

The Squiggle Game

An amalgamation of two papers: one, unpublished, written in 1964, the other published in 1968¹

In my child psychiatry practice I have found that a special place has to be given for a first interview. Gradually I have developed a technique for fully exploiting first interview material. To distinguish this work from psychotherapy and from psycho-analysis I use the term "psychotherapeutic consultation." It is a diagnostic interview, based on the theory that no diagnosis can be made in psychiatry except over the test of therapy.

The basis for this specialised work is the theory that a patient—child or adult—will bring to the first interview a certain amount of capacity to *believe* in getting help and to trust the one who offers help. What is needed from the helper is a strictly professional setting in which the patient is free to explore the exceptional opportunity that the consultation provides for communication. The patient's communication with the psychiatrist will have reference to the specific emotional tendencies which have a current form and which have roots that go back into the past or deep into the structure of the patient's personality and of his personal inner reality.

In this work the consultant or specialist does not need to be clever so much as to be able to provide a natural and freely moving human relationship within the professional setting while the patient gradually *surprises* himself by the production of ideas and feelings that have not been previously integrated into the total personality. Perhaps the main work done is of the nature of integration, made possible by the reliance on the human but professional relationship—a form of "holding."

Although opportunities do occur for interpretative comment, these can be kept to a minimum or, in fact, can be excluded deliberately. In this way, suitably selected consultants can do this work while in process of learning how to do psychotherapy that includes verbalised

1. Published in *Voices: The Art and Science of Psychotherapy* 4, no. 1 (1968).

interpretation. The rewards of this work are great because the consultant is able to learn in this way from the patient, and it is necessary for the consultant to be ready to learn rather than to be eager to pounce on the material with interpretations. In selection of consultants, as in selection of psychotherapists in general, those who are eager to pounce on the material by interpreting should be reckoned to be temperamentally unsuitable for psychotherapeutic practice, and this is particularly true of suitability to carry out therapeutic consultations.

In doing this work, which I call "therapeutic consultation," with a child (or adult for that matter) it is necessary to be able to use the limited time profitably and to have techniques ready—however flexible these may be. It has to be assumed that in many of these cases what is not done during this consultation will not be done at all. The first consultation may be re-duplicated, but if the child needs to see the consultant several times, then the case already is changing over into one in which the team work of the clinic is becoming necessary and quite possibly the child will need to be handed over for treatment in long-term psychotherapy.

It is interesting that the cases that do not need to go over into case-work or psychotherapy are relatively common. This is partly due to the fact that the majority of children do have good-enough homes and schooling, although they may at times present acute clinical problems. A little help given to an individual child can often lead to better relationships all around; the family and the school are waiting to do the rest of the treatment.

In regard to any technique that the consultant must be prepared to use, the basis is playing. Elsewhere² I have made the statement that in my opinion psychotherapy either is performed in the overlap of the two areas of playing (that of the patient and that of the therapist), or else the treatment must be directed towards enabling the child to become able to play—that is to say, to have reason to trust the environmental provision. It has to be assumed that the therapist can play, and can enjoy playing.

One useful technique has been called the Squiggle Game, which is simply one method for making contact with a child patient. It is a game any two people can play, but usually in social life the game

2. See "Playing: Creative Activity and the Search for the Self," in *Playing and Reality* (London: Tavistock; New York: Basic Books, 1971; Penguin, 1974).

quickly ceases to have meaning. The reason this game can have value for the psychotherapeutic consultation is that the consultant uses the results according to his knowledge of what the child would like to communicate. It is the way the material, produced in the act of playing, is used that keeps the child interested.

The method can easily be learned, and it has the advantage that it greatly facilitates the taking of notes. If a boy or girl communicates by talking or by recounting dreams, then note-taking is a truly formidable problem, and it must be remembered that I am not referring to those few cases that we treat by prolonged psychotherapy, but to the many that come for consultation. Each one of them hopes for more than a diagnosis—each hopes for a need to be met, even if help can only be given in regard to one detail or in one area of the vast extent of the personality.

Nevertheless I have hesitated to describe this technique, which I have used a great deal over a number of years, not only because it is a natural game that any two people might play, but also, if I begin to describe what I do, then someone will be likely to begin to rewrite what I describe as if it were a set technique with rules and regulations. Then the whole value of the procedure would be lost. If I describe what I do there is a very real danger that others will take it and form it into something that corresponds to a Thematic Apperception Test. The difference between this and a T.A.T. is firstly that it is not a test, and secondly that the consultant contributes from his own ingenuity almost as much as the child does. Naturally, the consultant's contribution drops out, because it is the child, not the consultant, who is communicating distress.

The fact that the consultant freely plays his own part in the exchange of drawings certainly has a great importance for the success of the technique; such a procedure does not make the patient feel inferior in any way as, for instance, a patient feels when being examined by a doctor in respect of physical health, or, often, when being given a psychological test (especially a personality test).

At a suitable moment after the arrival of the patient, usually after asking the parent to go to the waiting room, I say to the child: "Let's play something. I know what I would like to play and I'll show you." I have a table between the child and myself, with paper and two pencils. First I take some of the paper and tear the sheets in half, giving the impression that what we are doing is not frantically important, and then I begin to explain. I say: "This game that I like playing has

no rules. I just take my pencil and go like that . . . ,” and I probably screw up my eyes and do a squiggle blind. I go on with my explanation and say: “You show me if that looks like anything to you or if you can make it into anything, and afterwards you do the same for me and I will see if I can make something of yours.”

This is all there is by way of technique, and it has to be emphasised that I am absolutely flexible even at this very early stage, so that if the child wishes to draw or to talk or to play with toys or to make music or to romp, I feel free to fit in with the child’s wishes. Often a boy will want to play what he calls a “points game”; that is to say, something that can be won or lost. Nevertheless, in a high proportion of first-interview cases the child fits in sufficiently long with my wishes and with what I like playing for some progress to be made. Soon the rewards begin to come in, so that the game continues. Often in an hour we have done twenty to thirty drawings together, and gradually the significance of these composite drawings has become deeper and deeper, and is felt by the child to be a part of communication of significance.

It is interesting to note, regarding the squiggles themselves, that

1. I am better at them than the children are, and the children are usually better than I am at drawing.

2. They contain an impulsive movement.

3. They are mad, unless done by a sane person. For this reason some children find them frightening.

4. They are incontinent, except that they accept limitations, so some children feel them to be naughty. This is allied to the subject of *form and content*. The size and shape of the paper is a factor.

5. There is an integration in each squiggle that comes from the integration that is part of me; this is not, I believe, a typically obsessional integration, which would contain the element of *denial of chaos*.

6. Often the result of a squiggle is satisfactory in itself. It is then like a “found object,” for instance a stone or piece of old wood that a sculptor may find and set up as a kind of expression, without needing work. This appeals to lazy boys and girls, and throws light on the meaning of laziness. Any work done spoils what starts off as an idealised object. It may be felt by an artist that the paper or the canvas is too beautiful, it must not be spoiled. Potentially, it is a masterpiece. In psycho-analytic theory we have the concept of the dream screen

(Lewin), a place into or onto which a dream might be dreamed.³

All this is linked to the very early stage of maximal dependence when the infant self is unformed. The ego is very weak, unless (as usually happens) the mother’s ego gives ego-support. The infant starts off living with the mother’s ego which she lends by her sensitive adaptation to her infant’s needs.

It must be understood that no two cases are alike, and I would be highly suspicious if two cases resembled each other, because I would think then that I was planting something out of some need of my own. The description of only one case must be deceptive, and a student of this technique would certainly need to go through a score of cases in order to see that, in fact, no two cases *are* alike. For this reason I have already published a dozen or so of these cases, and propose to collect several together in a book.⁴

I have chosen one case⁵ for presentation here, and I cannot say that I have chosen it for any special reason.

(Here the reader must be willing to tolerate my change of subject. I shall now, unavoidably, be describing a case, not describing the Squiggle Game. At the end I will return to the main theme, and make some comments on the game as it was used by the child and myself in the case.)

Case of L., Age 7½ Years, 1/19/66

The mother brought L. and the two waited for me in the consulting room where I had placed several copies of *Animals* magazine. This no doubt influenced the material of the consultation.

Family history:

Girl 12 years

Boy 10 years

L. 7½ years

3. Bertram D. Lewin, “Inferences from the Dream Screen,” *International Journal of Psycho-Analysis* 29 (1948).

4. *Therapeutic Consultations in Child Psychiatry* (London: Hogarth Press; New York: Basic Books, 1971).

5. The material of this interview has also been used in a book entitled *Handbook of the Psychotherapy of Children*, ed. G. Bierman (Munich: Ernst Reinhardt, 1968), which contains a chapter by Dr Winnicott entitled “Meeting the Challenge of the Case in Child Psychiatry.”—D.W.W. (Now also published as Case 3, “Eliza,” in *Therapeutic Consultations in Child Psychiatry*.)

Girl 5 years

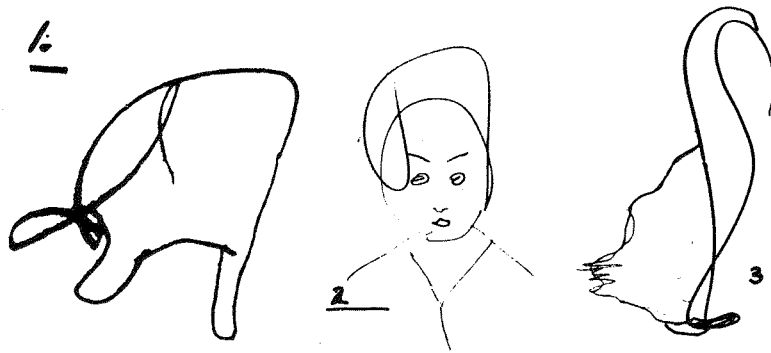
Boy 3½ years

I had a few minutes with the two together in which we talked about the animal magazine. I got L. to go with me to the waiting room which I had prepared for the mother, complete with coffee, all of which interested L. L. came back into the consulting room with me without any difficulty. We settled down quickly to the Squiggle Game, which I simply introduced and to which she acquiesced. She did not know about it as a game.

L. is a fair, slightly built girl, looking quite sweet as a child may do at 7, fairly independent and completely trusting in the context of the relationship which I had with her.

We started away with:

1. Mine.



As far as I know L. had not been told previously why she was coming to see me. She was obviously much at home with a pencil. She took my squiggle and put another leg on it, leaving a space between the legs.

I said: "What is it meant to be?"

She said: "Something gone wrong."

It is not unusual in my experience for a child to plunge immediately into deep matters in the way that she did.

I made a mental note that the combination of the space where the belly might be and the words "something gone wrong" might be giving me a definite indication, even at the very beginning of the session, that L. was aware of a problem, and that this problem could have

to do with the belly. *I did not say anything.* Naturally I wondered whether there might not be some problem of the "Where do babies come from?" variety.

2. Hers, which I made into a head, which she seemed to like. I did not do this for any reason, only because this is what I found myself doing.

3. Mine, which she immediately made into a bird, and in doing so showed her capacity for self-expression in drawing.

4. Hers, and I discussed with her what it might be. She was pleased with the idea of wash hanging out on a line although this does not come in the daily experience of the family. "Everything goes to the laundry" seemed to be the comment, but not as a significant contribution from her as far as I could tell. It was more that she followed up on my drawing with a reference to life at home.

5. Mine, which she turned into someone with a long hat. She seemed to think it rather fun that the hat comes off the side of the head. It could be a boy or a girl.

Interpolation

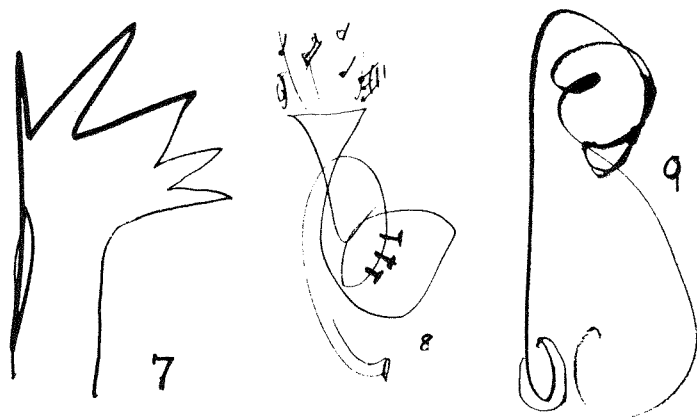
It is necessary here to refer to the fact that I had had a significant interview with the mother three months previously. This chiefly concerned the mother. Nevertheless in the course of describing L. the mother had told me of an incident that had had importance in L.'s early childhood. This concerned *hats*. If I had let what the mother



told me dominate the ideas in my mind I would have perhaps thought that drawing 5 indicated a main theme of hats; but as I *always take my cue from the child*, I had already been informed in this interview with L. that the main theme would have reference to the space between the front and back legs (drawing 1), whatever that might come to mean. However, hats undoubtedly came in as a secondary theme. I shall describe the hats complex at the end of this description of the session with the child.

The Game, Continued

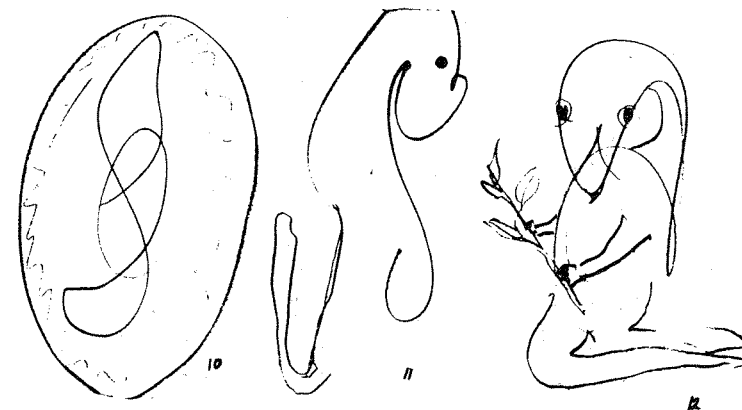
6. Hers, which she quickly saw as a kangaroo with a hat on. She did something here which emphasised the kangaroo theme and linked it to the idea of a place of significance between front and back legs. She pointed out that the kangaroo had its knees bent up in the way that kangaroos do, and she illustrated this by drawing her own knees up to her chest. One can see that one of the effects of this is that it hides the belly, and, in any case, the kangaroo is an animal that children often choose on account of the pouch, and to indicate a visible instead of a hidden pregnancy.



7. Mine, which she turned into a hand or glove.
 8. Hers. Together we turned this into a trumpet.
 9. Mine, which she turned into a "dog or something." It will be noticed that this drawing also contains a space between the tail and

the place where the limbs would be. *Evidently she felt this because she went back to drawing no. 1 and put in a line giving the tummy.*

10. Hers, which I discussed with her. I said, "That really is complete in itself; it doesn't need anything doing to it. I wonder if it isn't (and here I had to get from her the family names for products of defecation) a 'busy.' If there is no tummy to the animal this could be the sort of thing that would drop out."



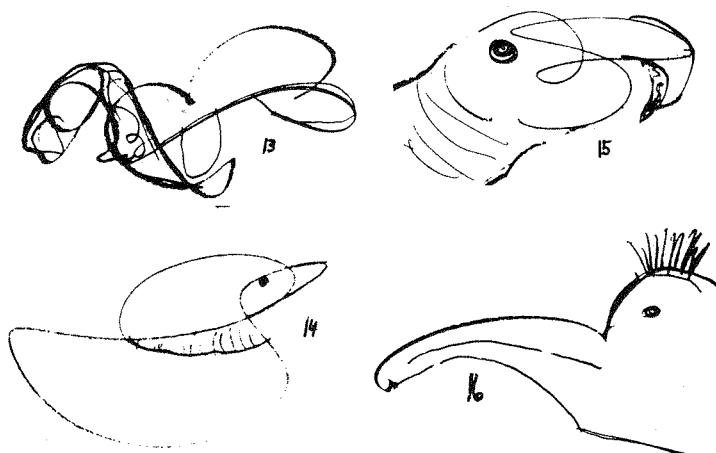
She looked at me as if it was interesting, but as if I was talking a language that was not hers, and she said it was a snake. So I put a plate round it and I suggested that we could have it for lunch.

11. Mine, which she turned into a fierce dog. It seemed to be "ready to punch somebody." This was evidence of L.'s ability to get to something in her nature which does not show in her usual behavior or in what she looks like. (Incidentally I was thinking of joining the punching with the idea of the belly which was absent, and I made a mental note that of course she had had to witness developments belonging to the two pregnancies that came after hers, especially the second when she was 3½ to 4 years old.)

12. Hers, which I turned into "an elf or something." She thought that he was going to eat the leaves off the branch. She liked this one as a drawing and as an imaginative idea.

13. Mine, which she dealt with in a highly imaginative way. "It is something going under a tunnel. It might be a mole." I felt that in this

there was the symbolism of defaecation or birth or sexual intercourse, and I left the matter at that without interpreting.



14. She made hers into a sort of duck that you see in the dark. This meant that we were near to ideas that turn up in the mind just before sleeping. We were near to real dream material.

15. Hers, which I turned into the head of some kind of a bird.

16. Mine, which she dealt with in a similar way. She gave the bird feathers on its head.

By this time there had developed quite a game which had to do with placing the pictures side by side on the floor; she was getting quite excited about taking each one as it was finished and putting it at the end of a row so that we now had pictures spreading into the other half of the room. When she went to put a picture there or see its number, which interested her also, I would say: "Goodbye," and when she came back I would say: "Hallo." She was not over-excited, but she was vitally interested in what was going on, and we were both enjoying ourselves.

17. Hers, which I made into a duck (imitating her and saying so). I gave it a fish to eat.

18. Mine, which she made into a fierce something.

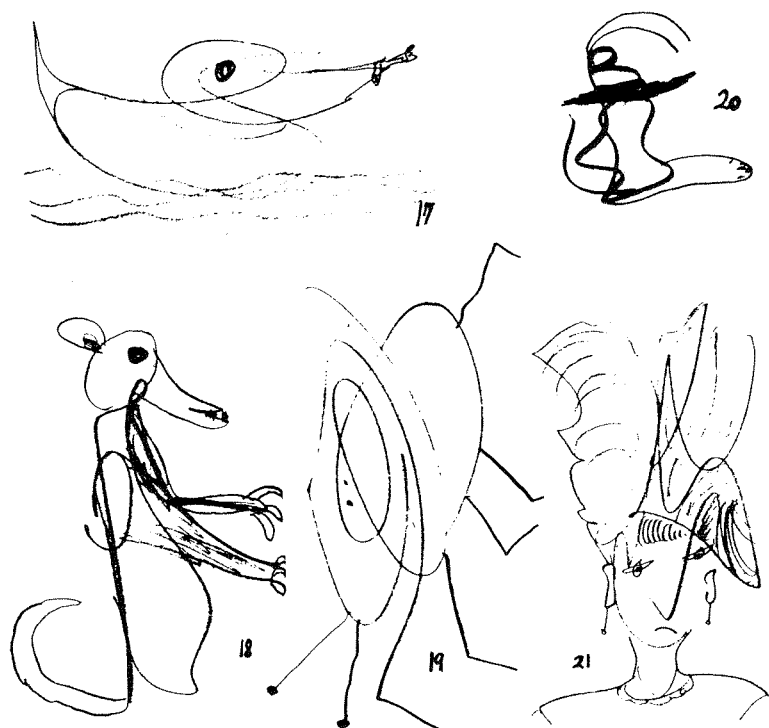
By this time I had made some tentative inquiries about dreams that she might have had, but she was not finding it easy to tell me about them. She had ventured the comment that her dreams were horrid. I

had pointed out that there was evidently something horrid that is part of her but which she does not know what to do with, and I reminded her of the fierce dog (no. 11). The theme was continued in this drawing (no. 18) of the "fierce something that has claws and big ears and one curious big eye so that it can see in the dark."

I said something here about the way in which things would fall out of the inside if there was no tummy; perhaps something fierce would fall out like what she had drawn.

I also said something about the claws and her ideas of getting at whatever was inside Mummy's tummy when her Mummy was going to have one of the two babies that came after L. This was a new idea to her. She was not quite sure that she remembered anything about mother being in a stage of pregnancy. (We did not, of course, use this word.)

19. Hers, which I started out doing something with, and together we turned it into an insect.

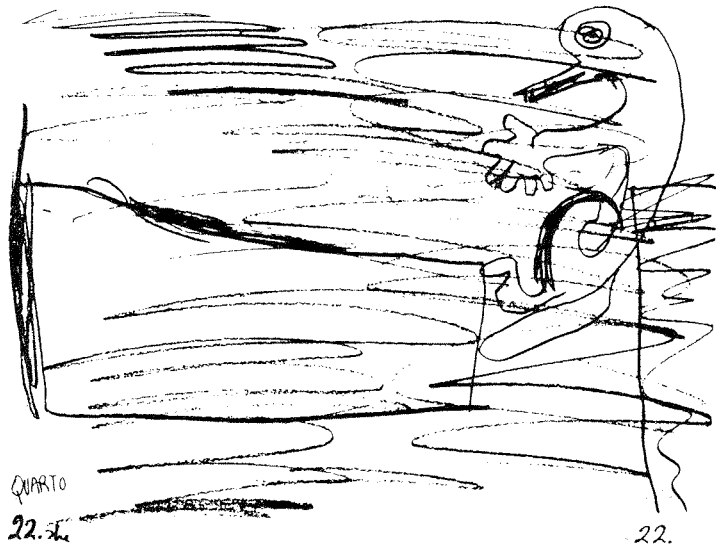


18. Mine, which she made into a fierce something.

20. Mine, rather unlike the other squiggles, and more concentrated. I said: "That's a silly one, isn't it!" And she said: "No!" and she turned it quickly into "some kind of an animal with feelers." "It has a big foot and a tail. It can be nice or horrid."

Somewhere here I tried to get from her some information as to whether the fierce and horrid things were male or female but I got no satisfactory indication.

21. Hers, which I drew into what she called a "posh lady." While I was drawing this she was doing the next one,



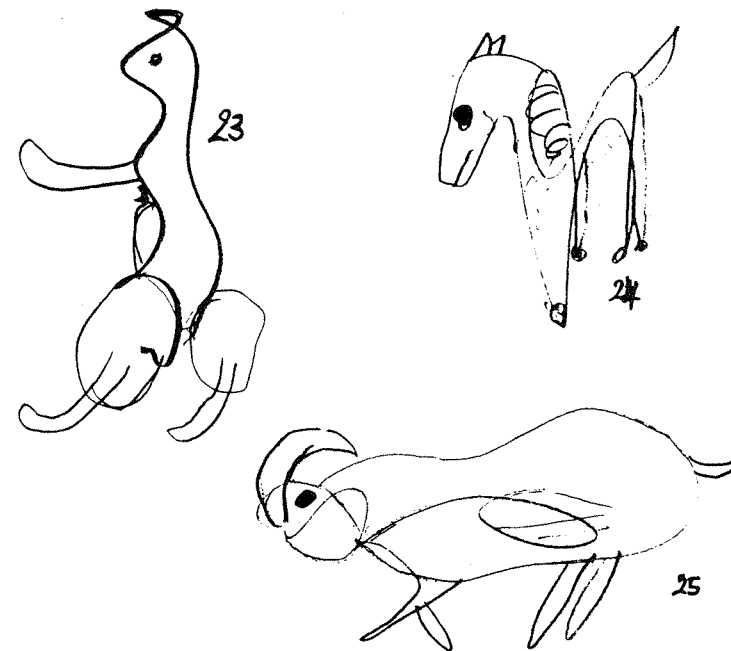
22. on a quarto sheet of paper. This was "very difficult for her to do" and she had to be "very brave." "It is a frightening dream." She started off with the dark and then put in the bed with herself lying on it. After this she got down to the details of the THING that plunges down on her. It has its knees up (in the way that she described when drawing the kangaroo and that she had also shown me with her own body). It has one big foot and one small foot and one eye. From her point of view this thing is "as horrid as possible."

I tried to get from her what it would do to her if it got at her and all she could say was: "It would be horrid to me."

I explored round with the idea here of sexual stimulation, either in

the form of a seduction of some kind (which is unlikely in her family setting) or form of masturbation. I used words that she could understand. I did not force this issue at all, but let her know that I knew about it and she looked at me with wondering eyes as if this was the first time that she had self-consciously thought about masturbation and the guilt feelings related to masturbation. Obviously here I was speculating, basing my ideas on what I thought I saw going on. I went very carefully and made sure that I was in no way endangering the relationship which existed between us, which had very powerful positive features which could be relied on to cover big risks.

At this stage I gave her the choice to do something else or to draw, and she chose to do two more in the Squiggle Game. In this way I gave her every chance to get away, or to change the subject, or to play and see what might happen.

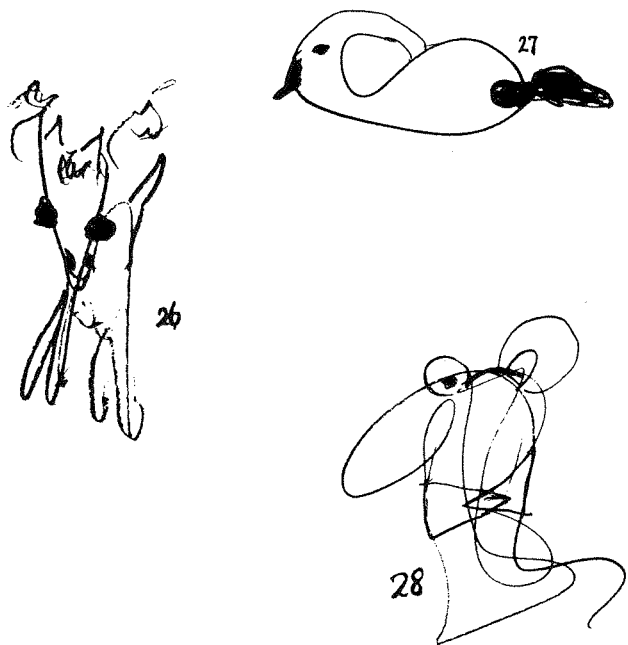


23. Mine, which she turned into another kangaroo. This time the kangaroo had a big belly or pouch with a baby kangaroo in it. The knees were not up. I talked about the use of a kangaroo for thinking

about a belly that has a baby in it without actually coming directly to the idea of mother being pregnant. She talked about the kangaroo as an animal that does things with its legs and jumps. I gave L. some more of my own idea that this very awful thing that comes at her represents something which she had never properly accepted, which is that she has feelings like that about the baby inside her mother's belly. The horrid THING would then be a return of something of her own that she could feel to be horrid.

24. Hers, which I made into an animal which she liked. She seemed to want to continue, so I let the game proceed.

25. Mine, which she made into a goat charging. I assumed (but said nothing) that for L., as for other people, a goat is a symbol of male instinct.



26. Hers, which I changed into another little animal, which pleased her.

27. Mine, which she said was going to be a mouse. In any case it

had a big ear. We now came to what she said would be the last of the series.

28. The final one. Hers, which she turned quite fantastically into a man's head. It started off with glasses and was fairly obviously a portrait of me. The man was reading a newspaper. "No, he is crossing his arms." She was very free at this point and she could now see whatever she liked to see into her own squiggles.

She was now quite ready to go, and I told her that we would fetch Mother, so we gathered together all the drawings which she wanted to re-examine in their right order. We went over all the significant details, including the fun and the interpretative work. She took out the big quarto (no. 22) drawing of the dream and put it aside as "different," and I think if Mother had come in she would have wanted this drawing to be kept as private to herself and me. In any case I put all the drawings in the folder and said that they were hers, which she could have any time if she wanted them, but I would keep them for her. It is my usual practice to say this at the end, and the children very seldom want to take the Squiggle Game drawings home.

Now she fetched her mother. As she went out of the front door in a very contented state I said: "Perhaps we will meet again one day." She said: "I hope."

Comment

The reader who is studying this technique, and who is also trying to use the material for making an assessment of L.'s psychiatric state, will wish to examine what has been presented without help. No doubt various opinions could be expressed, with the accent placed now on one aspect of the case and now on another.

Nevertheless a comment must be made for the reader to use after making a personal study of what transpired.

General Remarks

This intelligent girl comes within the meaning of the term "normal," or "healthy" in a psychiatric sense. That is to say, she shows a freedom from any rigid defence organisation. In a more positive way, she is able to play and to enjoy playing; she easily accepts my playing and

allows our playing to overlap, and she shows a sense of humour without being manic.⁶

L. is able to use her imagination, and after duly testing out the situation she becomes able to give me a dream of significance, in which appears *fierceness*, the one feature that is clinically lacking in her personality as it presents itself to those who know her.

There appear certain themes which draw attention to areas in L.'s "total personality" organisation which give her some trouble because of conflict, ignorance and muddle. These themes are as follows:

A. Main Theme

Something wrong (no. 1).

Space instead of line for belly (no. 1).

Line put in later (at the time of no. 9).

Kangaroo theme introducing confusion in respect to pregnancy.

Genital pregnancy understood, but pregenital (alimentary tract) fantasy of pregnancy relatively under repression.

It is as if she had been given information about babies coming from the womb, but the information had not "taken" because L. was still struggling with babies in terms of what comes from the inside—the alimentary fantasy system. It cannot be decided whether the fault here came from the mother or from the child, or both, because it is clear that the anxiety centered on the horrid THING in the alimentary tract fantasy system, and this was related to the horrid or destructive ideas that she may have had towards the THINGS in the mother's belly that, at times, made her fat.

L.'s arrival at these matters in the relationship to me had the effect of making her much more of a relaxed person, so that the parents were well satisfied with the clinical result of the consultation. This would point to the possibility that L. was ready for a more imaginative and childish explanation of the origin of babies than she had in fact been given.

B. Secondary Theme

There was a recurring interest in hats, and this may well have been an aftermath of the significant episode to which the mother referred,

6. The term "manic" implies, for me, that there is a depression mood that is being denied, replaced by contra-depressive manifestations.—D.W.W.

and which I have not yet recounted. It can be given here without (I hope) interfering with the main issues of the case.

Near the end of the mother's interview with me, which was mainly about herself, she told me of something that she felt guilty about in the management of L.'s early life. She said: "It seems ridiculous, but this is what happened when L. was 10 months old. I had to go away for a few days, and I did so reluctantly, but left the children (L. was the youngest then) in the safekeeping of a nurse in the constant surroundings and routine of the home. I thought it would be quite all right, but I must have felt guilty because when I came back I rushed into wherever L. (the baby) was, without taking off my hat first. The awful thing was that L. froze up. She did not react to anything I did at all. I took her and kept her in my arms and eventually she relaxed and became just as she had been before I went away. All returned to normal, except that L. now had a phobia of hats. For a long time, many months, the baby L. would not pass ladies with hats on."

It was probably because of this phobia of hats, and the possibility of there being a residue of L.'s three-day loss of her mother at 10 months, that the mother decided to bring L. for psychiatric consultation, not the bed-wetting which really did not worry the mother at all, and the bed-wetting cleared up round about the time of the consultation.

It was important, as has already been pointed out, that I followed the child's material, and not that of the subsidiary theme of hats which I could have recognised from what the mother had told me about L.'s early years.

C. The Third Theme

The third theme was eventually the most important. It had to do with exactly the feature that was missing in L.'s personality, the *fierceness* that appeared first in the "fierce something" (no. 18) and then the THING in the dream (no. 22). This fierceness had to do with her fear of the things that she imagined were growing inside her mother's tummy, based on an ingestion-retention-elimination (or pre-genital) view of bodily functions. It also linked onto her own aggressive drives, anger with mother who was withdrawing from her because of the new pregnancy, and her attack in fear of the imagined horrid objects inside mother. Behind all this was the overlaid attack on the mother's contents belonging to instinct-driven object-relating, or

primitive love impulse, with a pre-history of the idea of attack on the contents of the breast, or greedy appetite.

The work done in this one therapeutic consultation was enough to free the primitive love impulse from the secondary angry impulses, and the consequence clinically was that the child's personality became more free generally, and there was a greater ease in the to-and-fro of feeling between her and her mother.

The main part of this work was the child's own discoveries, or ordered sequence, culminating in her being able to use the dream which she had had but from which she had not been able to derive full benefit.

In other words, the interpretations did not produce the result, but they helped towards the child's own discovery of what was already there in herself. This is the essence of therapy.

Summary

- a. An attempt has been made to describe the Squiggle Game.
- b. This is a game with no rules.
- c. There is nothing new in this game, and very little that is new in the use of it in psychotherapy. What is important is the use made of the material that the game may produce, especially in this type of one-session work which I call "the therapeutic (diagnostic) consultation."
- d. To describe the game, therefore, it has been necessary to give an example, and this has involved a case-description. But no two cases are alike, and one example may therefore be misleading. The student is invited therefore to study this case along with other published cases.⁷
- e. In many of our cases we are, so to speak, batting on a good wicket. It is these (common) cases that provide the best material for this kind of work in child psychiatry. Whatever there is of a clinical improvement following the session naturally produces a favorable response in the home or school.
- f. If the work of the session does not produce a clinical result, then the case naturally passes over into being classified as one needing a different approach, such as case-work or a long phase of psychotherapy. The Squiggle Game will not be found to dominate the scene for more than one session, or at most two or three. It is convenient to

7. See *Therapeutic Consultations in Child Psychiatry*.

think in terms of re-duplicated first sessions, so that then one can say that the Squiggle Game or its equivalent is useful as a first-session technique.

g. It would be against my intention if the Squiggle Game should become standardised or too clearly depicted. The principle is that psychotherapy is done in an overlap of the area of play of the child and the area of play of the adult or therapist. The Squiggle Game is one example of the way in which such an interplay may be facilitated.