The Therapeutic Process With Children and Adolescents

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A process of therapy has emerged through analysis of the author’s work with children and adolescents over a span of 32 years. This process fits organically with the philosophy, theory, and practice of Gestalt therapy, beginning with the prerequisite of the relationship between client and therapist. The role of contact and its connection to resistance is examined as particularly applied to the specific characteristics of children. The author has found that the continuous strengthening of the child’s inner support structure in the course of therapy is fundamental to the child’s ability to work through deep-seated, blocked emotions. Therefore, enhancing the child’s sense of self is a crucial step toward healthy emotional expression and optimum growth and development. The focus on self-enhancement through specific experiences inherent in child development is an intrinsic part of psychotherapy with children and adolescents. Even the task of helping the child feel safe and comfortable with expressing feelings requires its own sequence. The author discusses a method for helping the child become self-nurturing, an important component of the therapeutic process and one often neglected in Gestalt therapy, yet particularly critical to the child who has suffered trauma. Finally, the therapeutic process concludes with termination, never actually a final step since children can only deal with specific issues in accordance with their particular developmental stage.

I HAVE NOTICED THAT THERE APPEARS to be a natural progression in my therapeutic work with children; I call it the therapy process. From a certain perspective, it may look as if nothing much is going on, that we’re playing around when, in actuality, there is a very definite process, a sequence, if you will, in the therapy encounter with children. In spite of

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the fact that the word sequence implies a progression from one thing to another, this process is not always linear, though the relationship does come first. With subsequent aspects of the therapeutic process, however, I tend to go back and forth as I assess the child’s needs. Most people assume that my work consists of using a variety of expressive, projective techniques. Although this is true to some extent, there is much more that requires attention before these techniques are used.

**Relationship**

Nothing happens without at least a thread of a relationship. The relationship is a tenuous thing that takes careful nurturing. It is the foundation of the therapeutic process and can, in and of itself, be powerfully therapeutic. This I/Thou relationship, based on the writings of Martin Buber (1958), has certain fundamental principles that are highly significant in work with children. We meet each other as two separate and equal individuals. It is my responsibility to hold this stance. I am as authentic as I know how to be—I am myself. I do not use a teacher voice or a patronizing voice. I will not manipulate or judge. Although I am perpetually optimistic regarding the healthy potential of the child I meet in my office, I will not place expectations on her. I will accept her as she is. I will respect her rhythm and will attempt to join her in that rhythm; I will be present and contactful. In this way our relationship flourishes.

Transference generally enters into any relationship; however, I do not encourage it. The child may react to me as a parent figure; however, I am not her parent. I have my own point of view, my own limits and boundaries, my own way of responding. In relating to my client as a separate being, I give her the opportunity to experience her own Self, her own boundaries—perhaps to experience herself in a new way. I am not hopelessly enmeshed with her, as a parent might be. As I maintain my own integrity as a separate person, I give the client the opportunity to experience more of her own self, thus enhancing her sense of self and improving and strengthening her contact skills.

In addition, I have a responsibility to be aware of any “buttons” pressed in me that may not be genuine emotional responses to the contextual situation and to explore these countertransference responses to eliminate their detriment to the client. I am true to myself as well. I am not afraid of my own feelings and responses, and I know my own limits. I honor what is important to me. We begin on time and end on time. I pace the session so that there is time for the child to help me clean up (except sand tray scenes). In this way closure is clearly evident.

Once the initial resistance is overcome, I can begin to feel that thread of relationship with most children; there are some children, however,
who cannot form a relationship, at least for some time. These are children
who have been severely injured emotionally at a very early age or
perhaps at birth. Trust eludes them. For these children, the focus of the
therapy becomes the relationship. Of course, honoring and respecting the
child’s resistance is vital, because it is the one way that the child has
learned to protect herself. Finding creative, nonthreatening ways to reach
the child is the task of the therapist.

Contact

The next issue I address in the therapeutic process is that of contact. Is
the child able to make and sustain good contact? Or does he move in and
out of contact or have difficulty making contact at all? In every session
together, contact is a vital, existential issue. Nothing much happens
without some contact present. What happens outside the session may be
similar or different, and I can only work with what we have together.
Sometimes a child has so much difficulty sustaining contact with me that
the focus of the therapy becomes one of helping the child feel comfort-
able with making and sustaining contact. Contact involves having the
ability to be fully present in a particular situation with all of the aspects
of the organism—senses, body, emotional expression, intellect—ready
and available for use. Children who have troubles, who are worried and
anxious, frightened, grieving, or angry, will armor and restrict them-
theselves, pull themselves in, cut parts of themselves off, or inhibit healthful
expression. When the senses and the body are restricted, emotional
expression and a strong sense of self will be negligible.

Good contact also involves the ability to withdraw appropriately
rather than to become rigidified in a supposedly contactful space. When
this happens, it is no longer contact, but a phony attempt to stay in
contact. An example of this is the child who never stops talking or who
can never play alone and needs to be with people at all times.

We speak of contact skills—the how of contact. These skills involve
touching, looking and seeing, listening and hearing, tasting, smelling,
speaking, sound, gesture and language, and moving in the environment.
Sometimes in our therapeutic journey it is necessary to give children
many experiences to open the pathways to contact. Children who have
been abused particularly desensitize themselves, as do most children
who have experienced some kind of trauma.

Sometimes I will notice that a child, who generally has the capacity to
make good contact, will come into the session and appear to be
distracted. I will know immediately that something amiss has happened
prior to this time. I might casually ask the child to tell me something that
happened at school that he didn’t like or something that happened on the
way to my office. I need to assess the child’s contact level at each meeting.

**Resistance**

Children evidence a variety of behavioral manifestations, often called resistances, as their way of attempting to cope and survive and make contact with the world as best as they can. Sometimes it works—but more often children do not get what they need as they engage in these behaviors, which are considered inappropriate by others and only make things worse. Since they have little awareness of cause and effect, they try harder, generally by accelerating the behaviors, but their efforts fail them, and life is far from satisfying. As they gain more self-support through a stronger sense of self, the unsuccessful behaviors drop away and are replaced by more satisfying, effective ways of contacting the world.

Most every child will be resistant—self-protecting—to some degree. If there is no resistance whatsoever, I know that this child’s self is so fragile that she must do whatever she is told to do in order to feel that she can survive. I want to help such a child strengthen herself so that she can feel some resistance, to have enough support to pause and consider.

Resistance is the child’s ally; It is the way she takes care of herself. I expect resistance and I respect that resistance. I am more often surprised when it is not there than when it is. In some situations, I articulate it for the child, “I know you probably don’t want to do this drawing, but I want you to do it anyway. Whatever you do, I don’t want you to do your best. We just don’t have time for that.” I want to help the child soften somewhat and go through the resistance to some degree for a little while. The very fact that I will accept the child’s resistance often helps her take the risk to do something new. As the child begins to feel safe in our sessions, she will drop the resistance for a time. However, when she has experienced or divulged as much as she can handle, as much as she has inside support for, the resistance will come up again. In this way, resistance surfaces over and over again, and each time it must be honored. We cannot force the child to go beyond her capabilities. Resistance is also a sign that beyond this place of defense, there is highly significant material to be explored and worked through. The child seems to know on some intuitive, visceral level when she can handle such material, and I have learned to trust this process. As we work with self-expression and emotional expression activities, the issues emerge again and again. The therapeutic work with the child is accomplished in small segments.

I see resistance as a manifestation of energy, as well as an indication of the contact level of the child. As the child engages with me or some
activity or technique, there suddenly may be a perceivable drop in energy, and contact shifts away from me or the task at hand. I can often see this manifestation before the child’s own awareness, by observing his body response at that moment. I may say, “Let’s stop this for now and play a game,” to the great relief of the child (obvious through the body). He is back in contact with me. Some children show their resistance in passive ways; that is, they will ignore, act distracted, seemingly not hear what I say, or begin to, without response, do something other than what I have suggested. If that child finally comes to a place where she can say clearly, “No, I don’t want to do that,” I will quickly reinforce that direct, contactful statement by immediately honoring it.

Senses

To enhance tactile sensation I might encourage the child to fingerpaint or work with pottery clay, using lots of water. We might sit at the sand tray running our hands through the sand as we talk. I might bring in a variety of textures to touch and compare, or we might examine various textures right in the office. We might listen to sounds in and outside the office or the sounds of music or drum. We might look at flowers, colors, pictures, light, shadow, objects, or each other. Books on early childhood education provide a wealth of ideas for activities to enhance the senses and are effective with people of all ages. In my book *Windows to Our Children* (Oaklander, 1978), I describe how I made use of the Orange Exercise to open and enhance the senses. I gave each child in a group an orange. Slowly we investigated every aspect of the orange—examining it, smelling it, weighing it, feeling its temperature and texture, and licking it. We peeled off the skin and examined it very carefully, biting and tasting it. We peeled the fibrous layer and examined this. We marveled at the shiny, protective layer over the orange, noting that it had no taste. We divided each orange into segments, took a segment and very carefully went through the examination procedure. We then traded segments with everyone in the group, discovering in amazement that each segment was different in taste and texture, though all delicious. One 12-year-old girl remarked later, “I can never eat an orange, or any fruit, the way I used to anymore. Now I really know it.” This child was referring to her enhanced awareness and sharpened sensory capabilities.

When children feel safe in my office, they will often regress and allow themselves to have experiences that one may deem more appropriate for a younger child. When this happens, I celebrate inside myself. Children who live in dysfunctional families or have been traumatized in some way tend to grow up too fast. They skip over many important developmental steps. Some children will pour lots of water on the clay, unconsciously
replicating mud play. Others will use water in fairly creative ways. A 12-year-old boy, after learning that he had to help me clean up, insisted on washing all the clay tools. I told him that I usually don’t wash them but he insisted. As I watched him at the sink, I was reminded of my 3-year-old daughter standing on a stool at the sink washing her toy dishes. This boy was involved in the washing much as my daughter had been. He was giving himself an experience that he needed; this was evident by his relaxed body and smiling face.

**The Body**

Our next focus is the body. Every emotion has a body connection. Notice how your body reacts the next time you feel angry or joyous. Notice the constriction of your head when you hold in your anger. Notice the tightening of the throat and chest as you fend off tears, the hunching of the shoulders when you feel anxious or frightened. Children develop body patterns at an early age, often creating at that time the defects in posture that we usually see more clearly in adolescents and adulthood.

Children who are troubled restrict their bodies and become disconnected from them. I want to help them unblock, loosen up, breathe deeply, know their own bodies, feel proud of that body, and feel the power that lies within that body. Often, we begin with the breath. Children and adults, when anxious and fearful, restrict the breath, thus cutting themselves off further from themselves. We invent games that involve breathing. We do breathing exercises. We blow up balloons and move them through the air with our breath to see who can keep the balloon up the longest. We do relaxation, meditative exercises involving the breath. We blow cotton balls across a table to see whose will reach the end first. We play games involving making sounds, singing, and screaming. Adolescents in particular are fascinated by the power of the breath. Over and over again, they will tell me how they remembered to breathe deeply, imagining the breath bathing the body and the brain, during school examinations and how helpful this was to them. The secondary gain of feeling power over one’s life, rather than a victim of it, is unmeasurable.

We do many exercises involving the body. We might dance around the room, throw a Nerd® ball, fall on pillows, have a Bataca® fight, play a hand wrestling game. Hyperactive children particularly benefit from controlled body experiments such as yoga or body movement games where they can experience body control with movement. Bed wetters benefit greatly from body work since they are generally quite disconnected from their bodies. Creative dramatics, particularly pantomime, is a tremendous aid for helping children know their bodies. Each
movement must be exaggerated in order to get the idea across. We play many games involving mime.

We don’t necessarily spend a whole session doing sensory, breathing, and body activities. If it appears indicated, I will suggest an activity that the child may or may not be willing to do. Much depends on my own enthusiasm and willingness to involve myself in these activities with the child, as well as my skill in presenting them. We may spend 5 minutes or a whole session with these activities. We may need to negotiate and compromise, spending part of the time with what the child wants to do and part with what I suggest. Once the child allows himself to be involved in these experiences, he generally enjoys them greatly. Therapy with children is like a dance: sometimes I lead, and sometimes the child leads.

**Strengthening the Self**

Helping the child develop a strong sense of self is a major prerequisite in helping him express buried emotions. In addition, the child begins to feel a sense of well-being as well as a positive feeling about himself. Let me remind you that these steps, as outlined in this discussion of the therapeutic process, are not at all consecutive. We go back and forth as needed. We may be focusing on sensory work, and while the child is enjoying the tactile sensation of wet clay, for example, along with the kinesthetic experience inherent in working with pottery clay, he may feel an increased sense of self. This heightened feeling of self will often spontaneously evoke emotional expression. Strengthening the self involves, besides sensory and body experiences,

- defining the self
- experiencing some power and control
- making choices
- experiencing mastery
- owning projections
- setting boundaries and limits
- being able to be playful and use the imagination
- contacting one’s own aggressive energy

**Defining the Self**

To empower the self one must know the self. Many experiences are provided to help children make “self” statements. The child is encouraged to talk about herself through drawings, collage, clay, puppets, creative dramatics, music, metaphors, and dreams—any technique that will help the child focus on herself. “This is who I am” and “This is
who I am not" is what the child is learning and integrating into her awareness.

I make lists, which the child dictates to me, of foods she likes and foods she hates, things she doesn’t like about school and things she does like, if any. The child might draw a picture of all the things she wishes for or what makes her happy or sad or angry or afraid or all the things she likes to do. Or I might ask the child to make figures or abstract shapes out of clay to represent herself when she feels good and when she feels bad. Honoring the child’s thoughts, opinions, ideas, and suggestions is an important aspect of strengthening the self. Sometimes, with adolescents, I will use an astrology book or the manual after giving them a projective test. I will read various sentences pertaining to their birth sign or the manual’s interpretation of the test and will then ask, “Does this fit for you?” Each time the child can say, “Yes, this is how I am’” or “No, I’m not like that” or even “Well, sometimes I’m like that and sometimes I’m not,” she is establishing more of who she is. The more the child can be assisted to define herself, the stronger her self becomes and the more opportunity there is for healthful growth.

**Choices**

Giving the child many opportunities to make choices is another way to provide inner strength. Many children are fearful of making even the most insignificant choices for fear of making a wrong one. So I will provide as many nonthreatening choices as I can: “Do you want to sit on the couch or at the table? Do you want markers or pastels?” Later, the choices become a bit more complicated: “Which size paper would you like? [3 choices] What would you like to do today?” A typical response may be, “I don’t know,” or “I don’t care,” or “Whatever you want me to.” I smile and patiently insist that they make the choice, unless, of course, I see that it is just too painful to make such a decision at this time. I encourage parents to give their children the opportunity to make choices whenever possible.

**Mastery**

Children who live in dysfunctional families or alcoholic families or who have been abused, neglected, or molested often grow up too fast and skip over many important mastery experiences vital to healthy development. In some cases the parents may do too much for the child, thereby thwarting his need to struggle; other parents are so rigid they don’t allow the child to explore and experiment. Some parents believe that frustration improves staying power. Children never learn to accomplish tasks through frustration. There is a fine line between struggle and frustration, and it is important to be sensitive to that point. The baby struggles to put
the smaller box into the larger one, but when frustration sets in he begins to cry. The older child loses energy—cuts off contact.

Mastery experiences come in many forms. Some are planned, as bringing in a new game and figuring it out together, building a structure out of Leggos® or Lincoln Logs®, or figuring out a puzzle. Some children, as they begin to feel safe with the therapist, create their own experiences, such as drowning the clay with water or intently washing clay tools. These kinds of experiences are closely related to regression. The child herself creates opportunities to relive the kinds of experiences she may have missed or needed more of. Sometimes mastery experiences present themselves spontaneously. An 11-year-old boy, for example, attempted to make a model bird fly in a sand scene he was creating. He asked me for a stick and some string. I knew the string wouldn't work, but wisely said nothing. He discovered, after many tries, that he couldn't tie the bird to the top of the stick with string. His energy began to fade, his contact with the task was broken, and I knew that any minute he would decide to stop working on his sand scene. Sensing the onset of his frustration, I said gently, "I have an idea that might work. Would you like to hear it?" He nodded and I said, "Maybe wire would work or even something like masking tape. I don't know—what do you think?" The boy opted for some picture wire—it worked—and his energy and smile and big sigh indicated to me his mastery experience. (I did not say, "Don't forget, that was my idea.") Of course, children who use many of the projective techniques experience mastery, not by my saying, "That's a beautiful picture or a wonderful sand scene," but by their own intrinsic satisfaction. I caution parents to avoid overblown, general statements such as, "That's a beautiful drawing," or "You are a musical genius." Children generally turn such statements into negative introjects. More effective are statements such as, "I like the colors of that picture," or "I like the way you cleaned your room," staying with the "I" message.

**Owning Projections**

Many of the techniques we use are projective in nature. When a child makes a sand scene, draws a picture, or tells a story, he is tapping into his own individuality and experience. Often these expressions are metaphorical representations of his life. When he can own aspects of these projections, he is making a statement about himself and his process in life. His awareness of himself and his boundaries intensifies. When the child describes his safe-place drawing to me, he feels heard and respected as I listen carefully. When I ask him to give me a statement about his place that I can write on his picture, he feels further validated. When we connect his statement to his life today, he begins to feel his
own significance in the world. From a 14-year-old's safe-place drawing of an ice cave, I write as he dictates, "I am walking through my ice cave and I am thinking." I ask him what he is thinking about. "I am thinking about everything—school, my life." I ask if anyone else is there. "No, no one knows how to get here—I'm the only one who knows the way in and the way out." I ask how this place relates to the reality of his life. "I need a place like that. It's hard for me to think about anything when my brother is around." (He is an identical twin.) He expands a bit about this situation and draws a picture representing how he feels when his brother is around—a tight mass of dark-colored lines. He admits that he doesn't know how to feel free without finding an ice cave in which to hide. We have come one step further toward helping this boy find and own himself.

**Boundaries and Limits**

Good parenting involves clear limit setting appropriate for the child's age level so that the child can know, experiment, and test her boundaries. When a boundary is not available, the child tends to feel anxious and may flail around in search of this boundary. Her sense of self becomes amorphous. The parents need to know when it is appropriate to stretch the boundaries so that the child, at each developmental level, can find new areas of exploration. In our sessions my limits and boundaries are clear. We begin on time; we end on time. I do not answer the phone—in fact, they notice that I generally turn it off. My desk is off limits, and we don’t flick paint around the room. At the end of each session the child helps me clean up (except for sand tray scenes). Closure of the session is made clear by this activity. I don’t articulate these “rules”; they are dealt with naturally as they come up. I believe that my respect for myself and my limits frees children to become more acquainted with themselves. I am also aware of my own limits in another way—I know, or sometimes learn in the process, what I can do or cannot do. If I am required in a game to jump 100 times, I inform the child when I reach my limit. I also respect the child’s need to limit herself at times.

**Playfulness, Imagination, and Humor**

Young children naturally have a flair for playfulness and imagination and love to laugh at funny things. They have not restricted or inhibited themselves as yet. Imaginative play is an integral part of child development. Often, these natural resources are stifled in children who are traumatized in some way. Providing many opportunities for imaginative play is a necessary component of child therapy and serves to free and
enhance the self. The therapist needs to know how to play with the child. If this quality of life is obscured or lost, the therapist herself must find a way to regain this joyful behavior. Fortunately, I have never lost the capacity for play, and this attribute has served me well with my own children and with the many children with whom I've worked. Because there is so little opportunity in life to experience playfulness and imagination as an adult, I am very fortunate to have found my own avenues for these expressions. Many parents have difficulty allowing themselves to play joyfully with their children. When I am aware of this, we spend some time in my office just playing. I can be a good model for this activity.

**Power and Control**

As children begin to trust me and feel at home in my office, they begin to take over the sessions. This step is one of the most exciting parts of the therapy for me. When I see this happen, I know that there is progress. The children I work with (and actually most children) have no power over their lives. They might fight for control, engaging in power struggles, but actually these children feel a terrible lack of power. The kind of control that happens in the sessions is not the same as a fighting for power—it is a contactful interaction, but one where the child, in the play (and the child always knows it's play), has the experience of control. It is one of the most self-affirming actions that takes place in our sessions. Here is an example with a little bit of the child's story.

(In child work it is essential for me to know the child's "story"—his history, the life he comes from, the life he is in now. Without this understanding of the child's field, the experience lacks connection and substance.)

Joey was found in an abandoned car when he was about 5 years old. He was tied to the seat with ropes, and it was concluded that he had been tied often and not allowed to move much, since his body showed evidence of rope burns, and his muscles were quite atrophied. He was close to death when found. After a time in the hospital and two foster homes, he was adopted. (His birth parents were never found.) His adoptive parents brought him to therapy when he was 10 years old because of his extremely hyperactive behavior (in spite of medication), as well as severe bouts of explosive and destructive anger.

Joey spent the first four sessions running around the room, picking things up and throwing them down. In these sessions my focus was to establish a relationship and help Joey sustain contact with me or something in the room, and so I attempted to join him by running around the room with him, picking up the object he threw down, making a brief comment about it, and chasing after him to the next item. I noticed that
at the second session he paused for a second as I made my comment, and by the fourth session he had slowed down considerably and was actually responding and interacting with me. The relationship flourished, and we participated together in a number of sensory, contact-enhancing activities. The musical instruments were a great favorite with Joey, and we spent some time communicating without words through the drums and other percussion instruments. He spent one whole session looking through a kaleidoscope, finding interesting designs, inviting me to look at them, and then waiting for me to find something he could look at (contactful episode par excellence). Suddenly, everything changed and he began to take control of the sessions in a new way. He spotted a set of handcuffs and set the stage for an enactment. “You are a robber and I am the policeman. You steal this wallet [an old one on the shelf] and I come after you and catch you.” So we played this game with great gusto with various new directions from Joey. He was clearly in charge. At the second session as we played out the scenario, he said, “I wish I had some rope so I could tie you up.” I brought in some rope at the next session, and he gleefully tied me up. Once or twice, I came out of my role to tell him the rope was too tight for me, and he quickly loosened it. We enacted this scene — me grabbing the wallet, he chasing me and grabbing me, putting on the handcuffs and tying me up — for several sessions. Joey added various elements and new dialogue at each session. When he tired of this game, Joey decided to play “principal’s office.” He surrounded himself with the staple machine, toy telephone, and various office-like items. He directed me to be the therapist in my own office, who called him for advice about various children in his school. Joey delighted in this game as well, and we played it many sessions. During this time his mother reported that he was a transformed child—happy, no longer destructive, calm.

We began to work on various other aspects of the therapy process in between other play scenes Joey invented, engaging in self-defining activities and focusing on emotional expression, particularly anger. He was quite responsive and, in fact, often advised me, when we played principal’s office, to tell my troubled child (usually a large teddy bear) to draw pictures of his angry feelings, as well as other activities he, himself, had attempted. I saw Joey weekly for about one and a half years, including his parents every few sessions. At our last session Joey brought in a music tape he liked, and at his request, we danced to it the whole session with much abandon and laughter!

It is tempting to interpret Joey’s dramatic play—much of it is quite obvious. Interpretive words seem superficial in comparison with the depth of his experience. A final note about Joey: he asked his mother why he was seeing me. She replied, "When you were little, you never had a chance to play. Violet is giving you that chance now."
Aggressive Energy

The phrase *aggressive energy* offends some people because it reminds them of hostile and destructive behavior. One of the definitions given in my dictionary for the word *aggressive* is “marked by driving forceful energy or initiative.” It is this definition that I refer to when I use this term. It is the energy one uses to bite an apple. It is the energy one needs to express a strong feeling. It is an energy that gives one a feeling of power. It is an energy that gives one the self-support needed to take action. Children are confused about this kind of energy, equating it with trouble for themselves. Children who are fearful, timid, and withdrawn and who appear to have a fragile self are obviously lacking aggressive energy. Children who hit, punch, have overt power struggles, and generally act “aggressive” lack this kind of energy as well. They are acting beyond their boundaries and not from a solid place within themselves.

I provide many experiences for a child to experience aggressive energy and to feel comfortable with it. The self-support she gains from these activities are prerequisites for expression of suppressed emotions. The child who has been traumatized needs help in expressing buried emotions in order to work through that trauma, be it illness, the death of a loved one, a loss of a pet, a divorce, abuse, a witness to violence, or molestation. Since the child takes everything personally as part of her normal developmental process, when she undergoes trauma, she feels responsible and blames herself for that trauma. This self-blame severely diminishes the self and makes it very difficult for the child to fully express the emotions that need to be expressed to promote healing. Further, the child developmentally takes in many negative introjects, faulty beliefs, about herself. These negative messages fragment the child, inhibit healthy growth and integration, and are the roots of her self-deprecating attitude, low self-esteem, and feelings of shame. A beginning in turning this disheartening process around is to help the child develop a strong sense of self, which, in and of itself, gives one a sense of well-being and positive feeling of self. Self-support activities are essential for this task.

The aggressive energy activities have several requirements to be effective. First, they must take place in contact with the therapist. Having the child engage in these experiences by herself at home or as the therapist passively looks on does not have the same impact as when the therapist is actively engaged with the child. This engagement is required in order for the child to feel comfortable with the internal force she may have feared. Second, these activities take place in a safe container. The child knows that the therapist is in charge and will not allow any harm to interfere with the experience. Third, there is a spirit of fun and playfulness in the interaction. Fourth, the play is exaggerated. Since the child
has avoided this kind of energy (whether retroreflecting or deflecting), she must go beyond the center point before she can come back to balance.

Aggressive energy activities can involve smashing clay, shooting dart guns, pounding drums, smashing figures or cars together, making puppets eat each other, having a Bataca® fight, and so forth. There are some games that promote this kind of energy, though unfortunately there are not too many. Two games I have that are excellent aggressive energy games, but are no longer manufactured, are Hawaiian Punch® and Whack Attack®. A game called Splat®, where play-do bugs are smashed, comes close. Don't Break the Ice® is a game suitable for children who are fearful of demonstrating this energy at first. Hitting the "ice" with a small mallet is quite mild. Let me emphasize again that to experience aggressive energy in a therapeutic context requires involvement of the therapist with the child.

Janine was a 10-year-old girl who had suffered much trauma, including physical and sexual abuse and abandonment. She had been in several group and foster home placements and finally was adopted into a new family. Her process was to be as good as possible and smile at all times. Before I could begin to help Janine express her myriad of feelings outwardly, including anger and grief, I knew that she needed to gain a stronger sense of self and to feel her aggressive energy. The turning point came with the puppets. One day I asked her to pick any puppet, and uncharacteristically she picked an alligator with a big mouth (her usual choice would be a cute kitten or bunny). I picked up another alligator and said, "Hello. You sure have a big mouth and lots of teeth. I bet you're going to bite me." "Oh, no!" Janine's puppet answered. "I am your friend. We can play together." "Oh yeah?" I said, as I inched my puppet closer to her mouth. "I know you're going to bite me." Janine backed her puppet away as I came closer, but soon my puppet was directly into her puppet's mouth. Almost involuntarily, Janine's alligator lightly closed onto my puppet. "Ow! Ow! You bit me!!" I yelled as my puppet dramatically dropped to the floor. "Do that again! Do that again!" Janine shouted. And so we did, over and over, bringing in other "bad" puppets as the shark and the wolf for her to bite. Not quite midway into this play, Janine was biting my various puppets with great force, and our puppets engaged in a great struggle before mine dropped to the floor. At the end of this session Janine was smiling broadly (not her usual forced smile), and she stood up straight and left with a flourish. In subsequent sessions we successfully began to deal with her suppressed emotions.

Danny, 8 years old, had been witness to violence in his home until his mother fled, taking him with her and leaving behind all that he was familiar with, including his father. Danny appeared to have difficulty adjusting to his new environment: he was disruptive at school, bullied other children, and physically and verbally abused his mother. In my
office Danny was terrified of any aggressive energy activities. He refused to have a Bataca fight with me and would command me to cease and desist if my puppet spoke aggressively to his. As Danny felt safer and more comfortable with me, he began tentatively to suggest some of the more energetic actions. Eventually, he initiated games of attack with me involving He-Man figures, shooting at a target with a rubber dart gun, and other similar games. Simultaneously, his behavior at school and at home dramatically improved.

Many therapists have argued that children who have witnessed violence, particularly in the home, should not be introduced to "violent" play in the therapist's office. These children are particularly restricted and cut off from themselves. They blame themselves for the chaos and family disruption. They feel guilty if they are angry at having to leave their homes or feel sad to leave their fathers. At the same time, they want to protect their mothers. They are so confused that the only recourse is to restrain themselves and push down their emotions. As with Danny, the organism, in its quest for health, broke through his boundaries in unacceptable aggressive behavior. I believe that these children need opportunities to find the power within themselves in order that they may be freed from the constraints that inhibit their ability to accept and express their varied emotions and to live freely and joyfully.

**Emotional Expression**

To help children unlock buried emotions and to learn healthy ways to express their emotions in daily life is not a simple matter. A variety of creative, expressive, projective techniques assist in this work. These techniques involve drawings, collage, clay, fantasy and imagery, creative dramatics, music, movement, storytelling, the sand tray, photography, the use of metaphors and a variety of games. Many of these techniques have been used for hundreds of years by people in all cultures to communicate and express themselves. You might say we are giving back to children modes of expression that are inherently theirs. These modalities lend themselves to powerful projections that can evoke strong feelings. Everything the child creates is a projection of something inside of her or, at the very least, something that interests her. So if a child tells a story, you can be sure that there is material in that story that reflects the child's life or who she is and expresses some need, wish, want or feeling that the child has.

If a child creates a sand tray scene with the varied miniatures that are displayed on shelves, the very act of projecting this symbolic material is, in and of itself, therapeutic. Something within the child has been expressed. If the child tells a story about his scene, even more of himself
is expressed on perhaps another level. If the child can own various aspects of the scene, integration takes place at a much quicker pace. For example, Jimmy, who is 7, is very absorbed in making a sand scene. I can see as I watch him that all of his energy is devoted to his task. He is fully present and contactful with his task. I do not interrupt or talk, unless he asks me to help him find a certain object. I watch the clock so that I can pace the session in order to make sure he can make some kind of closure before the time is up. I may say, “You need to finish now” (although most children announce, “I’m done,” with plenty of time to spare.) If we don’t have time to talk about his scene, that will be fine. I can see by his energy level that whatever he is doing is very important to him and needs to be done. Now Jimmy looks at me and tells me he is finished. There are 10 minutes left to the session. He says, “This is the best I’ve ever done!” Jimmy, who loves to do sand scenes, says this each time he does one, indicating to me his satisfaction and pleasure. Jimmy describes the scene to me. There are numerous monster-type figures in conflict encounters with each other. There is a cave with some crystals in it. There are many, many trees, and hidden among the trees is a tiny green caterpillar. Jimmy looks at his scene with perspective and articulates what makes sense to him. (Most children will look at their scenes and attempt to make sense out of them, an important part of the integrative process. Children always try to make sense of what goes on in their lives and feel frustrated and confused most of the time. They need to experience the satisfaction and power of making sense of their own creations, at least.) Jimmy says that the monsters are fighting each other over the treasure in the cave, that he put lots of trees in because he likes trees so much, and that one cannot always see things that are under them like the hidden caterpillar. I ask why the monsters are fighting, and he answers that he doesn’t know but maybe to get the treasure. “None of them will get the treasure because they are too busy fighting. But the caterpillar is safe because the monsters don’t see him.” (He is now developing a story/metaphor.) I then ask which figure or object is him, and after careful consideration he says that he is the caterpillar. (If we had had more time I might have had a dialogue with the caterpillar.) “What about the caterpillar makes you want to be it?” I ask. Without hesitation, he says, “Because it is hidden and safe.” I then ask in a very soft voice, “Jimmy, do you wish you had a safe place like that in your life?” He lowers his head, looks at his feet, and says softly, “Yes, I need one.” He then begins to chatter about my Polaroid camera and the picture I will take of his scene. I know that his resistance has surfaced, and he has turned his attention elsewhere. Whatever has happened is just about enough for him at this time.

There are many therapeutic levels in this piece of work. Jimmy has expressed his actual life metaphorically in this scene, something he
would never be able to articulate at his age: the conflict, the danger, the
goodness and hope that is inaccessible, the feeling of being small and
powerless, the need to be safe and hidden, his fears, and his anger. Of
course, these are my interpretations, though probably fairly accurate
since I know about Jimmy and his life. My interpretations are not therapeu-
tic, however. What is healing is Jimmy’s expression of what he
needed to express in his scene—understood by him perhaps on a very
deep intuitive level, the feeling of safety in my office, the easy relation-
ship that we have developed, the acceptance and respect he feels from
me, the knowledge that there are limits and boundaries that I set and
take responsibility for (as, for example, time), and his feeling of control
and power within those limits to do what he needed to do without inter-
ruption. What is also therapeutic is our interaction regarding his scene,
my interest in it, and my acceptance of it as a serious piece of work. I ask
questions, but I do not push for more than he will give me. For me the
most therapeutic aspect of this session was Jimmy’s statement about
needing a safe place of his own. His expression, which surfaced from
deep within, is now fertile ground for us to explore at a later time, rather
than a hidden feeling blocking healthy organismic functioning. The resis-
tance that came up, evidenced by Jimmy changing the subject, told me
that Jimmy reached his limit in this piece of work and that he did not
have enough support to go further. Time, too, may have added to this
resistance, since he knew our time was just about up. In a sense he
grounded himself.

Often, when the time is up, I may need to help children ground them-
selves by asking superficial questions, such as, “What do you think
you’re having for dinner tonight?” It is particularly essential to help
children come back to earth if they become excited and high in the course
of our sessions.

Assisting children in emotional expression often has a sequence of its
own. Sometimes children have pushed their feelings down so far that
they are completely disconnected from the whole concept. So when this
becomes evident, we begin talking about feelings. What are feelings
anyway? We explore, cognitively, all of the aspects of anger, grief, fear,
and joy. One can feel mild annoyance, for example, or, at the other end of
the continuum, blind rage. Then there are body states that are often
labeled as feelings such as frustration, boredom, confusion, anxiety,
impatience, and loneliness. We examine these states as well. We look at
pictures, play games, make faces, move our bodies to drum beats, act out
various feelings, use puppets, draw pictures, use clay, make lists, tell
stories, and read stories—all related to feelings and body states.
Language plays an important role too. As children grow and develop
mastery in language, they are much more able to be aware of and express
the nuances of their feelings in a more satisfying way.
An 8-year-old girl who had been severely physically abused by her father was unable to express any feelings at all. It was as if she had no understanding of what feelings were. A game we played, called The Happy Face Game®, mystified her. It consists of cards with various faces, and no matter which card she picked, she said the same thing. “I feel happy when it’s my birthday. I feel mad when it’s my birthday. I feel sad when it’s my birthday.” Even though she listened with some interest to my statements when I picked a card, she continued her birthday statements. We played many games about feelings, as indicated above.

One day we were playing school at her request, and as the teacher she told me to write something that made me sad, mad, and happy. While I did this, I noticed that she was busy writing her own sentences on the chalkboard on the wall. She wrote, “I am sad because my cat ran away and I don’t know where she is. I am mad because my mother wouldn’t let me watch TV last night. I am happy because my father doesn’t hit me now.”

Children don’t always move from talking about feelings to expressing their own feelings. We may use projections as a forum for expression. The drawings, the stories, and the sand tray scenes will be replete with material to draw from in helping the child own her own feelings. For example, Terri, a 13-year-old girl, drew a snake in a desert after a fantasy exercise. I asked her to be the snake and describe her existence as that snake. Naturally, there was some resistance to this request. I said, “I know it’s crazy but just say ‘I'm a snake.’ Imagine the snake is a puppet and you have to speak for it, give it a voice.” So she said, “I’m a snake” (rolling her eyes). I immediately engaged the snake in a dialogue, asking it questions such as “Where do you live? What do you do all day?” and so forth. Finally I said, “What's it like being out there in the desert by yourself, snake?” After some pause, she answered in a very low voice, head down, “Lonely.” The change in her energy, body posture, and voice quality told me that something was going on inside of her, that perhaps she was connecting in some way to the snake. So I said very softly, “Do you, as a girl, ever feel that way?” She looked up at me, and as I held her gaze, she burst into tears. She continued at that point to describe her feelings of isolation and desperation.

I’d like to emphasize a few points here. First, it is very important for me to ask important questions in a very soft, almost casual manner. Second, I have learned that when children cry it is mortifying for them (especially for a 13-year-old). If I focus on the tears, as I might with an adult, I will probably facilitate the closing down process. So I keep on talking. “Tell me about your loneliness, Terri,” and she did. When the session was over, Terri drew a quick figure next to the snake. “That snake is really me, isn’t it?” she said. Not all children will identify so readily with their projections. Often, I need to say, “Is there anything
about your story that fits for you?” or “Do you ever feel like you want to attack someone like the lion in your scene?”

Since emotions often have a body counterpart, we spend some time helping children become more aware of their own body reactions. As children become attuned to their bodies, they can often use these responses as clues. For example, 16-year-old Susan stated that she never felt angry. We did a fantasy experience where I asked her to imagine something that could make her or someone angry and to notice what she felt in her body. She then drew a picture of a cloud over a head. She labeled this “The cloud of confusion.” I suggested that she use this as a clue—that whenever she felt confused to check to see if something was happening that she didn’t like. (“Don’t like” is a watered down, less threatening expression for some children.) If she could know she was angry, she could then choose an appropriate way of expressing it.

The child and I discuss at length various ways she might express angry feelings privately without bringing further trouble to herself. By this time I have hopefully convinced them of the organism’s need to rid itself of this negative energy, rather than push it down. We make a list of these activities and practice them in the office. Some of the more popular methods include tearing magazines, drawing a face and jumping on it, hitting a designated pillow, screaming into a pillow, running or some other physical activity while focusing on the angry feeling, writing an unmailed letter to the object of the anger, and so forth. It is necessary for children to have outlets such as these. Direct expression is certainly ideal, but difficult for all of us and especially for children. When they attempt to directly tell a teacher or a parent what is making them angry, they are accused of having a bad attitude and often punished. Children do tend to speak in a louder voice when angry; they have not yet learned the art of diplomacy.

The child generally will go to great lengths to avoid dealing with deep feelings—feelings that are kept hidden and interfere with healthy development. He very rarely says, “Today I’d like to work on my father.” The child has so little support to deal with the intensity and weight of these feelings that he will suppress them to the extent that he actually has little awareness of them. However, his behavior and life process are greatly affected by these feelings, and helping children uncover them and express them is essential in therapeutic work. Eleven-year-old John exhibited behaviors and symptoms that were interfering with his life. His grades were falling; he became forgetful and often had headaches and stomachaches. When I asked his mother when he began to have these symptoms, she vaguely stated that it had been going on for a couple of years, but actually had worsened lately. When I asked if anything had happened 2 years before, she said his brother had died, but she felt that
they had all handled their grief quite well. I know that children need a lot of assistance to go through grief, and they are so good at pushing feelings down that they are often seen as doing well. Additionally, I know that changes in behavior and new symptoms appear gradually and become accelerated as time goes by. A child does not say, “This is not working for me. I’ll try something else.” The behaviors and symptoms intensify and increase. At one of our sessions, I asked John to make a clay figure of his brother and to talk to him. He became quite agitated and refused. I gently asked, “What are you thinking about, John?” (I rarely ask children what they are feeling, since they usually say “fine” or “I don’t know.”) John shouted, “I HATE those doctors!” I quickly put a lump of clay in front of him and handed him a clay mallet. “Give it to those doctors,” I said. John began to smash the clay with the mallet. I became a sort of cheerleader, urging him on. (This is not a time for the therapist to stay quiet.) He smashed with lots of energy. “Yeah! Give it to them. Tell them why you’re mad at them.” John began shouting, “I hate you. You wouldn’t let me see my brother. I never saw him again. I hate you.” After awhile, I asked John to make a figure of his brother. He made a figure in the hospital bed. “If you could say anything you wanted to him, what would you say?” Tears came down his face as he told his brother how much he missed him. There was silence as he intently looked at his clay brother. He said softly, “Goodbye,” picked up the figure and kissed it, gently laid it down, and said to me, “Do we have time for a game of Connect 4?” We spent a few more sessions focusing on his brother, and John’s behavior dramatically changed. He is now a happy, productive, well-adjusted boy.

Self-Nurturing

A vital step in the therapeutic process is what I call self-nurturing work. In essence, my goal is to help children be more accepting, caring, and actively nurturing to themselves. This is a difficult task since children are brought up with the idea that it is selfish and wrong to care about the self. If a child says, “I’m very good at this,” she may be accused of bragging. The children I work with have introjected, swallowed whole, and taken in many faulty messages about themselves from a very early age at a time they did not have the maturity and cognitive ability to discriminate what fit for them or did not fit. These introjects cause children to restrict and inhibit aspects of the self and interfere with healthful growth. These negative self-messages tend to remain with them throughout life and particularly emerge under stress. Children developmentally, in their egocentricity, blame themselves for the traumas that occur in their lives.
I find that, even if parents change their manner of relating to and communicating with their children, their faulty belief system persists, often going underground to emerge at times of tension and pressure.

Even a young child, particularly the disturbed child has a very well-developed critical self. He develops powerful negative introjects and often does a better job of criticizing himself than his parents do. This judgmental stance, often well hidden from others, is detrimental to healthful growth. The child may say to himself, “I should be a better boy,” but the enactment of this wish is beyond his power and comprehension. The will to “be better” enhances his despair. Self-acceptance of all of one’s parts, even the most hateful, is a vital component of unimpaired, sound development [Oaklander, 1982, p. 74].

Fragmentation is a disastrous result of self-deprecation. Integration begins to take place when we can help the child begin to learn to accept the parts of herself that she hates and to understand the function and purpose of those parts. Through this process, children acquire skills for treating themselves well. This is a revolutionary concept for most children, since, as indicated above, they have learned that it is egotistical, self-centered and frowned upon to treat oneself well. They will then look to others to do this job and feel let down when it doesn’t happen, further reinforcing the negative introject. Adolescents feel guilty when they do nice things for themselves, which debilitates rather than strengthens.

The first part of the self-nurturing process involves digging out those hateful parts of self. Though fragmentation prevails, the child tends to identify herself totally with each hateful part. If the message is, “I’m stupid,” she feels that stupidity is her whole identity. Comprehending that the hateful part is only one aspect of herself is usually a new concept.

Once a part is identified, the child may be asked to draw it, make it out of clay, or find a puppet that represents that part. The part is fully described, portrayed, and exaggerated. The child is encouraged to talk to that part, and often critical, angry statements are directed at the hateful demon. In this way, she expresses her aggression outwardly, rather than turning it in toward the self. With this kind of outpouring of energy, she gains self-support for the next step which involves finding a nurturing component within the self. Sometimes the hateful part becomes a younger child, about 4 or 5 years old, an age when children absorb many negative self-messages. The child then dialogues with this younger self. Realizing that the part is actually a belief from a much younger age often helps the child to develop a nurturing stance. Sometimes we use a projective technique such as a fairy godmother puppet who is loving, accept-
ing, and nurturing to the hateful part. The child is then encouraged to repeat the fairy godmother's words to see how it feels to say them to himself. Eleven-year-old Joseph expressed much anger and disgust at a drawing of the clumsy part of himself that he named "Mr. Klutz." Mr. Klutz couldn't do anything right and fell down and bumped into things all the time. As the fairy godmother puppet, he told Mr. Klutz after awhile, "At least you try things!" Joseph turned to me in wonderment and said, "That's right, I do try things!" A piece of integration took place at that moment right before my eyes. I suggested to Joseph that he imagine his fairy godmother sitting on his shoulder each time he did something klutzy, and she told him that she likes him even when he fell or bumped into things, and she was glad he tried. Joseph reported in later sessions that he really was not as clumsy as he originally thought.

Seven-year-old Lisa thought she was stupid because she had trouble learning to read. Her fairy godmother puppet said, "You're pretty good in math so you're not so dumb as you think." (These were Lisa's own projected words.) Lisa was able to say these words to the drawing of her dumb self, without the use of the puppet, with sincerity. She reported later that she was reading pretty well now.

Twelve-year-old Zachary admitted that deep down he felt he was a very bad person and deserved his abuse and abandonment. He made a figure of a 4-year-old Zach, the age that he remembered his first beating. It was not difficult for him to see that this small figure of a small child had not deserved such treatment, and he was able to talk to his little boy self in a nurturing way. I asked Zachary to find something at home to represent this young child part of him, a pillow, a stuffed animal, or a ball, and to talk to him every night before he went to sleep, telling him what a nice kid he was and that he did not deserve the beatings. I especially wanted him to tell this part that he would always be with him, that he would never leave him. We practiced this in the office after I explained that, even though this exercise seemed strange and weird, it was extremely important that he follow these directions. He did as directed and exhibited a decided improvement in his demeanor.

Persistent Inappropriate Process

Generally, the inappropriate behaviors that have brought children into therapy have diminished or completely disappeared by the time we have worked through the various components of the therapy process. After several months of therapy, Janine gradually grew to trust others and develop a strong sense of self. She began to express her emotions clearly and transformed herself from a meek, timid child into one who could comfortably stand up for herself. Joseph, who had presented himself as
severely hyperactive, no longer needed to move incessantly in order to avoid contact. He now had good contact skills and was calm and present in most situations. We were able to focus on the deeper emotions of anger and grief that lay within him.

There are times, however, when certain behaviors tend to persist, and it is at this time I focus on them. When a child initially comes into therapy, I do not confront the behaviors. I don't say, "Let's talk about your fighting." I might ask the child to describe the experience of fighting, paint his feelings during the fighting, or draw a picture of one of his fights. But we don't discuss the fighting with the intent of changing his behavior at that time. (I do confront trauma fairly early on, however.) I see the behavior as a symptom of something deeper. When the child does not appear to be happier, stronger, and functioning well in his life, I need to first evaluate my work carefully. If the child and I have a good relationship and if he is able to sustain contact, has been responsive, and has shown a fairly healthy process during our time together, then I know I need to focus on that behavior that is still causing concern and distress.

Since Gestalt therapy is a process-oriented therapy, rather than a content-focused therapy, helping children become aware of their particular process takes precedent over modifying the behavior through specific problem solving, rewards, lectures, or other types of interventions. It is through the awareness and experience of their actions that change begins to take place. Change within this context is often paradoxical in nature. Arnold Beisser (1970) states, "Change occurs when one becomes what he is, not when he tries to become what he is not" (p. 77). Following this principle, I will devise activities and experiments to direct the child's awareness toward his behavior. Prerequisite to these experiments is the child's new feelings of self-worth and self-support, as well as skills for appropriately expressing his feelings.

Twelve-year-old James was very shy. He lived in a large, chaotic family and somehow had been lost in this atmosphere. I worked with the family, as well as James individually, and though much good work was accomplished, James remained painfully shy with other children. A therapeutic group would have been helpful, but one was not available. Together, we delved deeper into his shyness. He made a clay sculpture representing his shy self and one for the self he wished for. He discovered that his shy self was quite young and had some poignant dialogues with his little boy self. He discovered that he had had very good reason to be shy at that time as a way of coping and protecting himself. I devised an experiment whereby he would approach a group of children at school at lunch time and pay full attention to the feelings in his body and the thoughts in his head. This was a painful experiment, but with his newly developed sense of self, he agreed to carry it through. At the next session he drew a picture of his feelings using different colors, and listed
his thoughts: "They don't like me. I'm not good enough." James was surprised to recognize these thoughts as old messages about himself. A further experiment was suggested that involved taking the younger James by the hand (figuratively) and talking to one boy in his class about an assignment. We talked about rejection, something he usually expected. And so with my support and with the idea that this was an experiment, James carried out the assignment with great success. Further such experiments, along with their successes, helped him realize that he could discard that old, shy self.

### Ending of Therapy

I am often asked about how I know when it is time to stop the therapy. If the child is doing well in his life and our work has taken on an aura of just hanging out together, it is time to stop. If the child, who once could not wait to come to the sessions, becomes very busy in her life with friends and activities and says she doesn’t have time to come, it is probably time to stop. If the child is doing well in life and our sessions are still fruitful, it is not time to stop. If nothing much is happening in our sessions and symptoms persist at home, it is time for me to take a good hard look at what I’m doing or not doing. If resistance comes up and persists, even though I know there is more work to be done, we sometimes have to stop for awhile. This often happens with children who have undergone severe trauma, particularly molestation. The child can only work through certain aspects of the trauma at her specific developmental level. If a 4-year-old has been traumatized in some way, she may work through her anxieties and feelings over that trauma, but only to the extent of her 4-year-old cognitive and emotional abilities. At various stages of her life, issues may present themselves related to that early trauma, causing inappropriate behaviors or symptoms to emerge, calling for further therapy suitable for her current developmental level. Further, children often reach a plateau in their work and need time to integrate what has been accomplished. Sometimes parents take their children out of therapy for a variety of reasons, such as financial and time constraints or insurance company limitations. When this happens, I must respect the parents’ wishes and leave the door open for subsequent work.

The length of time of therapy with a child is quite variable, depending on many factors. Sometimes we work for a few sessions, sometimes three or four months or a school year, and sometimes for 2 years. Regardless of the length of time or the reason for ending, special attention is given to closure. Closure is not taken lightly—it is an important aspect of the therapeutic process. In a sense, therapy has been the foreground, a vital figure in the child’s life, and the completion of this gestalt allows the
child to move on to a new place. As needs are met, new masteries achieved, new discoveries made, and blocked feelings expressed, there is a period of homeostasis and satisfaction. This is closure, and from this place, the child can grow and develop in healthy ways.

Our last session can represent a rite of passage. To honor this event, we pay homage to our sessions. We talk about all the various activities that have taken place. The child and I look at her folder together much as a photograph album, remembering the various drawings and sand scene photos. Depending on the child’s age, we decide on the final event. We may make goodbye cards for each other, or the child might choose a favorite game to play. We talk about endings and beginnings. I have asked adolescents to create a sand scene representing our time together or the feelings accompanying the ending or one thing that stands out for them from our time together. Some children will draw pictures of their mixed feelings: sad to be leaving and happy to be leaving. Such drawings can relieve the confusion they feel over having opposing feelings. What we do to honor our final meeting is a cooperative decision.

Parents and Families

The focus of this chapter has been the therapeutic process with children and adolescents. Working with parents and the family is certainly part of that process, though at a different level. I do, as a general rule, see the parents with the child at least every 4 to 6 weeks if I am seeing the child individually. I will bring in other members of the family as necessary, sometimes seeing the child and his siblings without the parents. Occasionally I have seen a child alone every other week and with her mother or both parents the alternate week.

Educating parents about the therapy process is essential. Unless parents understand and know what I am doing, they can easily sabotage the work. Parent education becomes a vital part of the therapy process, and most parents are grateful for it. If the parents are hostile and angry, I must honor that resistance, offer my support, and continue my attempt to establish a working relationship with them. I know that often the hostility is a mask for their own pain, anxiety, and feelings of failure as parents. If parents refuse to participate at all but continue to bring in their child because they must, as by court order, I will continue to work with the child, often addressing the issue of their parents’ attitude with the child. Every session can give that child inner strength to cope with his family.

Even when parents willingly participate in sessions, there is a decided difference in family work and individual child work. Children are certainly relieved and happy when parents change dysfunctional ways of
relating to them, but often the negative introjects are just buried deeper only to surface at a later time. The child does not automatically become emotionally healthy when his family begins to make changes. He still needs to gain a stronger sense of self, express buried emotions, learn how to get his needs met or to meet his own needs appropriately, learn to be self-accepting and self-nurturing, and begin to learn how to manage faulty messages of the self that have already become ingrained as part of his belief system about himself.

References


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