

The Place of Verbal Games in the Framework of In-Patient Group Psychotherapy With Late Adolescents

FREDERIC WEIL
MARTHA PASCAL
YOLANDA KADDAR
DVORA LUBOSHITZKY

ABSTRACT. In this article, the authors discuss the importance of games for the social and emotional development of children and adults, and the therapeutic use of games, with references to the literature. The article specifically focuses on the value of group therapy in which the therapist uses verbal games in a psychiatric setting with late adolescents who suffer from maladjustment to their environment. These games are administered in the setting of a hospital day-ward, which provides a therapeutic milieu with a multidisciplinary approach. The authors describe and analyze the games, discussing their value as both a therapeutic and a diagnostic tool.

THE IMPORTANCE OF GAMES IN CHILD DEVELOPMENT is well known (Piaget, 1952; Caplan & Caplan, 1973). Games elicit pleasure and provide the child with experience and training in different roles (Mead, 1934; Erikson, 1963; Reilly, 1974). They are educational instruments through which preparation for life is brought about by imitation of the adult world and the acquisition of such socializing characteristics as integration in a social framework, acceptance of instructions, and postponement of gratification (Huizinga, 1950; Wilkinson, 1980). For the child, games represent an elementary stage toward interaction and a positive human contact in which feelings are expressed. In play, the child must adopt the attitude of all the other players who are organized into a sort of unit. In this process, the player develops an "other" that is an organization of the attitude of those involved in the same process. The social group may be called the "generalized other" (Mead, 1934, p. 134).

The importance of games continues in the adult world, as a tool for pleasure, entertainment, release of tensions, and development. Further-

more, games allow for the expression of a problem or a painful message through a more comfortable medium because of their “as if” character (Caillois, 1961). “Games are integral and dynamic components of the unconscious life plan, or script, of each individual,” according to Berne (1968, p. 62). They are the basis of transactions on social relationship (Huizinga, 1950; Goffman, 1961). Games offer an opportunity to experience society as a whole and, within the same process, to experience other individuals (Mead, 1934). Games enable one to enact these interactions instead of dryly describing them. The game partners represent a micro-society (Moreno, 1959).

These factors make games an important and multifaceted tool in therapy, facilitating the establishment of contact, reducing resistance, and inducing spontaneity and catharsis (Mead, 1934; Moreno, 1953). Moreover, these games help the therapist to get acquainted with the patient’s relationship to the environment and with the nature of the patient’s interpersonal relationships and sociometric position. Thus, games may well represent a means both of diagnosis and treatment.

The use of games is a well-established procedure in the therapy of problematic children (Axline, 1947; Klein, 1955). The group has also been exhaustively described as an important therapeutic tool with adults (Slavson, 1957; Yalom, 1983; Bion, 1961). Sartre implied that it is important for a person to know how he is seen by others, yet he must be freed of his own fear of such knowledge. Adjustment to a group is often a difficult issue: “Without something to belong to, we have no stable self, and yet total commitment and attachment to any social unit implies a kind of selflessness” wrote Goffman (1961).

In the Vienna Gardens, Moreno, as a student, gathered children, formed them into groups, and watched them enact the fairy tales that he told them. He found that his own spontaneity grew in the playful interaction with the children. He was fascinated by the observations of fellow medical students, who seemed to lose that spontaneous connection with themselves as they became acculturated, carrying the fear, expectations, tensions, and cautions of the culture. Fox (1987, p. 39) also emphasized that “the more developed cultural conserves became, the more rarely people feel the need for monetary inspiration.” Moreno hypothesized that the self emerges from the roles, and every role has two sides, a private and a collective side. In his psychotherapeutic work, he paid attention to the function and choices people made concerning time, space, reality, and the cosmodynamics (Moreno, 1969). He used techniques of psychodrama, role play, and sociometry to “transfer these phenomena from life itself into the therapeutic setting and back from the therapeutic setting into life itself.”

Game Use in Psychiatric Day Care

The verbal games presented in this paper are used in the psychiatric day care unit of the Rambam Medical Centre, Haifa. Patients of the unit are typically late adolescents and young adults of average and higher than average intellectual level, usually admitted because of a severe maladjustment to their familial or social environment. The disturbances seen include anxiety disorders, personality disorders, including borderline personality organizations, and sometimes psychotic disorders in a remission state.

In contrast to psychodrama or role playing, the games used are not based on a declared problematic situation, and the participants are all actively involved, including the game leader. This creates a free and relaxed atmosphere, which contributes to the success of the games. The games have general principles and characteristics that can be found in the literature (Erikson, 1963; Huizinga, 1950; Gross, 1901; Sapora & Mitchell, 1961). These are verbal games, developed in a relaxed, entertaining atmosphere that stimulates the continuation of the game (Patric, 1914). The participants are encouraged to drop weighty thoughts, serious attitudes, and their traditional laws of behavior. The game opens the gates of imagination and creativity for the participants (Elly, 1973). Nevertheless, the games have rules that must be well established and clear. This allows for the transfer of at least part of the responsibility for what is said from the client to the role given to him or her or to the leader (who has imposed the rules and allocated the roles). While following external instructions that provide reference points and protect him or her from a complete loss of control, the client allows himself or herself a liberation from the limits of his or her normative communication channels. The very acceptance of the rules of the game reflects the individual's receptiveness to socialization. The game leader suggests the topic of the game and usually chooses funny or extreme situations to free the clients from inhibitions and conventions. The leader can involve the clients in the selection of the game but retains the control and the regulation of the game. The whole group participates in the game, and the fast pace of the games is stimulating. It prevents the effects of inhibition, conflicts, and defense mechanisms and encourages equal participation of all. In this framework, as opposed to the group conversation framework, the nonparticipant stands out.

The game leader and the members of the treating team participate in the game, and thus their image of authority changes to that of peer participants for the duration of the game. This fact confirms that free behavior is allowed, but their presence guarantees at the same time that things will not go too far. The game leader must ensure that the game atmosphere will remain entertaining. During the game, no immediate interpretations are made. The

information coming to light is kept for later discussion in other therapeutic activities of the ward. The leader must further ensure that the game will not degenerate to what could provoke conflict and confrontation. The leader will select the type of game that matches the mood of the group or switch games, if necessary, to preserve the therapeutic objective. The personality of the leader contributes to the success of the games. She or he has to be sufficiently spontaneous to participate with ease in the games without being threatened or threatening, and has to be sufficiently dynamic. Essentially, the game is a means to an end. It is clear to everyone that the game is a diagnostic and therapeutic tool. Nevertheless, the game is played as if it were the aim itself. Thus, the make-believe character of the game is conserved and frees players from their inhibitions.

Games

In this section, we will describe and analyze a few games that illustrate the value of this type of activity as a diagnostic and therapeutic tool.

The Game of Character Traits

Description of the game. One of the clients volunteers to leave the room. Each of the other participants points out a salient characteristic of the absent person's personality. After rejoining the group, the client receives the list of the character traits and is asked to decide, with no more than three guesses, who suggested which trait. After this stage, she or he is given the chance to ask the participants to elaborate on their choice. Finally, the client must choose from the list three character traits that best fit him or her.

Diagnostic and therapeutic meaning. The rules of the game require the participants to be active and to step out of their internal world in order to identify an outstanding character trait in someone else. In fact, people often see in others problematic characteristics of their own personality (projection) or the opposite traits. The active participation of the game leader allows the client to discover that relaxed and informal modes of communication can exist with therapists in situations parallel to the patient/therapist relationship. As for the volunteer who leaves the room, the game gives that client the opportunity to verify the difference between the impression she thinks she makes on others, and the image others have of her in reality. She will thus progress toward a more differentiated and realistic self-image. Furthermore, she may have the opportunity to realize that some character traits that she had thought were hidden were actually perceived by others and to discover how others react to

them. The game also reveals how the volunteer deals with the opinions put forward by the others. That revelation, providing the therapeutic team with important information concerning defenses, coping styles, and other ego strengths or weaknesses, can then be discussed with the patient in relation to other frameworks of the ward.

The game's rules urge the volunteer to enter into a forthright dialogue with the people who expressed their opinions and finally either to accept or reject criticism. This stage of the game is of great importance for the leader has emphasized that the chosen characteristics are perceptions, not ultimate truths, and their choice maybe considered as more or less influenced by the personality and the problems of the participants who pointed them out. By asking for elaborations, the volunteer will have to consider the opinions expressed in a more rational way and will soften her first conflicting afflicting emotional reactions.

Example. A patient, outwardly quiet and passive, interrupted his silences with occasional nonverbal indications of considerable inner tension. In so doing, he aroused anger against himself among most of the participants. During the game, he was described as "presenting a facade," "very aggressive," "violent," "scornful," "eager for attention," "tormented," and "tragic." Such remarks, hurtful in themselves, were expressed by his group companions in a relaxed play atmosphere. The client was quite amazed to realize that in spite of his efforts to cover up his aggression and fears, they were obvious to the others. Nevertheless, these had not led to his rejection. After this exercise, he stepped forward and spoke more freely of his real feelings during the verbal group sessions.

The Game of Looking for a Partner

Description of the game. A volunteer is asked to choose a wife or husband, a therapist, or a co-tenant from among the members of the group. The volunteer's choice will be on the basis of the answers that the potential partners give to a set of questions. The volunteer leaves the room and prepares three questions to ask the potential partners. The questions have to be personal and problem oriented, not merely general or theoretical. This is an example of a good question: If you return home after a hard day of work and find that I am not at home and did not leave any message, what will be your reaction? This is an unsuitable question: What is your opinion about couple life nowadays? In the meantime, the group appoints three or four candidates and decides beforehand which of them is the most suitable partner for the volunteer. Each participant explains his or her selection in a short sentence. The volunteer then puts the three questions to each candidate. According to the answers, the volunteer makes a choice and explains

it. At the end of the game, a comparison is drawn between the selection of the volunteer and that of the group.

Diagnostic and therapeutic meaning. As far as the volunteer is concerned, the kind of questions that are asked is important: Can one address one's crucial problems? How does one conceive relationships? How does one look at or what is one expecting from a partner, a therapist, a friend? What are the personal needs that determine one's choice?

From the candidate's point of view, the meaningful points are the answers that they come up with and the ways in which they react to conflicting situations such as passivity, aggression, guilt feelings, and dependence. Moreover, the game gives the opportunity to confront a competitive atmosphere and to face the frustration that might ensue from the choice that somebody else makes.

Example. A young woman was admitted because of pathological grief reaction following her father's death. The relations with her father were described as good. He, however, was feeble-minded and could not help her in setting limits for herself, even in quite risky situations. This young woman was also afraid she might follow in the same path as her sister, an unmarried mother, who became a scapegoat of the family. During the "choose-a-husband" game, her questions were provocative.

Her first question to her potential partner was, "If we go to a party and I meet a boy who attracts me and I accept his offer to accompany me on my way back home, how would you react?" She rejected the answer of the candidate who said, "That would hurt me a lot, but I would not show it to you. I would give in to your whim." She preferred the answer, "I would be deeply offended. I would leave you with him and consider that everything is over between us."

Next she asked, "How would you react if I were one hour late for our appointment?" She rejected the answer, "I would find out the reason for this delay, without getting upset," and chose the answer, "I would throw a tantrum."

The Game of Instructions

Description of the game. The leader marks pieces of cardboard, equal in number to the participants, each with different instructions, such as: Go to the one with whom you would prefer to stay if the remainder of the world were destroyed, or go to the person with whom you would like to see a movie, go to a party, or spend a weekend. The leader distributes the cardboard pieces at random among the participants. Each one has to hand the cardboard to the person who best fits the description. Those who get one or several cardboard pieces read, in turn, the text aloud and ask the per-

son(s) who gave them the cards the reason for the choice. The rules of the game require that participants address each other directly, by first name.

Diagnostic and therapeutic meanings. As a whole, the game is aimed at establishing forthright contacts. It also permits the therapist to obtain, in a concrete way, answers to subjects that are difficult to approach in a verbal, abstract, and direct way of expression.

When handing over the cardboard pieces, the participants might hesitate or show reluctance. While explaining their choice, some may reveal that they are not able to direct their explanation to the person chosen and must use a third party. The members' reactions to the messages transmitted are very often instructive.

Games That Encourage Emotional Expression

Description of the game. The leader chooses an expression with high emotional valence—I like, I hate, I congratulate, I get on someone's nerves. The leader then asks a participant to choose and address another participant, using that expression and giving a brief reason for the choice. Example: "I like A because of his innocence." Then, A will continue and say, "I like N for his sense of humor," and N will carry on. In the second round, the participants are asked to express hate or provocation by describing an irritating trait of behavior.

Diagnostic and therapeutic meaning. The direct emotional expression is realized through the leader's instructions, making use of extreme, exaggerated formulations. This helps to temper the impact of the message and helps to overcome emotional or educative blocks. It is important to notice to whom each one chooses to relate; to which character trait one is sensitive; and in which way one expresses criticism or positive comments.

The therapists observe the reactions of the one who has been addressed to an emotionally loaded message and his or her capacity to soften the impact of the formulation used.

This game offers the possibility of exploring the way one expresses one's own emotions and compare that to the way one reacts to others' expressions of emotion.

The Game of Marketing Character Traits

Well-known games that suit the general atmosphere of this group therapy are also used. For instance, we use the Character Traits Market, inspired by Moreno's magic shop (1959).

Description of the game. A participant or the leader of the group serves as the storekeeper and displays a great number of cardboards containing

character traits. Each participant marks on a cardboard the personal character trait to be exchanged for the one she or he wishes to acquire. In Moreno's magic shop, the storekeeper requires as payment something that the person recognizes as valuable. This reminds the player that one cannot receive without sacrificing something (Moreno, 1953).

In our game, however, the patients pay with a character trait that they declare is bothersome. According to the rules of the game, one must convince the storekeeper that in spite of his or her personal wish to get rid of it, this trait can be sold because it may have value to others.

Diagnostic and therapeutic meaning. At the bargaining stage, the clients frequently disclose that, in fact, they enjoy a secondary gain from the character trait that they want to get rid of. In this process, they reveal the very reasons for their resistance to alter the trait that leads to or produces this problematic behavior. This game improves the insight of the unconscious needs of the client.

Example. A participant wanted to buy stability and get rid of his dependence. To convince the storekeeper, he explained that dependence relieves one of the responsibility and the obligation to make an effort; someone else decides and executes in his stead. And he added, "Through dependence, one can create real ties; whoever is unable to be dependent will never succeed in establishing strong bonds of friendship."

Conclusions

For us, verbal games serve as a useful adjunctive technique in group psychotherapy. They contribute to the cohesiveness of the group and the feeling of belonging. Moreover, they promote the achievement of catharsis with the liberation of emotional reactions that were previously repressed (Erikson, 1963; Moreno, 1953; Gross, 1901), stimulate a freer emotional manifestation, and may enlarge the inventory of forms of expression. Games allow the patients to feel more relaxed and to consider the constructive aspects of comments or criticism. The reduction of resistance to self-disclosure is evident and brings out data of high diagnostic value that can be used in the other activity frameworks of the ward. Verbal games also reveal former interpersonal patterns and develop stronger new ones.

The concepts of social psychology and sociometry foster our greater understanding of the ways in which the individual is formed by groups (Goffman, 1961). The presence of the individual in the group permits him or her to identify the patterns of spontaneous interrelations with the other group members and to appreciate his or her sociometric position as a member of the group. Areas of interest, the nature of the questions, and the comments toward others permit the therapists and group members to become

acquainted with the member's preferential factors and attraction-repulsion system and thus identify the pattern of his or her interpersonal relations and social atom.

From the patient's behavior in the ward, the therapists can also presume which social units fit the individual and in which psychosocial networks the patient will most likely feel at ease. By observing the relation of the other group members to the patient, the therapist gains an appreciation of the degree of social configuration and social gravity, i.e., the features of the tele-phenomenon in the micro-society, which here is the group.

The "as if" situation typified by the verbal games estranges one from conventional social life, and thus, according to Mead (1934), the player reduces the opportunity of the self to express itself as a function of "men" (organized set of attitudes of others assumed by the individual). The self will act preferentially as a function of the "I" (a spontaneous and original entity from the action of which comes novelty). The "as if" atmosphere and the rules imposed by the game leader become the catalyst to the experiencing of new behavioral patterns. Likewise, spontaneity is also legitimized because it is a part of the rules of the games. Transference is enhanced by the simultaneous assumption by others of hypothetical roles far different from those which they assume in day-to-day life.

Some games accentuate the subjectivity of that which is expressed and felt. For example, the "who said what" aspect of the "character traits" game or the "looking for a partner" game shows the variability of the patterns of preference from one subject to another. The emphasis on the group members' reactions during the games brings to mind the sociodrama in which one is especially focused on the audience's reactions.

As a whole, the efficacious results from the use of games as an adjunct therapeutic tool can be obtained only when they are part of a wider, polyvalent framework of therapeutic activities in which it is possible to take advantage of the data gathered during the games. This necessitates close communication between the members of the team and a detailed report of all that occurred during the games.

In addition to their attractive features and usefulness, games also present certain problems. The active participation of the game leader may well have certain disadvantages: The leader needs to choose or reject certain candidate patients; use direct terms that may produce strong reactions, and face comments directed at him or her without being able to give immediate therapeutic answers because the leader is expected to avoid an attitude of authority. When a patient feels rejected or is the victim of a destructive force that emanates from the group, the leader is in a difficult position. Therefore, the game leader may well have to modify the patterns she or he is accustomed to use in other therapeutic modalities. This freer

atmosphere, which removes one from a habitual role, may drag one into reduced control of countertransference. Moreover, the need to postpone the immediate use of the data revealed in the games may well cause a partial loss of the emotional content of that data.

Finally, it seems that the games cited in this paper are probably not useful in their present form in all psychiatric frameworks. They must certainly be adjusted to the type and age of the patients under consideration. The authors believe, however, that their basic principles are generally applicable to a wide spectrum of psychiatric patients.

Despite these reservations, the use of verbal games as an adjunct psychiatric therapy is a profitable and efficient diagnostic and therapeutic instrument. From the patients' point of view, the games have become a popular part of the multidisciplinary activities. Their use and usefulness deserve wider attention, exploration, and research.

REFERENCES

- Axline, V. M. (1947). *Play therapy*. Boston: Houghton Mifflin.
- Berne, E. (1968). *Games people play* (5th ed.). New York: Andre Deutsch.
- Bion, W. R. (1961). *Experiences in group*. London: Tavistock Publications.
- Caillois, R. (1961). *Man, play, and games*. Glencoe, IL: The Free Press.
- Caplan and Caplan (1973). *The power of play*. New York: Anchor Books.
- Elly, M. J. (1973). *Why people play*. Englewood Cliffs, NJ: Prentice Hall.
- Erikson, E. H. (1963). *Childhood and society*. New York: Norton.
- Fox, J. (1987). *The essential Moreno*. New York: Springer Publishing.
- Goffman, E. (1961). *Asylums: Essays on the social situation of mental patients and other inmates*. Garden City, NY: Anchor Books, Doubleday.
- Gross, K. (1901). *The play of man*. New York: Appleton.
- Huizinga, Y. (1950). *Homo ludens—Study of the play element in culture*. Boston: Beacon Press.
- Klein, M. (1955). The psychoanalytic play technique. *American Journal of Orthopsychiatry*, 25, 223–237.
- Mead, G. H. (1934). *Mind, self, and society*. Chicago-London: The University of Chicago Press.
- Moreno, J. L. (1953). (1st ed. 1934). *Who shall survive? Foundations of sociometry, group therapy and sociodrama*. New York: Beacon House.
- Moreno, J. L. (1959). A survey of psychodrama techniques. *Group Therapy*, 12, 13–14.
- Moreno, J. L. (1969). *Psychodrama*. (vol. 3). New York: Beacon House.
- Patric, G. T. W. (1914). The psychology of play. *Journal of Genetic Psychology*, 21, 468–484.
- Piaget, J. (1952). *Play dreams and limitation in childhood*. New York: Norton.
- Reilly, M. (1974). *Play as exploratory learning*. Beverly Hills, CA: Sage Publications.
- Sapora, A. V., & Mitchell, J. (1961). *The theory of play and recreation*. New York: Ronald Press.

- Slavson, G. R. (1957). Some characteristics of group psychotherapy. *Gruppen Psychotherapy*. Berne: Huber.
- Wilkinson, F. D. (1980). *In celebration of play*. London: Croon Helm.
- Yalom, I. (1983). *In-patient group psychotherapy*. New York: Basic Books.