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Utilizing Animal Metaphors in Child Psychotherapy: An Integrative Approach for Therapists

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Introduction

Despite a plethora of therapeutic approaches utilized when working with children, there is still a need for empirically-based, child-centered, developmentally appropriate methodologies (Ray & McCullogh, 2016). The purpose of this research is to provide the framework of an integrated psychotherapeutic model that provides a greater understanding of the use of action-based metaphors when working with clients in early to middle childhood. The use of metaphors in a therapeutic environment that focuses strictly on traditional talk psychotherapy is not effective in reaching young children. However, by expanding this definition to include non-verbal expressions of metaphors in children's play, mental health professionals can use this technique more easily and effectively interact with children. This position was espoused by Anna

Freud (1965), one of the pioneers for using different modalities in therapy with young people. While there are a countless number of metaphorical possibilities, there is a lack of research with a focus on the specific use of animal metaphors in child therapy. Moreover, this research will contribute to the field of play therapy, both theoretically and practically, as it will synthesize current explanations, demonstrate techniques through the use of a clinical-case conceptualization, and provide a framework for applying action-based animal metaphors. Counselors can then utilize this as a guide when working with children.

In the therapeutic environment, communication is paramount to success and can take on many forms. Historically, there are several approaches to psychotherapy, each having its own unique perspective and techniques. The psychodynamic approach, for instance, was developed by Sigmund Freud and focuses on the influence of the unconscious mind (Freud, 1900/1953). Behavior therapy, as developed through the work of many professionals including Albert Bandura, B. F. Skinner, John Watson, and Ivan Pavlov, emphasizes the child's observable behaviors (Hayes, 1987). Aaron Beck (2011) created cognitive therapy, which places an emphasis on the individual's internal cognitive processes. Cognitive therapy works to change cognitive distortions through processes such as cognitive restructuring and is often combined with behavior therapy, forming cognitive-behavioral therapy. Person-centered therapy was created by Carl Rogers (1961) and focuses on the here and now. Rogers described three characteristics of an effective therapist: empathy, unconditional positive

regard, and genuineness, which are necessary and sufficient to create a strong therapeutic alliance and produce positive change within the client (Rogers, 1992). In a similar fashion, emotion-focused therapy is a therapeutic approach that has roots within person-centered theory. Emotion-focused therapy emphasizes the individual's internal thoughts and feelings (Greenberg, 2017). Although each approach has established effectiveness with clients, these, like most theories, focus specifically on one aspect of the individual (Santostefano, 1998). Later in this article, I will turn to an integrative approach, where each of these methodologies will be incorporated into one cohesive approach when working within different therapeutic metaphors with children.

Developmental Theory

For now, let us turn to a brief discussion on the development of children because as Brems (1 9 9 3) points out, "no discussion of children can be complete without giving some thought to development" (p. 45). In order to successfully interact with a child, one must understand the child's inner world. Many adults attempt to interact with children using language and get discouraged when the child does not respond. As Landreth (2002) explained, "children must be approached and understood from a developmental perspective. They must not be viewed as miniature adults" (p. 9). According to developmental theory, one must not only understand which developmental state the child is at, but also which modality of expression the child is successfully able to use (Calicchia, 2005; Santostefano, 1998). Although children in early to middle childhood have developed language, their primary modalities of ex-

pression are action and fantasy, and therefore, regularly utilize nonverbal forms of communication to express themselves (Chesley, Gillett, & Wagner, 2008; Linden, 2003). Even more importantly, when serving children within clinical populations, it is important to understand that referrals for maladaptive behavioral problems are the norm. Hence, children, who are seen as behaviorally disruptive or acting out, typically construct behavioral patterns based on maladaptive, nonverbal metaphors, as they do not have easy access to language or fantasy to express these difficulties. Therefore, it is critical that the child's therapist is able to work within the dysfunctional modality of expression to reach the child and to facilitate growth. As Landreth demonstrated, children's communication is "facilitated by the use of toys as their words and play as their language" (p. 41). Especially in the therapeutic environment, in order to communicate effectively and connect with children, therapists must meet the child where he or she is at, utilizing these modalities as the primary modes of interaction.

Santostefano (1998) describes therapy as "a journey the child takes you on, traveling through the child's personal world, a terrain that you have never seen before" (p. 28). When the therapist and the child engage in metaphorical play therapy, they "leave the outer conscious world dominated by reason and cognition [and] enter a different realm of inner focus and creative imagination- the place where the language of action, of make-believe, of surprise and magic potentiates the child's archetypes towards healthy, healing new behaviors" (Linden, 2003, p. 250). Fantasy and play are natural, innate processes children use to make

sense of their world; in order to effectively communicate with children, therapists must join the child's subjective world.

Traditional Use of Metaphors in Therapy

In traditional, verbal-based adult psychotherapy, the use of metaphors is a common occurrence. Metaphors in psychology predate Sigmund Freud (1953) and his psychodynamic approach, focused on symbolism and the interpretation of the unconscious mind, including the analysis of symbols within dreams. By definition, a metaphor is "a figure of speech in which one thing is spoken of as if it were another" (Agnes, 2012, p. 400). The concept of speech appears to limit the definition and application of metaphors. However, within the field of psychology, it is largely accepted that metaphors involve the transfer of meaning from one object or instance to another. In doing so, the current use of such metaphors can go beyond the modality of language and can translate into thoughts, emotions, actions, and fantasies, and therefore, can be integrated into the primary modalities used by children (Brooks, 1985).

Utilizing Metaphors with Children

Just as verbal metaphors are helpful for adults, the metaphorical use of play has been used to facilitate positive therapeutic change in children (Chesley et al., 2008). Play therapy is an approach to psychotherapy in which the therapist selects a variety of therapeutic play materials and helps "facilitate the development of a safe relationship for the child to fully express and explore [his or her] self through play, the child's natu-

ral medium of communication, for optimal growth and development" (Landreth, 2002, p. 16). In most instances when children participate in therapy, they will bring their experiences and feelings from their everyday life into therapy, which will be depicted in their play (Rose, 1995). Play itself is a behavioral metaphor of the child's internal world, as children cannot adequately describe their internal experiences in words. Throughout play, children often act out specific themes or metaphors, typically related to their lives and difficulties, called play reconstruction. The problem can be transposed into a storytelling format, where the situation is paralleled to a metaphor that takes the focus off of the conflict in the child's life and focuses on solutions and growth (Mills & Crowley, 2014). Children consciously understand some metaphors, while others are understood at a subconscious level; nonetheless, children who work with therapists and explore action-based metaphors learn new metaphors that prescribe adaptive behavior and foster development. Metaphors in child therapy provide a non-threatening way for children to communicate information, their thoughts, fears, and styles of coping, while also providing an opportunity for the child to attempt to solve his or her problems in a protective and supportive environment.

In everyday play, children can get stuck in limited play themes, such as killing or playing the role of a helpless victim (Reichert, 1994). Children may need assistance to rewrite this story. During play therapy, the counselor may intervene to help create change by introducing healthy adaptations and helping the child resolve conflicts in a comfortable environment (Linden,

2003). By doing so, the child and therapist will begin to alter the maladaptive metaphor, turning it into an adaptive metaphor.

Much like fairy tales and nursery rhymes that portray the moral of the story through symbolic representation, metaphors in child psychotherapy assume a similar purpose, addressing parallel social and emotional lessons. Metaphors provide a simple way for children to understand more complex concepts, while "enlivening the traditional treatment modules" (Friedberg & Wilt, 2010, p. 110). In utilizing metaphors, "there is movement away from simplistic explanations of behavior and simplistic solutions to problems…promoting the child's ability to focus upon and understand his or her own feelings and thoughts in more sophisticated, more integrated and less fragmented ways" (Brooks, 1981, p. 137). It becomes easier for children to see a problem through the lens of a metaphor in comparison to exploring one's own conflict directly.

In an effort to determine if children prefer the use of metaphors to literal instructions, Heffner, Greco, and Eifert (2003) investigated children's preferences through the use of relaxation techniques using literal and figurative explanation approaches. As discovered in their research, children respond better and irrefutably preferred metaphors to literal instructions, and additionally, depicted that figurative language will increase rapport, increase the child's understanding of concepts, and decrease resistance to therapy (Heffner et al., 2003). This provides further evidence to support the use of metaphors with children.

Animal Metaphors

Due to the complex nature of metaphors, there is an unlimited number of ways to classify metaphors: the source, function, content, etc. (Burns, 2007). For the purpose of this research, the focus will specifically be content-based metaphors, exclusively the use of animals. In order to operationally define terms, animals will be considered as any living creature, besides humans, that belongs to the animal kingdom. The use of animal metaphors has been used historically in the field of psychology; for instance, the Child Apperception Test (C.A.T.), a projective measure, uses animal cue cards to test children's personality and various streams of consciousness. The C.A.T. was published in 1949 after being developed by Leopold Bellak and Sonya Sorel Bellak in response to the Thematic Apperception Test (Bellak, 1949/1971). Although this use of animals is not a new concept in the field of psychotherapy, it has been neglected in the literature.

Children connect to animals for a variety of reasons. Children and animals have the ability to form a special connection, as animals are the perfect companions for kids, serving a lovable, yet protective role. Children enjoy caring for animals in addition to having the ability to control them at times, depicting clear themes of power. Using animal metaphors also makes it possible to discuss human situations in a symbolic way, as they can easily serve as abstract replacements for people. Fantasies, such as these, connect to children through being embedded in the context of reality while maintaining a safe psychological distance (Rose, 1995).

Through the use of fantasy, children sometimes see animals as real life superheroes. Superheroes have captured the imagination of Americans almost a century ago and continue to play a major role in fantasy (Rubin & Livesay, 2006). Superheroes are disguised beings that have pure motivations and extraordinary powers, coming to the aid of individuals or communities that are threatened (Lawrence & Jewett, 2002). Superheroes often toy with the themes of good versus evil, strong versus weak, and right versus wrong, depicting strength, courage, determination, and hope. The metaphor of the hero is apparent in innumerable books and films and can be traced back to the earliest stories/writings, such as *Beowulf*. The hero metaphor was noticed by Freud and Jung (Campbell, 1949) and formed the base of much of their early work. The ubiquitous nature and appeal of the hero metaphor is nicely summarized by "a hero ventures forth from the world of common day into a region of supernatural wonder: fabulous forces are there encountered and decisive victory is won: the hero comes back from this mysterious adventure with the power to bestow boons on his fellow man" (Campbell, 1949, p. 23). These same superhero traits may be recognized in animals, as seen in birds that can fly, cheetahs that can run at abnormally fast rates, and chameleons that change color in order to camouflage themselves, paralleling the power of invisibility. Animals can be seen as evil, such as ravens, crows, and snakes, or nurturing, such as cats, dogs, kangaroos, lambs, and koalas. Animals such as bears, gorillas, and bulls depict strength, whereas turtles portray vulnerability. Animals and their traits, nonetheless, may change over the course of therapy.

Children have a natural attachment to animals, as they fulfill many deep psychological needs, such as companionship, loyalty, trust, obedience, and submission (Levinson, 1962). The relationship between animals and children create a nonjudgmental relationship full of mutual acceptance and unconditional positive regard, fulfilling the child's need for affection, while reducing stress (Levinson, 1984). Furthermore, due to the inherently therapeutic value of animals, the use of live animals has been incorporated into therapy through animal-assisted psychotherapy. However, this incorporation can be accomplished through the live or metaphorical use of animals. By capitalizing on children's enjoyment and connection to animals, the use of animals in psychotherapy serves as a stimulus, which helps facilitate the healing process (Bachi & Parish-Plass, 2017).

Animal Metaphors Using an Integrative Approach

As previously discussed, theories in psychotherapy generally focus on one approach or only one aspect of a child, which have led to a rivalry between theoretical orientations. Currently, most clinicians describe themselves as being eclectic, using the one theory that best suits the client's needs. However, many mental health professionals have a difficult time choosing just one single model because a person's thoughts, feelings, and behaviors all interact with one another to influence the individual's experience, causing dissatisfaction within the field. This lead to the idea of integration or trans-theoretical approaches (Prochaska & Velicer, 1997). Ideally, therapeutic approaches should combine or integrate these areas to target the whole in-

dividual, rather than utilizing separate aspects of each theory. The recognition of the common factors in psychotherapy has contributed to the rise in interest in integration (Norcross & Goldfried, 2005).

As numerous individual approaches have proven effective, leading to positive outcomes on behalf of the client, an ideal child-focused approach will incorporate a variety of techniques from multiple theoretical orientations, in turn, dissolving the boundaries between the approaches. Again, the idea of theoretical integration is not new to the field, yet its use with child-friendly approaches has been overlooked. Rather than reinventing the wheel, this model aims to adjust therapists' approaches by reworking their current model. In order to effectively integrate and treat clients, it is critical to see the client as a whole, rather than just seeing his or her symptoms. Following this approach, throughout a psychotherapy session, mental health professionals should combine and integrate numerous techniques from several therapeutic orientations. Using an integrative model, Santostefano and Calicchia (1992) have shown that various domains, as disparate as body image and relational psychoanalysis, can be integrated to form effective approaches that deal with difficult problems such as aggression in children.

First, each individual therapeutic model has a specific outlook regarding the therapist's role in therapy. For instance, in psychodynamic therapy, the therapist is to remain distant and act as a blank slate, whereas in cognitive-behavioral psychotherapy, the therapist engages in play with the child (Beck, 2011; Freud,

1900/1953). Both of these approaches pick one extreme of directedness rather than shifting back and forth between the two extremes. This integrative approach suggests that directedness, like most therapeutic factors, occurs on a continuum. Applying metaphors should be a collaborative process, where both the therapist and client play a role in the construction and manipulation of the metaphor (Friedberg & Wilt, 2010). In doing so, the therapist must find a balance between being directive and non-directive within sessions, leading to a semi-directive approach, where the therapist carefully considers when to interject, being directive at appropriate times and completely non-directive at other times.

Once more, when working through a metaphor, the therapist will integrate approaches from various theoretical orientations. For instance, whenever engaging in a metaphor, the therapist will utilize interpretation, a classic psychodynamic skill, in an effort to understand the meaning behind the symbols presented (Freud, 1900/1953). The therapist should also aim to incorporate some person-centered skills within therapy through the use of empathy, unconditional positive regard, genuineness, and active and reflective listening (Rogers, 1961, 1992). Through this one instance, a therapist may also engage in cognitive approaches such as cognitive restructuring or roleplaying (Beck, 2011). The therapist may utilize behavioral techniques such as modeling, modifying, systematic desensitization, and conditioning (Hayes, 1987). In doing so, the therapist must not neglect the client's thoughts and feelings, and therefore apply aspects of emotion-focused therapy as well. Although an explanation of various tech-

niques and approaches can be incorporated through this trans-theoretical approach, this is not a comprehensive list, as there are countless approaches and techniques, which can be effectively integrated when treating children through the use of a metaphorical integrative approach.

How to Apply this Integrative Approach

To illustrate this unique integrative approach, let us explore how to apply these concepts, followed by a case example. As with any approach, the first step to a successful therapeutic experience is to build a strong therapeutic alliance (Rogers, 1992). Once the rapport has been established, the work of psychotherapy can begin. Regardless of which methodology is being utilized, the therapist should be an active observer, looking to identify the client's strengths, weaknesses, and coping strategies, as this information will become helpful later in therapy. Viewing the child through a developmental lens, the therapist should also assess the child's preferred modality of expression, as this will be the primary method of interaction throughout treatment (Landreth, 2002). In addition to these recommendations, the following steps, as inspired by Santostefano's (1998) directed-fantasy approach, provide a framework for counselors to utilize when implementing this integrative metaphorical approach with children.

Step 1- Establish a Metaphorical Conflict and Consider How It Relates to the Child's Presenting Problem

As indicated previously, children typically externalize their problems, presenting them through their play and using a metaphor or a recurring theme. Once the underlying conflict is established and understood completely by the therapist, the work of therapy can begin.

Step 2- Construct the Story

The therapist and child should work to co-create a story that fits the child's individualized preferences and needs. If possible, the therapist should allow the child to bring the metaphor into therapy. Metaphors children bring into a session have a special meaning to them, as they show a glimpse into the child's inner world (Brooks, 1985). If the child does not bring the metaphor into therapy, the therapist can facilitate the process by beginning to create a story. With this in mind, the therapist should be especially careful not to impose his or her biases on the child. Instead, the therapist is imposing structure to facilitate the expression of the metaphor so that subsequent iterations can transform maladaptive metaphors into adaptive behavioral patterns with embedded meanings that best serve to help the child to develop age-appropriate behaviors that fit the environment and facilitate development. As the story is being developed, a large range of characters will be created, often including, but not limited to, a villain, a character in distress, and a helping character. Through the story, both the therapist and the client will find themselves identifying with a character, which will be important down the road in treatment (Mills & Crowley, 2014).

Step 3- Understand Metaphor Before Intervening

Before intervening, the therapist must be sure to

completely understand the child's metaphor (Bowman, 1995). The therapist must not jump to conclusions and must be sure not to impose any biases on the child.

Step 4- Work Through the Metaphor Together

As previously mentioned, creating a metaphor should be a collaborative process. The therapist and client should work through the problems together, while exploring new possibilities for solutions and coping mechanisms. When children engage in more active solutions to their problems, these provide them an opportunity to play various roles, such as the helper, the individual being helped, or an observer. Through this process, it is essential for therapists to stay in the metaphor when working though these issues, as what the therapist does is often more important than what is said when working with children.

Step 5- Integrate the Bad Guy

As previously discussed, in most metaphors, there are clear themes, often comprised of an agonist and an antagonist. Although the children's instinct may be to kill off the bad character, this is considered a limited play theme and is not therapeutic (Reichert, 1994). Instead, the therapist should work with the child to find a way to rewrite the ending to incorporate the villain.

Step 6- Evaluate and Reevaluate

As with all therapy approaches and techniques, the therapist must continuously evaluate and reevaluate the progress of treatment. Advancements and setbacks may occur throughout treatment, requiring the treatment approach to be altered. Over the course of ther-

apy, new issues may arise, entailing a new or altered purpose of treatment and treatment goals.

Step 7- Make It Fun

When conducting this work, the therapist must remember with whom he or she is working. Although the content may be serious, the audience is still a child. As Landreth (2002) explained, children are not miniature adults, and therefore, the therapy must reflect this. If therapy is fun for the child, he or she may feel safer, more willing to be engaged, and will increase the therapeutic alliance, ultimately increasing the likelihood for success.

Case Example

Let us turn now to a case example to more completely illustrate this integrative approach. The case of John was chosen as it demonstrates common problems faced by children in early to middle childhood and illustrates how the client and therapist constructed a metaphorical animal storyline. John and his therapist worked through the presented metaphor, using the integrative metaphorical approach with animals.

John, an eight-year-old boy with gifted intelligence, was doing well academically in school. His mother reported that she divorced her husband due to domestic violence when John was five years old. John was never a recipient of violence, but he witnessed struggles at home. His mother reported that during these struggles, she often found him under the covers of his bed anxiously crying with his *Winnie the Pooh* books and his favorite cheetah, stuffed animal. His

mother also reported that he longed for the attention of his father, who was rarely available to him. He has had no relationship with his father since the divorce, and his mother has sole custody. The school and John's mother reported that John suffers from extreme anxiety in social situations; he tends to stay on the periphery during recess and other social opportunities and prances about in an anxious manner rubbing his hands and licking his lips until they are sore and cracked. When he was approached by a group of boys one day, he became visibly upset and pushed one of them to the ground as he ran back in the school crying "No one likes me, I hate it here!"

Upon the first therapy session, John entered the room and was anxious and somewhat reluctant to engage. The therapist pulled out a *Winnie the Pooh* book, that she knew John liked, and read it to John hoping that the animals in the story would provide John a handrail for expression. Suddenly John bounced up after reading the book and stated, "Do you want to go on a safari? I know a lot about all of the animals in Africa. Let's go!" Immediately John became engaged with the therapist and presented an animal-based metaphorical storyline about an African safari. He explained and enacted how many animals were living in the plains of Africa, which he would play with for the next few sessions. Through John's depiction of the story, the plains of Africa appeared to be ruled by Leo the lion. Almost every time Chase the cheetah went to the watering hole for a drink of water, the strong and powerful Leo the lion was there, which scared Chase the cheetah, causing him to run away. Chase is afraid of Leo even though Chase has

the ability to run almost 100 miles per hour, faster than any other animal in the plains of Africa. John portrayed this metaphor with glee and action as he raced across the grass in the backyard of the office. Suddenly, John became visibly upset and asked to return to the therapy room. When John reentered the building, his demeanor became sad, as he slumped over, eventually falling to the floor. John crawled slowly across the floor, saying, "it does not matter how fast Chase can run, the lion will get him anyway, and he'll never get a drink. I might as well just lay here and die." At this point, the therapist reflected the sadness by mimicking John's body posture on the floor. Suddenly the therapist jumped up and exclaimed, "I know what to do… . We can go to the wise old owl for help! He knows everything. I'm sure he can help us."

Over the next few weeks, the therapist assumed the role of Oz the owl and worked with Chase to help him solve his problem. Oz the owl was especially careful to listen closely to what Chase was telling him, as he tried to understand his internal feelings and thought processes. Oz taught Chase a magical breathing technique that would make him feel relaxed and confident. Oz told Chase he should use this technique when he goes to the watering hole. Chase then reported that no one on the plains of Africa liked him, which was why he went to the watering hole at night. Oz helped Chase understand his thought distortions and restructured his distorted cognitions through the use of the metaphor. Oz noted that many animals in the forest were indeed friends with Chase, but he just could not see it. Just because he was not currently a friend of Leo the lion, does

not mean that no one likes him. In fact, maybe Leo the lion likes him too. Oz helped Chase overcome his fear of Leo by gradually getting him closer and closer to the watering hole. Eventually, Chase was able to drink out of the watering hole at the same time as Leo. At this point in the therapy, reports from school and his mother showed that John was beginning to integrate into the social networks and showed much less anxiety when interacting with the other children. Teachers began to notice that the children considered him intelligent and funny!

In the next phase of therapy, after making it this far, Chase could not thank Oz enough for all of his help but had one last request; Chase wanted to talk to Leo with the hopes of possibly being friends one day. Oz agreed to help Chase accomplish this final goal. Oz first modeled the behavior that Chase should engage in and then provided an opportunity for Chase to practice what he was going to say in the non-threatening environment. Chase had made so much progress and felt that he was ready for this challenge. The next day, Chase went down to the watering hole and talked to Leo. At this point, the therapist assumed the role of Leo the lion. As it turns out, Leo wanted to be friends with Chase, but he was too shy because he thought everyone was scared of lions. Chase was surprised to find out that he was wrong. Leo the lion never disliked him; he simply did not know who he was. Needless to say, both were excited about this misinterpretation, as Leo and Chase spent the day running and playing together, where they became best friends. They always shared the water in the watering hole, and they defended to-

gether all of the smaller animals in the jungle against any possible threats. Later that summer, on a hot dry night, Chase and Leo were lying in the grass together relaxing and enjoying their time together. During this metaphorical discussion and enactment, John and the therapist enjoyed a cupcake together. "Hey," John said, "I just remembered that in the *Winnie the Pooh* book we read when we first met… .A day without a friend is like a pot without a single drop of honey left inside." The therapist nodded with great care as she smiled. John laughed and stood up to say goodbye to the therapist with a quick embrace. The therapist then stated "Hey, I remember when we read the *Winnie the Pooh* book, you were just a young cheetah then. Now, I think you're faster, stronger, and smarter, but most importantly, you know how to make friends. I think I'm the first of many friends you are going to make; all the animals in the jungle think you're really funny and smart!"

Discussion

This metaphor strongly reflected difficulties John displayed with his peers, while providing additional insight into the rationale behind these difficulties. Although he played many roles, John seemed to most clearly identify with Chase the cheetah. At the beginning of the therapy session, the therapist was extremely non-directive, allowing John to present information through the metaphor. The therapist took on a person-centered and psychodynamic approach, as the therapist used reflective listening and interpretation, respectively. The therapist also took on an emotion-focused approach, as the focus was on the cheetah's internal thought processes and emotions. As the therapy

went on, treatment became more directive, since John looked to the therapist for assistance. In doing so, the therapist still allowed for periods of non-directive work. The therapist took on the role(s) of the animals in John's fantasy, as they attempted to begin to work through the problems together. Also, at this point, the therapist embedded relaxation and anxiety management techniques that were explained to John while the therapist assumed the character of Oz the owl.

The cheetah presented irrational thoughts, as he shared his belief that no one liked him. Oz the owl, representing the therapist, utilized the cognitive technique of restructuring to turn the cheetah's irrational thoughts into rational thoughts (Beck, 2011). The therapist then integrated behavioral aspects into therapy, as she and John engaged in systematic desensitization. When Chase the cheetah drank out of the watering hole while Leo the lion was around, this drink acted as a reinforcer, increasing the likelihood of this behavior in the future (Hayes, 1987). Lastly, when Chase the cheetah wanted to engage in conversation with Leo the lion, Oz the owl modeled appropriate behavior before engaging in a roleplay, depicting integration of cognitive and behavioral approaches (Beck, 2011).

In addition, the use of Oz the owl, a wise, all-knowing character, provided insight into John's view of the therapist. As Yalom documented, humans have a "need for an omnipotent, omniscient, all-caring parent or rescuer - a need that concludes with the infinite human capacity for self-deception to create a yearning for and a belief in a superbeing" (Yalom &

Leszcz, 2005, p. 313). Clients in play therapy will often create this rescuer or a character with superpowers in order to fulfill this basic human need. The case illustrated this concept, with the superbeing depicted through the owl, representing the therapist's presence, knowledge, and unconditional positive regard, components of Roger's (1992) person-centered approach. As one can see from this case, although the storyline may appear simple, metaphors can be complex. There are many factors and interactions occurring at once, each of which must be interpreted and understood by the therapist and the client. Keeping that in mind, metaphors depicted through play prove a simpler way for children to share their subjective inner world with others.

Conclusion

Throughout their play, children often present a persistent, habitual pattern or theme, which mimics conflicts within their lives. If therapists enter into the child's inner world, the child's imagination can become a powerful tool towards healing and growth. Metaphors are vivid expressions that enhance the therapeutic environment by condensing facts and depicting events that are difficult to put into words. Metaphors are a common language, providing the therapist with insight into the child's private inner world, which can be used to enrich therapy.

The use of animal metaphors is suggested as a resource for play therapy. This child-friendly, integrative approach proposes that therapists simply adjust their current working model to see the client as a whole, while integrating techniques from several therapeutic

orientations, therefore, dissolving the boundaries between approaches and increasing the effectiveness of treatment. Incorporating an animal-based trans-theoretical approach in therapy, while tapping into the symbolic language used by children, will ideally increase the ability for therapists to provide meaningful experiences for children within the therapeutic environment. By developing and synthesizing the literature on animal-based metaphorical approaches for young children, ideally, this will lead to qualitative and quantitative methods of further analyzing this technique, with the goal of continuing to empirically support interventions such as this with children.

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