

CLINICAL EDITOR: These authors discuss the therapeutic value of silence, citing the power of silence for children in play therapy. Further, they examine the process of counter transference related to silence and review therapist implications.

The Resounding Sounds of Silence in Play Therapy

Their very silence is a loud cry. – Cicero

Silence is a poignant presence by virtue of the absence of spoken words (Crenshaw, 2008). Silence is rich in communicative value. Silence in children, in families, in therapists can speak volumes. Silence assumes myriad meanings. Silence can attest to the comfort and solace of intimate partners together that requires no words to be exchanged. Silence by the listener can honor the words of the speaker. Silence can be reverential when we pause for a moment of silence to honor the memory of a person. Silence can punctuate and privilege spoken words, allowing those words to be absorbed with full effect. Silence, however is not always “golden”. A critical distinction exists between silence and silencing. People may freely choose to be quiet, to remain silent. Silencing is a different matter. Silencing can speak to a fear that renders people voiceless when they wish to speak such as the self-silencing of adolescent girls described by Carol Gilligan. Silencing can also take the form of the trauma-induced neurobiological shut-down of Broca’s (language) area of the brain that can render people mute in moments of terror. Silencing can also take the form of the more subtle but ever present insidious force of oppression. Kenneth Hardy (Hardy & Laszloffy, 2005) has noted that the core dynamic of oppression of all kinds is the silencing of the subjugated. Silencing can take the form of disenfranchised grief when the sorrow is invalidated because shame or stigma surrounds a death. Longfellow poetically expressed the devastating impact of silencing grief: “There is no grief like the grief that does not speak.” Shakespeare captured grief’s torment hidden in the inner chambers of the soul, “My grief lies all within, and these external manners of lament are merely shadows to the unseen grief that swells with silence in the tortured soul.”

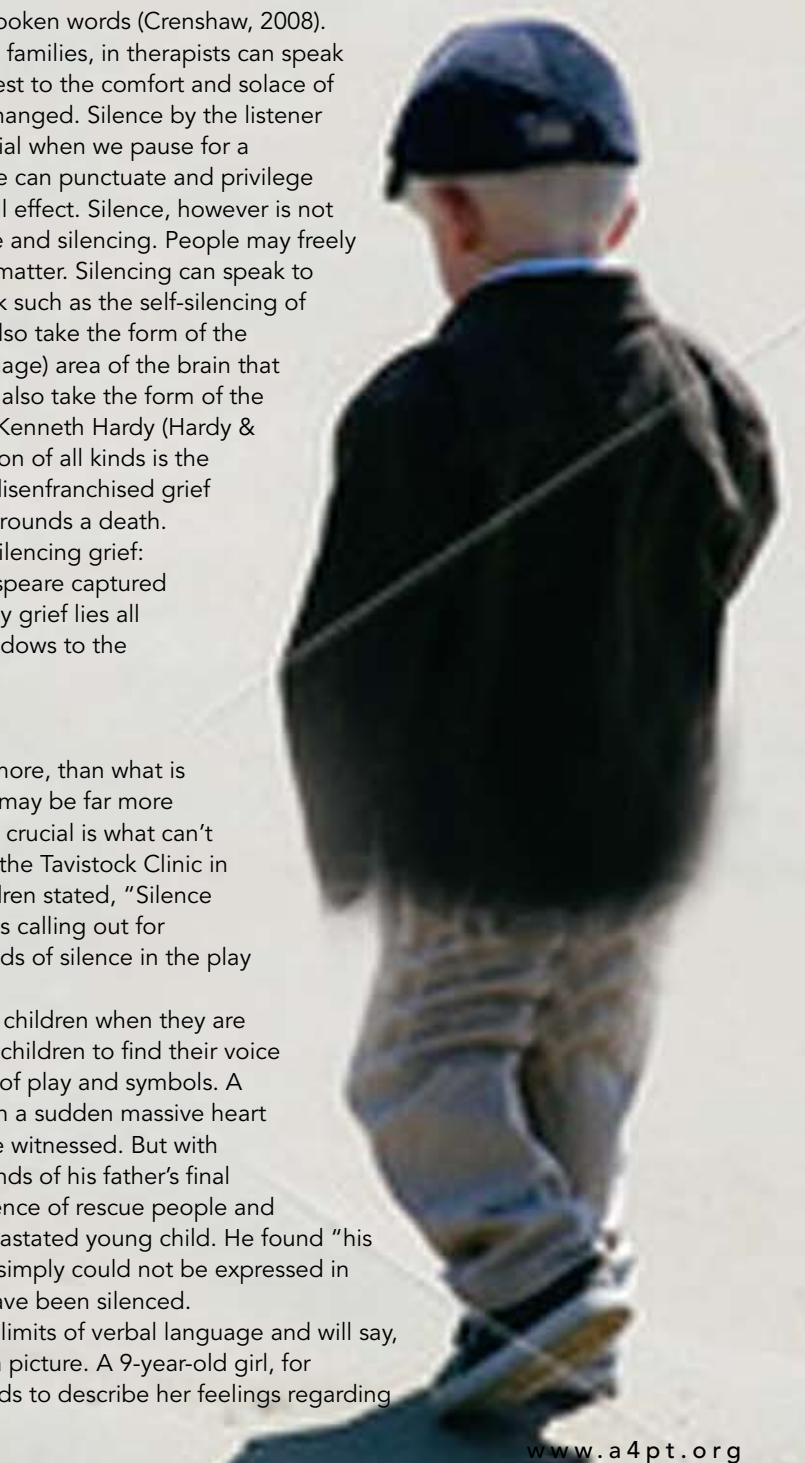
Reflections on Silence in Play Therapy

What is not said in therapy may be just as important, if not more, than what is said. What children don’t want to talk about in play therapy may be far more important than what they are willing to talk about. Still more crucial is what can’t be mentioned, “the unmentionable”. Mary Boston (1983) at the Tavistock Clinic in London in her work with severely deprived and abused children stated, “Silence can be a perpetual scream.” The “unmentionable”, voiceless calling out for acknowledgement and validation—it is the resounding sounds of silence in the play therapy room.

One of the goals of play therapy is to restore the voice of children when they are silenced. Play therapy enjoys the special feature of allowing children to find their voice not just orally but in the natural language of young children of play and symbols. A six-year-old boy, for example, who witnessed his father die in a sudden massive heart attack, could not find words to express the horror of what he witnessed. But with puppets he enacted the scene, the terrifying sights and sounds of his father’s final moments, the frantic attempts at resuscitation, the convergence of rescue people and ambulances on the house as seen through the eyes of a devastated young child. He found “his voice” to share the terror of those life changing events that simply could not be expressed in words. Without symbolic language of play this boy would have been silenced.

In the course of talking with children they often reach the limits of verbal language and will say, “Can I show you?” and might enact a puppet play or draw a picture. A 9-year-old girl, for example, in a family session couldn’t go further in using words to describe her feelings regarding


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devastating losses. She said, "Is it okay if I try to draw?" She went to the table and drew a picture of herself with a huge heart and within the heart a jagged wound. In her hands she was holding a container labeled "glue." When the therapist asked about the glue, she explained her parents think the wound to her heart can be closed with glue but she said, "They are wrong. It needs something stronger because if I get hurt again, my heart would come apart." The therapist asked, "What would be a better way to heal your wounded heart?" She said, "It needs stitching, stitches that would be strong enough to keep my heart from breaking into pieces." From that point on each session focused on "stitching her heart" to protect it from further injury by enacting primarily through puppet play the unresolved grief and trauma and corrective actions that added another strong "stitch or two". In one session it was possible to add "four stitches" that made her heart stronger. When words failed she was able to find a strong voice through image, artistic depiction, and symbolic play. She was partially silenced orally but quite expressive in the language of symbol and play. She led the way to healing her broken heart and making it stronger.

Reflections on Silence within the Therapist

Experiences of silence and silencing in play therapy can also be understood from the perspective of the therapist in dialogue with the child. Some therapeutic silences are rich in understanding as the child quietly speaks through a period of absorbing play. Pauses in play can afford therapists moments of reflection, refocusing, and refreshment that prepares the way for a deeper understanding of children's experience. These quiet moments can strengthen the therapeutic relationship and be affirming of the thoughts, feelings, and creations of the child. Consider a 7-year old child, whose parents had been divorced for almost a year, and each parent had recently added a new partner. The child began the session by engaging the therapist in a limited way and exploring the choices of play materials. Eventually the child settled on two dollhouses with family figures, and began to play out with the play materials simple storylines of a child going between two households. The therapist silently processed an understanding that the play was fairly predictable given the child's age and circumstance while continuing to offer basic tracking comments and reflections of content, helping to develop the therapeutic relationship with the child. Silence and non-silence is often simultaneous.



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Silence in play therapy can also become silencing and distracting for the therapist. The child's experiences in play—whether because of the intensity, topic, or mood—may divert the therapist's attention from the child's experience to the therapist's own inner dialogue. The therapist's own thoughts and feelings, just moments earlier the source of deeper understanding, can become disruptive to the therapeutic process as the therapist's own internal experience begins to overshadow the child's experience in play therapy. At that point, the therapist's next response may be less affirming to the thoughts, feelings, and creations of the child. Returning to the play therapy room with the 7-year old and the storyline of living with two households, consider what happened next: the child shifted from more animated play to a more self-absorbed, intense play as new family figures were introduced into one of the doll houses. One of the new family figures was shown fighting with the young child family figure and then making threats, demanding that the young child family figure "better not tell anyone what the secret is!" At that point, the child knocked the doll house over, threw all of the family figures across the room, and sat and rocked, staring at the turned over house and scattered family figures. The therapist, surprised by the sudden shift of theme, became concerned the child may have been expressing about possible abuse in one of the

households. The suddenness of the shift, the worry concerning a possible abuse theme in the play, and the child's resulting silence triggered a surge of anxiety in the therapist, who was torn between a sense of urgency of the moment and a lack of direction as to what to say or do next.

Historically, the term countertransference describes dynamics of how a therapist can be distracted away from a client's experience by the therapist's own unresolved unconscious experiences. This clouds the therapeutic relationship. Freud saw countertransference as a hindrance to the therapeutic process and recommended such experiences be addressed in the therapist's own analysis. For the therapist, anxious in the face of a silent child, one avenue involves self-reflection and supervision with a focus on one's own history and unresolved issues, with the goal of better self-understanding in order to return attention to the child's experience.

Later writers in the analytic tradition suggested while the experience of countertransference could cloud a therapist's experience of the child, it could also be a useful internal clue for the therapist seeking to understand the internal experience of the child. The therapist's dilemma, of being torn between urgency and lack of direction of the silent child, can also illuminate an understanding of the child's experience who during silence is likely experiencing anxiety and pain. From this perspective, the therapist can benefit from reflecting on the question, "What is my current experience in the session telling me about the child's experience?"

In recent years, Metcalf (2003), as well as Gil and Rubin (2005), have described the historical understandings of

countertransference in child therapy and specific experiences of APT practitioners. They also suggest addressing countertransference through creative play-based approaches to supervision. Therapists experiencing an uncomfortable silence as they work with a child will do well to look both inward and outward in responding to the silences. Self-awareness during the silences can initiate the therapist's inward journey to addressing those distracting issues in one's own history. By listening to the silence the therapist can come to realize communicative values and strengthen the therapeutic relationship. The poignant presence of silence within each informs and enriches our therapeutic work.

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