

## Integrative ideas for the process-oriented psychotherapist



**Q.** Give me an example of how to work through a trauma. Like when you're hit by another car on the highway.

**A.** Are you thinking of something that happened to you?

**Uh huh. This guy crossed over the center line and crashed into me, and I keeping thinking about it - flash backs, I guess - and I'm still skitterish about driving and . . .**

Okay. Start from the beginning and describe the whole incident.

**(does it) . . .**

Sounds frightening. I'm glad you didn't get hurt.

**(talks a bit more)**

I have some ideas about how to work with that incident. Are you up for it?

**Yah.**

Okay. Start from the beginning again, but this time tell it as if it is happening right now. I'll probably be interrupting you.

**Well, I'm driving in the fast lane, but there's a lot of traffic and we're going sorta slow . . .**

(interrupts) Freeze the frame right there. Are you seeing this scene like you would a movie - from outside the action - or are you inside the body of the You who is driving your car?

**I guess I'm watching it.**

See if you can get inside yourself as you drive the car and be looking out through your own eyes.

**Alright. I'm there.**

Let's start again. Proceed as slowly as you can.

**(Big breath) I'm in the far left lane and there's traffic and . . .**

Push the pause button. From inside yourself, describe what is going on with you right now, here on the highway, with the traffic and you in the far left lane.

**Well I'm a little tired and I'm glad the week is over and I'm looking forward to getting home and I could use some coffee and (continues describing herself) . . .**

Okay, when you're ready, unfreeze and let your internal movie advance a few frames. Have a mental finger on the Pause button and be ready to push it.

**Um, all of a sudden this car is crossing over the sort of weedy patch in between the two parts of the freeway and is coming right at me . . .**

(interrupts) Push the pause button. . . Are you okay?

**Yah.**

I wouldn't ordinarily do any teaching at this point, but it would be okay if, say, the client needed a break or internal permission to continue or just some education to allay their fears about what they might encounter.

Before we continue, I want to let *you* know that I do not think it is useful in the long run to lie to one's unconscious. Other people's actions happened in reality, and it doesn't make much sense to pretend they didn't. Therefore, in this instance, the guy in the other car did what he did. He crossed over the center line and his car collided with your car. We can't change that and your brain would probably not go along with it (long term) even if we tried. What we might change are *your* responses, the negative internal messages you imprinted on your brain as you walked away from the scene. Does that make sense?

**Uh huh.**

Ready to continue?

**Okay.**

So let's go back to where you left off. You're driving along minding your own business and all of a sudden here is this other car coming at an angle straight at you. Get that picture in your mind, be inside your own body, and freeze the frame.

**Alright, I'm there.**

So the cars have not collided yet? And what do you notice about yourself?

**I'm blank. I don't believe it. I'm just staring and watching him get closer.**

So freeze . . .

**Whoops. He plowed right into me and the car is spinning.**

Pause right there. What do you notice about yourself now?

Dear Colleague,

Within the field of psychotherapy, I invite you to consider thinking of yourself as a teacher.

**No, not a teacher who says, "I know what you should learn, and I know how you should learn it, so I will test you, and afterwards I will tell you whether you learned it or not."**

**Rather, be a teacher whose subject is the student's inner self.**

**Be a guide and companion whose major task is to shine a light on the student's path.**

**Find a way to provide an environment in which the student is able to explore at will and without shame as he teaches himself the many things about himself his psyche already knows.**

Carol Nichols Hadlock

**I'm still in shock, I guess. I'm gonna be afraid in about a half a second, but not right now.**

Okay, let's fiddle with this a little. Rewind this inner movie back to just before he collides with your car. Let's figure out something different you might do. How about having a part of you on top of the hood of your car with a baseball bat in your hand and as he gets closer, you bash his car and yell at him to pay more attention or "Stop That," or something?

**(does it, pauses) Well, I like doing that, but it doesn't do any good. His car still hits mine.**

Alright. How about you see him coming and you levitate your car. His car goes right under you.

**Well, but then he might hit someone else.**

Ah. How about, oh, you can fly. And as his car collides with yours, you exit your car out an open window and fly off, leaving the other driver to deal with the laws of physics as he might.

**(laughs) I like that. Let's do it again.**

Okay. Perhaps you'd like to be Super Person standing in front of your car. Stop his car from advancing off the meridian strip.

**(big smile while she imagines Super Person in all her glory) Yes!**

Do it again, with any variations that come to mind. Let me know when you've done it enough.

**(a minute or so passes) Okay, I'm done. I thought about me as SuperGirl running over there and giving him 4 flat tires before, but that seemed like too much work. I like the flying thing, best**

So fly around awhile. Let me know when you've had enough.

**(smiles) I'm done. For now.**

Okay, so now what I'd like you to do is reverse the tape on all this and pause it right as the other driver is veering toward your lane . . . Are you there?

**Yes.**

So time is stopped. Imagine today's "you" can enter your car and say something to the You who is driving. What is it that you know *now*, that she didn't know *then*?

**She isn't paying attention and there isn't any place to go. No place to steer out of the way.**

So what should she know since there's nothing she can do?

**To remember to pay more attention from now on? That she shouldn't have been driving in the fast lane? That there was nothing she could do? That it wasn't her fault?**

Find out. Say those things to her.

**(does it)**

What's her response?

**She doesn't believe me.**

In a perfect world, if someone could recover easily from something like this, what would they know already?

**That driving is dangerous and maybe not to take being safe for granted? That's she about to learn to not be distracted while she's driving.**

Get in that car and tell her that.

**(speaking to self) Hey there. You're about to be surprised. Another car is going to hit you. You're going to be okay. You're gonna get through it. And you're going to be a better driver afterwards. (pauses, experiences a wave of sadness, sighs) I like being you and I'm glad you're alive.**

(waits) Is there more?

**(shakes her head)**

What's happening now?

**I'm sad it happened, but I guess I'm glad too. I'm glad nobody got hurt and I probably won't be so, what's the word, complacent on the road, from now on.**

(we're quiet for awhile)

**I think I'm still mad at that other driver, though.**

Do you wanna go beat him up?

**(nods head)**

Okay. So, how do you want to do it?

**I don't know. Any ideas?**

Well you could take a gun and shoot him outright. Or you could drive a stake through his heart, punch him in the face, grab him and shake him while you yell at him, try and shame him, throw him out into the street, run him over with a steam roller, embrace him with love and understanding, . . . your choices are endless.

**I was sort of picturing all those things as you said them. (laughs) I feel better now. I guess I'll just look at him and shake my head and just walk away.**

Okay. Do that. (I wait while she does that in her mind) What's happening now?

**Nothing. I guess I'm done.**

Okay.

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**Q. I'm concerned I might re-traumatize my client if I ask him to do something he isn't ready to do.**

**A.** From my perspective, that point of view implies that the therapist knows more about this man than he does, that the therapist knows better than the man's psyche, Mother Nature, and by extension, the creator of the universe.

The point of view you mention suggests (to me) that keeping him away from his trauma is the way to resolve the trauma, that resolution is impossible without further damaging him, and that the best thing to do is to coax him *away* from and teach him to *distract from* the path upon which his psyche has lead him every day since the original trauma occurred. To me, this is a mind set of disbelief in, and distrust of, the psychotherapeutic process.

Whereas I believe that a) this person's trauma is a part of his everyday existence, b) he lives in and acts out his trauma through his relationships with nearly every person and every thing in his life, and c) his wandering around on the edge of his trauma extends from a natural yearning to resolve it.

Let's do an experiment. (Takes a tissue, blows nose, crumples tissue up, and holds it in fist). This tissue represents an opinion, belief, or anything else that a person can "hold onto." See if you can convince me to let go of this tissue.

**Let go of the tissue in your hand.**

What tissue?

**The tissue in your hand.**

I don't have a tissue in my hand.

**Yes you do.**

No I don't.

**Open your hand.**

My hand *is* open.

**No it's not.**

My hand is open and upside down. I can't let go of anything because there's nothing in it.

**I see something in it.**

I don't.

**(sighs) I guess there is nothing I can do here.**

That's correct. Until I become aware that I'm holding onto something, I cannot let go of it. I might be invited to look (turns hand up, opens it, looks), but as I don't believe it's there, I probably won't see it. Hmmn, in this case, I see it but I'm deciding to keep it (closes hand over tissue, puts hand in pocket).

Or, I might discover that I don't like this thing I'm holding and let go of it (pulls hand out of pocket, looks, says, "eeww, it's full of snot," and drops tissue on floor).

**What could I have said to make you aware of it?**

Possibly nothing. One thing you might have suggested is that I do what I was doing *more*, in effect squeeze my fist harder and harder, until I became aware how uncomfortable I was, possibly until my discomfort wormed its way through my denial.

**Well, I'm not against resolving issues, but I think we have to be careful not to push the client into a more intense place than they can handle unless we have been careful to give them resources with which to handle the intensity.**

If by resources, you mean the following three abilities, I agree.

- The ability to introspect
- The ability to take responsibility for and own one's experience in-the-moment. "Essentially, I am experiencing this," as opposed to, "This is happening to me."
- The ability to have an experience, observe it, and share it, all at the same time: "I am here, right now, with you, experiencing this."

Probably 4/5 of all psychotherapy time is taken up by inviting people to learn, practice, and embrace those three activities. Here's my rhetorical question to you. How are you going to know, *for sure*, when the person is ready?

I say that neither of us know enough nor are we intelligent enough to make anything better than a wild guess. Instead, I suggest we teach him how to say "No" to us, then suggest he move closer and closer to the edge of his personal precipice while we have faith, given he is not psychotic, that he will step off when he's ready. That

said, how will you *know* which resources he needs? How will you *know* if he can handle something unless you invite him to handle it and observe what happens?

**Are you saying they're inside him, already?**

Probably so, hidden under the trauma. Once he moves through the trauma, those resources will be more available, certainly more quickly learned.

**Nah. It's that as they approach the trauma, they will start acting out and unless they have resources not to do that, they sometimes get lost in the trauma.**

I see where we disagree. You think there are some things we, as professionals, should stay away from, because it might harm the client. Whereas I think we can work with anything the client brings to the session. From my perspective, if he starts to act out, then the therapeutic response is to drop all attachments to "working through the trauma," and attend instead to the working through of the acting-out. We stay with the client's process as it changes moment to moment.

If, for example, at first his process is considering-the-trauma, we work with "considering." When his process changes to approaching-the-trauma," we work with "approaching." Should he resist by acting out, we work with either "resisting" or the specific process of however he is acting out. This is a client-centered therapy where we go wherever the client goes. Our job is not to tell him what to do or where to go, it is to illuminate whichever path he chooses to be on at the moment.

**Q. I'm not the man with the answers. Yet she frequently asks me what to do.**

**A.** Even though you never have the answers, you can always tell her what to do in any given moment. Here is what you can tell her.

*"Attend to and connect with yourself here and now."*

*"Trust yourself completely."*

*"Breathe. Introspect. Be curious. Allow yourself to be who you are, right this minute."*

**She wants to be in a childlike place and give away her power.**

Explicitly take her power and then, coming from an Ideal, Loving Parent place, give her power back.

Her: Such and such happened. What should I do?

You: Focus internally. Connect with your physical or emotional experience right now.

Direct attention inward.

Him: I want such and such. At the same time, I want the opposite. Part of me thinks I shouldn't want anything at all. What should I do?

You: Breath slowly and deeply. Listen to your breath as it goes in and out of your lungs. What do you notice?

Invite into the present.

Her: Sam said this and did that! What should I do?

You: Imagine Sam is in this empty chair. Pay attention to your inner truth. Tell Sam what you want.

Invite a metaphor.

*"This object represents the answer." (Wait to see what she does with that, and work with the response.)*

Invite her subconscious to show her an answer.

*"With your eyes closed say to yourself, 'What should I do?' and allow an image to form in your mind."*


♩

**Q. How can you maintain unconditional regard if you direct a client in some way, impose an intervention on him, or do anything besides listen and reflect?**

on becoming a psychotherapist  
We teach what we know so...

In your everyday life, begin to take responsibility for all your thoughts, emotional reactions, and behaviors. This is a difficult-to-acquire skill.

However, you'll find it much easier as you cultivate the habit of regularly getting back into your body before you start talking.



CNH

**A.** Reflective listening is a powerful therapeutic tool because it is structured, as are all therapeutic interventions, to call a person's attention to their own process.

Unconditional positive regard is not about what you *do*. It is a fundamental attitude from which you operate, a conscious valuing of Other that you have in your heart. If you can, intervene in any way: listen, reflect, reframe, ask questions, make guesses, take a history, interpret, direct enactments, set up structures, invite introspection, observe, tell stories, suggest options, or use guided imagery. If you do so within a spirit of full acceptance and high regard, you will automatically treat other people with respect. You will not be imposing on them.

Similarly, countertransference is not about your behavior. Countertransference is about your attitude and your underlying motivation. If you are individuated and have let go of your expectations, if you have no need that other people be different than they are and want nothing from them, then no matter what your behavior, you are not countertransferred.

Be able to be with someone for the length of a session without judging him, having an agenda for him, wanting something from him, or needing him to be different. If the only way you can accomplish these things is to restrict your actions to listening intently and reflecting back what the client says, then reflective listening is one of your therapeutic tools of strength. Use it. Do not interpret, guess, notice, share, or direct any enactment, structure, exploration, or experiment unless you understand at a fundamental level that what you are doing is inviting, not imposing. And do not invite unless you can do so without expecting any particular outcome, including that the person will attempt or cooperate with your intervention.

Even "What's happening now?" becomes a demand if, when you ask it, you expect that the person will answer. On the other hand, "Go stand on your head" is only an invitation if, when you say it, you are not attached to outcomes, you have no expectations, and it is not important to you whether the client does it or not.

**Well, why would you ever tell him to do something like that?**

In order to work with his response - as opposed to working with the content. Keep your attention on how he responds, whether, positively:

You: Go stand on your head.

Him: Okay (Does it.)

You: "What do you notice about yourself right now?"

or negatively:

You: Go stand on your head.

Him: No. I don't wanna do that.

You: (Pick one of following or make something else up)

- What *do* you wanna do?
- What *else* don't you wanna do?
- What do you notice about yourself as you say, "no?"
- Scrunch up your face like that again. What are the words your face muscles are saying?
- Alright, I'll tell you to do a bunch of different things and you tell me you don't want to do them.
- Oh, you take good care of yourself with *me*. How do you stop yourself from taking good care of yourself with your *wife*?

- How come you give yourself permission to take care of yourself in *session*, but not where you work?



**Q. He exhibits only two parts of his personality. Both are childlike, and argue about who is to be in control.**

**A.** One of the psychotherapist's roles is to act as temporary parent, unconditionally and positively regarding every part of the client's personality. Over time, so the theory goes, the client will introject the positive regard and become that Positive Parent to himself.

□ Invite an ongoing dialogue between his two parts. Encourage them to argue with each other. Accelerate until somebody in the room (not you) gets sick of the arguing and refuses to do it any more. Wonder what another alternative is.

□ Invite two chair work. While the two parts are squabbling, interrupt and invite him to stand on the other side of the room with you. Point out that the two parts are still over there in the chairs, arguing. Ask him to wonder about the two parts, what they each want, what they would be willing to settle for, how committed each of them is to struggling, and how they got this way. This accesses a third, non-arguing, possible Observer part of him with whom you can communicate, also.

**Even "What's happening now?" becomes a demand if, when you ask it, you expect that the person will answer.**

□ Participate in his creating a new personality part. Let's call it Ideal Parent. Ideal Parent has as many children as the person has personality parts. Ideal Parent loves his children, approves of them being different and approves of each of them

trying to get what it wants. Ideal Parent sees the positive intent, validates, and listens carefully to each of them as they struggle for control. Ideal Parent frequently verbalizes his appreciation of all. Ideal Parent also takes good care of himself, sets limits for himself, and makes the ultimate behavior decisions. He is not afraid. He is clear he is in control, therefore he can patiently allow his children the freedom to work through their rage at the fact that they do not have control. From time to time he may need a vacation from the squabbling, so he finds a quiet place in the house where no fighting is allowed and he retreats there as necessary.

□ Every session, pull up an empty chair for Ideal Parent. From time to time, invite the client to sit in that chair and speak from the Ideal parent persona.



**Q. He resists working in metaphors. He is intelligent but insists he has no imagination.**

**A.** Think to yourself some version of, "Oh, goody, now I get to use *my* imagination. One thing you might try is to make a sandtray while he is talking, resisting, and insisting.

**There is no sandtray available.**

**I have the use of a sandtray, but all the toys are too big to put in it.**

**I'd like to have a sandtray, but collecting all those objects seems daunting and expensive.**

A literal sandtray is not necessary. A place mat on a flat surface works well. In play therapy workshops for professionals, I often provide a couple of yards of yarn or heavy string to everyone.

Each person ties the two ends together and arranges the result into a circle or rectangle on the rug. In individual therapy, a contrived boundary isn't really necessary. Use the floor and, if you like, let the boundary of your "container" be the walls of the room.

As far as sandtray-type objects go, nothing fancy is needed. I often offer only inexpensive and collected shells and stones, colored tongue depressors, and some plastic fences I picked up at a drugstore years ago. If you are in an office with virtually nothing more than two chairs, no problem. Invite the client to use the contents of their purse or pockets. You can also use pens, crayons, paper clips, torn pieces of tissue, or other found objects in the room.

**Oh, okay I can do that. So now what do you mean by "make a sandtray while he's talking?"**

□ While he talks, arrange various objects to represent *your* version of what he is talking about. Every so often, stop, refer to your representation, and say,

*"Is this what you mean?"*

*"Like this?"*

□ Change your picture as his story changes or as the picture in your head changes. At first he may not get much involved with your representation, but after a while he may begin to respond with, "sort of," or "no, it's like this." Let him re-arrange the objects as he describes how you "should" have arranged them. The moment he changes what you have arranged, he is working within his *own* metaphor. A physical metaphor like this is often, for some people, much easier to grasp than a language or mind-image metaphor.

□ If you have no surface and don't want to sit on the floor, use the chairs and pillows in the room, draw doodles or pictures on paper or whiteboard, or sculpt your impression with globs of children's clay or whatever materials are at hand.

**Sounds hard.**

It is much easier than paying focused attention to every word he says, as if you were going to take a test afterward.

□ Instead, quiet your mind, and say to your brain, "Okay brain, help me out here. I'd like either a metaphor, a picture, or an idea." Then do nothing until your brain comes up with something.

□ Give this a try for a couple of weeks, in your personal life. Begin every conversation or response with the creative part of your mind. You'll have a good time and the quality of therapy you offer will improve.

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**Q. She is low functioning, low fee and wants only to discuss a particular book. Although she is delighted when I invite her to connect with her responses to the book's passages, I still find myself dreading sessions.**

**A.** After exploring the matter a while, you agreed that if you were being paid a thousand dollars per hour, you would not dread seeing this client at all! Certainly, a therapist needs to get something for herself out of every session. That something does not

**Whatever your client says about you is not about you, even if it is true.**

have to be green pieces of federalized paper, but it does have to be perceived as valuable by the receiver. Possibilities include: hours toward licensure, new experiences, material for the book you are writing, things to marvel about or discuss with peers, pleasure in working with someone particularly appreciative or committed to their growth, an opportunity to confront some of your own issues, or an increasing sense of professional competence and self esteem.

□ If going along with this arrangement is not what you want to do, then refer the woman to someone else. Otherwise, find a way to enthusiastically be with her every session. For example, if you believe that part of your task as a therapist is to relentlessly invite the client to connect with herself in the moment, do not let a protesting client deter you. She can deter herself, if she wants to, but that need not interfere with your intention for yourself which is: to be the best therapist you can be regardless of what the client does.

□ Attend diligently to your purpose of gathering material to write an article for a professional journal. Your subject could be therapy with low functioning clients. Discuss what worked well as well as what failed miserably.

□ Find a way to be interested in everything you do rather than looking to your client for entertainment.

□ Let go of whatever expectations you have of this person. Accept that her way of healing herself looks different than yours.

To sum up, find something that intrigues you about working with this person or terminate the treatment. Nobody deserves a therapist who resents or dreads the therapy hour.

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**Q. Sometimes I get caught up in my personal stuff when they say negative things about me.**

**A.** With more practice, you will be more able to keep yourself and your client separate in your mind. In the beginning it is often difficult to remember (in session) that whatever your client says about you is not about you, even if it is true. Any human attribute on which he can comment

is actually a attribute of himself which he thinks he recognizes in other people. He may be in the ballpark

as to accuracy, but that is only because he knows himself so well.

In our culture, when we talk about others, there is often an underlying "I-message" which we are not saying, either out of habit, unconsciousness, or self-protection. Some examples:

- "I'm enjoying this," when said out loud, becomes "You're doing a good job."
- "I'm not taking care of myself," becomes, "You're not doing a good job."

□ Before you respond to someone else's sentence of which you are the subject, breathe through the urge to take it personally, then remember that there is an "I-message" underneath. Somewhere.

□ Wonder what this person is saying about himself.

Him: You aren't very good at this therapy business are you?

You: (thinks to self, if I said that to someone, my underlying experience would be . . . um, anxiety. Or else he wants something and can't say what it is.) What is it you need right now?

Him: You always (do this terrible thing).

You: I'm guessing you're angry with me. Try telling me that directly.

Him: (does it)

You: And now tell me what you want.

Him: You're not doing it right.

You: Perhaps not. Let's exchange chairs. You be me and I'll be you. Teach me.

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My mother was an incredible teacher. I didn't know that for the first 50 years of my life. But when I finally got it, Wow! I began to see things about her I'd never seen before. Starting when I was just a little girl, she believed without reserve in my ability to handle life and it's realities. What an incredible gift to me. One of my first memories of this is Mom teaching me to dive through the waves.

Now, diving head on into a wave is very counterintuitive. I'm standing there ankle deep, little toothpick legs looking out at the huge waves rolling onto the beach. Mom has already starting wading out into the surf. I'm watching enrapt and horrified. "Come on Suz. It's easy. You just dive under the wave and you'll pop out the other side. "Wait a minute," I think, "That just doesn't make any sense what-so-ever." "I can't," I protest.

"Sure you can," she replies lightheartedly. Then she shows me. She puts her arms up over her head in dive form and then just before the wave crashes into her, she goes. She dives straight into the foaming water. I'm sure she's never going to live through it.

And then, poof! There she is bobbing in the water behind the wave which is now pooling around my ankles. "Come on Suz. Give it a try," she yells. "Maybe she wants me dead," I wonder. "But she's my mom. And she survived. And she wants me to do it, too. So, okay . . ." I wait for the next wave. Up go my arms. I hold my breath, close my eyes and dive. Water rushing, foam, sand, the force of water pushing on my body and then, . . . there I am

bobbing on the other side of the wave. Mom laughs and I laugh and I'm ready to do it all over again. It's magic, absolute magic. And I feel so powerful and in on the secret and so Grown Up!

Mom repeated this "Sure you can" approach when teaching me many other magical things - making the swing move all by myself, riding my Huge two wheel bicycle, learning to read, making jello without her help, learning to play piano, making new friends in our new neighborhood, handling a gazillion bumps, bruises, ticks, bites of all kinds, skinned up everything, riding the bus to and from school. And every time she believed in my ability to handle some trial or tribulation or learn something new, I believed in me too.

And so I evolved into a "Sure I can" kinda gal. Mom is gone now. Some five years this month. But every so often she shows up, often when I am facing something difficult. And I hear her voice and feel her smiling at me as she says lightheartedly, "Sure you can, Suz."

This leads me to the following dialogue which is a compilation of conversations I've had with parents whose children have an assortment of special needs, i.e. Aspergers, dyslexia, ADHD, bipolar mood disorder, depression and anxiety. As you will see, these parents are lacking the "Sure-you-can" coaching technique. What ensues is a somewhat paradoxical dialogue about helping parents teach their kids that they can handle whatever comes their way.

Parents: We have so much to do. We need to contact all of Janie's teachers and let them know about her special needs. And then we need to call her tutor and get him on board again this year. We need to find out how to know what her homework is every night so we can make sure she's doing the right work. And we need to make sure she actually brings all her papers home. It's all so exhausting.

Therapist: That sounds exhausting. Is there anyway you could do less for Janie?

Parents: We could, but then she wouldn't get her work done.

Therapist: And, sooooo?

Parents: Then she wouldn't do well in school.

Therapist: And, sooooo?

Parents: If she doesn't do well we're afraid she'll get discouraged.

Therapist: What if she does?

Parents: Then she might end up hating school.

Therapist: And sooooo?

Parents: Well, we're afraid that if she hates school eventually she'll drop out.

Therapist: Then what would happen?

Parents: That's just it. Kids who drop out end up in all kinds of trouble. At least that's what we've seen. They start hanging out with the wrong kind of kids. They get into drugs and other kinds of trouble. And then they end up

in dead-end-jobs, bad relationships, etc. We would feel terrible if Janie ended up in a life like that.

Therapist: Wow! You are painting quite the picture. It scares me just hearing you describe it. I can certainly understand why you are feeling so anxious and overwhelmed. If I'm feeling this way I wonder what Janie must feel.

Parents: We would never say all of that to her.

Therapist: Well why not?

Parents: Because. We feel it's our job to build her up, to give her confidence, to make sure she knows we believe in her.

Therapist: But you really don't believe in her . . . do you?

Parents: What do you mean?

Therapist: Well, you want her to think you believe in her but behind the scenes you are running on fear. The fear that she really can't cope with 4th grade school/homework without you making sure that she doesn't fail. What I hear you believing in is her inability to handle things - schoolwork, disappointment, her disability. Are there any abilities that Janie possesses that you can believe in?

Parents: When you say it that way, well, I feel embarrassed. I didn't realize that we were being so hypocritical. Believing one thing but

telling her another.

Therapist: Yes. Well I'm sure your intentions are good. Most of us have really good intentions for our children that arise out of our love for them. But it's easy to get caught up in what we think they can't do rather than in what we think they can do.

Parents: Yeah. That makes so much sense.

Therapist: Imagine that you're Janie for a minute. You are in the fourth grade. By now you know a lot about yourself; what is easy and hard for you. For instance, you know that you are pretty good at math, but spelling isn't so easy. Now let's say that you, as Janie, come home from school your first day and your mom and dad start asking about your homework, aaaand your teacher, aaaand getting you a tutor, aaaand calling the school. Even if they were doing this in a very matter-of fact kind of voice what do you think you would be hearing?

Parent #1: I guess I would wonder what they were so worried about. What they knew that I didn't.

Parent #2: And I guess I'd be kind of mad that they were all over it. And I would probably think they thought I was stupid or something.

Therapist: Exactly. Kids are very sensitive to our subtexts. They can see past our facades and pretenses. After all, they have lived with us

their whole lives. We are very transparent to them. They begin to believe they are who we think they are. That's the nature of being a child. That's why our "truth" about them is so powerful.

Parents: But that's exactly why we try to tell her how much we love her and believe in her.

Therapist: Telling her and showing her are two very different things. Words that are not deeply rooted in your truth will not be felt as true by Janie. And when it comes to her homework, what she will hear and what she will feel will be very different. She needs to feel that you believe in her ability to handle her life - and right now that life is the fourth grade.

Parents: But she really can't handle it on her own.

Therapist: Sure she can.

Parents: But she really can't.

Therapist: Really can't what?

Parent #1: Well, she started having trouble in kindergarten. The teacher called us in and told us she wasn't paying attention and that she wasn't bringing her worksheets back to school. We didn't know about any worksheets. We just assumed everything was fine. We were so embarrassed.

Parent #2: That's when we got on it. We had her tested and ever since we have been very careful to make sure that we know what's going on with homework, etc.

Therapist: So ever since kindergarten you've been assuming that Janie can't handle things herself?

Parents: I guess so . . . but isn't that what good parenting is about; making sure that our children do what they're supposed to so that they can succeed?

Therapist: I can understand your desire to be good parents. But what is it that Janie needs most from you? Does she need to be protected from her own mistakes? Or does she need to learn from making mistakes?

Parents: Well, Janie's different than other kids. She has a learning disability. She forgets things. She gets overwhelmed easily and doesn't process the world the same way other kids do.

Therapist: Soooo?

Parents: It's our job to make sure she gets an equal chance at doing well given these "handicaps." If we don't step in and do extra things to ensure her success then she doesn't have a chance.

Therapist: Is that true?

Parents: Yes that's true. She can't compete with kids that don't have these problems.

Therapist: Why should she compete at all?

Parents: Because we want her to have as normal

a life as possible.

Therapist: What's normal look like? Or another way to ask that: What's normal for Janie. Does it look the same as it does for other kids? You see, Janie has to make her place in this world. And unless you plan on running interference for her forever, you would be wise to start helping her learn what normal means for her vs. everybody else at school.

Parents: That sounds like giving up on her ever being "normal."

Therapist: No, . . . to me that sounds like giving up on the word normal all together. There really isn't a normal from my point of view. There's reality. And reality is different for everybody. So there isn't any such thing as "normal." Rather there are many realities or many versions of normal each suited for one individual. Defining a norm just makes it easier for everyone to talk about things. For example, it's "normal" for teenagers to be rebellious. It's true developmentally that human beings during certain years start to reject what their parents say and try to figure things out for themselves. However, there really isn't one normal way for teenagers to rebel. There are many forms of rebellion. If I say to you that Janie ought to rebel at age 13 by telling you to leave her alone, what am I really saying? I'm telling you that when Janie does that she's behaving normally. But what if Janie doesn't rebel that way at 13. What if Janie doesn't say that to you until she's 21. Does that mean she's abnormal?

Parents: Well, yeah.

Therapist: Or not. Why can't it mean that for Janie it is normal to tell you to leave her alone at 21 years of age. The human mind wants continually to define, categorize and explain things. This is especially true when it comes to our kids. They baffle us and make us feel helpless and powerless. We feel that we should be able to "fix" things and address their problems and behaviors. We begin to get attached to our definition of the problems as well as our solution to the problems. That's all well and good except for one thing. Your child's homework is not your problem . . . it's her problem. So how is she going to deal with the problem if you're doing it for her?

Parents: So what are we supposed to do? Stop caring if she gets it done or not.

Therapist: That's a good start from my perspective. You could stop caring about her homework getting done and start caring about her in a different way. You could start caring about her belief in herself and her ability to handle failure and disappointment and frustration and discouragement. We have

gotten so off track, believing that we need to protect our children from feeling anything negative. This is a form of protectiveness that is debilitating for the child. Imagine a life void of all negative feelings and experiences. The story of Sidhartha comes to mind. Here was a prince who lived within the confines of a perfect world that his parents created. They even went so far as to hide all the beggars, poor people, lame people, etc. whenever he went outside the palace compound. Of course eventually he sees that there is suffering and pain and poverty. And he is so beside himself that he leaves his family, gives up his princehood and spends many years seeking an answer to why life is so unfair.

This is the story of the Buddha. He went through years trying many different ways to reconcile the suffering that life includes . . . Clearly his parents were doing what they thought was best for their beloved son. But they doubted his ability to handle anything negative. They didn't understand who he was or what he was capable of. He had his own path, his own journey to find peace and well-being. He had to come to terms with suffering and accept that the only sure thing is the present moment. That's the only place where reality exists and by accepting the present moment exactly as it is one can find peace and well-being. Janie needs to learn to accept life on life's terms, rather than to be protected from all suffering. Negative feelings and experiences are as much a part of life as joy and love and confidence and excitement.

Parents: Okay, that makes sense, but on a practical level what are we supposed to do?

Therapist: How about becoming her emotional coaches John Gottman coined that term. He studied the parents of children that were well adjusted and found that these parents had a common way of working with their kids. They weren't overly authoritarian and they weren't overly protective. Instead, they tended to move into moments of upset with their child and accept their emotions. They didn't try to fix anything at that moment. They didn't try to talk them out of what they were feeling or add to it in any way. Instead, they just accepted the upset. Then when the emotions had died down they would move into a problem solving mode with the child. They would say things like,

“what do you think would be helpful,” or “how do you think you might handle this,” or “I know you’ll figure this out.” In other words, they created space around the kid allowing her time to think about the problem and solve it. They coached her through it. This helps the child learn how to move from the reptilian brain (reactive and emotional) to the frontal cortex (problem solving, logic and reason). What an important thing to teach!

Parents: So we would allow Janie to fail. Then we would empathize with her and then help her figure out what to do. Is that right?

Therapist: That is it exactly. How would you feel about doing that?

Parents: Well, if sounds different than what we have been doing. It is a little scary - the thought of not rescuing her from failure. We’ve tried so hard to make sure she feels good about herself. But I can see how that won’t really help her with the “real” world.

Therapist: I know it’s a big change for you. It’s like leaping into the unknown to change directions so radically.

Parents: I don’t know if we’ll be able to do this.

Therapist: Sure you can. Let’s role play it. One of you be Janie and I’ll be the parent. The other one of you pretend you’re Janie too. Okay? Here we go.

Parent as Janie: Mom, my core teacher wants us to write an essay about our summer. I don’t know how to start.

Therapist as Mom: Well, what do you remember?

Parent as Janie: I don’t know. Um, can you remind me what we did first?

Therapist as Mom: Are you having trouble writing the essay the way your teacher asked you to?

Parent as Janie: Yeah! She wants me to write about it beginning at the end of school last year.

Therapist as Mom: Janie, I know one of the things that’s hard for you is remembering the sequence of things.

Parent as Janie: Yeah. I remember we went to Grandma’s for a while but I know that was in the middle of the summer. But I can’t remember what happened before that.

Therapist as Mom: It’s hard when you can’t do it the way the teacher wants you to, huh?

Parent as Janie: Yeah. Mom, can’t you just tell me what we did? (frustration starting to show in voice)

Therapist as Mom: I could, but then it would be an essay about what I remember not what you remember. Is there another way

you could find out about our summer? What are some of the ways your resource teacher has helped you with remembering?

Parent as Janie: Geez Mom, why are you making this such a big deal?

Therapist as Mom: Janie, I want you to write the paper the way you remember it. I know I’ve helped you a lot in the past. But I think it’s time for you to learn that you can do your homework on your own.

Parent as Janie: Moooooommmmm! That’s soooo stupid. Why are you doing this? I just need you to tell me what we did last June. C’mon. This makes me soooo mad!

Therapist as Mom: I’m sorry Janie. I’m not trying to make you mad. I’ve just been thinking about how much we have helped you with your work, and that we need to start letting you do your own work.

Parent as Janie: I can’t do my work by myself. You know I’m not smart enough. I needed your help. I can’t do it. You’re just trying to make me the laughing stock of the school aren’t you? The other kids are going to see how stupid I am. I’m never going to go to school again.

Therapist as Mom: Janie, you’re really afraid that the kids at school will think you’re stupid. Is that right?

Parent as Janie: Yeah, you should hear how they talk about kids who can’t do their work. They laugh at them and make fun of them. And now they’re going to do that to me! Why are you doing this. You’re going to ruin my life! I hate you!

Therapist as Mom: Janie, I see you’re really angry and really worried about how you’ll do without us doing your homework with you. But, honey, we’re not going anywhere. We’re here. We’ll give you some help along the way. But we want you to do your own work this year.

Therapist: Okay let’s stop there. How was that for you two as Janie?

Parent #1: It was maddening. I used to be able to get all the help I wanted from you and all of a sudden things changed.

Parent #2: Yeah, at first it didn’t seem fair, then it made me really mad; but I felt kind of excited too. Like I was being treated more grown up.

Parent #1: Yeah, and I sorta was thinking that you believed I could do it even though I’m really scared that I can’t.

Parent #2: I especially felt comforted when you said you weren’t going anywhere. I didn’t want to feel completely abandoned.

Therapist: Yes, this is not an all or none proposition. There needs to be a transition

period, but keep the goal in mind: that Janie needs to do her own work and deal with the real consequences when she has difficulty. She needs to develop a muscle here. That’s the strength to deal with disappointment, frustration, and anxiety. Janie is who she is and there isn’t anything that is going to change that. So accept her just the way she is and help her to do the same thing. We all have disabilities of one sort or another. Soooo? We manage and overcome and succeed and sometimes fail. Life is messy. Life is complicated. Life is life. Does that make sense to you both?

Parents: It does. But it’s still scary; I’m not sure we can do it.

Therapist: Sure you can . . . (And we all laugh.)

#### **INTERACT Issue No. 6, July 2008**

**Editor: Carol Nichols Hadlock; Contributing Editor: Don Hadlock. Integrative Ideas...Q&A’s, are excerpts from Psychotherapy in Process: Supervision Dialogues, ©1993 by Carol L Hadlock, LMFT, and are reprinted here by permission, 2008. Each of the following articles is printed here by permission, 2008; all other rights and copyrights are reserved by the author: Dear Colleague, and On becoming a psychotherapist, by Carol Hadlock, LMFT; and The Tao of Parenting, part 2 by Susan Aiken, LMFT. Clip art is from office.microsoft.com**

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