

## THERAPEUTIC STORYTELLING IN PLAY THERAPY: BEYOND ENTERTAINMENT AND LEISURE

**Tribuana Tungga Dewi**

*Fakultas Ilmu Komunikasi Universitas Pancasila*

*Author Correspondence: tribuanatunggadewi@univpancasila.ac.id*

### ABSTRACT

Since we were born, all human is actually a storyteller. We live through our ancestor stories and we recreate their stories. In therapeutic practice, storytelling has been notified as one of a strong tool in order to move clients forward and develop their life better. Play therapy is one of the methods in psychotherapy that use stories as its therapeutic tool. In this paper, we will find how a play therapist develop stories to help clients solve their own problem. Data collection is provided through participant observation, where the researcher is involved in the therapy room with clients and delivered stories that is planned to help clients to find themselves. As a conclusion, therapist needs to follow some steps to build the story: Identifying client's issue, choose the suitable metaphore, prepare the story based on introduction to main character-build conflict-find resolution-ending. Besides, the therapist good reason (life history, biography, cultural background, and character) will determine how the story goes.

**Keywords:** *health communication, psychology of communication, storytelling, therapeutic story, play therapy.*

### INTRODUCTION

Play therapy is one of the models in psychotherapy practice that uses play as the main technique in intervening clients. In practice, there are various approaches in implementing play therapy interventions for clients. Whatever the play therapy approach used by a psychotherapy practitioner, the basis remains the same: Clients are given the opportunity to play (relatively) freely. This sometimes causes some people to think that play therapy is not a form of method in psychotherapy. However, Leblanc and Ritchie (2001) explained that intervention through play therapy can be as effective as non-play therapy intervention.

One approach in play therapy is Jungian Play Therapy. In Jungian play therapy, the main goal of a client attending a session is for the child to achieve individuation (Green, 2014, p. 24). Individualization means that the child becomes himself, different from others, and learns himself in relation to others. Individualization will occur when a person becomes a psychologically complete individual. This condition occurs when a person can overcome conflict or emotional polarization simultaneously and has no difficulty dealing with contradictions. When experiencing individuation, a person becomes able to display healthy ego function and engage in meaningful relationships with others. The individuation process needs to be facilitated through a series of dialogues in a non-judgmental safe environment. One activity that is believed to be able to help a person's individuation process is through playing.

In the period of growth and development, normally children will find out who they are in this world through symbolic play. Symbolic play can be done in various ways. Art activities such as dancing, singing, playing with dolls, role playing, and telling stories are among them. One of the tools used in play therapy is a therapeutic story. In a therapeutic story, the therapist will tell a story that is tailored to the client's therapeutic needs. Sometimes when telling stories the therapist will use assistive devices. These tools can be in the form of hand puppets, pictures, figurines or others.

In an article, East, Jackson, O'Brien, and Peters (2010) believe that storytelling is a very meaningful process that can build fighting power. Meanwhile, Allan (1978) explained his findings in a study of a child in seventh grade who reported that his teacher had learning problems and wrote violent stories in a creative writing class. As a form of intervention, school counselors design a therapeutic process in the form of story writing. In the method used, the child is asked to write several stories for the teacher who then gives the story to the school counselor for analysis so that it can be understood and discussed further. From the sixteen stories over 32 weeks, the school counselor finds themes of separation, the struggle between freedom and dependence, jealousy, intense anger, mystery, and the awakening of consciousness and the emergence of a new identity.

The two previous studies above indicate that storytelling is a personal healing process. The two articles concluded that storytelling activities, either face-to-face or in writing, could help psychotherapists or health practitioners in getting to know more about the problems of their clients or patients. Furthermore, these health and psychotherapeutic practitioners can help clients or patients find their own way towards the individuation process and reach a psychologically healthy and perfect stage.

In play therapy, therapeutic story is one of the tools that can help therapists build rapport with their clients. Murray (2021) mentioned using stories on play therapy session can develop self-expression, access to the unconscious, direct/indirect teaching, creative problem solving, resiliency, self-esteem, self-regulation, catharsis and counterconditioning fears, and the therapeutic relationship. While Carlson and Arthur (1999) believed that Play therapy and the therapeutic use of stories allow children to distance themselves from painful themes and deal with them symbolically. Based on those previous studies mentioned above, this article will explore how therapist should build stories in order to help clients in play therapy session based on

observation that is conducted by author in her therapy sessions, especially for this two clients: Client M and Client E.

Client M who was referred to the session because she had difficulty expressing emotions after being offered and given a therapeutic story became more frequent eye contact. At that time the therapist told a story about a shy rabbit who finally found a playmate with special needs but has high self-confidence. This simple story succeeded in making M, who previously preferred to be silent and flat-faced, dared to make eye contact with the therapist and start doing drawing activities after previously only choosing silence or crying in the room. Even outside the room, the teacher admits that M has become more daring to explore her expression. She raised her hands when the teacher ask, for example. And according to his parents, she began to dare to reprimand neighbors his age.

While Client E, after listening to Raka's story in Kampung Liliput, became much calmer in the therapy room and also at school. Even the class teacher admitted that E became much more in control of himself, more focused, and able to cooperate with his friends. Raka in Liliput Village is a story that I deliberately wrote according to E. E's needs came to the therapy session because he was referred by his class teacher who considered him to be a troublemaker, difficult to focus, and could not contain his emotions. Raka in Liliput Village tells the story of a giant who has difficulty adapting to the environment because he lives in Liliput village. Long story short, Raka finally proves that he is useful when he succeeds in helping the liliput when they are in trouble. This story refers to the condition of E who is often considered a "strange creature" by people around him. After being read the story, E became more focused and no longer moved with great energy. In the following sessions, E also started to make several works, after previously doing messy play activities more often.

Besides being useful for the development of clients towards the individuation process, storytelling activities are very useful in the mental health of the therapist. By compiling a story, for the author personally, what the therapist feels when dealing with clients can be expressed in real terms in the form of a metaphor. The story that the author writes for each client can be likened to a record of the therapy process that is undertaken with the client. It's just that the form is not a real story, but a metaphoric story. Hammel (2019) describes metaphoric storytelling as a genre of therapeutic storytelling that does not explicitly point to or direct the client's problems in the story, but rather takes parables or borrows fantasy characters who have similar situations and needs with the client.

The power of stories also underlined by Duffy (in Malchiodi 2015, p. 152). Duffy mentioned storytelling is a way of teaching and healing that has long been applied to traumatized children. For children who have experienced trauma, stories can be something they hear or tell while playing or through other creative mediums. It was further explained that stories provide a safe distance from the suffering experienced by children so that through stories trauma victims can learn that they are not alone and there are solutions to the challenges they face. Duffy believes that through stories children are better at expressing their emotions than direct dialogue, as well as giving hope to feel better, safer and function better in relationships with others. What Duffy stated is true when the author applies a therapeutic story in a play therapy session. Clients become more expressive and can display their emotions more

precisely than before the therapeutic story was read.

Sherman (2008, p. xvii) explains that storytelling is a fundamental activity in human interaction since ancient times. In fact, some literature states that storytelling is an activity that develops along with the emergence of language, further explaining that it is impossible to determine who is the first to do the storytelling activity. The history of storytelling can only be traced back as far as the early development of the written language. The oldest recorded written record is the storytelling activity by Pharaoh Khufu's son to comfort his father in 2560 B.C.E.

Humans instinctively share stories and retell what they hear. Various literatures emphasize that storytelling and retelling do not have to be in the form of verbal sentences. It is also possible to do this storytelling and retelling activity with other channels. For example by drawing, playing with dolls or making other works of art. In the play therapy room, the author uses a number of aids when telling stories. For example, when reading the story of Funfun the Rabbit from Liang number 10, the client while listening to draw a situation similar to the storyline that the author conveys, then the client's picture (with his permission) is used as a storytelling tool. While on the occasion with other clients, the author has also used hand puppets when telling stories about rabbit characters who are difficult to stop moving but are afraid of loud noises. The selection of hand puppets was done because based on the experience of previous sessions with clients, the authors found that clients almost always used hand or finger puppets when playing in play therapy sessions.

Anyone who chooses to do this storytelling activity can be act as a storyteller. A storyteller has a set of fairy tales, storytelling skills, and access to audiences. For audiences, storytelling provides opportunities to play, share experiences, and form bonds (Sherman, 2008, p. xviii). If it is related to the cases of Clients M and E, the story the author tells in the play therapy session can melt the relationship between the client and the author as a therapist. Referring to Green's (2014) explanation, the story the therapist tells the client can lead to a series of dialogues in a non-judgmental safe environment, where children discover who they are in this world through symbolic play. Furthermore, the client can reach the individuation stage and become a complete and psychologically healthy individual. For example, after being read a therapeutic story for the first time, M seems to find that the activity that can make him expressive is drawing. The intensity of drawing during the session increased, followed by the ability to tell stories (through pictures without verbal sentences) which also improved. Even in silence, M looks and feels more expressive. Outside the therapy room, M is also considered to be more flexible in socializing and becoming more confident.

Sherman (2008) further explains that stories are believed to form bonds within groups. Shared experiences created through stories are considered to be able to disguise individual differences and warm the atmosphere. Meanwhile, the storyteller will get a positive emotional feeling as a person who is able to attract the attention of the audience and maintain the group through his storytelling activities. In the context of the community, stories that are shared with members are considered capable of transmitting group values. An interesting story wrap will be able to carry on the moral of the story more easily. Stories are also considered to be able to punish negative behavior without putting too much pressure on the perpetrator. In families, shared

favorite stories can form shared terms that are associated with the family's daily life.

The stories themselves according to Sherman (2008, p. xix) are divided into several types: true stories, folklore, fiction and literature and fairy tales. In play therapy, storytelling is one of the tools the therapist can use when intervening with clients. According to Sherman, various types of stories can be developed by a storyteller from his own family story or from the conversations of others he hears, as a tool in play therapy, storytelling activities (hereinafter referred to as therapeutic stories) are designed by therapists according to the client's therapeutic needs.

Meanwhile, according to Hammel (2019), the therapeutic story genre is generally divided into two: Metaphorical and paradigmatic. Metaphoric stories are stories that "borrow" various elements from other contexts which are then linked to the client's situation when the story is told. While the paradigmatic story only replaces a few elements and relates them to the patient's current situation. Two examples of stories that the author conveys in sessions with clients (Funfun Kelinci from Liang number 10 and Raka in Liliput village) can be categorized as therapeutic stories in the metaphorical genre. However, Hammel explained that sometimes it is not clear which boundaries are metaphorical and paradigmatic stories. In fact, often the storyteller will deliver it simultaneously at different times with different purposes.

Furthermore, Bandler and Grinder (in Hammel, 2019, p. 218) explain that both metaphorical and paradigmatic stories can be further divided into isomorphic (structurally similar) and directive (warning) metaphors (Bandler & Grinder, 1981: 134). Listeners respond to isomorphic metaphors by relating them to real life. While directive metaphors lead to a desire to avoid experiences similar to those experienced by the characters in the story. In practice, it seems very rare or maybe even no play therapist will use directive metaphors. Especially when dealing with clients who are very sensitive in interpreting the symbols in the story.

Hammel (2019) adapts the opinion of Watzlawick, Jackson and Beavin Bavelas regarding three audience responses when receiving a message: Accept, reject, and disqualify (neither accept or reject). Based on these categories, Hammel created the following categories of therapeutic stories: Stories that listeners will accept, stories that listeners will reject, and stories that will leave listeners in a state of uncertainty (accept or reject).

The client's response as a listener can be known by the therapist when he reads a story. For example, in one of the sessions with client K who was referred to a play therapy session with a selective mute case, the author at the end of reading the therapeutic story can draw the conclusion that the client responded in the form of disqualification. He neither accepts nor rejects the story. The author suspects that maybe because client K, apart from experiencing selective mute, is also rated very low in language skills at school. Meanwhile, when reading a therapeutic story to clients M and E, the therapist can vaguely perceive that the client responds by accepting the content of the message. The acceptance displayed is different even though both are in the form of behavior. For the case of M, the client immediately responded by participating in drawing the storyline in the session. Meanwhile, in the case of client E, his behavior changed in subsequent sessions. In the practice of play therapy, basically, the author believes that the client's response cannot be concluded immediately when the story is read out. This is considering that in play therapy

the process of the client finding himself will be long and difficult to affirm in a hurry.

Furthermore, according to Hammel in any category of stories, the narrator will usually insert verbal suggestions. Hammel (2019) explains that verbal suggestions can be divided into four types: declarative, directive, implied and questioning. Declarative suggestions are the same as explicit statements, while suggestions hidden in the form of questions show specific implications that the client will accept or reject either tacitly or by voicing his agreement or disagreement with the therapist. Directive suggestions are suggestions that are conveyed in the form of direct directions such as orders. Although it is not a suggestion favored by the therapist, sometimes directive suggestions are still carried out. The therapist needs to remember that the client should still be given autonomy and not be forced to follow the therapist's orders. Implied advice is advice given through the story without actually saying it verbally. Suggestions in this form will make the client associate the content of the message with the situation he is experiencing unconsciously. Questioning suggestion is a special form of implied suggestion which uses questions as a form of suggestion. Based on the author's experience doing therapeutic stories, up to now the form of verbal advice used is implied advice. The author assumes that by giving implied suggestions, Axline's principles will be maintained, especially in the case of children who guide the therapist and accept children as they are. While the form of advice that the author avoids the most is directive advice. This form of suggestion, according to the author, is very contrary to Axline's principles which refer to giving children freedom in the process. Perhaps the directive suggestions are more appropriate for therapists with approaches other than play therapy.

In storytelling, there is a need for structure. In the theory of conveying a message, the structure will make the recipient of the message receive it safe and comfortable. This is in line with the client-therapist agreement when in the playroom that everything must be in a safe and comfortable condition. So the structure is very important to consider in compiling the story. One structure that is often used is the traditional structure. The traditional structure will follow the following flow (Hammel, 2019):

1. Introducing the protagonist and his world.
2. Introducing the problems experienced by the protagonist that are parallel to the client's problems.
3. Refers to failed attempts to reach a solution.
4. Clearly describe the failure of the protagonist.
5. Showing the middle character. It can come from inside or outside the story.
6. Showcase the success of the protagonist or leave the story open-ended.

In practice in the playroom, the author arranges the story according to the traditional structure proposed by Hammel above. It's just that for the sixth step, which is showing the success of the protagonist or leaving the story with an open ending, the author often uses an open ending. For author, the ending of an open story will open a discourse for listeners to be able to explore further about the story and the relevance of the story to real life. This is in accordance with the explanation of the narrative paradigm put forward by Fisher (in West and Turner, 2010 and Griffin 2012) or Stuart Hall (an expert in media studies, especially regarding reception analysis) that

when a narrative has been delivered, it is the audience who will explore and find its meaning. personally. Even more extreme in the literary approach, some perspectives believe that once the story is told, the narrator is dead. Dying here is interpreted as the author stops contributing to instilling meaning. Meaning is something personal. This narrative approach is called the logic of good reasons. Everyone is a storyteller and every storyteller has a background (history, biography, social and economic status, as well as other indicators) that are very similar.

Based on this background, a number of interesting research questions emerge to be explored:

1. How is the story structure structured by the therapist?
2. What motivated the therapist to arrange or choose the structure and theme of the story? This includes what metaphors do therapists choose and why do they choose them?
3. How the logic of good reasons communicators (in this case therapists as author and or storytellers) affects the theme and structure and content of the story.

These questions arise because the author has had some success in dealing with clients using therapeutic stories. So the author feels the need to do further exploration with research related to how other therapists use therapeutic stories in their sessions. It is important to study how a therapist prepares and uses stories in play therapy sessions. In the therapeutic story tools that the author learned and understood while taking the certificate in therapeutic play skills class, the story told to the client must focus on the client's needs. As a model of therapy that focuses on children (clients), it means that the story ideas and metaphors used will be based on the child's needs. However, according to Fisher's narrative paradigm, this is not the case. The narrative paradigm is a paradigm that is widely used in communication science research. In short, this paradigm assumes that humans cannot be separated from storytelling activities. As a storyteller, the storyteller is the main one.

According to Fisher (Griffin, p. 329) "People are storytelling animals." Fisher views narrative as a symbolic act that has order and meaning for those who live, create, and interpret it. Fisher believes that humans are narrative creatures, who experience and face life as a series of ongoing narratives, in which there are conflicts, characters, beginnings, middles, and endings. In the narrative paradigm, the communicator (story) is considered the central figure. He is even considered more important role than the story he tells. Furthermore, Fisher explained that the value of the story would be determined by good reasons. Good reasons are determined by the history, biography, culture and character of the communicator (West and Turner, 2010). Based on these statements, Fisher considers that the role of the storyteller is very important, even more important than the idea or plot and storytelling technique he uses. In relation to the therapist's role in telling and compiling stories for their clients, the narrative paradigm's opinion on good reasons is interesting to study in relation to how the influence of the therapist's background and interests will appear in the stories he tells clients. Perhaps in psychotherapy this has something to do with the therapist-client transference and counter-transference.

In the case of clients M and E, which the author has mentioned above, they are not children with trauma. But both come with emotional and behavioral problems

that are considered not developing good social skills by teachers, parents or some of their friends around them. After more than six months of completing play therapy, the author contacted the parents of Clients M and E in order to wish them a happy holiday. In a short conversation through the whatsapp application with the two, the author found that both M and E are believed by their parents to be able to adapt better to their environment. Based on this facts, it is important to explore how a therapist should build the therapeutic story that can help clients to be their best.

## METHODOLOGY

The research strategy that the author will do is a qualitative strategy. Creswell (2010) explains that one way to carry out qualitative strategies is by case studies. A case study is a research strategy in which the researcher carefully investigates a program, event, activity, process, or group of individuals. Cases are limited by time and activity, and researchers collect complete information using various data collection procedures based on a predetermined time (Stake, 1995 in Creswell 2010). In this study, the case study will refer to a series of storytelling activities carried out by a therapist in their play therapy session.

Qualitative strategies will cause the author to be very close to the case he is studying (Creswell, 2010). With full involvement, qualitative researchers will play a role in reflectively identifying biases, values, and personal backgrounds (for example related to gender, history, culture, and socio-economic status of researchers) that shape researchers' understanding when observing the phenomena they face.

The data collection technique used in this study was participant observation. Where the author is a play therapy practitioner who intervenes on a number of clients. In practice, author writing using therapeutic stories tools whose stories are the author's own work. In addition, another technique used is document study. In conducting a document study, the author will analyze several dimensions of the story developed from the opinions of Hammel (2019), Sherman (2008), and Fisher (in West and Turner, 2010).

**Table 1 Research Instrument**

<b>Concept</b>	<b>Key Words</b>	<b>Data Collection Technique</b>
Stories Genre (Sherman, 2008)	Non fiction Folklore Fiction and literature Fairy tales	Document Study and Participant Observation
Story's Genre (Hammel, 2019)	Metaphorical Paradigmatic	Document Study and Participant Observation
Client's Response (Hammel, 2019)	Clients Receive Stories Spoken The Client Rejects the Story Told Clients Disqualify Telling Stories	Document Study and Participant Observation



Verbal Suggestion (Hammel, 2019)	Declarative Suggestion Directive Suggestion Implied Suggestion Questioning Suggestion	Document Study and Participant Observation
Story structure (Hammel 2019)	Introducing the protagonist Introducing the problems faced by the protagonist Introducing failures in reaching solutions Describe clearly the failures faced by the protagonist Spawning an intermediate character Show the character's success or leave the story open ended	Document Study and Participant Observation
The Logics of Good Reason (West dan Turner, 2010)	Communicators Life history Communicator's Biography Communicator's cultural background Communicator's character	Document Study and Participant Observation

## RESULTS AND DISCUSSION

In a play therapy room, basically, no story will be created without the presence of a connection between the therapist and client. In my play therapy intervention procedure, the client conducts a minimum of 12 therapy sessions with a duration for each session of 45 to 60 minutes. Client will play independently accompanied by therapist. That is why the procedure named non directive play therapy, since the therapist function is as companion and not allowed to give direction to the client. Ideally the session schedule should not change. For example, if a session is agreed to be conducted every Saturday from 10.00 to 10.45 WIB, then the twelve sessions should ideally be held at the same time. The fixed scheduling, in my experience is very fundamental in the smooth and successful client improvement process. Only clients who are consistently present in the session can experience rapid and significant change. In addition, through a fixed schedule, it also helps the development of a connection between the client and therapist. The connection between the client and the therapist is the key to a successful play therapy intervention. With a healthy connection with the therapist, clients are considered to be able to build relationships with other people outside the therapy room who are also as healthy as their relationship with the therapist.

Once a healthy client-therapist connection is established, in the process the therapist can design sessions more precisely. In the context of designing therapeutic stories, the connections that are built will help the therapist create stories that fit the client's needs. As a therapist when accompanying a client, since the first session, the author has built a storyline for the story that she will convey to the client. This storyline will usually develop over time. For example, when accompanying M in the

therapy room from the start, it was imagined that the story that would be told to M's client would take the metaphor of a shy animal. Meanwhile, when accompanying client E, it is already imagined that the metaphor that will be used is a benevolent giant.

What underlies the choice of these metaphors? In the practice of designing therapeutic stories, what the authors do are, first: Observing the client's character. When determining the character of the benevolent giant as the main character for client E, the author is greatly influenced by the results of the preliminary interview with the client's teacher. When telling about the client in the interview, the teacher implies that client E is a scary person for the teachers and most of his friends. This influenced the author to determine that the giant is a figure who can represent the figure of client E. In addition, the results of observations during the therapy process will also determine the selection of characters. The giant figure was taken because physically, client E's body was much bigger than children his age. He also has enormous energy and reminds the author of a giant figure. Of course, the selection of giant characters is also greatly influenced by the background of the author. As a child, the author grew up with *wayang* stories. One of the characters that sticks in the head until now is the character of Ravana in the puppet story of Rama and Shinta. If in the story of Rama and Shinta, the giant is interpreted as an evil figure in the therapeutic story for the client E, the author takes a twist by making the giant character as a positive and kind character.

This kind-hearted giant is also heavily influenced by the BFG (Big Friendly Giant) character created by Roald Dahl, one of the author favorite storytellers. This proves that who the narrator is will influence what he tells. If client E is intervened by another therapist, it is very likely that the character in the story is not a giant.

After the main character is determined, the next step is to determine the storyline. As a connoisseur of children's stories and folktales, the author is greatly influenced by the stories he has absorbed throughout his life. For example, the story of the shy rabbit designed for client M can be said to be inspired by the story of Peter Rabbit. It's just that in determining the plot, the author is also influenced by the theory learned during the lectures as a play therapist. Where the theory states that the story must begin with a background, conflict, and conflict resolution. So, when designing a story for client M, the author starts with a story about the character of a shy rabbit (background), the rabbit's emotional distortion when he wants to play but hesitates because he is uncomfortable in a crowded place (conflict), and ends with the appearance of a helper figure (resolution). In the step of determining the plot, it means that, although there are background factors of the storyteller that influence the formation of the story, the storyteller is also limited by the standardization set by the play therapy method in compiling the story.

As a therapist as well as a storyteller, the author initially felt that the standardization of storyline creation in play therapy severely limits creativity. This is because before studying play therapy, the author often wrote stories with plot twist endings. Linear plot for the author is a boring plot and too patronizing. However, as a practitioner of psychotherapy, the author realizes that standard operational procedures are very important in the therapy room. SOP is very important because this is what can keep clients safe and bring them to a healthier condition. This writing procedure has

been proven through various practical researches within the scope of play therapy practice, as the best procedure for clients.

In practice, what the author does so that the storyline does not become boring is to open up opportunities for the client to continue the story. For example, when talking about Funfun the shy rabbit, the author asks client M: "What color do you think Funfun's fur is?" "Will Funfun want to try playing with his friends?" These questions will make the client feel involved with the story being told and at the same time make the storyline less boring. Of course, this technique may overwhelm the therapist if he is not fully present in the therapy room.

Another thing that becomes important in doing therapeutic stories in the therapy room is the therapist's ability to be present and mindful in the therapy room. Being fully present means that the therapist is not only physically present in front of the client, but he also has to focus only on the client. Not only verbally but also nonverbally. Even in the author's experience, most clients have stronger nonverbal messages than verbal messages. For example, when told client M just silent with a flat facial expression. Even when asked, he would answer with a flat intonation and a small volume. This should concern the therapist: Is the client interested in the story or does he want to change the story? Therefore, what the author does is to ask questions. These questions can be a technique to measure instantly whether the client feels involved in the story being told or not. We can also explore whether the client agrees with the storyline that is drawn up or not.

This is very important because often when telling stories there are special situations that occur in the client and the therapist may have to change the storyline or even the characters he has designed. This was experienced by the therapist when accompanying a client who was not actually prepared to listen to the story. It's just that in the session, clients who are usually not interested in stories suddenly take hand puppets and create their own stories. After he finished telling the story, he asked the therapist to continue the story he had just told. In a condition that is not fully present, it is very likely that the therapist will have difficulty developing the story suddenly. If this happens, then what the therapist needs to do is explain honestly that he is not ready to tell the story according to the client's expectations. Of course, this will disappoint the client, but honesty is one of the hallmarks of a mindful individual.

When the therapist tells stories sometimes the client will do other activities. For example, client M, while listening to a story, draws the main character in the story being told. fish. While client E, while listening to the story, actually did a lot of physical activities such as jumping and running around the therapy room. The therapist needs to understand that this condition is very normal and does not need to be stopped, because it could be that what the client is doing is his response to the story being told. Sometimes this response can even be extended to the next sessions. This at least happened to client M, who in the next session drew a rabbit and his family and friends. When experiencing this, the therapist can ask the client if the client wants to tell about the picture? If the client says he wants to, the therapist must take time to listen to the client's story. Meanwhile, if the client is not interested in telling stories, the therapist should not force him to tell stories.

## CONCLUSION

As a storyteller, a person will be able to be influenced and influenced through the stories he listens to and creates. Based on observations in the therapy room for more than 220 hours of practice, the author found that apart from being able to be influenced and influenced by others, through stories a person can also have a positive influence on their growth and development. At least this is experienced by client E and client M in the author therapy room.

To be able to design the right story, a therapist needs to pay attention to several things. These include: Identifying client's issue, choose the suitable metaphore, prepare the story based on introduction to main character-build conflict-find resolution-ending. Besides, the therapist good reason (life history, biography, cultural background, and character) will also determine how the story goes. Though preparation is very important, but a therapist should also be ready for the twist that a client might create. When this happen, it is the therapist obligation to led the client lead the story while making sure that conclusion of the therapeutic story will end well.

## REFERENCES

- Allan, J. A. (1978). Serial storytelling: A therapeutic approach with a young adolescent. *Canadian Counsellor*, 12(2), 132–137.
- Carlson, R., & Arthur, N. (1999). Play therapy and the therapeutic use of story. *Canadian Journal of Counselling*, 33(3), 212–226.
- Creswell, JW 2010. *Research Design; Pendekatan Kualitatif, Kuantitatif, dan Mixed*, Pustaka Pelajar, Yogyakarta.
- East L, Jackson D, O'Brien L, Peters K. Storytelling: an approach that can help to develop resilience. *Nurse Res.* 2010;17(3):17-25. doi: 10.7748/nr2010.04.17.3.17.c7742. PMID: 20450085.
- Green, EJ 2014, *The Handbook of Jungian Play Therapy with Children and Adolescents*, John Hopkins University Press, Maryland.
- Griffin, EM 2012, *A First Look of Communication Theory*, 8<sup>th</sup> edition, McGraw Hill, New York.
- Leblanc, M., & Ritchie, M. (2001). *A meta-analysis of play therapy outcomes. Counselling Psychology Quarterly*, 14(2), 149–163. doi:10.1080/09515070110059142
- Malchiodi, CA 2015, *Creative Interventions With Traumatized Children*, Guildford Press, New York.
- Murray, S. (2021). The therapeutic use of stories in play therapy. In H. G. Kaduson & C. E. Schaefer (Eds.), *Play therapy with children: Modalities for change* (pp. 93–106). American Psychological Association. <https://doi.org/10.1037/0000217-007>
- Sherman, J 2008, *Storytelling; An Encyclopedia of Mythology and Folklore*, Sharpe Inc., New York.
- West, R, Turner, LH 2010, *Introducing Communication Theory; Analysis and Application*, McGraw Hill, New York.