

Practitioner Perspective

The Possible Person: Playfulness, Expression, Trust-Building, & Meaning-Making with At-Risk Youth in Psychotherapy

By Blake Griffin Edwards



Introduction

Far too often in therapy with at-risk youth—prompted by clients, caregivers, or even sometimes therapists—terrible weeks are merely re-hashed. The client's unstable mood or erratic behavior steals the show, a caricature of the forgotten person hiding beneath the masks worn day after day, masks stubbornly affixed as a concealment and a false comfort, and that possible person underneath the monstrous mood or the harrowing history is forgotten again.

In working with at-risk youth in therapy, I have found myself periodically stuck in vicious cycles of re-hashing. Even in clinical

staffing of cases, I have become stuck in these vicious cycles. Multidisciplinary consult teams commonly become stuck in what I call “case gossip,” a perversion of good, constructive case staffing in which small talk, generalised curiosity, and telling-everything-you-know takes the place of careful case conceptualisation.

Sometimes therapists lose sight of what clients need most—a genuine, nonreactive, empathic presence, authentic relationship, supportive change-validation, skill-building, and goal-directed activity. Too often, mental health workers escalate clients' distress by asserting too rigid a modality

and too rational a mindset for the therapy to be therapeutic.

Experiential Therapy Versus Intellectual Nagging

Years ago, I was providing therapy at a middle school, and a boy—my client—had an explosive reaction in class and ran outside the building yelling obscenities at the teacher who was chasing him and demanding obedience. I was asked to quickly make my way outside to assist, which I did. What followed for nearly ten minutes was a scenario in which the teacher, visibly shaken, yelled back at the youth demanding compliance with orders while nearly, literally, running in circles with him. I stood very awkwardly aside, doing very little, hoping every second that the teacher would go away, yet not wanting to say or do anything that would undermine her authority. My failure to even attempt to physically catch him or echo the teacher's demands must have exacerbated the teacher's frustration, and I absorbed a few verbal blows myself...*not* from the boy.

Finally, the teacher gave up and retreated only after demanding of me a list of requirements that her student must comply with and requiring I acknowledge that he was not to return to her classroom until he was ready to comply. I have been provided with many such lists from

parents and spouses throughout the course of my career. I stood still and quiet for a few minutes while the boy ran wildly over to a football field surrounded by a track. He ran up the small bleachers, jumping off of the back. He beat his chest. He screamed obscenities. He somehow managed to find rocks in the midst of a well-groomed lawn to throw at the side of a brick building. And still I watched.

Eventually, I walked within about 50 yards of him. About that time he had found a pile of long, narrow PVC pipes, which he threw violently toward the football field. Being late winter in the Seattle area, the field was very wet and mushy, and so the ends of the PVC pipes were landing like spears inches deep, resulting in the pipes then wobbling, almost comically, swaying—now three, four, five of them—like a kinetic art installation.

By this time, I had not spoken a single word. And then, as he walked over and removed one of the pipes and began using it as a martial arts *bo staff*, I walked the remaining distance to him. Once within a couple of yards from him and as he began to prepare his weapon for defense, I grabbed a PVC pipe myself and awkwardly swung it around, like Jackie Chan. He scoffed loudly, “Haaa! You’re an idiot! You don’t know what the fuck you’re doing!” I laughed at myself, then offered, “Nice moves. Where’d you learn how to do all that.”

He immediately began to brag about his belt rank in karate, and I listened, uttering “Ah’s” and “Oh’s” and “Um-hm’s,” along with genuinely curious questions—it was, after all, quite interesting—as he explained forms and sparring. By the time he took his first pause, nearly out of breath—from not only all the angst and exercise but also in the excitement of having someone listen to him—I shared,

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“Well, thanks, this was fun, but I’d better get back to my office. I have a lot of paperwork to do. Do you want to walk back with me?”

I noticed a glint of suspicion in his eyes, and he declined. I responded, “It’s cold out here, though. Don’t stay too long. You and I both have work we should be doing.” And, I walked away. I did not look back. As I walked, my anxiety rose. I had no plan. I had no idea what I was doing. I couldn’t leave him out there. Yet I couldn’t force him, and I saw no good coming from a power struggle. Having said what I had said to him, I couldn’t now stay and supervise, or I would lose his trust. I couldn’t return inside the building without him, or I would be reprimanded. What if he got hurt? What if he ran away?

I was within thirty yards of the building by the time he caught up with me. I didn’t hear him coming, but he had run to my side and began walking alongside me. I smiled at him and kept walking. We walked all the way to the door of his class’s portable building, which I opened. I said, “Have a great afternoon.” He retorted, “Have fun with all that paperwork.” We both laughed, and he took his seat. The teacher silently mouthed to me gratefully, “Thank you.”

Although that therapeutic encounter was not your average session, its awkwardness and spontaneity are representative of many therapeutic moments I have endured, in which I have listened to my own gut, hesitated to act too

swiftly, too directly, or to comply with rigid expectations on me or on the therapy. It can feel like “winging it,” but this type of therapeutic craziness, as the symbolic-experiential therapist Carl Whitaker was known to call it, requires a fullness of therapeutic vision, as well as courage, compassion, openness, and optimism.

Therapists must somehow coax clients to feel their difficult emotions in the face of unconditional acceptance in order to begin working through *them rather than merely* talking about *them*. *Effective therapy is always more right-brain than left.*

One of my graduate school professors, Bill Collins, told me a story about when he was a student at Notre Dame (he was proud of the fact that they won the national football championship while he was there, but *that* is another story). He recalled one day encountering a friend after a football game. His friend was a member of the team and was angry about how things were going, including the game. His friend had a stranglehold on a young kid and evidently was intent on “beating the shit out of something.” Bill was at a loss for what to do, and so, quite reflexively, just began crying. All of a sudden, his friend kind of took him in and nurtured him, and in that moment, quite unexpectedly, Bill saw change happen in both parties. He had experienced a therapeutic moment.

The family therapy pioneer Lynn Hoffman, who sadly passed away this past December, gave a language of values for sitting with clients (e.g. the non-expert position, relational responsibility, generous listening, one perspective is never enough). In an email exchange, Bill told me about his own efforts to incorporate Hoffman’s values into his own therapeutic work—

Many adults perpetuate volatile cycles of emotion, thought, and behavior unintentionally by interacting with children in ways that trigger further volatility.

“At times, I will use an expectant silence, as if waiting for something to fall into my lap. What often happens is that into this space come very unusual thoughts, leading to unusual remarks, and not necessarily by me.”

My former colleague, Blanche Douglas (2015), wrote—

There was a method in Freud’s madness when he prescribed the analyst be as undefined as possible, not disclosing details about his life and sitting behind the patient out of sight, saying little. This forced the patient to make meaning out of an ambiguous situation, and the only way he could do this was by recourse to his own experiences, unfettered by the reality of the analyst as a real person. (p. 25)

Whitaker (1978) argued that therapy should be a complex emotional experience, not “intellectual nagging” (Napier & Whitaker). We are complex creatures, most effectively engaged at multiple levels of awareness and being. Moments of emotion have ignited wars. We are far from purely rational creatures. The world is not a purely rational place. Why should therapy be?

Hear Me, Love Me

Children who have had a more secure attachment with their parents or other early childhood caregivers are much more likely to view their school teacher nearly automatically as, in the words of John Bowlby (1980), “being available, responsive, and helpful

and a complementary model of himself as a potentially lovable and valuable person” (p. 242). This child is likely to be more confident, approachable, and resilient. But children who have had adverse or negligent relationships with parents or other caregivers are likely to be self-doubting and behave in either more withdrawn or more disruptive ways. From infancy, emotional responsiveness has been shaping relational experience. Youth who, as a baby, found no mutuality—where spontaneous gestures were not recognized or engaged with and where needs were not consistently met—may not have developed trust in others or self-confidence

Additionally, either due to traumatic experiences—including abuse or extreme neglect—or developmental anomalies, some kids have intense fight, flight, or freeze responses and little ability to self-soothe. Chronic volatility in family relationships can also set this pattern into motion. Developmental neurobiologist Daniel Siegel (2003) described how the mind develops as the brain responds to ongoing experience. Problem behavior is a manifestation of well-worn neural and cognitive pathways that translate into reflexive emotional, cognitive, and behavior patterns. In the face of problem behavior, we must learn to detour kids’ domino-effect reactions, which so frequently emanate from underlying fear or shame. Many adults perpetuate volatile cycles of emotion, thought, and behavior unintentionally by interacting with children in ways that trigger further volatility.

Navigating out of these ruts requires self-control, empathy, and creativity. Explosive and withdrawn behaviors are typically adaptive responses, arising out of needs to be liked, valued, and respected, needs to have some sense of predictability and control, and needs to heighten or lessen sensory stimulation. When behaviors are confronted through criticism or control, a defensive response perpetuates the vicious cycle through an emotional display on the outside of feelings being felt on the inside. Sometimes rather than emotional displays, there are lies.

Years ago, I was chatting with a foster teen—I’ll call her Bria—who shared with me that her younger sister often lied to their foster parents. She told me that the foster parents regularly and swiftly called her sister out on her lies—from stories about past events or what happened earlier that day—and that this perpetuates a vicious cycle. She explained, “I always let my sister tell me all those lies, but then she also tells me true stuff, everything that she doesn’t feel safe to tell [the foster parents]. She doesn’t trust to open up to them.”

I asked, “But why does she lie to you?” She responded,

My foster parents don’t understand that when my sister is telling those lies, she just isn’t ready to open up yet. It’s her way of making sure someone is safe before she goes and lets them into her little world. If I am there for her and listen to what she has to say, even if it’s not true, she knows I’m listening and that I love her, and pretty soon she always stops with the lies and starts telling me the truth. That’s when she opens up a lot to me and talks to me about things that have happened to her and tells me how she’s really feeling.

I learned from the profound insight of this caring sister. Care should seek first to nurture trust and broaden understanding; only then comes the carefully directed mission of increasing personal ownership and accountability. Emotionally nurturing relationships can act as a catalyst for healing changes in a foster child's life.

Whether their biological parents ignored their most fundamental needs or acted violently to bring a false semblance of control to the chaos of their own lives, foster kids have experienced rejection. And, of course, there are even greater evils: sexual abuses and varying forms of physical and emotional torture. When these kids are placed into the warmly anticipating homes of well-meaning foster parents, often there exists a gulf between preconceived expectations for their behavior as a member of this new family and the reality of these children's ongoing emotional warfare. Children in foster care may experience profound difficulties, from learning language and gaining healthy physical mobility to using age-appropriate thinking skills and engaging in appropriate social behaviors and decision-making. Abnormalities in appetite and sleep are often lingering effects that can stop and start for years.

Children who have experienced abuse or neglect may engage in behaviors that mirror the very abuse they have endured, often behaviors that once had some adaptive purpose essential to survival. Children who have experienced complex trauma may hoard food or engage in self-harming or even self-soothing behaviors (rocking, scratching, biting, or cutting themselves)—a particular behavior may paradoxically both harm and soothe. Some who have been abused themselves may engage in acts of cruelty directed

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at those smaller and less powerful (younger children, animals). Acts of aggression may stem from undeveloped empathy and impulse control that may reflect an attempt to understand how others react when experiencing pain and may also reflect attempts to make sense out of harm that was done to them.

Without a strong emotional bond with a caregiver that acts as a secure base, children may engage in indiscriminate attachment behaviors, seeking affection from individuals relatively unknown to them, perhaps in an effort to find the reassurance of safety. Therapeutic support programs for foster parents often focus on the negative effects of trauma and the defensive strategies foster parents can engage in to respond well to the most difficult behaviors and de-escalate crisis scenarios. This type of training is critical, but with so much focus on posttraumatic stress at the root of problems, we easily miss innumerable signs of posttraumatic resilience, strength, and growth.

Heather Forbes, a prominent advocate in the field of foster care and adoption, frequently tells foster and adoptive parents that the paradigm for parenting a child who has experienced trauma must completely change, that we get the wrong answers because we ask the wrong question. She said the question we ask is: "How can I change this child's behavior?" She cautioned—as long as we ask that question, we will perpetuate a vicious cycle of power struggle, distancing, and further deterioration of attachment.

Forbes said the two "right" questions are "What is driving this

child's behavior?" and "What can I do to improve my relationship with this child?" When these questions are our starting point, we find ourselves better prepared to encounter and facilitate opportunities for healing of trauma and change of behavior to begin.

Daniel Siegel (1999) noted, "The care that adults provide nurtures the development of essential mental tools for survival. These attachment experiences enable children to thrive and achieve a highly flexible and adaptive capacity for balancing their emotions, thinking, and empathic connections with others" (p. 33).

When kids misbehave, those who understand children's underlying needs respond in ways that guide the development of the personality underneath the monstrous mood paralyzing it. It is important to maintain firm guidance alongside unconditional acceptance, as well as to discern that fine line between what is vital and what is negotiable. Consequently, the need to become defensive and act out may diminish over time if the child finds that it is not needed anymore to be heard or to feel loved. When a child is angry or anxious, simply feeling heard or understood can be calming and helpful. Every child wants to be heard, which is just another way of saying understood, and loved, which is just another way of saying known.

Yet therapy with at-risk youth risks devolving into cynicism, marching forward under a cloud of subconscious assumption that the pattern of pathology presented will persist. Such a mindset ever keeps true therapy at bay. Healing happens where growth happens,

and growth happens where life flows freely into an open, as-of-yet undefined, and changeable future.

The Pace & Space of Trust-Building & Meaning-Making

Adolescence is a time of expression and differentiation. I can remember that initially, Bria was not too happy to sit with me during our weekly sessions. Having experienced a childhood of broken trust and sexual trauma, and after having bounced around between too many foster homes over too many years, she was understandably reticent to relax into my couch and lean into our relationship.

Bria was not the first client I had encountered with such an agonizing history. I had discovered by trial and error a therapeutic path that invited expression, an imaginative leap from dreadful realities. I had devised a simple self-assessment that helped me know whether my clients had any enjoyment of particular expressive activities such as writing stories, writing poetry, writing song lyrics, sketching drawings, sculpting clay, or other art forms. If there seemed to be no interest in these activities, I would gauge interest in more passive but still meaningful activities such as listening to music, short stories, or watching movie clips.

One day, I provided Bria with my assessment, and she indicated an interest in drawing. As I maintained a collection of colored pencils and drawing paper in my office, I offered them to her, and, another common practice of mine, I showed her an array of different colored folders she could choose to keep her drawings in at my office so they would be available to her each week. As a point of clarification, she was welcome to take any of her drawings from my office, but I only asked that she allow me to make a copy of any piece she would be

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taking away. If she did not wish for me to have a copy, I would honor her decision.

Every time that she came to see me thereafter, I had art paper and colored pencils waiting for her. I never said another word about them, never provided an invitation to her to use them. I didn't need to. And I never asked her about her drawings. I just sat with her and attempted, oftentimes awkwardly, to get to know her and to work with her to help organize her emotions into reflections and her reflections into meaning. She, all the while, organized her troubles into sketch art. Occasionally, she would hand a piece over to me and expound upon its finer points, its errors, and its meaning. On one occasion, as she did so, she fell apart into tears. At one point in the midst of that, she yelled and cursed so loudly that I could hear the footsteps on creaky hallway floors of a coworker come to discreetly check on things at my door.

Bria entered therapy oscillating between expressive anger, reflective sadness, and emotional distance. These matched her foster parents' reports from home. During the first two months of therapy, I observed difficult interactions between Bria and her parents, especially highly defensive behaviors by Bria. In her first several sessions with me, she had seemed emotionally rigid. As time wore along, I began to experience Bria differently. She seemed, in the context of our conversations over her sketch art,

to be appropriately vulnerable, emotionally pliable, and more deeply reflective. However, her parents' reports to me were nearly unchanged; the Bria living at home remained stuck in an alternate dimension.

The difference, in my view, between the kind of expression and interaction that Bria experienced in therapy (eventually) versus the kind frequently experienced during the rest of her weeks was a difference of control. During the week—during her life for that matter—she felt little of it. There were a number of reasons this could be said to be true. Yet during our sessions, she had a great deal of control. And she liked that.

Sketch art did not solve Bria's problems. Nothing solved Bria's problems. Sketch art did not change Bria's past. Nothing changed Bria's past. Sketch art did not teach fantastic new life skills. I must confess that I certainly did not teach her much of anything, if “anything” should be construed as insight or manners or gumption (*note: she already had gumption*). Yet something happened in the course of our time together, and something of the give-and-take between us forged a new possibility for Bria, a new way of being in the world.

Her father noticed, and in his noticing, he came to me to ask what had changed. I reflected what wonderful care she was being provided in their home, and I knew with certainty that the reality of their consistency and care was the most powerful intervention in Bria's life. He did, however, want to know more about Bria's therapy.

I rarely knew, as a young therapist, how to explain to parents my work with their kids, and this encounter was no exception. When he pressed about what kind of strategies I was using to process

her past trauma, I sputtered out a nearly undecipherable explanation of how I try not to push her and of how she had not actually opened up to me about her past trauma. Ultimately, her father reflected, “When I pick her up from her session each week, it’s like the light in her has been turned brighter, and she’s opening up in a new way. She actually has begun talking to me about past abuses, just matter-of-factly, really... and what’s more, she’s been kidding around with us a lot more lately.”

As a psychotherapist, I have had opportunities to encounter those whose journeys have led to my door. Far more than problems and solutions, I have had opportunities to help clients discover something larger—hidden worth, unrealized meanings, unseen hope. Effective psychotherapists redirect from cynicism to expectancy. The task of intervention is primarily the task of collaborative, intentional, and active therapeutic leadership, not positivity but meaning-making, and not merely meaning-making but helping another become him- or herself, stirring the *person* in the human.

In L. Frank Baum’s story, *The Wonderful Wizard of Oz*, the wonderful wizard places an amalgam of bran, pins, and needles in the Scarecrow’s head to inspire his intellect, gives a silk heart to the Tin Woodman to inspire love, and provides a strong drink to the Cowardly Lion to inspire bravery. Similarly, I have found it helpful in therapy to accentuate strengths that counter areas of self-doubt and amplify constructive meanings introduced by my clients. Whenever possible, I do this in ways that are indirect, sometimes through Socratic questioning or motivational interviewing, but at least as often I have done this through forms of creative, symbolic communication

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and activity. When we signify, we promote significance. Symbol is a language whose Rorschach allows space for meaning-making. The story of Oz underscores the influence of meaning conveyed. The wizard’s clients, so to speak, demonstrated respect for his power in spite of discovering he wasn’t powerful. Despite his confession, they wanted his help nonetheless. By the time they had gotten it in the unfolding of an awkward, confrontative session, they had in a matter of moments released themselves of prior expectations and found a help fraught with mystery but not inconsequentiality.

All the World’s a Stage

The psychologist David Elkind (1967) wrote of how adolescents are constantly reacting to an imaginary audience. He said that, as a result, they begin to develop a kind of personal fable in which the youth begins to see herself as a unique being in the world all her own and over-differentiates her thoughts from those around her, failing to see the interrelatedness in this ecology of people living life together. The personal fable is a narrative youth are telling themselves that begins to take on mythic life. It is difficult for some youth to differentiate their own mental constructs from reality.

When there has been a history of abuse or neglect, a survivalist mentality and an emotional schema to accompany it necessarily develops and often persists. Yet, when there is no longer a need for

such a mindset, it is not easy to shed the once so-helpful rigidity and reactivity. There is a kind of play that must be learned or relearned to become creative and integrative in life, as life at its best demands. Play, like summer vacation, has mysterious ways of relaxing stress, reprocessing experience, and integrating learning, preparing us for higher levels of growth, which includes healing processes.

Donald Winnicott (1971) referred to psychotherapy as playing together in the creation of symbols, as meaning-making. In his own words—

“Psychotherapy takes place in the overlap of two areas of playing, that of the patient and that of the therapist.” (p. 44)

“It is in playing and only in playing that the individual child or adult is able to be creative and to use the whole personality, and it is only in being creative that the individual discovers the self.” (p. 63)

It is never merely perspective or skill that holds power to change people’s lives. It is an expanded capacity for creating. It is the integration of character. It is a wellspring of courage fed of a source previously unknown. There is integrity, beauty, and in some cases, even justice, in the fluid, organic, and risky enterprise of *care*. Integration leads to the intricate and inextricable weaving of insight (brain), compassion (heart), and will (courage), much of whose mysteries have been with us in some form from the very beginning of our journeys (surely you noticed that Dorothy’s three friends in Oz resembled the farmhands who worked for her aunt and uncle back in Kansas, just as the wizard himself resembled Professor

Much of that work involves identifying the personas, or masks, that youth are wearing over the course of their days and weeks, instruments which conceal and protect.

Marvel, the phony fortune teller who convinced Dorothy to return home when she'd ran away).

Because our clients need this sort of holistic integration, there must, therefore, be a dimension of "play" in psychotherapy, a breaking loose of rigid constructs—beliefs and behaviors—in the process of retrofitting a more constructive and contributory meaning. Play, as a literal or figurative activity, is a relationship-building catalyst, spurring development as therapeutic gains are consolidated. As we lower our guards and heighten our senses, we tend to position ourselves for greater learning and growth. Like breathing, eating, and sleeping, we all have a built-in need to be playful, to be exploratory and creative, to be more fully ourselves, to find the spaces necessary to shed persona and pretense. If a child isn't good at playful interaction, they'll end up feeling more awkward and are more likely to withdraw from social situations. Our capacities for playful expression correlate with our capacities for resilience.

Playfulness involves imaginative consciousness and meaning-making. Everything we do can be permeated with an attitude that is playful. Emotionally responsive playfulness has its own way of signalling that there is safety in the room, and it holds potential for promoting vitality. Our clients often find themselves wandering in emotional deserts, harsh internal environments devoid of the fundamental elements necessary for play. Yet Blanche Douglas (2015), asserted—

There is never a total absence of potential space for the creation of meaning... Where trust and reliability have been internalized, there is a potential space with an infinite capacity for being filled with creative activity. It is there that unbearable contradictions become paradox, and paradox cannot only be tolerated but can be made use of in the experiencing of life. (p. 25)

I have found myself slipping in and out of different persona's myself as I have sat with youth in therapy over the years. Since I'm not great at being playful myself, this has very often taken the form of my best efforts to engage playfully, which is, in many ways, just another way of being vulnerable. There are few better ways for therapists to catalyze therapeutic alliance with emotionally resistant clients than modelling some degree of appropriate, genuine, power-sharing vulnerability.

I think of one older adolescent boy with whom I regularly ended sessions by walking outside to have him show me his latest tricks on skateboard. He would urge me to try, at which point I would become my best version of cool, which would result nearly inevitably in falling flat on my face. Let me tell you that those few minutes each week opened up a world of trust between me and that angry, rebellious, isolated boy who felt there was no adult in the world who was worth his time of day.

I remember a preteen girl whom I had seen from the time she transitioned out of juvenile

detention. She was quite skilled with hurtful words. When she walked into the room, anything I said or did would initially, typically be met with a sarcastic precision that had a way of punching me in the emotional gut and stripping me of confidence. In several of those moments early on, I had doubled-down in my emotional nakedness through goofiness and a bit of strategic self-deprecation, showing her my floundering skill of juggling hacky-sacks, which required me to stand up out of my comfortable armchair, dance around as I tossed them in cascades over my head and between my legs, and always concluded in hacky-sacks flying chaotically toward opposing walls, leaving me stumbling off balance, arms and legs twisted—a clown, without face makeup.

In those moments, she would begin to laugh not only at me, but with me. Her icy cold, threatening remarks toward me would morph into playful teases that left just enough space open for me to engage in a verbal jousting match of wit and trash talk. In the irony of that space, she—and so many other at-risk youth—have come to lose that respect, borne out of fear, for my position and power, and gain a more pliable, useful respect borne out of trust. It has been in the microcosm of those spaces that the seed of meaningful therapeutic work has been reliably planted.

Much of that work involves identifying the personas, or masks, that youth are wearing over the course of their days and weeks, instruments which conceal and protect. Rather than conveying that my clients have some "truer self" underneath their masks, I try and help them see their value and praise them for their adaptive skill in managing anxiety. My goal is not to strip them of their masks but to help them decorate them and practice expanding their repertoires.

In *The Merchant of Venice*, William Shakespeare (1564-1616) had Antonio reflect—

*“All the world’s a stage,
And all the men and women
merely players;
They have their exits and their
entrances,
And one man in his time plays
many parts”*

Carl Rogers (1961) wrote that as a person becomes increasingly comfortable with ways of being and becoming themselves over the course of therapy, they drop “one after another of the defensive masks with which he has faced life...[and] discovers in these experiences the stranger who has been living behind these masks, the stranger who is himself” (p. 123-124). I would clarify that a key word in Rogers’s assertion is “defensive;” in other words, not *all* masks. Rogers did not intend to place clients in positions of untenable fear without recourse to their own internal, creative coping skills. He intended to have clients gain the power to become flexible in the face of fear.

Additionally, did you notice that in Rogers’s metaphor, the person seemed to have had many defensive masks on all at once? This is another critical key. It does no good to wear all the masks all the time. We must know which work well for which particular role or “Act” we happen to find ourselves in. The capacity for shifting personas fluidly and creatively serves us all well in the theatre of our lives, and we have responsibility to ensure our clients are equipped to perform well as they play their parts.

The Family Emotional System and Other Second Order Considerations

The field of psychotherapy has by and large engaged individuals in ways that ignore the complex webs in which individuals are

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entangled. In the course of therapy with at-risk youth, we must both remain focused and centered in our immediate psychotherapeutic work with the particular understandings and responsibilities of individual persons while also acknowledging the multilayered complexity that is the ecological web of their life. This is no small challenge, yet while to focus only on the systemic context would be to risk missing the person of the youth, to focus only on the person would be to miss that in which the individual is firmly embedded. Either error risks psychotherapy as an adventure in missing the point.

When the positive end of one magnet is placed against the negative end of another, an invisible force pulls them together. When the magnet’s positive end is placed against the positive end of another, they repel one another. Two pieces of uncharged metal neither attract nor repel. There is magnetism in the emotional systems of families and, to greater or lesser degrees, between every member. The force between two is skewed by a third, and so on. The challenge of therapy is of how to work therapeutically with processes that bind and unbind, generating flexibility and instilling resilience. To grow, at-risk youth must experience freedom within the pushes and pulls of powerful self-perpetuating life forces in which not only their problems—but their families—maintain themselves.

By the time children have become adolescents, they have experienced the formative role of the affections and intolerances, approval and consequences, freedoms and

restrictions of their particular family. As an adolescent’s life outside the family expands, so do these dilemmas. Differentiation is a kind of rebellion, becoming unraveled from a family-of-origin and unfurled into a new adventure all our own. And this is all best-case-scenario.

We cannot ignore a youth’s role in their family, their functioning in the family, their support or lack of support from the family, their responsibilities to the family, and the role of the family in their dysfunction. Though it is not our only influence—our lives are so complexly woven into biological, psychological, and social systems—family relationships are ground zero for developmental processes. Thus, regardless who attends therapy sessions, the family is never emotionally far from the scene.

As we grow, we increasingly develop self-consciousness, and by the time we become adolescents, we are self-conscious for good and ill. In angst, an adolescent may avoid play or playfulness within their family out of embarrassment. Nonetheless, playful interaction can be emotionally nourishing and has the power to send the message that you mean no harm, and it has the conduction to ground emotional lightning storms and provides a channel for more genuine engagement. Make no mistake about it—along the way, families are the best possible venue for practicing playfulness, expression, trust-building, and meaning-making. Families sometimes need therapeutic help to become sufficiently relaxed and open for playful interaction and “playing with options” to occur.

Whitaker (1978) described “the battle for initiative” and “the battle for structure,” contending for therapists to win the struggle against the continual drift toward entropy, to ensure the opportunity for therapy to occur in family therapy (Napier & Whitaker). I have fought many battles with at-risk youth and their families in therapy by offering what Una McCluskey (2002) called “a fork in the road”—by, for instance, letting them know when we are tempted to explain again an explanation of their prior explanations, that they could choose between carrying on explaining, remaining in the safe position of knowing what they know already, or exploring with me other paths and perspectives, an opportunity for a different kind of learning. This approach is effective in facilitating a shift between defending, criticizing, or debating facts to a space where new emotional experiencing may reshape the landscape of not only the individual internal process but that of the emotional systems in which the individual is embedded.

Gregory Bateson (1972) suggested that painting, poetry, music, dance, and other metaphoric art forms serve as

a bridge between the conscious and the unconscious, a way of communicating outwardly what dwells inwardly in order to explore relationships between the meanings they express. Whitaker (1989) taught us that what is therapeutic is not necessarily the experience itself but the meaning attached to it. If the person is to change, creative and transformative experiencing must occur.

Systemic psychotherapists recognize that clients are not the sum of their parts nor their problems and understand that the intimately personal, meaning-centered encounter is the instrument of therapy’s fundamental utility. We see potential linkages, and power, between the client and every other person, challenge, and opportunity in their world and lean toward them, respectfully and intentionally stirring some of their anxiety-evoking interrelationship within the flux-and-flow of the here-and-now in order for the problems out there to be brought into here, to engage the hope for meaningful, second-order, and sustainable changes to occur.

Every time that an at-risk youth becomes defensive or abrasive or despairing, we have responsibility

as therapists to normalize and perhaps even validate the emotions that extend from their complex existential situation. Every time colleagues and parents become again entrenched in problem-saturated narratives and anchored to their own fears and anxieties for clients or children, we have responsibility as therapists to point them beyond their fears and anxieties to the possible person, whose courage we playfully, carefully, evoke. ☺

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