is hidden deep under the surface. As inner and outer sensibilities meld together, a child's outside reality gets co-opted and illuminated by inside lights of imagination. When this takes place, everything works together as an integrated whole. Sensory, emotional, cognitive, imaginative, social, and motor faculties all become coordinated and aligned. As I have written previously (Marks-Tarlow 2010, 2012), this integration of faculties provides the foundation for children's intuitive sense of how inner and outer worlds mesh. Meanwhile, through the entraining, regulatory rhythms of play, the nascent self, as it conceives of itself in the wider world, begins to take form.

Child's Play

Because who we are connects intimately with how we play, examining how we have played as children helps both clinicians and patients explore continuity within the developing self. Much as they do when they examine other early memories, therapists can help patients unearth the seeds of their developing identities by retracing their personal histories and reviewing their unique forms of childhood play. Patients who are not apt to fall back into disregulated emotion or dysfunctional defense can be encouraged to explore these memories themselves in brief meditative reveries.

In order to accomplish this, I recommend my patients set aside ten to fifteen minutes. With their eyes closed, they might imagine themselves, for example, at the ocean's edge where the breaking waves can guide mindful, rhythmic breathing known in yogic practice as *ujjayi*—the classic form of breathing taught in yoga classes to help slow down the breathing cycle. *Ujjayi*, which means ocean breath, is so named because when done correctly, it creates a soft, hissing sound that resembles the waves breaking on the shore. This type of nose breathing requires constricting the back of the throat slightly. Once mastered, people can lengthen both inhalations and exhalations, and—even amid strenuous physical activity—they remain calm, composed, and collected. This technique often takes years to learn; however, I think it worth sticking with and practicing.

In my practice, too, I advise patients to draw themselves into the hypnotic quality of their breathing by imagining themselves at the ocean's edge, where they can look all around by opening all of their senses. This enables them to align their inhalations with the waves breaking on the shore and their exhalations with the waves retracting back into the sea. As they engage several rounds of such breathing, I encourage them to take in all the sights, smells, sounds, and even tastes of the moist, salty air so they become grounded in their embodied perceptions.

After patients have absorbed the whole scene deeply into their bodies and feel ready to proceed, I suggest they walk down to the undulating edge where the sea meets the sand. There, they can look down at the strip of wet sand, where they might find a pair of footsteps that travel into the distance, down the length of the beach. I prompt patients to follow these footsteps by placing their feet in each imprint, one step at a time. As they walk slowly down the beach, somewhere along the way the footprints will almost imperceptibly but steadily grow smaller and smaller. As patients continue to place their feet into the shrinking

footprints, their body will follow suit by likewise getting smaller and smaller, and their whole being grows younger and younger.

In this manner, a patient's journey along the ocean's edge allows them to travel backward in time into their own past. At the point when feet and body reach just the right size and age that only each individual can know, I ask patients to be alert to where the footprints start to veer off the beach. By following their path and walking in the impressions left in the sand, the trail then guides people into a scene from the past where they are fully immersed in imaginative play as young children. People might find themselves conversing with a pair of dolls at a tea party, building a lookout tower with blocks, conducting a race with toy cars, or putting stuffed animals on a bus to a foreign land. They might be playing alone or with a parent, sibling, or other children. I suggest that no matter what it looks like, everyone embrace the scene in which they find themselves, without judgment or thought.

Whether watching—or better yet, joining—the play as conjured by their mind's eye, it is most useful that they be fully engaged, without worry should the scene spontaneously change one or more times. This becomes a way to revisit multiple games and occasions from childhood play. When people go with the flow, they can sample the full range of what used to absorb their attention as children—what they loved to do, the fantasy roles they played, the games they made up, the rules they followed, the scenes they constructed, all the while, tapping into their complete array of emotions and experiences, both positive and negative. Then, when they have had enough and are ready to return to the beach, I instruct them to find the footprints in the sand and follow them back the way they came, until they return to their current size and age, when they can open their eyes.

After completing the imagery portion of the session, I find it useful to reflect together upon different aspects of what happened, such as what early games they loved to play and whether they were alone or with others in their imagery. I am particularly interested in the kind of imagination they tapped into most through childhood play, whether fantasy, science fiction, or more realistic role playing, plus the kinds of narratives, rules, props, and costumes they might have used.

Once the details of childhood play are fleshed out, I then help people look for seeds of their current selves within early play. Together, we search for clues to the present-day self buried within their earliest passions—the things that made them laugh, where their curiosity lies, the contents of their favorite book,

television show, or imagination game, especially ones they might have played over and over. I like to explore how these early seeds express themselves in who the individual is today. Many people find it useful to detect evidence of their playful sides in what they have chosen both for their vocations or avocations. Finally, I might have patients brainstorm how they might engage more of their childhood, playful self into their present-day activities.

In hypnotic and guided imagery scripts, entering different memories or scenes through footprints at the ocean's edge represents a powerful symbol of the zone where unconscious (sea) and conscious (land) aspects meet. Along with memories from the past, nighttime dreams appear at these fertile edges between conscious and unconscious functioning, as do daytime products of the imagination. All of these inner ways to envision ourselves emerge into awareness fully formed, as if from unseen depths.

It turns out that memory for the past, self-referential imagination in the present, and our capacity to envision the future all draw upon the similar neural circuitry (Szpunar, Watson, and McDermit 2009). Stanley Klein (2013) speculates that the evolutionary function of episodic memory is less to remember the past than it is to prepare for the future. His research suggests that animals with neural systems complex enough to retain long-term memories are wired to orient toward the "now and next." This evolutionary perspective sheds light on psychotherapy, where patients who get "stuck" in the past need help in reconceptualizing and recontextualizing past memories in order to progress. Embodied methods, such as somatic work or full sensory engagement in imagery, can be extremely helpful to link the past with the present.

The Play of Therapy

Several years ago, I read a passage from a book about children's fantasy play, called *The House of Make Believe* by a husband-and-wife team, Jerome and Dorothy Singer (1990). The passage immediately struck a chord in its description of Jerome's childhood during the 1930s when he ran on the streets of New York City amid "gangs" of boys. In his early play with other neighborhood children, Singer frequently adopted the role of a spy infiltrating rival gangs. The image conjured in me how I, too, with my best friend Pooh, spent hour after hour lost in elaborate spy games. Our scenarios were fashioned after several television shows popular at the time: *I Spy*, *Mission Impossible*, and *The Man from U.N.C.L.E.*

When I read about Singer's childhood, I suddenly experienced a deep thread of continuity from my own childhood imagination games to my current passion as a psychotherapist. Both reflect my utter fascination with secret missions, mapping out plans of action, and getting close enough to peer at the lives of others.

It can be very illuminating to find the seeds of the current-day self in childhood play. As I have played with this exercise in groups of colleagues, I have found interesting what emerges from their stories. One highly empathic psychotherapist and her friends played caretaking games—as doctors and nurses—during which they conducted pretend surgery on imaginary crippled children, enabling them to walk again after the operations. One man reminisced about playing strategic war games, reminding me both of Philip Bromberg's metaphor for the action of psychotherapy as “collisions and negotiations,” and of the implicitly militaristic metaphor in Freud's concepts of “intrapsychic conflict,” “defense,” “repression,” and “resistance” (see Berkower 1970).

Few of us play as we did in childhood. Nonetheless, threads of continuity tend to connect past forms of play and present interests and preoccupations. In our psychotherapy with both children and adults, clinical intuition during play serves as a relational dance offering focus, flow, and grace through an organizing rhythm. Play entrains, improvises, paces, synchronizes, coordinates, and teaches taking turns and syncopation to participants. Play is intrinsically rewarding, making therapy fun, inspiring, and emotionally rich, perhaps even spiritually elevating. Play grants both therapists and patients the safety to take emotional risks, luring them into experimentation and lightening the atmosphere, especially when it includes as humor. Play offers transference-countertransference communications that express social connection (or the lack thereof). Play taps into spontaneity, while cultivating openness to new experience. Play encourages creativity, discovery, and innovation. Finally, play offers edges of all sorts—edges of development, familiarity, comfort, and of what is tolerable.

Play may be indispensable during psychotherapy partly because it helps us reorient in social space (Marks-Tarlow 2010, 2012, forthcoming) while allowing us to engage positive emotions and motivations. Whether practitioners work with adults or children, whether or not they explicitly use play therapy, play constitutes an important aspect of all forms of psychotherapy at the intuitive level of implicit exchanges. Hide-and-seek appears to be the prototypical game in psychotherapy, because it corresponds to rhythms of engagement and disengagement, of revelation and retreat.

To Play or Not to Play

A view of psychotherapy through the lens of play complements a common perspective that conceptualizes patients entering psychotherapy as traumatized individuals. Either they have suffered overt abuse, neglect, environmental shock, or other tragedy, or they are victims of relational trauma, however slight or seemingly invisible. In the latter case, these failures of attunement in critical care give rise to gaps that tend to start early, often from the beginning of life. Even tiny relational “misses” leave people with gaps in the continuity of self from which missing states must be reclaimed, recovered, and discovered. In the context of a healing therapeutic bond, through the rupture and repair of titrated retraumatization, a retearing and restitching of the fabric of the self can occur within the safety of relatedness.

Rupture and repair sequences during psychotherapy are particularly well suited to address negative, unregulated, often unbearable experiences. But merely removing symptoms, such as obsessive rumination, anxious preoccupation, or depressive paralysis, is exactly that—the elimination of something problematic. In no way does it guarantee the presence of positive, life-affirming experiences. By contrast, play sequences during psychotherapy affirm and cultivate positive emotions and motivations. These include joy, curiosity, passion, inspiration, excitement, positive absorption, flow, awe, interest, energy, humor, and present-centered vitality. Whether we work with adults or children, whether or not we explicitly use play therapy, play is an important aspect of all forms of psychotherapy as it informs the inquisitive, exploratory reach of clinical intuition.

Neurobiology of Play

Pat Ogden, founder of Sensorimotor Psychotherapy, reports that a frequent and natural outcome of releasing trauma in the body is an inclination to become playful (Ogden, Minton, and Pain 2006). For example, there may be an outpouring of laughter, or arms previously locked tight against the body may float up or spontaneously dance to an internal melody just now heard. The relatively recent recognition of the different but very valuable territory occupied by pleasure, joy, curiosity, and play is part of the impetus behind the positive psychology movement (Frederickson 2001; Seligman and Csíkszentmihályi 2000). In some critical ways, the presence of positive experiences may be more important than the absence of negative ones.

Play and its vocal accompaniment, laughter, are important to psychotherapy partly because they are universally wired into the central and peripheral nervous systems of mammals (Provine 2000). The instinct to play, which begins in subcortical areas of the limbic system, does not depend upon higher cognitive areas of the brain (Panksepp 1998). Most mammals engage in a rough-and-tumble play in the critical early stages of development, during which time juveniles romp or pile on top of one another in pretend fighting, biting, and wrestling.

Along with readying young animals for the roles, rules, and relationships encountered in adulthood, rough-and-tumble play takes place at the edges of emotional regulation. In this way, animals are “safe but not too safe” as they engage in experiences of discomfort and other challenging responses that help to expand their tolerance. Interestingly, even a rupture and repair sequence occurs during the play of canines (e.g., dogs, wolves, coyotes). So, for example, a coyote that plays unfairly must “apologize” to fellow playmates, which it does by initiating the same play bow with which play began (Bekoff and Pierce 2009). Once the apology has been offered and accepted, all goes well as long as the offending animal subsequently adapts by playing more fairly. If, however, the coyote continues its egregious behavior, say, by biting too hard or otherwise hurting playmates, eventually it will be ousted from the pack. The consequences of this expulsion can be quite severe, because an exiled animal is more likely to succumb to other predators or to the elements.

Whether in humans or in animals, early play proves to be serious business. Some evolutionary psychologists speculate that fair play constitutes the foundation for a sense of justice in social organizations and for morality among humans (Bekoff 2004). Play also includes symbolic levels for humans. By drawing in words, complex concepts, and symbolic imaginary worlds, children at play develop language skills, flexible modes of thought, and the capacity for imaginative flight; adults at play can relax in a safe zone where they are free to experiment with novel ways of being and relating to others.

Meeting and Greeting Intuition

It is helpful for psychotherapists, patients, and indeed everyone to access their intuitive side in a playful way in order to expand self-awareness as well as to play with creative imagination as it interfaces with self-awareness. When I work with patients who suffer from creative or productive blocks, I often suggest that they

pose questions about their creativity to whatever avatar, animal, or other form their intuitive side may take. This can help them to loosen up, if they are overly intellectual, feel stuck, seem stilted, or have lost their spontaneity or sense of humor. However, if a patient has dissociative identity disorder or suffers from a fragmented sense of self, I am careful not to introduce any exercise that splits the self into multiple parts or roles. People who are literal-minded may also struggle with guided imagery that draws upon the symbolic imagination. They may be too tilted toward left-brain verbal productions, too outwardly focused, or too invested in direct problem solving to find intrinsic value in such roundabout pursuits. When this is the case, I tend to change my approach rather than persist.

However, for people game to meet and greet their intuition through imagery, I suggest again that we set aside ten to fifteen minutes so patients can close their eyes and bring their attention inward for guided imagery. We begin with patients either spontaneously imagining or consciously recalling or constructing a place of great comfort and safety as a launching point. After inquiring about details of their experience—for example, whether or not they have been at their imagined spot before, whether they are indoors or outdoors, whether they are alone or in the presence of people, what sorts of things surround them, and what emotional qualities this place may hold for them—I suggest, if they are indoors, that they remain in this environment until a visitor knocks on the door or, if they are outdoors, that they stand politely on the edge of their physical space until a visitor extends an invitation to meet and greet them. The visitor represents an embodiment of or avatar for the patient's intuitive side. Sometimes the visitor manifests as another version of the patient, sometimes as a person they do not know, as a wizard, say, or an ethereal spirit they can sense but not see, a fanciful creature, an animal. Indeed, visitors can come in many forms.

I encourage patients to let themselves be surprised, however their visitor might appear, so they can soak in the sight and sensations involved in encountering their intuition in this form. I also encourage people to observe how they feel at first sight. Finally, I suggest they first greet visitors in silence. By sharing common space without words by simply being together (whether in stillness or with physical movements), people can relax into a common understanding so that a sense of mutuality can develop. True mutuality involves a kind of I-thou feeling of respect and honor for the other. When achieved, a shared I-thou state facilitates a sense of something special about the relationship akin to spiritual connectedness. Once this has been achieved, patients can then notice whether they are inclined to communicate in other ways, such as through body gestures

or words. If so, I inquire whether they prefer to listen or are more inclined to ask questions. Once the encounter feels complete, people seek a ritual or some words to say good-bye. We then follow up by discussing the form their intuition took plus whether the images felt safe and containing or open and stimulating, all of which provides important clues about what their experiences might mean.

In a related exercise, I ask patients to imagine themselves in the woods, on a path, walking toward a clearing that is somewhere ahead. I encourage them to take their time to notice details about the weather, air temperature, time of year, altitude, type of terrain, and other specifics. I want to know whether the path is straight or winding and what sort of underbrush and wildlife surround it. Then, at the clearing, I urge them to meet their intuition, in the form of a real or mythical animal. Our clinical dialogue investigates what the animal looks like, whether it appears to be friendly or foreboding, and how the animal responds to my patient's presence. I also want to know how patients feel, whether scared, excited, disbelieving, safe, or something else. Finally, I inquire about the form the interaction takes, including how the communication is proceeding, whether verbally or nonverbally. If the latter, I encourage patients to develop a series of gestures for a special language together.

Animal Play

Especially when they appear in dreams, animals tend to symbolize our wilder, instinctive aspects, although such symbols are never universal, and we must be careful of stereotyping or overgeneralizing. Jungian psychology is especially geared toward finding archetypal significance in animal symbols, given that many cultures throughout the world have viewed animals as totems or guides.

Most people feel special affinities for certain animals, whether in the form of an intense attraction or identification. In my younger days, I identified significantly with lizards, especially as they would sun themselves and scurry away along and under the rocks. This corresponded to a period when I was intensely involved in rock climbing. A couple of decades later, my primary animal identification switched back to horses, the animal I was most passionate about as a child. At first I thought this was because I had loved horses as a kid. I enjoyed several years of owning and caring for a horse, which helped me tame my wilder, impulsive side. Then, a couple of years ago, in medicine cards connected with the Arapaho Indian nation, I came across a description of the horse as animal

guide. I was struck by the reputed qualities of the horse, which included play, illumination, humor, joy, wisdom through embodying balance, and the power of entering darkness to find light.

The timing of these cards entering my life was significant. In *Clinical Intuition in Psychotherapy*, I had just written the final chapter on wisdom as the mature flowering of clinical intuition. I launched into the importance of self-care in order to stay fit over the long haul to care for others by relaying a childhood story about an encounter with a mature horse named Chunky. The synchronicity made me think that the horse may indeed be my personal totem. My own experience, then, leads me to wonder whether patients feel that the animal that appeared in their imagery could be a personal totem or guide.

When patients express comfort with the animal and communication they achieved, I often invite them to continue the exploration by returning to the woods, finding the path to the open clearing, and revisiting their intuition in animal form, this time in order to engage in some form of play. I emphasize that they not try to anticipate or control what form that play takes, but instead open themselves up to seeing what emerges spontaneously, simply from being together. Sometimes, the play takes a physical form, such as romping or wrestling; sometimes, it is more cerebral, such as chess or cards; or the play may take the form of symbolic, imaginary play that includes a made-up or fantasy game.

During this guided imagery, once the patient and animal have finished playing together, and especially if the patient encounters any difficulties initiating or engaging in play with their animal avatar, I find it useful to inquire if there is any place their animal wants to take them. I suggest people refrain from worrying about the meaning of the destination, especially while in the midst of their experiences. Whatever its purpose, I trust that the meaning will reveal itself in its own time. But when immersed in the moment, it is helpful to let the animal guide them into a new experience. After their adventure, once back in the clearing and ready to say good-bye, their animal friend can give them a gift to take away, possibly serving as a future tool for accessing their intuition.

I encourage people when they reflect on their animal play to link the qualities of their experience with broader aspects of their life, such as whether it is easy or hard to be spontaneous and how easy or hard it is to find and follow their intuition. It is also natural to explore whether they have reached their full potential in maintaining a playful attitude in life and work, and if not, how their experiences in imagery might point toward a direction of unrecognized potential.

Playing with Symbolism

To play with imagery and symbolism, whether from dreams or guided meditations, is a highly intuitive, creative enterprise. There is no automatic right or wrong, and the possibility always exists for multiple, embedded layers of meaning. It is important to be careful about interpretations that fly very far afield from the imagery. The more these derive from theory versus the full context of the moment and associative explorations, the greater the danger of missing what is unique to the experience. During psychotherapy, there is danger in trying to fit an image into a preconceived idea or theory, especially if it offers little or no emotional resonance for the patient. The process of discerning the meaning of imagery that emerges during psychotherapy works very much like a play of ideas—a dialogue back and forth, in which new conceptions are tried on, worn for a while, and then discarded if they don't serve the joint enterprise well.

In my own experience, I find it delightful to hit upon the joy of discovery together. There can be great glee in the process. Here is a recent example of an image arising during a session that extended into a central metaphor through play. A young married male patient had recently announced, in an off-handed way, that his wife was pregnant. The information leaked out as an aside during a story about something unrelated. Surprised by my patient's nonchalance and lack of strong emotions, I inquired into his absence of emotion. Out of this exploration came an image of a cat caught at the top of a tree. To rescue the cat, the man had to retrieve a tall ladder. Through exploring the meaning of this image, this man's fear of feeling strong emotions became obvious to us both.

During this playful session, the image of the cat stranded in the tree provided a rich source of embodied metaphor. It spoke of the man's urgency to take care of his family via heroic efforts. It revealed the man's inner pressures and fears to climb upward. The image illuminated his instincts to protect his loved ones by setting aside his own strong feelings, which he implicitly believed would only get in the way of his adequate functioning. The image spoke of the equation of fear with paralysis and failure. Finally, given that heroic efforts were necessary to save the cat, the animal clearly couldn't be trusted to rely on its own instincts to make its way down. By adopting an intrapsychic (self-self) perspective, we also explored how the cat represented the intuitive part of this man. From this point of view, my patient was struggling to contact and trust his own instincts, which had backed themselves up a tree in fright. By staying near the imagery and unpacking its meaning, we could link all of these affective themes back to

the man's relationship with his family of origin. I highly encourage everyone to play with spontaneous images of this sort, whenever and however they might emerge. They can be great sources of inspiration.

A final playful exercise I suggest, both for patients and psychotherapists, is to take a few minutes to consider how therapy resembles each of the following games: hide-and-seek, strip poker, riding a merry-go-round, Russian roulette, theater improvisation, and stacking and unstacking nested eggs. How patients view therapy gives important clues as to the nature of their relationship with the therapist. In particular, it speaks of how open or defensive they may feel to true engagement. It is also useful for therapists to select a case and reconceptualize it in terms of play, either as captured by the preceding games or as a different form inspired spontaneously by case details. Finally, therapists can consider how conceptualizing the case this way changes their perception of the relational dynamics or makes a difference in how they might approach the case in the future.

Conclusion

The uniqueness and complexity of psychotherapy place strict limitations on what can be known and explained logically. It is the ethical responsibility of psychotherapists to take hold of these limitations to what can be analyzed rationally, definitively, and consciously with humility. How subjective lives intertwine to stimulate healing and growth—when explored not just in theory, but in reality—cannot be broken down into simple steps. The dynamics shift too rapidly; they are too highly embedded, too tied to the nuance of context. Too much of human communication is nonverbal and body-to-body. So much of the story takes place below the radar of conscious awareness. From this perspective, the play of clinical intuition appears a brilliant solution to an almost unfathomable level of human complexity.

The more we clinicians—no matter what our level of training and clinical experience—allow our intuition to lead the way, the more we can relax into moment-to-moment states of being, feeling, and relating, even when the content of a session is anything but relaxing. By bringing the play of our deepest focus and fullest intuitive faculties to our patients, we offer the gift of our authenticity and model self-trust. Implicitly, we convey the message that by relaxing and trusting intuitive faculties more fully, the people we work with can also heal, grow, and flower naturally into the whole of who they are. Finally, the more of each day we spend immersed in these intuitive right-brain modes

of perceiving and responding, the easier it is to attain prolonged states of flow. Here is where we dance in intersubjective space with others, moving spontaneously to the music of a co-created song. Here is where psychotherapy offers a shared meditation that touches the timeless and sacred. When we operate from sensibilities and guidance that prompt from within, we are most likely to tap into our natural wisdom.

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