
Popular Culture in Counseling, Psychotherapy, and Play-Based Interventions

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Introduction

Popular Culture As a Resource for Growth and Change

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A depressed and disillusioned 32-year-old scours a popular song lyric Website so that she can clearly articulate and communicate painful feelings of loss.

A 9-year-old boy who struggles to control anger dramatically describes and reenacts the most recent episode of *Naruto*, a Japanese anime character who has a destructive force within him.

A lonely and alienated 23-year-old college senior spends hours in the cyber World of Warcraft in attempts to connect with others and experience the power she feels denied in her day-to-day life.

—From the author's clinical casework, 2005–2007

Aside from their place as fixtures in contemporary American popular culture, what do *Naruto*, the World of Warcraft, the Billboard Hot 100,¹ and as we shall soon see, *The Sopranos*, *Harry Potter*, MySpace.com, the *Wizard of Oz*, and perennial board game favorite Candy Land have in common? An answer to this question begs an even more compelling one for clinicians: “How can such a seeming diversity rise to a level of coherence and therapeutic applicability?” In order to answer these questions, I will first identify important issues related to an understanding of popular culture, and then address its potential relevance for clinicians as a means of fostering communication with clients and as a therapeutic resource for self-expression, awareness, healing, and growth.

POPULAR CULTURE 101

To be articulate and discriminating about ordinary affairs and information is the mark of an educated [person].

(Marshall McLuhan)²

In the spirit of clinical inquiry, I would like to begin this discussion by posing a simple question. What comes to mind when you think of the concept of ‘popular culture’?

Did you focus on the latest anticipated installment of the newest superhero or action hero movie in production and the inevitable avalanche of related toys, footwear, and food products? Or did you reflect on some imponderable Internet bidding frenzy over a piece of food bearing the likeness of the Virgin Mary? Perhaps you attempted to make sense of why thousands across the country sacrificed a night’s sleep and a week’s pay to purchase the newest techno-neato gadget. Or maybe you eagerly anticipated the morning news in order to discover whether the hot dog eating record was still intact or the paparazzi captured a super-celeb in a compromising position.

Then again, perhaps your popular culture sensibilities were loftier than these seemingly banal examples, and you reflected instead on the unique musical hybrid called Afropop, contemplated the dystopian-postapocalyptic trend in popular literature, successfully connected the dots linking modern art to medieval graffiti, or wondered whether or not McLuhan’s media-driven global community would bring humanity together or push it into the abyss of a postmodern dark age.

In either case, whether your attention thrashed around in the shallows or probed the depths, you have entered the broad, rich, and multi-layered realm of popular culture. In order to appreciate popular culture, one must first define culture, which for the purpose of this discussion is the global, historic, and evolving self-definition of a people, comprising accumulated knowledge, a worldview, art, and customs that are passed down from one generation to the next (Nye, 1971). In a sense, culture is an unfolding dramatic saga. Popular culture, on the other hand, is a series of seemingly disparate snapshots, taken from the everyday lives of those same people, captured at specific moments in time and at times in compromising positions. Just as physical anthropologists seek to weave together the story of a society from the objects it has left behind, those who appreciate and study popular culture work in the present attempt to unlock the attitudes, assumptions, and practices of a people through an appreciation of its icons, defined as “admired artifacts, external expressions of internal convictions; everyday things that make every day meaningful”

(Fishwick, 2002, p. 47). While icons have historically been reserved for and preserved in churches and monasteries, the objects and practices that comprise popular culture may be found on television screens, in fast food stores, and along superhighways—both real and virtual. If culture is a drama unfolding, popular culture comprises the interstices. It may even be feasible to analogize culture with the dramatic, and that which is popular with the lighthearted or humorous.

Unlike the historically broader and often unyielding nature of culture that is received as legacy, popular culture is an index of change, which according to Browne is “all those elements of life which are not narrowly intellectually or creatively elitist and which are generally, though not necessarily disseminated through the mass media . . . and consists of the spoken and printed word, sound, pictures, objects and artifacts” (Browne, 2006, p. 21). When one thinks of popular culture, words such as fads, folksy, and fleeting may come to mind, and it has even been suggested that it is as old as humanity itself, since “culture has always been popular, thriving on formula, archetypes and stereotypes . . . cyclic, repetitive and powerful” (Fishwick, 2002, p. 3). However, who is to decide what is trivial and what is important?

In this context, a perennial debate among scholars has centered on the tension between those who consider popular culture studies to be a diminutive form, a red-headed stepchild of cultural studies, and those who consider it to be a valid and legitimate field of study in its own right. Neal (1995) argues that cultural fragmentation resulting from both human and technological forces creates societal angst in which the boundaries between good and evil, chaos and order, and the sacred and profane blur. Popular, or “mass” culture as Neal calls it, which is reflected in collective memories expressed through art and music, “provides individuals with frameworks for locating their present lifestyles along a continuum somewhere between the ‘best possible’ and ‘worst possible’ of all social worlds” (p. 122). In this sense, that which is popular, or readily embraced and often made available through mass production and/or the media, is a unifying force. Its study chronicles the breaking down and building up of societies.

Others point out that the popular is “marked by hierarchies of artistic value, with European high art and the philosophical aesthetics of Western ruling classes set against the entertainment that people purchase from the commercial world” (Miller & McHoul, 1998, p. 3). In this vein, that which is considered to be culturally elite (a Mozart symphony, a Marxist treatise, or a painting by Picasso) derives its power from the spiritual and theoretical, and is to be judged from a distance. High culture in this regard can be appreciated only by those formally educated

in the subtleties and nuances of beauty and perfection (Harrington & Bielby, 2001). Unlike high culture, which is inventive, creative, inspirational, deeply evocative, and attributable to a specific individual, popular or low culture is formulaic, contrived, impersonal, and commercial (Cawelti, 2001; Nye, 1971). Its products range from, among other things, branded breakfast cereals, mass-produced art, movies and movie-based giveaways, and board, video, and Internet games, to comic books as well as sports memorabilia and celebrities.

POPULAR CULTURE CAN HELP

What significance, you may wonder, does the foregoing discussion have for those outside of the field of popular culture studies? Its concepts and theories seem better suited to academic discussion than to clinical application. Beyond the clinician's passing interest in a client's clothing or food choice, the music, movies, or video games she enjoys, or sports figure he admires, is there a meaningful way to integrate popular culture into counseling and psychotherapy? The answer is yes, and it resides within a therapeutic triangle composed of the client, the therapist, and the objects, personages, and activities of everyday life, of which they are both consumers—co-consumers so to speak. Conceptualized this way, the various mediums through which popular culture flows, including movies, board games, music, literature, television, and the Internet move from the realm of commodity to that of therapeutic resource and shall be referred to as *popular culture intervention*. It is important to note that this is not a model of therapy, per se, but instead a means of broadening the clinician's already established theoretically based clinical repertoire.

According to Kidd (2007), popular culture serves a variety of functions, including defining norms for behavior, establishing social boundaries, providing a set of rituals that increase solidarity, producing innovation, and serving as an impetus of social change. In this regard, clients as consumers of popular culture may choose to align their values with those whom they encounter on a television show or movie, give voice to their thoughts and feelings as they relate to the lyrics of a song, or establish boundaries between themselves and others by identifying with the ideals and behavior of a popular sports or political figure. Even a client's clothing choice may have iconic significance, be it a T-shirt or a tattoo bearing the likeness of a favorite superhero.

Children may identify with the main character in a popular action movie, and in so doing, experiment with alternate ways of expressing themselves. Young and impressionable audiences are often directly targeted by merchandising and media advertising campaigns, and popular

cartoon and real-life heroes promote values and ideologies that may either be consistent or discrepant with their own burgeoning worldviews, thus providing the opportunity to express and resolve a developmental tension. Even the rarified world of Disney contains numerous characters whose stories and adventures convey very clear messages for proper and improper ways of living.

A recent Kaiser Family Foundation survey entitled “Talking with Kids about Tough Issues” (2001) noted that children and teens are turning to sources other than their parents for information about complicated topics such as alcohol, drugs, sex, and violence. In fact, they noted that 26% of surveyed children between the ages of 8 and 11, and 37% of surveyed teens in the 12–15-year age range, turned to television and movies for information on these topics. Whatever the sociological reason, and for better or for worse, young people consume popular culture as a means to learn about life. It makes sense, therefore to use this already established link in the counseling room.

Working with urban youth, Mattingly noted that “a child’s beloved [popular culture] character can offer a kind of narrative shadow, a cultural resource that children, families and healthcare professionals readily turn to in the task of creating socially shared meaning, especially the sort of meaning that has to do with trying to positively shape a child’s future” (2006, p. 494). Her idea that the icons and narratives of popular culture function as a lingua franca or primary language for young people places an obligation on the clinician to learn the language.

In today’s society, the Internet, cable television, and the media make it possible to instantly access the world in order to indulge in a startling barrage of images, sounds, and narratives from around the corner or across the planet. With the advent of devices such as the Blackberry, iPhone, or computer terminal at the corner library, a veritable portal to events and people lies at one’s fingertips. Today’s clinicians must acknowledge the instantaneity and accessibility of information, stimulation, and entertainment available and be ready to harness it therapeutically. Clinician Ron Taffel notes that in order to be prepared to work with 21st-century clients, she must “check out the TV shows most adults reflexively stay clear of . . . take in movies they would naturally avoid, and become acquainted with music they may even have moral objections to” (2005, p. 35). Taffel often invites clients to bring music and discuss their popular culture interests, including their favorite video games, books, and comics, and quotes one of his clients who argued, “If you don’t know what any of this is about, it’s impossible to have an intelligent conversation with us” (p. 35).

Along similar lines, albeit from outside of the clinical world, Steven Johnson, in his provocative volume *Everything Bad Is Good for You*,

identifies a new generation of consumers most unique to the electronic age whom he calls “screenagers.” He notes that today’s 10-year-old is capable of “following dozens of professional sports teams, shifting effortlessly from phone to IM (instant messaging) to email in communicating with friends, probing and telescoping through immense virtual worlds [and] adapting and trouble shooting new media technologies without flinching” (2005, p. 144). Arguing that culture is becoming more cognitively complex and demanding, he suggests that a number of today’s video games, television shows, and movies require a depth of participation that stimulate neural development and challenge participants to plan and problem solve. Therapists will take note that these latter frontal lobe skills are the essence of cognitive and social development.

POPULAR CULTURE INTERVENTION

As was noted above, popular culture intervention is neither a treatment modality nor theory specific. Instead, it relies on the therapist’s ability to extend preexisting therapeutic paradigms and techniques to include the powerful and relevant narratives and metaphors present in comic books, movies, songs, television, video games, literature, and the cyber-world. It is important at this point to differentiate between popular culture interventions and other forms of intervention.

The intervention most closely aligned to popular culture intervention in the literature is what has been termed *cinematherapy*, which according to Dermer and Hutchins is “a specific therapeutic technique that involves selecting commercial films for clients to view individually or with others for therapeutic gain” (2000, p. 164). These particular authors note that movies are particularly useful in psychotherapy with individuals and families because of their universal appeal, ease of integration into a broad range of therapeutic modalities, and applicability to diverse populations. Adding that films allow clients to connect with the characters at an emotional, behavioral, and cognitive level, Dermer and Hutchins, in concert with others before them (Berg-Cross, Jennings, & Baruch, 1990; Christie & McGrath, 1987; Hesley & Hesley, 1988), offer guidelines for utilizing movies in family therapy. Relatedly, Ashcraft, working in the area of sex education with teens, noted that “movies challenge dominant representations of adolescent masculinities and femininities and provide resources for engaging teens in important discourses for sexuality” (2003, p. 38).

It is important to note, however, that cinematherapy does not have an empirical track record to speak of, and is not as simple as asking clients to watch two movies and call you in the morning. Utilizing plotlines and characters in movies (and television shows by association) requires

that the therapist be familiar with the films, and that careful consideration be given both to the film's potential impact on the client, and to the client's ability to effectively process the experience.

Another recognized form of treatment that makes use of popular culture is bibliotherapy, which is defined as "the use of written materials or computer programs, or the listening/viewing of audio/videotapes for the purpose of gaining understanding or solving problems relevant to a person's developmental or therapeutic needs" (Marrs, 1995, p. 846). Unlike cinematherapy, which relies on the use of materials that are not designed to be therapeutic per se, bibliotherapy makes use of reading and experiential homework assignments to clients of materials from credible self-help publications. Also unlike cinematherapy, bibliotherapy has received considerable empirical attention in the literature including meta-analytic outcomes studies assessing its effectiveness in the treatment of depression, sexual dysfunction, anxiety, and other minor disorders (Gregory, Canning, Lee, & Wise, 2004; Marrs, 1995; van Lankveld, 1998).

As a popular culture intervention; however, bibliotherapy as discussed in our context, is not the use of self-help books, but of popular literature to engage clients in therapeutic discussions. Just as movies and television shows highlight important discourse on a wide range of issues, so books, comic books, and the emergence and popularity of graphic novels³ provide the opportunity for clients and clinicians to discuss a wide range of topics of potential therapeutic import. Beres, for example "wondered what range of discourse had been available to the abused women who learned to romanticize or minimize abuse" (2002, p. 432). She explored abused women's engagement with romance novels and concluded that "popular cultural texts are part of clients' imaginative lives, and by discussing favorite texts with our clients, we will be given a glimpse into their imaginative lives" (p. 444). Along similar lines, I have found that superhero comic books can be a valuable means of addressing complex issues with children, teenagers, and adults, including religion, racism, and sexuality (Rubin, 2006).

Another form of popular culture intervention involves the use of music in psychotherapy and counseling. Unlike cinematherapy and bibliotherapy, however, music therapy is an established therapeutic discipline with an extensive history and a broad empirical foundation of support. Interested readers are directed to the American Music Therapy Association (<http://www.musictherapy.org>) as well as to comprehensive literature reviews and meta-analytic studies of the efficacy of music therapy (Darrow, 2004; Gold, Voracek, & Wigram, 2004; Koger, Chapin, & Brotons, 1999; Wigram, Pedersen, & Bonde, 2000; Wigram, Saperston, & West, 1995). Suffice it to say for our purposes that as a therapeutic resource, music is ubiquitous, particularly with the advent of MTV, the Internet, file sharing,

and the iPod, and as such provides endless lyrics for therapeutic dialogue and rhythms for physical and emotional expression (Rosenblum, Daniolos, Kass, & Martin, 1999).

As for the other forms of popular culture represented in this book, including video games and board games, the Internet, and both professional and amateur athletics, I will leave it to the talented team of clinicians that follow to demonstrate their clinical applicability with clients of all ages. By way of this overview of popular culture and the concept of popular culture intervention, I hope to have introduced you to a world of clinical possibilities in the everyday world of the popular.

Part I, entitled “Literature,” focuses on the use of several powerful and popular literary stories in play therapy and counseling. In chapter 1, “Metaphors, Analogies, and Myths, Oh My!: Therapeutic Journeys Along the Yellow Brick Road” Lisa Saldaña argues that the story of the Wizard of Oz contains powerful metaphors that have resonated with generations of American children, and continue to do so long into adulthood. Why this story is so powerful, as well as how the characters are used in the therapeutic work of children, adolescents, and adults, is then examined through case discussion including artwork, family counseling, and sand tray therapy. In chapter 2, “Harry Potter and the Prisoner Within: Helping Children With Traumatic Loss,” William McNulty observes that children have been able to identify with the trials and tribulations that Harry Potter, an orphan, experiences both at home and at school as he moves through a journey of self-exploration and growth. His chapter focuses on a client’s traumatic early loss of parents, and how he used the Harry Potter story to heal. In chapter 3, entitled “Calvin and Hobbes to the Rescue!: The Therapeutic Uses of Comic Strips and Cartoons,” Laura Sullivan describes the treatment of a 6-year-old with nighttime fears and sleeping problems who, like she, admired the famous cartoon pair.

Part II, entitled “Music,” offers creative insights into the way popular music can be channeled therapeutically. Chapter 4, “The Healing Power of Music,” by Nancy Davis and Beth Pickard, demonstrates how to bring music into the therapeutic relationship as a vehicle of change with children, adolescents, and adults with issues such as grief/loss, anxiety, depression, and PTSD. Chapter 5, by Thelma Duffey, entitled “Using Music and *A Musical Chronology* as a Life Review With the Aging,” introduces the Musical Chronology as an intervention that can be used with clients working through issues of grief, loss, and other life challenges and transitions.

Part III, entitled “Movies,” explores a number of creative ways to incorporate film into counseling and psychotherapy. Chapter 6, “Milieu Multiplex: Using Movies in the Treatment of Adolescents With Sexual

Behavior Problems,” by Karen Robertie, Ryan Weidenbenner, Leya Barrett, and Robert Poole, explores the many ways the themes and characters of popular movies have been incorporated into the treatment of inpatient adolescent sex offenders including the use of scriptwriting and movie-making as therapeutic tools. Chapter 7, by Dora Finamore, entitled “*Little Miss Sunshine* and Positive Psychology as a Vehicle for Change in Adolescent Depression,” explores the film from both an individual and family perspective, as a vehicle for treating adolescent depression in a school-based group therapy program. In chapter 8, by Linda B. Hunter, entitled “Movie Metaphors in Miniature: Children’s Use of Popular Hero and Shadow Figures in Sandplay,” Disney movie heroes and their evil counterparts battle, find and use their voices, protect, risk, challenge, rescue, solve problems and save the world—all under the child’s control as s/he directs the healing action in the therapeutic sandbox with miniatures drawn from popular movies.

Part IV, entitled “Video and Board Games,” demonstrates creative ways in which clinicians bring this popular venue of entertainment into the playroom. Chapter 9, by Deidre Skigen, “Taking the Sand Tray High Tech: Using The Sims as a Therapeutic Tool in the Treatment of Adolescents,” demonstrates how the popular and powerful online interactive video game, The Sims, can be utilized as a therapeutic tool in the treatment of adolescents dealing with divorce and adjustment to stepfamilies. Chapter 10, by George Enfield and Melonie Grosser, entitled “Picking Up Coins: The Use of Video Games in the Treatment of Adolescent Social Problems,” combines theory and practice to demonstrate use of video games as a bridge for working with boys to increase emotional expression, conflict resolution, confidence, and positive social interactions. Chapter 11, “Passing Go in the Game of Life: Board Games in Therapeutic Play,” by Harry Livesay, presents an overview of a variety of popular board games (Life, Scooby Doo, Candy Land) and their therapeutic application.

Part V, entitled “Television,” positions the reader in front of the small screen for a discussion of the therapeutic role of several popular TV shows. Chapter 12, by Lawrence C. Rubin, entitled “Big Heroes on the Small Screen: Naruto and the Struggle Within,” demonstrates the effectiveness of bringing anime into the therapeutic playroom for children and teens coping with anger and disruptive family circumstances. Chapter 13, “Marcia, Marcia, Marcia: The Use and Impact of Television Themes, Characters, and Images in Psychotherapy,” by Loretta Gallo-Lopez, explores the case of a 6-year-old cancer patient within the context of her identification with fictional television icon Marcia Brady of the *Brady Bunch*. Chapter 14, by Thelma Duffey and Heather Trepal, “The Sopranos and a Client’s Hope for Justice,” utilizes the infamous cable television series in

order to help clients come to terms with unfair treatment, challenging life circumstances, and other significant struggles around issues of fairness, ambiguity, and resolve.

Part VI, entitled “Sports,” addresses the ways in which amateur and professional athletics and athletes can play an active role in clinical practice. Chapter 15, “Using the Popularity of Sports Culture in Psychotherapy,” by Jan M. Burte, illustrates that the sports subculture meets the criteria for a legitimate culture and that by utilizing sports celebrities and sports metaphors in the clinical engagement of both youths and adults, significant psychotherapeutic gains can be achieved. Chapter 16, “Sports Metaphors and Stories in Counseling With Children,” by David A. Crenshaw and Gregory B. Barker, utilizes sports metaphors, stories, characters, and analogies to address a variety of clinical issues with children, teens, and young adults.

Part VII, entitled “Innovations in the Use of Popular Culture,” takes us into unique and unexpected clinical applications of popular culture. Chapter 17, by Alan M. Schwitzer, Kelly E. MacDonald, and Pamela Dickinson, entitled “Using Pop Culture Characters in Clinical Training and Supervision,” draws on characters of popular culture for use in clinical training and supervision to help develop case conceptualization, diagnosis, and treatment planning skills. As illustrations, the chapter addresses addictive disorder of Gollum from *Lord of the Rings*, and the sexual identity questions of E. Lynn Harris’s Basil Henderson. Chapter 18, entitled “The Therapeutic Use of Popular Electronic Media With Today’s Teenagers,” by Scott Riviere, explores the use of popular forms of electronic media including My Space™, e-mail, e-postcards (Postsecret.com), and PowerPoint™ presentations by adolescents to communicate feelings, work out relationships and family issues, and strengthen identity as well as resolve difficult emotional challenges.

NOTES

1. See <http://www.billboard.com> for its weekly listing of the 100 top-selling songs, artists, and albums.
2. See McLuhan, M. (1960), Classroom without walls, in E. Carpenter and M. McLuhan (Eds.), *Explorations in communication: An anthology*, p. 3 (Boston: Beacon Press).
3. A graphic novel is a type of comic book, usually with a lengthy and complex story line similar to those of novels, and often aimed at mature audiences. The term also encompasses comic short story anthologies, and in some cases bound collections of previously published comic books. For more information, see http://en.wikipedia.org/wiki/Graphic_novelok series.

REFERENCES

- Ashcraft, C. (2003). Adolescent ambiguities in *American Pie*: Popular culture as a resource for sex education. *Youth & Society*, 35(1), 37–70.
- Beres, L. (2002). Negotiating images: Popular culture, imagination, and hope in clinical social work practice. *Affilia*, 17(4), 429–447.
- Berg-Cross, L., Jennings, P., & Baruch, R. (1990). Cinematherapy: Theory and application. *Psychotherapy in Private Practice*, 8(1), 135–156.
- Browne, R. (2006). Popular culture: Notes toward a definition. In H. Hinds, Jr., M. Motz, & A. Nelson (Eds.), *Popular culture theory and methodology: A basic introduction* (pp. 9–46). Madison, WI: University of Wisconsin Popular Press.
- Cawelti, J. (2001). The concept of formula in the study of popular culture literature. In C. Harrington & D. Bielby (Eds.), *Popular culture: Production and consumption* (pp. 203–209). Malden, MA: Blackwell.
- Christie, M., & McGrath, M. (1987). Taking up the challenge: Film as a therapeutic metaphor and action ritual. *Australian and New Zealand Journal of Family Therapy*, 8(4), 193–199.
- Darrow, A. (Ed.). (2004). *Introduction to approaches in music therapy*. Silver Spring, MD: The American Music Therapy Association.
- Dermer, S., & Hutchins, J. (2000). Utilizing movies in family therapy: Applications for individuals, couples and families. *The American Journal of Family Therapy*, 28(2), 163–180.
- Fishwick, M. (2002). *Popular culture in a new age*. Binghamton, NY: The Haworth Press.
- Gold, C., Voracek, M., & Wigram, T. (2004). Effects of music therapy for children and adolescents with psychopathology: A meta-analysis. *Journal of Child Psychology and Psychiatry*, 45(6), 1054–1063.
- Gregory, R., Canning, S. S., Lee, T., & Wise, J. (2004). Cognitive bibliotherapy for depression: A meta-analysis. *Professional Psychology: Research and Practice*, 35(3), 275–280.
- Harrington, C. L., & Bielby, D. D. (2001). Constructing the popular: Cultural production and consumption. In C. L. Harrington & D. D. Bielby (Eds.), *Popular culture: Production and consumption* (pp. 1–15). Malden, MA: Blackwell.
- Hesley, J. W., & Hesley, J. G. (1988). *Rent two films and let's talk in the morning: Using popular movies in psychotherapy*. New York: Wiley.
- Johnson, S. (2005). *Everything bad is good for you: Why popular culture is making us smarter*. London: Penguin.
- Kaiser Family Foundation. (2001). *Talking with kids about tough issues: A national survey of parents and kids*. Retrieved June 13, 2007, from <http://www.kff.org/kaiserpolls/3107-index.cfm>
- Kidd, D. (2007). Harry Potter and the functions of popular culture. *The Journal of Popular Culture*, 40(1), 69–89.
- Koger, S., Chapin, K., & Brotons, M. (1999). Is music therapy an effective intervention for dementia? A meta-analytic review of literature. *Journal of Music Therapy*, 36(1), 2–15.

- Marrs, R. (1995). A meta-analysis of bibliotherapy studies. *American Journal of Community Psychology*, 23(6), 843–870.
- Mattingly, C. (2006). Pocahontas goes to the clinic: Popular culture as lingua franca in a cultural borderland. *American Anthropologist*, 108(3), 494–501.
- Miller, T., & McHoul, A. (1998). *Popular culture and everyday life*. Thousand Oaks, CA: Sage.
- Neal, A. (1995). Cultural fragmentation in the 21st century. In R. Browne and M. Fishwick (Eds.), *Preview 2001+: Popular culture studies in the future* (pp. 111–125). Bowling Green, OH: Bowling Green State University Popular Press.
- Nye, R. (1971). Notes for an introduction to a discussion of popular culture. *Journal of Popular Culture*, 4(4), 1031–1038.
- Rosenblum, D., Daniolos, P., Kass, N., & Martin, A. (1999). Adolescents and popular culture. *The Psychoanalytic Study of the Child*, 54, 319–338.
- Rubin, L. (Ed.). (2006). *Using superheroes in counseling and play therapy*. New York: Springer Publishing.
- Taffel, R. (2005). *Breaking through to teens: A new psychotherapy for the new adolescence*. Guilford: New York.
- van Lankveld, J. (1998). Bibliotherapy in the treatment of sexual dysfunction. *Journal of Consulting and Clinical Psychology*, 66(4), 702–708.
- Wigram, T., Pedersen, I., & Bonde, L. (2000). *A comprehensive guide to music therapy: Theory, clinical practice, research and training*. London, England: Jessica Kingsley.
- Wigram, T., Saperston, B., & West, R. (1995). *The art and science of music therapy: A handbook*. Langhorne, PA, England: Harwood Academic Publishers/Gordon.

PART I

Literature

CHAPTER 1

Metaphors, Analogies, and Myths, Oh My!

Therapeutic Journeys Along the Yellow Brick Road

Lisa Saldaña

A young girl, feeling alone and vulnerable, stands in a grey and overcast farm yard. Dark clouds hang in the background as she wistfully imagines a place “where there isn’t any trouble.” Yet, this place—as she tells her small furry companion—would not be a place you could get to by any normal means, for it’s located “behind the moon” and “beyond the rain.” Little does she know that she is about to be hurled over the rainbow, to experiences and relationships that will help her discover that you can’t run away from your fears, and whatever it is you seek, it’s always right there within you.

THE WONDERFUL WIZARD OF OZ: AN AMERICAN FAIRY TALE

For over 100 years, *The Wonderful Wizard of Oz* “has given faithful service to the Young in Heart; and Time has been powerless to put its kindly philosophy out of fashion.”¹ At the dawn of the 20th century, *The Wonderful Wizard of Oz* was published in the United States (Baum, 1900). Often considered the first American fairy tale (Library of Congress, 2000), this beloved children’s story has been the basis for a series of over 30 Oz books, and has generated toys, memorabilia,

numerous television and stage productions, and of course, one of the most beloved movies of all times: Metro-Goldwyn-Meyer's 1939 musical (LeRoy, 1939).

Today, *The Wizard of Oz* continues to resonate within American culture. The adventures of Dorothy and her faithful companions live on, from kitschy Halloween costumes—complete with ruby slippers and a toy Toto in a basket—to books and articles examining the significance of the tale (Bausch, 1999; Green, 1998; Mills & Crowley, 1986; Morena, 1998; Murphy, 1996; Rushdie, 1992; Schreiber, 1974). What is it about this story that its power is undiminished by time? Why do the story's characters make appearances in the therapeutic work of children, adolescents, and adults?

We Must Be Over the Rainbow!: Fairy Tales and the Realm of the Unconscious

Much has been written of the meaning of fairy tales and their relationship to the unconscious (Roheim, 1953, 1982; Luthi, 1976, 1987; Shapiro & Katz, 1978; Schreiber, 1974; Schwartz, 1956; Von Franz, 1982). Freud (1913) noted that some people may remember their favorite fairy tales in place of real childhood memories. Bettelheim (1976) studied the therapeutic power of fairy tales and their ability to provide guidance and support, assisting children in understanding and coping with the difficulties of life. Children can identify with the main characters of fairy tales, who are often children like themselves, coping with challenges that mirror real situations. The personal, social, and familial conflicts in these tales, as well as the methods by which the characters handle and learn from them, may provide models of coping. As Bettelheim noted,

Fairy tales carry important messages to the conscious, the preconscious, and the unconscious mind, on whatever level is functioning at the time. By dealing with universal human problems, particularly those which preoccupy the child's mind, these stories speak to his budding ego and encourage its development, while at the same time relieving the preconscious and unconscious pressures. (p. 6)

Fairy tales, when read through a Jungian framework, are examples of the collective unconscious at work. Whenever we work with symbols, whether images on the movie screen, characters in books, or figures in the sand tray, we are tapping into unconscious materials: the repressed or forgotten memories and feelings of our personal unconscious—which are not in our awareness, but might be brought to the fore—and the collective unconscious (Jung, 1964, 1980, 1981). If you look at the elements found in these tales, they correspond to universal symbols, such as Mother,

Father, Hero, Wise Old Man, Great Mother, Child, and Trickster. These archetypes are believed to be the structural components of the collective unconscious—images and symbols found in every culture, in every age.

Whatever the reason, traditional stories, including myths, fables, allegories, fairy tales, and religious writings, are passed from generation to generation because they speak to the conscious and unconscious needs of the people who hear or read them. When a story manages to stay alive and relevant through time, as has *The Wonderful Wizard of Oz*, there is a universality that resonates. As we hear the tale, we identify with characters and situations; we feel, often on a purely unconscious level, that we're hearing *our* story. We may know that these tales of magical places, wicked stepmothers, animals who talk, and children who defeat evil giants aren't real, but we feel and experience them as *true*. Stories that do not connect and resonate within their listeners wither and die.

We're Off to See the Wizard: Metaphors on the Silver Screen

Baum recognized the power of fairy tales. In the introduction to *The Wonderful Wizard of Oz*, he wrote that "Folk lore, legends, myths, and fairy tales have followed childhood through the ages," and that he wanted to create a story "in which the wonderment and joy are retained and the heart-aches and nightmares are left out" (1900, introduction). In Dorothy, Baum provided a protagonist with whom American children could identify: a young girl on a farm in the middle of the United States. Surrounded by hardships, Dorothy and her family struggle to survive on the harsh plains of Kansas. When she finds herself thrown into a strange and alien world, she faces challenges with a calm optimism, courage, and faith.

While Baum's modern fairy tale was a success, selling thousands of copies and propelling its creators to fame and fortune, the story still had not achieved its full power in popular culture. Over the years, different versions of Dorothy's story have been presented on the stage and screen, but it was the 1939 movie that placed Dorothy and Oz firmly into American (and world) consciousness. When the movie debuted on television in 1956, it initiated an annual tradition that became an event for many families. When I discuss the movie in my metaphors workshop, I often share childhood memories of my own excitement at its approach each year. Invariably, the participants will recall their own families' *Wizard of Oz* rituals and share them with the group. In 1980, the video version was released to the public, and every household with a TV and VCR had access to its message. Lines and scenes from the movie have become part of our culture. We immediately recognize the phrases "Follow the yellow brick road," "I'll get you, my pretty," and "We're off to see the Wizard";

we understand what is meant when someone shakes a head and sighs that “we’re not in Kansas anymore,” or admonishes us to “pay no attention to the man behind the curtain.” And of course, everyone knows “there’s no place like home.”

A Caveat of a Different Color

Since the more powerful images in most people’s minds—and therefore in my therapy room—tend to be from the movie, this chapter will focus on those. You may wish to read (or reread) the original book, since there were significant changes made for the film. In the movie, Dorothy’s adventures are only a dream, and the only real danger the Wicked Witch of the West. In the book, Dorothy really does travel by cyclone to the Lands of Oz, where she and her companions explore its many realms, meet its various inhabitants, and face and overcome many dangerous challenges before Dorothy finally returns to Kansas. In the movie, Dorothy kills the Witch incidentally to saving the Scarecrow, but in the book, she’s a much more empowered young girl, killing the Witch in an angry response to her trickery, and then rescuing her friends.

The book also gives much more depth to the characters and provides the reader with opportunities to think about life’s lessons. For example, the characters debate which is more important, the heart—“for brains do not make one happy”—or the brain—“a fool would not know what to do with a heart if he had one” (Baum, 1900, p. 73). Through their numerous adventures, we see again and again how each character embodies that which they seek. The Cowardly Lion acknowledges his fear, and then bravely protects his friends. We read of the Tin Man’s gentle care and compassion for every living creature, because he believes that people’s hearts provide guidance and prevent them from hurting others, “but I have no heart, so I must be very careful” (p. 86).

In creating the movie, the story’s central themes were retained. These include the beliefs that if we trust in ourselves and look within, we find what we seek: “. . . if I ever go looking for my heart’s desire again, I won’t look any further than my own backyard. Because if it isn’t there, I never really lost it to begin with”; and of course, “there’s no place like home!” (LeRoy, 1939).

FOLLOW THE YELLOW BRICK ROAD: THE THEME OF THE HERO’S JOURNEY

Like most of the modern stories that have captured our imaginations and now dwell in the popular culture, *The Wonderful Wizard of Oz*

is a modern manifestation of what Joseph Campbell identified as “The Hero’s Journey” (Campbell, 1968). This theme is not new. It is the outline of every major religious story, of fairy tales, myths, and legends, and is found throughout history and across cultures. Mythology “is psychology misread as biography, history, and cosmology” (p. 256).

There are three phases to The Hero’s Journey—Departure, Initiation, and Return—and within these phases are many steps. The Hero receives the call to adventure, in which he is “drawn into a relationship with forces that are not rightly understood” (Campbell, 1968, p. 51) and, like Dorothy, finds himself in “a place of strangely fluid and polymorphous beings, unimaginable torments, superhuman deeds, and impossible delight” (p. 58).

As he begins the Journey, The Hero encounters a mentor or protector who provides guidance. Along the way, allies may join the quest. These companions are an integral part of the story, providing support for The Hero, while coping with their own challenges and limitations. Allies provide assistance, but it is The Hero who must ultimately complete the quest.

As The Hero moves forward, he overcomes obstacles and faces challenges that could destroy him or his companions. By facing and overcoming these challenges, he gains insight, and reemerges with new abilities or a new awareness. At the end of the Journey, The Hero returns “to the kingdom of humanity” (Campbell, 1968, p. 193), where he shares the knowledge he’s gained with others.

As Campbell reflected in a series of interviews with journalist Bill Moyers (Campbell & Moyers, 1991), myth and metaphor allow us to connect with our inner self. We react to certain metaphors because our inner world—“the world of your requirements and your energies and your structures and your possibilities” (p. 68)—meets the outer world in a story that resonates within us. These stories work on two levels: the surface level, where we see or read the story, and the deeper, unconscious level, where we identify with characters or situations.

You’ve Always Had the Power to Go Back to Kansas: The Client’s Journey in Treatment

In many ways, The Hero’s Journey is a metaphor that mirrors the process and progress of therapy. The core themes in these stories tend to be that of searching. The Hero searches for the true or correct path, his or her place in the world, meaningful relationships, and/or an understanding of his or her world. Clients often come to therapy searching for these same things. Working in therapy, our clients face challenges—often significant ones. We are the guide, providing support, safety, and protection within

the therapeutic relationship. We do not provide the answers, only the support our clients need to find the answers themselves. Our clients may have allies in their lives who can assist them in facing their challenges, or we may help them identify allies. Within this support, they are able to face whatever brought them into treatment, overcome their challenges, develop an awareness and understanding of themselves, and share their knowledge with others.

ICOULDTHINK OF THINGS I NEVER THUNK BEFORE: PSYCHOTHERAPY AND METAPHORS

Metaphor and its use have been woven into psychology since its beginning. Freud's concept of dreams as the "royal road" to understanding the unconscious depended upon the associations made to the allegories and metaphors presented in our dreams. Even Skinner's reinforcement and extinguishing of behaviors are metaphors. Lakoff and Johnson (2003) state that "the essence of metaphor is understanding and experiencing one kind of thing in terms of another" (p. 5). Metaphors relate two objects or concepts that we would not normally connect with each other in such a way that we perceive and intuit a new thing. For example, we create new images when we connect emotions and energy (Desire burned. Anger consumed her. Love warmed his heart.); emotions and place (She went over the edge. He's in La-La-Land.); and concepts with living things (That idea died. Her legacy will live on. His responsibilities beat him down.), or objects (His theory didn't fit. That idea was solid.).

Metaphors in therapy also relate two objects or concepts that we would not normally connect with each other, to provide a new understanding. As Atwood & Levine (1991) note, metaphors "allow clients to perceive a different reality around their problems while still remaining in touch with the problems" (p. 202). As you will see when one client connects her dilemma to the Cowardly Lion, while another connects aggression to the same character, the new understanding is unique to the client's perception of the symbols.

Well, That's You All Over: Matching Client and Metaphor

Research suggests that metaphors are effective in therapy because they speak to the right side of the brain, rather than to the areas of the left hemisphere (Atwood & Levine, 1991; Mills & Crowley, 1986; Sharp, Smith, & Cole, 2002). The left hemisphere contains those logical, analytic areas of the brain that focus on details, and where language is understood at the surface or literal meaning. The right side of the brain can see the

big picture and thinks holistically; it contains the creative, imaginative areas, where hidden meaning and humor are understood. By working in metaphor, we may bypass defense mechanisms and speak directly to the areas that are more adaptable and open to change.

There are different types of metaphors people use. In therapy, we are typically working with verbal, behavioral, physical, and physiological metaphors (Bayne & Thompson, 2000). Paying attention to the metaphors our clients use may provide us with insights into their experience and view of the world, and give us strategies to therapeutically use, clarify, and extend those metaphors (Angus & Korman, 2002; Angus & Rennie, 1989; Strong, 1989). A woman who says that she and her partner are “going in different directions” or her relationship is “at a dead end,” may view relationships as progressions or journeys. If, on the other hand, she talks about their love as “dying,” “growing” or “taking wing,” she may see relationships as alive, developing, and living. By matching our response to the metaphor, we speak the client’s language and communicate that we understand our client’s view of the world. I know that I’ve missed the meaning when my response to a metaphor doesn’t move the discussion forward. For example, when a client told me that he’d “hit a wall at work,” my response reflected the concept that he felt he had been moving forward, and now feels blocked. I knew I had stayed within his metaphoric concept when he responded with an affirmation, and built on my response, providing more information: “Yeah, one minute I felt like I knew where I was going in the company, and the next minute, I’m stuck. And I don’t know where to go.” As the discussion continued, we both gained knowledge and insight about the issue. I know when my response doesn’t match my client’s perception: I usually get an “uh huh,” or maybe an uncertain “um, yeah,” or a “no, that’s not it.”

We can provide metaphors to our clients, but the metaphors they bring into the room are often more powerful, having the most meaning to them, because they come from their own psyche, worldview, and experience. When working with young children in play therapy, the session is often pure metaphor. Because children often lack the verbal and cognitive skills needed to verbalize the issues that bring them to treatment, they use toys and games or create artwork and stories that have meaning to them. Whether working with adults or children, I have found that if I stay within the client’s metaphor and frame of reference, therapy is, as one child declared, “Magic!” As Cattanach (2002) notes, “Complex life events cannot always be understood through talking about what happened in reality talk, because the full impact can only be described and contained through metaphor, imagery, myth, and story, or sometimes, play without words” (p. 8).

Toto—I've a Feeling We're Not in Kansas Anymore: The Use of Physical Metaphors in the Playroom

My office is filled with symbols: toys, puppets, and games. My office-mate is a sandplay therapist, so we also have shelves filled with miniatures that represent the cosmos: realistic and fantastical people and animals; plants, trees, and natural elements; religious figures from around the world; buildings, furniture, vehicles, and so forth. While many people think of these therapeutic tools as only being used in play therapy with children, I have found the symbols to be amazingly helpful in working with clients of all ages, and especially helpful with adolescents and adults who have difficulty “finding the words” in my office. By inviting the client to look at the symbols, and find something that represents the person, problem, or issue he or she struggles to articulate, we may examine the symbol and discuss it, rather than what it represents. Using their own metaphors, clients are able to externalize their issues, concerns, and problems, making it easier to discuss and examine them. As Freeman, Epston, and Lobovits (1997) noted, talking about issues and problems in this one-step removed way allows the client safety and distance when working on difficult situations.

When working with angry, desperate, or frustrated couples and families, I often use metaphorical techniques. The distance and safety noted above frequently allow the clients to relate differently and discuss issues in a way that is different and more helpful than their typical communication patterns of fighting, blaming, avoiding, or arguing. This is demonstrated below in the session with Jessica and Mike.

Much has been written about the components of metaphorical stories (Davis, 1990; Gardner, 1971; Kottman, 1995; Mills & Crowley, 1986; Norton & Norton, 1997). Interestingly, they often mirror the format of myths and *The Hero's Journey*. Sometimes the story is an original one, created by the client and/or therapist in the course of treatment. Sometimes, like *The Wizard of Oz*, it's a movie or a story that the client has identified on some level as having the power to help them. Often, as in play therapy with children, the metaphorical story is a combination of the movies or television shows they have seen and their own imaginative therapeutic process. As you will see demonstrated in the story of Jeremy, metaphorical stories allow the child to personalize or individualize the story's narrative, in order to communicate his understanding of the problem and find the solutions or develop more effective coping skills. These stories feature a character the client relates to who must face challenges, and solve or cope with problems. There are a guide and allies who support and assist him in this endeavor. These characters express thoughts, feelings, and ideas that resonate within the client, although he may not be

able to articulate this connection. As in real life, the answers don't come easily and the protagonist often struggles to overcome the challenge or problem and find answers. The other characters can help when needed, but the main character is the leader who makes decisions. The story typically ends with the main character talking about what he went through and what he learned.

**YOU'RE OUT OF THE WOODS, YOU'RE OUT OF THE
DARK, YOU'RE OUT OF THE NIGHT:
THE WIZARD OF OZ METAPHORS**

To Oz!: The Universality of Oz Symbols

There are as many ways to look at the symbols contained within the *Wizard of Oz* movie as there are people who study them (Bausch, 1999; Green, 1998; Morena, 1998; Murphy, 1996; Schreiber, 1974). There are simple connections: The three companions from Oz might be seen as representing something as simple as animal, vegetable, and mineral. There are complex connections that may be made: Dorothy's four companions may represent the four functions of the psyche, which Jung identified as thinking, feeling, intuition, and sensation (Ekstrom, 2004; Jung, 1981).

Toto may represent loyalty and commitment. Dorothy's adventures begin with her desire to protect her only friend, and he bravely guides the others to her rescue. Toto is at Dorothy's side throughout her adventures. He might represent intuition and insight: it is this faithful little dog who reveals the powerlessness of the supposedly great and powerful Wizard of Oz, and ensures that Dorothy completes the journey of self-discovery when he jumps from the gondola of the hot air balloon.

Dorothy meets the Scarecrow, who hasn't got a brain, when he's immobilized on a pole. He might represent dependence/independence, standing on our own two feet, feeling stuck, competence/incompetence, feeling capable/incapable. Throughout the movie, the Scarecrow longs for a brain, while demonstrating wisdom as the characters face their challenges—"Of course, I don't know, but I think it'll get darker before it gets lighter" (LeRoy, 1939)—and finding solutions to problems.

The Tin Man, who longs for a heart, obviously has one. If not, he would not be the sensitive, emotional character who cries easily, and cares enough about Dorothy to risk the wrath of the Witch to rescue her. When Dorothy discovered and rescued him in the forest, he was frozen or paralyzed. Might he represent fears of being unlovable, our desire to love and be loved, or the idea that connecting with others can free us and allow us to explore life?

We meet the Cowardly Lion as we enter the darkest parts of the forest, a fearful place where dwell “lions and tigers and bears! Oh my!” The Lion believes he lacks courage. He fails to recognize that bravery isn’t about not feeling afraid, but in acting even when you are, something he does throughout their journey. He may represent fear of the unknown, uncertainty, doing the right thing in the face of fear, false bravado, or defense mechanisms.

As the characters venture closer to danger, they travel through the Haunted Forest. In the view of psychoanalytic symbolism, forests represent “the place in which inner darkness is confronted and worked through; where uncertainty is resolved about who one is; and where one begins to understand who one wants to be” (Bettelheim, 1976, p. 93).

I tend to view the movie as a metaphor of the human condition. Is there anyone who hasn’t longed for a different life? Who at some point hasn’t felt that life would be easier or they would be happier if they “only had” the right job or the right car or the right . . . ? That they would be complete if they “only had” the right relationship? As Dorothy sings about “over the rainbow,” we all understand her longing. As her companions seek that which they believe will make them whole, we walk in their footsteps.

Dorothy and her allies seek the Wizard of Oz because they believe that only he can give them what they seek. I see him representing the tendency to look for an external solution to problems, rather than recognizing that, like Dorothy and her companions eventually do, we have the knowledge or resources we seek, if we just look within. Dorothy spent much of the movie avoiding the person who frightened and threatened her most: the Wicked Witch. Yet, in order to obtain her heart’s desire, she was forced to seek and confront the Witch. When Dorothy faced her biggest fear, when she killed the Witch by throwing water to save her friend, the Witch dissolved. When we face our fears, they lose their power.

I’m Melting! Melting! Using Metaphors to Change Dynamics and Decrease Resistance

When families come to therapy, they typically have a lot of history and emotion attached to their situation. They have usually tried many different ways to solve their problems, and have done and said things that may have hurt each other and caused anger and resentment. By the time they are sitting across from me, it may be very difficult for them to communicate without these intense negative feelings interfering. Metaphors can shift the dynamics by allowing them to focus on a symbol, rather than on each other, and by allowing a discussion of their own feelings and reactions in the here-and-now rather than of past events or interactions. As noted

above, a very simple intervention I use is the invitation to use the objects in the room to help me see the problem or issue.

When working with more than one person, I usually start by noting the strengths in their relationship and their history of attempts to cope or solve the problem. I acknowledge how difficult it is for the couple or family to discuss the issue. Lastly, I recognize that this stressful situation has resulted in strong emotions and reactions entering the room when the topic arises. Then I explain that I would like to try something a little different. If they are agreeable, I invite them to use symbols in the room to represent the issue or problem. My wording varies, depending upon the situation; however, it generally follows the lines of: "Look around the room, and see if you can find something that represents (the issue, problem, relationship, challenge, or person). Once you find something, bring it over and place it in the sand tray." I have also used, "Look around the room. If I asked you to find [your boss, your marriage, your job, the issue problem, or challenge] and place it in my hand, what would you choose?" As they work, I am able to observe their verbal and nonverbal interactions, which often provides information not seen when families are sitting and talking to the therapist. When they are finished making their choices, we discuss the objects.

CASE STUDIES

If I Were King of the Forest: The Cowardly Lion and Jeremy

"Jeremy" was 7 years old when he began therapy with me. An only child, his mother had adopted him from foster care. He was doing well at home, but was getting into trouble at school for fighting with other children. His teacher and mother were at a loss. They both described him as sweet and funny with younger children, but withdrawn and aggressive toward peers. His mother had enrolled him in karate, hoping that this would teach him discipline and channel his energy in a more appropriate way, but he continued to get in trouble and had made no friends.

After a first session of getting to know the room, the expectations of therapy, and me, Jeremy came back the next week and went straight to the *Wizard of Oz* miniatures on the shelf. He identified each character and told me about the movie. Picking up the Cowardly Lion, he placed him in the sand tray. He added a combination of other animals and people—although none from the movie—and created a forest for their environment. That day, the Cowardly Lion spent the session growling, snarling, and chasing the other characters, who ran and hid from him. They were afraid of him, and he was in control. He would verbalize

that the others were chicken and they weren't going to mess with him. As I watched, I verbally reflected the Lion's feelings of power, as well as the other characters' fear and desire to get away from him. When I wondered aloud if there was anyone in the forest who wasn't afraid of the Lion, Jeremy told me emphatically, "He don't want no friends!"

In the next session, Jeremy once again created scenarios using the Cowardly Lion figure, but this time, as the session progressed, he had some of the other characters stand up to him and fight back. The Lion became frustrated and angry, often destroying the others. Again, I would reflect the Lion's feelings, as well as the others', but I also observed that the Lion was living in the forest all alone, while the other characters seemed to have friendships. They had a community that lived together and often created alliances that stood up to him together. This observation prompted Jeremy to tell me about the Lion's difficult life and his loneliness. He had grown up all alone in a cave in the forest, and the other animals had never accepted him, because he was a lion and they weren't. Everyone was mean to him; he'd even been beaten up and shot at. But the Lion was smart and he had learned to survive. We spent the remainder of the session talking about the Lion's many fears. He was very afraid of people in general, afraid of trying to make friends, and afraid that if he made friends, they would hurt him. By the end of the session, Jeremy and I had decided that Lion's hard life certainly justified being afraid, and that he was being mean and loud because he was feeling very scared and vulnerable. He wanted to be nice and have friends, but he was afraid he'd be hurt again, so he kept everyone away by being so scary.

Before starting the fourth session, Jeremy's mother reported far fewer problems at school. In this session, Lion (through Jeremy) and I discussed Lion's positive attributes. Lion recognized that he was funny, athletic, and smart. He was able to identify Glinda and the Tin Man as two people who knew the real Lion, and might be able to assist him. He brought Glinda and Tin Man to the sand tray, and assigned their roles to me. These friends agreed that Lion really could be nice, once you got to know him. They suggested that he would need to convince everyone else in the forest, since they were now quite afraid of him. The three characters talked about things he might try in order to make friends. They discussed choosing friends carefully, because sometimes friend-making could be tricky. Together, Lion and his allies found out about the others living in the forest, and what they might have in common with Lion.

For the next few sessions, Lion tried making friends with various characters. Sometimes it worked out, sometimes it didn't. Lion struggled with fears of taking risks, feelings of rejection, sadness, and anger, and learning new strategies for connecting with the other denizens of the forest. At the same time, I was receiving reports that Jeremy was becoming

a part of the classroom. He was interacting better, and was no longer fighting. By the last session, Lion had made a few friends, and although they sometimes had difficulties and arguments, Lion was no longer aggressive. When there was conflict, Lion was more likely to go find Glinda or Tin Man and talk about how angry or hurt he was. In our last session, Glinda, Tin Man, and Lion celebrated Lion's accomplishments. While acknowledging that there would still be times when he was afraid or when it was hard to make friends, we also identified the new tools and skills he had developed to help him.

When we ended treatment, Jeremy hadn't made any close friends, but he was no longer fighting, and had peers he talked to and played with at school and karate class. His mother and teacher reported that he was much more likely to seek assistance from others, and could seek adults to help him negotiate the challenges of peer relationships.

Jeremy recognized and identified with the Cowardly Lion's false bravado covering his fear. Someone else, on the other hand, might pick the same character for a very different connection. One adult client, who was struggling with a major life-changing decision, was invited to look around the room, and choose a symbol to represent her dilemma. She chose the Cowardly Lion. When asked to tell me about the Cowardly Lion, she identified the scene in the movie where Dorothy's friends plan her rescue:

Cowardly Lion:	I may not come out alive, but I'm going in there. There's only one thing I want you fellows to do.
Scarecrow and Tin Man:	What's that?
Cowardly Lion:	Talk me out of it. (LeRoy, 1939)

In choosing and talking about the Cowardly Lion, she was able to identify and verbalize that she was avoiding making the decision by constantly asking friends and family their opinions on her options. She realized that she hoped they would convince her to make the easiest decision, although she knew it wasn't the right decision. The Cowardly Lion demonstrated his courage in doing what needed to be done, even though he was terrified of what he faced, just as my client recognized she needed to do.