

Vivid memories of my childhood



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INTRODUCTION

Vivid memories of my childhood that I still carry with me are both good and bad. The latter ones are having a more profound effect on me. Statements such as: “ don’t go out at night – the bad guys will abduct you”; “ good boys don’t cry”; “ don’t go out in the rain – you’ll catch cold” were spoken by my parents and primary care givers all through my childhood. Of course, all were said with good intentions to protect me from any harm – “ they are overly concerned about potential dangers to their child” (Bourne 2010). Statements such as the above created in me a view that the world is a treacherous place in which to dwell. As a result, I grew up with the fear of darkness, and I suppressed my emotions until recently, when I started pursuing my basic training in counseling. While working as a principal of a High School in India, I came across many of my students who grew up with fear, self-defeating belief systems, lack of courage, developmental issues, traumatic experiences and behavioural disturbances. Although most of them were very talented and gifted in many ways, they were considered as identified patients by their parents or labeled as suffering from some mental disorders by DSM IV – “ the DSM psychiatric diagnostic system, likewise, creates its own self-fulfilling prophecies, frequently dooming children to life-long self-images as damaged, defective and untreatable” (Donovan & Deborah, 1990).

Drawing from my own personal experiences along the journey of my growth from childhood to the present day, I should say it has been a very challenging and cumbersome task trying to disassociate all that the mind had assimilated -the self-defeating statements, the negative criticisms, and unhealthy words – and to rid myself from the age old bondage, to become

free to discover my true potential. Thanks to the various psychotherapies, theories, and the therapeutic interventions, this helped me in my journey. It was a painful experience at the school to see these children, growing into young men and women labeled as hopeless, problematic and disturbed. It has always been my concern to reach out to children, young men and women, respecting and understanding their subjective world view, understanding their needs, problems and their cognitive capacities. It seems that our fundamental institutions – such as home, elementary school, Sunday school – in which we grew up and spent most of our time, were inadequate to provide sufficient solutions to address these so called problems.

This deep earnest desire and helplessness within me has now become my passion and mission to save the personalities of these innocent children.

There is a great hype about abortion – killing of a fetus – while not much seems to have been done as regards the “ damage “ done to the personality of the children – by their parents and primary caregivers. This often leaves them handicapped for life. What I hope to accomplish in this paper is to: first, understand children as children from ‘ their’ perspective – not from the adult perspective; secondly, provide an over-view of the psychotherapeutic interventions that have been used to date; third, introduce the Solution-Focused Therapeutic Model for Children; fourth, make our basic institutions, namely, our homes, elementary schools and the Sunday schools, places for providing therapy to the children and in turn to bring about their healing and growth; and finally the conclusion and critique of the possible limitations of the Solution-Focused Therapeutic approach with children.

Children are not simply “ little Adults” - H Thompson Prout

Very recently I read this quote in one of the Sunday Liturgy articles, “ God does not look at us from God’s perspective but rather from human perspective” (unknown), which is a very powerful statement. If God had to view us from His perspective, then we would not be worthy for the very simple reason that we are very frail beings and He is God. In a similar manner when it comes to dealing with each other as human beings, it seems so very important to monitor our communication pattern. Dr. Eric Berne (1950s), who proposed the wonderful theory called the “ Transactional Analysis” 1 (TA), a theory which outlines how we develop and treat ourselves, how we relate and communicate with the other, offers suggestions and interventions which will enable us to change and grow. His theory of TA is a similar concept to that of Postmodernism thought, which says that people can change and everyone has a right to be in this world and be accepted. With this underpinning of TA, I would rather be blunt in stating that when it comes to dealing with children, we adults need to look at children from their perspective and not from an adult view point. One of the major drawbacks in dealing with children and in the use of psychotherapy models for therapeutic purpose is that the children are looked at, from “ the adult” perspective - “ Children do not share many of the adult preconceptions and misconceptions regarding the process of psychotherapy. Why destroy this marvelous potential plasticity with the imposition of an embarrassingly self-conscious adult pedestrianism” (Donovan & McIntyre 1990, 3). Speaking from yet another perspective, author Gary Chapman in

his book “ The Five Love Languages of Children” asks parents to frequently remind themselves of the rather obvious

1Retrieved from: [http://www. businessballs. com/transactionalanalysis. htm](http://www.businessballs.com/transactionalanalysis.htm)

things about their children. One of his suggestions is to remember that children are children, and as long as they are children they will act like children. Most of these acts are distasteful or unpleasant because they are childish as they proceed from children. Another deep thought which the author mentions seems very relevant to our topic and worth mentioning is that he summons parents to constantly remember to love their children unconditionally, despite their childish behaviour, for “ they will feel comfortable about themselves and will be able to control their anxiety and their behaviour as they grow to adulthood” (Chapman & Ross 2007, 21).

There seems to be lot of debate even among the therapists themselves about the various therapeutic models, regarding the best suitable method to use for the treatment of children. On one hand the professional child therapists assert that some of the psychological theories – family therapy in particular- fail to address the children’s issues, such as their developmental /growth concerns and cognitive conflicts in the children, and thus they are labeled as “ identified patients” by the family members. On the other hand the family therapists maintain that such problems in children point towards family dysfunction and the interaction patterns between them and these are described as pathological structures. (Selekman 1997). From my own personal experience, even after being a young adult, we were still

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considered as “ children”, and incapable of making substantial decisions. As a result, we were left out from the decision making process in our family. Many a time parents treat children as non-entities – children are too small to understand “ adult stuff” – hence do not pay much attention to children’s worldview. This is only a myth because children can speak volumes from the great potential within them.

Likewise many therapist brood over many myths when it comes to child clients, and some of these myths are: “ young children should be excluded from Family Therapy sessions”; “ Traumatized Children will Grow up to be Emotionally Flawed Adults”; “ Children should be seen and not heard in the Treatment Planning and Problem-Solving Process”; Severe and Chronic Child Behavioral Difficulties Will Require Big and Complex Solutions” and “ The Therapist is more of an Expert on Parenting than the Child’s parents” (Selekman 1997). Due to constraint’s and limitations of this paper, I will refrain from deconstructing each of these myths. One of the main thoughts we need to harbour in our minds – as adults – is that we need to understand children as they are, along with their vulnerabilities and why they have become by far the most classified and labeled group of our society. Also, we need to understand how children think, interact, communicate and change. Never underestimate children. Their participation can contribute much to the therapeutic / treatment plan in the counseling situation.

An Overview of the Development in the Psychotherapeutic Interventions with Children

Sir Thomas Edison, on the day when he had successfully invented the electric light bulb, was asked by one of the reporters about the 10, 000

failures he had before finally inventing the bulb, to which he replied “ I have not failed. I have merely found 10, 000 ways that won’t work” (1879).

Similarly, there is no therapy or theory which is right or wrong for child clients. Each theory has a role to play and there has been a gradual development in the various theories. Freud – the forerunner of the psychotherapeutic world – on one hand, has been in some way or the other, an inspiration for major advances in clinical mental health work – his famous case study of “ Little Hans”² a five year old boy who was afraid of horses (Freud, 1909) – was one of the first reported cases of the psychological intervention in treating childhood disorders. On the other

²Retrieved from: Little Hans Case Study (Freud, 1909). <http://www.simplypsychology.org/little-hans.html>

hand, it seems that, more harm was done than good by Freud/Piaget, with their psychoanalytic and developmental approach to stating, as if it were a dogmatic truth, that a child must pass through a protracted period of imperviousness to psychotherapeutic interventions. Many children were jinxed to unfriendly psychotherapies, and revealing children to be, in fact, “ obligatory slaves of logic.” (Donovan & McIntyre, 1990)

Early in the twentieth century, we saw the emergence of good news for children, as there were various theories that were being proposed with greater emphasis on working with children, departing from the psychoanalytic explanations of Freud. Alfred Binet , was for quite some time working on the intelligence test, which would later render help to make

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decisions for educational placements in France. Finally in 1905, his work saw the dawn of the day and his work provided a strong foundation in various spheres of psychology – “ in the psychometric study of individuals and had great impact on child study and applied psychology” (H. Thompson Prout & Douglas T. Brown, 1999). Anna Freud (daughter of Freud), who pioneered the psychotherapy work with children by presenting the lectures on “ introduction to the Technique of Psycho-analysis of children” (Erickson, 1978). This was shortly followed by Melanie Klein (1932) who proposed something similar to that of free association (for adults), the “ free play” – signifying the importance of child’s play (Prout and Brown, 1999). All this while the psychoanalytic psychotherapies were extensively being used until, Virginia Axline³, who published her work in treating children – similar to the nondirective person centered therapy of Carl Rogers (1951), for

³Axline was influenced by the person centered approach of Carl Rogers. She is recognised as the originator of non-directive Play Therapy. Her well known book ‘ Dibs: In Search of Self’ written in 1964 which describes how she worked with Dibs and how he was able to heal himself over a period of time is an excellent introduction to the subject. Axline in turn influenced Violet Oaklander who added a gestalt therapy approach to play therapy and extended the ‘ tool-kit’ concept as described in her book ‘ Windows to Our Children’. Retrieved from: [http://www. playtherapy. org](http://www.playtherapy.org).

[uk/AboutPlayTherapy/AxlinePrinciples. htm](http://www.playtherapy.org/AboutPlayTherapy/AxlinePrinciples.htm)

adults – the “ non-directive play therapy”. In the more recent years, extensive research is being done in the psychotherapeutic milieu, in treating

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children suffering from various problems. Today, children are no longer considered to be doomed because of the faulty parenting styles of their parents. There is not much emphasis on digging into the past or unearthing buried memories, as Freud would suggest, but rather creating of new self-objects, so that the child lives a healthy life in this present moment and in the future, by building up on the functions performed previously as a child – these were called “transmuting internalization” by Heinz Kohut. There have been other psychotherapies which seem to do much good regarding the children and amidst them the one that stands out and which was widely used was, the family systems theory by Murray Bowen, especially his CGAS (Children’s Global Assessment Scale). Yet another approach which defies the traditional psychodynamic approach of Freud, is the developmental/contextual approach (Donovan and McIntyre) which claims miracles and deals with the worst cases of children, and which holds the basic assumption that profound changes can be accomplished in a short time, sometimes even with a session and even without revisiting the problem or without requiring the child to consciously understand what has happened. (Donovan & Deborah, 1990)

All these theories are very effective ways of dealing with children, but I was still wondering why therapy is not part and parcel of the child’s daily living. Why can’t our homes, schools, Sunday school/Church premises, be places to help them develop a healthy subjective worldview – rather than develop a conflicting one due to the imposed/organized social and religious objective views – and to experience healing and motivation to life. What really impressed me was the post modernistic approach to psychotherapy and

their Constructivists' methods of counseling. Every child goes through a different situation and hence we cannot employ the same yardstick to every problem or for that matter one cannot use the same therapy for every child. Personally, I had to free myself from the “ spell” of negative social construct and its repercussions. The postmodern therapies seem to be the answer for what I was considering as the constructivists' methods: the Narrative therapy and, specially the Solution-Focused Brief Therapy (SFBT/SFT), whose basic assumption is that every problem has an exception. These do not focus on the problem but motivate the person to build the future. It wouldn't be wrong to even say the person lives the future now.

Solution-Focused Therapeutic Model for Children

Hereby, I give one of my case experiences at the Sacred Heart of Jesus High School, Goa, India, wherein I was practicing therapeutic interventions with my students. Today, I can describe this theory as the “ Solution-Focused Therapeutic Model (of Intervention)”, but eight years ago I could only have described it as using my counseling skills as the principal of the school on students who were “ identified patients” to their parents and teachers.

“ Regan, an eighth grade student was not faring well in his academic studies; it was the third consecutive year that he had failed in the same grade. All through his school, Regan had been just scraping through (his grades). The school management and the teachers were frantically trying to remedy his problem of not studying. He was seventeen years of age and was still in grade eight. When I had a session with Regan on my first encounter with him, after having some conversation and after he had expressed his difficulty in studying and not being happy at school, I asked him, “ What do you like

doing the most when you are away from school that makes you happy?" He said " I love to go to the restaurant near our home and help them cook and they give some tips as well which serve me as pocket money".... We both discovered that " cooking" was Regan's passion and not books, so I invited his parents to school and with great difficulty I was able to convince them that Regan was not doing well in academic studies, as his heart was elsewhere. Regan discontinued his studies and was sent to do a catering course, where he did very well and all his family was very happy for Regan, including himself."

Many of our schools make use of the traditional models for problem solving and the most common way to deal with children/students is to ask questions about the problem itself. Even in the case of Regan, the teachers were puzzled with his behavior and were bombarding him and his parents with a number of questions such as: What is the problem with you?; Why are you not studying?; Does he have difficulties in concentrating?; Has he got some family problems?; What do the parents have to say about his problem?; What measures should be taken against him? (Mahlberg & Sjoblom 2004, 28).

Moreover, most counseling approaches used in counselor education programs have their focus centered around the problems, which indirectly conveys the message that there is something wrong with the client and this involves " fixing" of the problem. It is implicit that once we lay emphasis on the deficits of the client, then that leads to the unnecessary, extensive and time-consuming exploration of problems, etiology, histories and causes (Sklare 1997, 3). More often the students/children keep repeating the problem, the more saturated they become in the problem, and consequently

lose sight of their pure potentials, strengths and their inner resources. Thus, a perfect situation is created for the need to call a professional, as an expert to provide a solution. In view of this, we can understand the students' reluctance in talking with the counselors, since they keep stressing the problem over again like a "broken-tape". Hence, there was the need to have a paradigm shift from the problem-solving thinking to some other thought which would yield better results. It was the postmodern thinking and their Constructivists' methods of counseling and psychotherapy, which brought about the shift from the problem-solving thinking to Solution-Focused thinking – "we feel that it is more efficient, respectful, and more appropriate to expect someone to take responsibility for finding a solution, rather than simply taking responsibility for their problem" (Sklare 1997, 28)

The proponents of the Solution-Focused Brief Therapy, Insoo Kim Berg and Steve de Shazer, have been instrumental in bringing about this paradigm shift from problem solving thinking to solution focused or solution building. This is what de Shazer said as regards to the paradigm shift:

"People often find it difficult to stop trying to solve a problem because 'down deep' they (we) stick to thinking that an explanation is both realizable and indispensable if a problem is to be really resolved. Solutions are frequently missed because they often like more preliminaries; we end up searching for explanations believing that without explanation a solution is irrational, not recognizing that the solution itself is its own best explanation." (de Shazer, 1998)

This paradigm shift to the solution-focused model did away with the need for in-depth “ research “ of the historical antecedents of the client. As a result the quest that I had in my mind – why spend so much time on the problems and therefore long duration for counseling? – was valid. In effect, with the introduction of the solution-focused model the therapy has become more solution oriented and very brief in duration – “ Brief therapy simply means therapy that takes as few sessions as possible, not even one more than is necessary, for you to develop s satisfactory solution.” (Simon & Insoo , 2) and at the same time less expensive – as those who could not afford the high-end counseling were deprived of getting help and in turn would remain in their “ problematic” state for longer periods of time.

Our Homes, Elementary Schools and Sunday Schools as Therapy Centre’s for Children

“ My mother was the making of me. She was so true, so sure of me; and I felt I had something to live for, someone I must not disappoint.” (Thomas Edison)

The life of Thomas Alva Edison⁴ (1847 – 1931) always fascinates me and I find it very relevant to mention it here when we are discussing the solution-focused model of psychotherapy which developed almost fifty years later. As we know, Edison had difficulty in learning and his teachers were fed up with him. It is said that one of his teachers called him “ Addled” – rotten or good for nothing. Finally after only three months of official schooling, he was asked to leave school. In a way, his school was not able to provide a “ solution” to his problem, but his mother provided “ solution-focused therapy” and so his home was a therapy Centre for Edison. It was there where he discovered solutions and saw a bright future for his life – even though he had

physical difficulties. 5 Considering the fact that Edison did not have formal school training, one might wonder where his knowledge came from.

According to the social-constructionist epistemology:

“ Knowledge is not something people possess in their heads but rather something people do together. There is no single standard of rational thought or and independent –

4Retrieved from: http://en.wikipedia.org/wiki/Thomas_Edison

5but his life there was bittersweet. He sold candy and newspapers on trains running from Port Huron to Detroit, and he sold vegetables to supplement his income. This began Edison’s long streak of entrepreneurial ventures as he discovered his talents as a businessman. These talents eventually led him to found 14 companies, including General Electric, which is still in existence as one of the largest publicly traded companies in the world. (Retrieved From Wikipedia, the free encyclopedia, http://en.wikipedia.org/wiki/Thomas_Edison

– objective reality that can function as a test for determining valid or correct beliefs. Definitions of rationality or reality merely reflect a particular social consensus rather than some privileged access to the way things really are.”(Lyddon 1995, 581)

Speaking from the social constructivists’ viewpoint, we understand that every person is a social construct – “ Solution-Focused Brief Therapist view humans as being totally constructed by their social context.” (Thomas V

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Frederick, 2008). Human beings actively construct meaning from the various experiences that could be understood in an almost infinite variety of ways. Hence, it is assumed that we construct realities based on our own situation which is more or less what is useful for us, not based on fact that whether or not it is true in any absolute sense. (Derek, 144). Therefore, from the Social-constructivists' lens, our family, elementary school and Sunday school are the first social institutions that we encounter as children and where we spend most of our time. Broadly speaking, whatever knowledge we gain from these institutions, will provide the raw material for our subjective world view, will develop a sense of community, will ensure security and find value for life. At times, there is in some cultures no scope to nurture and express one's subjective world view, about the social world or even about religion and God – the official God of organized religion may be very different from the God of experienced subjective reality, a fact often and easily overlooked (Rizzuto, 1991). There is a greater need of these initial institutions to create an ambience which promotes a sense of community and security and a platform to learn. For the social constructivists, the primacy for knowledge is in the “ relational” processes of social exchange and symbolic interaction that constrain personal categories of understanding. In contrast, the Empiricist Cognitive Therapy attributes the causative primacy to the individual knower and his or her cognitive processes in the development, maintenance and remediation of psychological difficulties. (Lyddon 1995, 580)

Therefore, working with the solution-focused lens, we can create good relationships with children, students, parents, teachers, and colleagues alike.

It has been observed that when parents and teachers – at school or Sunday school- cherish healthy relationships with children/students, they have a greater influence on them than those who share a bad relationship. And the very striking quotation from the Scripture which very well which speaks about Jesus' healthy relationship with children. The scene was where children were brought to Jesus by their parents to be blessed by Him -“ Then little children were brought to Jesus for him to place his hands on them and pray for them. But the disciples rebuked those who brought them. Jesus said, “ Let the little children come to me, and do not hinder them, for the kingdom of heaven belongs to such as these.” When he had placed his hands on them, he went on from there.” (Mat. 19: 13-14)

To create healthy relationships, here are a few suggestions using the solution-focused lens. It would be of great importance for the members of these basic institutions to make a paradigm shift from the Problem-solving thinking to solution-focused thinking; problem-focused model, are deficit and pathology oriented. Following are suggested means to help create healthy relationships based on the solution-focused model as an aid to the members of our basic institutions such as home, elementary school and Sunday school, to help those within their precincts to develop their full potentiality (adapted from Mahlberg & Sjoblom, 2004)

The Yes Stage

Insoo Kim Berg calls it a ' Yes-set', which means when we talk to the child or the family, we pose questions or other statements that we already know they will answer with a ' yes'. The purpose of this ' yes-set' is make the child feel welcome, it has been noted that when anyone given an opportunity to

answer ‘ yes’ feels better, positive, secure and an easy way to establish a conversation.

Mirroring and Matching

We usually automatically tend to adjust our communication with others according to the other persons way of speaking. This technique is extremely helpful if one needs to develop trusting relationship with the significant other. By mirroring and matching, we create a co-operative, understanding, safe and comfortable ambience.

Positive intentions

Whatever the act of the child might be, it is always helpful to think that generally children have positive intentions in what they do. When we assume that all persons are good it becomes easier to build good relationships, though we may not accept the actions in themselves.

Going with the Child’s Energy

Another great tool in building relationship is indicating to the child that we are on the same side as theirs. The moment we take the opposite side then they become defensive – “ the proper relation to the other is respect and care, not dominion. The other can be evoked, solicited, or addressed by speech, but no category or term can ever grasp the essence of a person or do justice to unique individuality.” (Olthuis 2006, 36) By going with the child’s energy we increase our chances of co-operation and a successful outcome.

Jumping into the Same Boat

It is meaningless to look at the children from our adult perspective and keep shouting at them, so they should jump into our perspective. Rather we jumping into their boat, looking at them from their “ child” perspective would be more productive. As when we row together we reach the goal faster and the task is easier as well.

Respecting the child’s Model of the World

Every person has its own worldview – unique experiences, Interpretations of events, values, beliefs and thought processes. The children also have their own worldview, so if we respect the child’s model of the world and avoid a tampering with theirs and replacing it with our own, then we enter in a conflict. When we respect the child’s perspective we have far greater opportunities for facilitation their development.

Positive Feedback

Also called as positive stroking or words of affirmation, when used for children they draw closer

to their goals. Positive feedback reinforces positive behavior, functions as instruction and contributes to giving the child an increased self-confidence.

Focusing on the Competence and Ability

Focusing on the child’s competence and ability is an invaluable tool in helping children reaching their goal. There is a tendency in the world and in any institution on focusing more on the deficits rather than focusing on the capabilities, possibilities, competence and abilities.

Noticing Positive Change

Change is constant and it is inevitable. So the school teachers, catechism teachers and parents are to be vigilant to look for the smallest sign that might indicate positive is happening in the child. Then magnify, highlight and amplify and trumpet it to all the significant others around the child for having achieved progress – however small success it might be. This will lead to greater changes in the life of the child.

Routines Instead of Rules

Routine refers to ‘ a skill acquired from experience or an ability that has become automatic’. On the other hand, rules refer to ‘ regulations’ or general expectations. Adults normally tend to be more flexible when the routine is followed or not, the child could have a reason not to follow rules. Routines give more opportunities to build on solutions.

A Shared Approach

Meaning to adopt an approach that one feels works best for them and their children, so as to come to an agreement on certain criteria that will help both children/students and parents/teachers to reach their goals

Conclusion and a critique of the possible limitations of the Solution-Focused Model

As we have seen, making use of the Solution-Focused model of therapeutic intervention can help children in building their life and develop their full potential, rather than focusing on the deficits, which tends to deepen their problems. The proponents of the Solution-Focused Brief Therapy do not say that there are no problems. What they rather stress upon is that there is no

need for the therapist to do a research on the client's problems - " therapists do not need to know a great deal about their client's problems to solve them and the therapists should avoid at all costs engaging in " problem talk" (Berg & de Shazer, 1991) — as it can deter children from approaching the therapist. Children are unique and so are their problems, which can often sprout from the very solutions offered to them - " problems and solutions are close relatives and do not always need to be separated for effective problem solving" (Van Gundy, 1988). What I quite like of the constructivists' methods of psychotherapy is their openness to the " eclectic" approach towards therapy. It has always been debated by therapists very vigorously as to which therapeutic intervention is best suited for children. The postmodern theories/therapies and their eclectic nature have brought about some reconciliation among the therapists, since these therapies integrate other therapeutic models which involve the parents/others in the treatment process - " Counselors and therapists from a variety of schools of thought are aware of the importance of resource persons who can support the client" (Pembroke 2005, 15).

The nature of the Solution-Focused Brief Therapy provides a user-friendly approach to school problems and other challenges faced by today's children and youth, to empower them and help them build their future. The usefulness of parents, a school and catechism teacher rests largely on their ability to interact with the children in ways that encourage change and solutions. Brief solution-focused counseling is responsive to the simple reality that change is the name of the game (Murphy, 210).

Finally, just like any other therapist

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