

TURNING AWAY FROM DIFFICULT PROBLEMS
WITH GENTLE SOLUTIONS: THERAPY WITH
A TEENAGER BATTLING WITH ANGER

FABIENNE KUENZLI, PH. D.

Abstract:

In this article I demonstrate an alternative treatment to working with a teenager. In this article, I demonstrate the effective use of reflection-in-action of a therapist. I illustrate, through this case description, the value of utilizing language toward building and co-constructing a dialogical encounter. Throughout the text I will intertwine three narratives: the words of the client, the inner dialogue of the therapist wondering what to say or do next (also called "reflection-in-action," Schön, 1983, Kuenzli, 2006) and the narration of the little prince from Antoine de Saint-Exupéry. It is my hope that the present article might invite clinicians to consider an aesthetic dimension of the work with children and adolescents in psychotherapy.

"One only understands the things that one tames," said the fox. "Men have no more time to understand anything. They buy things already made at the shops. But there is no shop anywhere where one can buy friendship, and so men have no friends anymore." (. . .)

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“What must I do to tame you?” Said the little prince.
“You must be very patient” replied the fox. “First you will sit down at a little distance from me, like that, in the grass. I shall look at you out of the corner of my eye, and you will say nothing. Words are the source of misunderstandings. You will sit closer to me everyday...”

Antoine de Saint Exupéry, (1943, p.70)

Introduction

Through this article and the voice of a teenage girl, my intent is to illustrate a way in which a therapist can offer space for dialogue to emerge. I use the word dialogical in the sense of a special interaction. Dialogue has often been trivialized. When I use the word dialogue, I refer to Existentialism and specifically to Martin Buber (1987). Dialogue includes in Buber's term both an “I-Thou” and an “I-it” relationship. An “I-Thou” moment is fleeting and cannot be brought by will. It is a privilege, a grace when it occurs. Dialogue is, I believe, one of the main tasks of therapy. Dialogical moments between therapist and adolescent can be transforming, for the client as well as for the therapist.

I place a specific highlight in the text on the importance of intention and how frequently one can note that the original intention is not necessarily conveyed through the clinical intervention. I shall, in this article, expand and comment on a process-oriented therapy. By offering, along with the outer dialogues, my inner voice, I intend to show how I make choices, how I choose to intervene, what I think, what I choose to share and not and how come. Inner voice is called “inner speech” by Lev Vygotsky (1986). The Russian school and in particular Lev Vygotsky has an interest in exploring the complex connection between thoughts and words and how the first influences the other or *vice et versa*. By inner voice, I mean the words that are spoken within the person before or without being shared outside.

My approach in therapy has been strongly influenced by both post-structuralism and constructivism ideas as well as Gestalt therapy.

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Among the precursors of constructivism were Vico (1725), Kelly (1955), Piaget (1956, 1970, 1974) Wittgenstein (1969) and more recently Von Glaserfeld (1984). As a poststructuralist I am constantly reminded of the impact of my language as well as the danger, at times, of certain questions, comments that I use, as a therapist. Since reality is co-constructed, my part as a therapist is vividly important. In the process of therapy, what I bring can also shift the constructed reality. Power is of importance. I constantly try to remind myself that I do have in the position of a therapist a lot of power, even if I do not wish to. Therefore, I have to be extremely aware of how I act and how I use language. In language, I can position myself with taking, utilizing a posture of knowledge and knowing. I try to be vividly aware not to not take power, but rather to promote and utilize the possibility to invite a powerful presence through our interaction.

Our perception of reality is constructed through language and dialogue. This assumption makes me tremendously aware of the impact of my language on the co-created reality shared by the client and the therapist. I see my responsibility, as a therapist, as engaging with the client in a dialogue that is potentially helpful for him or her.

In this story there are two main characters: Irvina, the adolescent, and myself. I have been hesitating to call her a client *versus* a patient. I like the word patient for what it truly means: "a person in a stage of pain." I like the word client because of its less hierarchical meaning but do not like the mercantile connotation.

This story is, most probably, different than the story that Irvina would tell, because it is seen through the eyes of a therapist. Irvina's therapy is not a "success story." My intention is not to present a successful outcome, but to demonstrate the deconstruction of the process of therapy. I have chosen those conversations, which I thought were relevant to illustrate my clinical and theoretical interest, which is the effect of therapeutic conversation on my client.

There is also within this story another story that I chosen: "The story of the little prince." It, too, is as unfinished a story as the one I present to you, the reader. I have chosen three pieces of the story, as a

parallel to the story I shared with Irvina. The story of the fox and the little prince is a story of building a trusting relationship. It is a story about life, love, friendship and grieving. As in the story of Irvina and myself, the story of the little prince is not a finished “happily ever after story.” Everyone is a winner just because they took the time to meet.

Biographical Elements

Irvina is an eighteen-year-old Mexican-American. Struggling with racial issues she reports she wishes she were black. Irvina came to therapy after having been raped. She has been in therapy since she was five years old. Therapy has not been a positive experience for her. Her life would be impossible to summarize here, however, the following biographical elements will illustrate the developmental disorganization and pain experienced by this young woman. I received a report containing a large list of information, following fourteen years of psychotherapy with ten different clinicians. At one point, the adoptive parents felt so powerless with Irvina that they sued Child Protective Services, saying that they could not have known that this child was going to be so difficult to handle. They lost the trial and kept custody of Irvina.

Irvina was adopted at age three. Child Protective Services, that took her under custody for a while, described the extreme physical and sexual violence that she had experienced. The biological mother was on heroin and was a prostitute. Irvina had not seen her mother since she abandoned her. The adoptive parents are very different from one another. The adoptive father reported he never wanted children. The adoptive mother described him as rigid, dogmatic as well as insensitive to Irvina. The adoptive mother reported ongoing difficulties within the couple. The adoptive father has not talked to Irvina for four years. The adoptive mother seems warm and kind toward Irvina. She says she has a hard time detaching from her adoptive daughter. She describes herself as having a hard time setting limits with Irvina and to be respected by her adoptive daughter. Irvina’s life has been mainly a life of misery and drama. Including a felony, she spent time in detention homes. She has

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done drugs, sex, unwanted sex and countless suicidal attempts. So far, Irvina's story has been really sad. Turmoil, sorrow and despair have been inviting Irvina into wondering sometimes whether life was still worth living. Her wrists are marked with large scars from many suicidal attempts. She says she's too afraid of death to kill herself. She also says she believes that if she kills herself she will burn in hell. These thoughts, she said, keep her alive. She mentions in her story violence toward others as well as herself. She has lived in and out of shelters (on probation) for a long time. Irvina seems to carry the story of her life as a heavy bag. The past is haunting her. It seems like, in the midst of turmoil, she has lost her voice.

Comments on the Biographical Elements.

Those elements of biography are difficult to be looked at with detachment. They almost create a definition of somebody that I would like to challenge with you, the reader, if you wish to. When I heard these biographical elements and many more (more of the same), I chose to bracket them as much as possible. Otherwise, I figured I would never be able to meet Irvina. Instead, I would meet a story that is somewhere already written. Trying to hear and to see somebody with new eyes is, I believe, one of the requirements for providing a chance for a dialogue to occur. Irvina would probably be considered by many as a challenging client. I chose to talk about Irvina, because as with so many other clients, working with her transforms and challenges me.

Components of My Work.

Working with Irvina challenges me at the most difficult areas of my being, at the edge of my growing — as a person, and as a therapist. She is, at times, provocative, even aggressive. The closer our relationship becomes, the more aggressive she becomes. That is for me the challenge of therapy: to be open to dialogue, to welcome a client who assault me verbally or who presents herself as oppositional. Trust is profound if I

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can find it *also* in disagreement. It means to learn to stay in contact with the other, even, when and if, the other disagrees or rejects. It ultimately means that my client can challenge, reject, criticize and I can still care deeply about her.

A Life of Turmoil

(FIRST SESSION)

At the beginning of this first session, I asked Irvina what her goal for the therapy was. Irvina has a long history of therapy (see below). In this sense, I consider her as an expert in knowing what she wants out of therapy and what she does not want. One could almost say she has tried it all. Further in the conversation, she will say what she really wants, from therapy is to “have a nice conversation, like she would have with a good friend” this namely would mean:

- No judgment, but rather comprehension
- Listening, hearing her story and letting her know that we do care
- Helping me to “make meaning of my life.”

Now, in the room, she sometimes tries to speak with her own voice. I refer to what White (1990, 1991) could call “self-agency.” Speaking with your own voice means to be and communicate who you are, instead of what you think others might be expecting of you, others might think. Not always successfully. Often, what I hear is the voice of destructivity. Having lately been raped by three guys, she even manages to wonder: “Was it really a rape or did I provoke it?” Irvina reports that she experiences shame for what she has done in the past. She strongly wants to be different now, and doesn’t feel that she has the tools to act differently. Sometimes, it feels like the voices of abuse are so strong they almost override her voice.

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Irvina (*crying*): I'm not normal. I wish to have a normal life. I'm stupid... and then...I'm scared... so scared to be on my own now (*related to what the adoptive parents seem to have told her, she needs to leave the house*).I don't want to become like my real mother. She is a prostitute. Hooked on heroin, incarcerated for a long time. (Irvina never met her since she was taken by Child Protective Services. She reports her adoptive parents do not give her the money for the research of her biological mother).

Therapist: If therapy was less boring this time, and less of the same, what would you like out of it?

Irvina: I first want to change my pattern around sex (*She practices at times unprotected sex*). Namely, I want to do sex with somebody I care about. *I believe it is still too hard to add: "and somebody that really cares about me."* It seems to be really difficult for Irvina to own "to be cared about," just for who she is and not for providing sex as an object. It seems very hard for her to be loved as a whole person.

Irvina: I want to change my attitude toward my mother. Now, I use her as my scapegoat.

Therapist: Did you ever notice some of those changes happening already, even just little?

Irvina: (*she is thinking*). Yes, I have a different attitude with people?

Therapist: Like what? What do you mean?

Irvina: Less confrontational. I am more humble with other people.

Irvina: I am never happy. I haven't been happy in years. (*She suddenly looks really sad.*)

At this point, I am thinking that maybe I went much too fast for Irvina. She says this powerful statement: "I am never happy" right after I have invited her in a positive description of her story. Following ideas from White

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(1990, 1995) in *Narrative Therapy*, I am trying to invite Irvina into an alternative story — a story that is not saturated with problems. I tend to believe that she felt unheard by my comment.

Therapist: Is there any time you have been experiencing happiness even for a second? What was different about those times?

Here I go again. I probably missed an occasion to think before talking. This time, Irvina gives me more information: she does not answer my question. She ignores it willingly or unwillingly, I cannot know because I did not ask. Following ideas from White (1990, 1995) in *Narrative Therapy*, I am trying to invite Irvina into an alternative story— a story that is not saturated with problems. This comment obviously did not work. In my experience, people that feel sad often do not feel heard when one plays the cheerleader. This idea will be the basis for my next comment.

Therapist: You know Irvina ... I wonder ... Yes, I wonder ... if it were not even too much when I did ask you what you would like for the future. Maybe the voice of abuse will not even let you see that you may have a future. Maybe the only thing that abuse entitles you to see is black and no future, like a no win situation? I wonder....

Irvina looks at me intensely for several seconds.

Therapist: (at the end of this session): I have been noticing that I have been asking you a lot of questions, I was also wondering if you would have questions for me? Or, if further along the road, you have questions for me, you are more than welcome to ask them at any time. (I am inviting her in a more equal relationship.)

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Irvina is a bright young woman. Her life has been terrible so far and it's quite amazing the survival skills she has developed to stay alive. I have the feeling that working with her to help her reclaim her life from abuse might be a long and difficult hike, but nevertheless a fascinating and powerful one.

How Do I Make Sense?

(SECOND SESSION)

Irvina: Do you think that this was a rape or do you think I encouraged it to happen?

I am highly interested in my work in using a reflexive position. Usually presented as a team of reflectors or a reflecting team as first mentioned and invented by Andersen (1987, 1991) to present to the client a multiplicity of options helps the client shift between a "talking place" and a "listening place." One of the main purposes of the reflecting team is to generate for the client more possibilities. I believe offering this reflexive space can be highly useful (Kuenzli-Monard, 1996; Kuenzli, 2006). When somebody asks for advice or ideas, I believe it is useful to allow our clients to choose among several options, instead of providing the right prescription, interpretation, response.

In that sense, a reflecting team provides differences rather than consensus. It encourages multiple views and meaning to occur.

Therapist: Gosh, this is a hard one. I'm not sure there is an easy answer to this one. Well, from what I hear from Irvina, the first thing I can share with you is that listening to this story, I really felt confused (*sharing of my primary experience*). I was wondering, since you heard it too, if you felt confused, or what happened for you?

Here I am attempting to do several things with my comments. First, I am validating the status of her question. If I were to answer this is “x or y,” knowing that Irvina has been struggling with this question for quite a while, it will probably be dismissing. It could be dismissing in the sense that a quick answer to a complex question might give her the message that she is losing her time wondering about it.

Second, I am not assuming that a therapist or anybody should feel what the client is feeling. Of course the same assumption would be equally valid for the client. That is an example of a non-expert position in practice. Again, it does not mean that there is no expertise. It means that my expertise is offered and that clients however, in most situations, know better than a therapist does, what they experience.

Therapist: It seems like being drugged, high on alcohol, with those guys around you taking off your clothes without even asking you. I would have been confused too. I guess, if I was experiencing that I would have felt very scared too . . . and if I do recall correctly (*looking at Irvina*) you chose to go with this one guy to have sex, but you weren't expecting the two other guys to come over and to have sex all three together with you.

Irvina: Oh **no**. I just wanted to have sex with this one guy.

Therapist: That was my understanding too. And then, if I remember correctly, you also said “**no**” when they started right?

(I put an emphasis on that word as I said it, to underline her voice.)

Irvina: Yes that is right.

Therapist: And they obviously did *not* listen to you. So, this is what I understand now about the situation is that what happened was not **your** (*same emphasis on this word*) choice you were planning on having sex with this

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one guy. What do you think Irvina? Did I give you a fair answer?

Irvina: (*She nods, looks relaxed*). It's hard for me now to be able to say more. I need to think about it.

Willingly, I shift the focus away from Irvina to respect her need to think.

"Men" said the fox "They have guns and they hunt. It is very disturbing. They also raise chickens. These are their only interest. Are you looking for chickens?"

"No" said the little prince "I am looking for friends. What does that mean: tame?"

"It is an act too often neglected" said the fox. "It means to establish ties."

— *Antoine de Saint Exupéry*, (1943, p.68)

Give me advice, but please give me none!

Asking for the expert opinion on whether or not what she did experience was rape or not, was also (on a different level) a way putting me in a "Catch 22" I felt kind of trapped by this comment. There is no way out but to metacommunicate, what I am experiencing. In some way, she wants advice and in the same time she tells me clearly that she rejects any kind of advice. My next comment goes in that direction. I remember: one of her first comments about therapists was: "They all give advice, they think they know it all." My next question was: "Do you follow them?" Her answer was (with a smile): "Of course not." I added: "Me neither, I don't like advice." I referred to this previous conversation with Irvina letting her know that I was not willing to offer advice, because she said herself how painful it was for her that she feels therapists were lecturing her. I also said if she really wanted an advice then she could ask and I would do my best to answer.

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At this time, the temptation to go into pathologizing and labeling might be quite high for most therapists. The invitation for therapists to lecture is high also. I do keep in the back of my mind, what she was telling us at the beginning of the session. One thing she doesn't like about therapists is that they are lecturing her. This would have more of the effect of having her turn her back on people and not listening. Actually her first question was: "Do you think that this was a rape or do you think I encouraged it to happen?" This question is quite inviting for an "expert" answer. I do want to answer her question, (rather than getting back at her such as saying: Wow? What do you think Irvina?). She did not ask me what she thinks but what do **we** think. I also believe that it is important that **she** decides how she can make meaning out of this event. If I was to tell her: this was a rape. I am pretty sure that she would not take it in. After the session ended, she asked me, going down the stairs, where I do come from. I said I would show her Switzerland on the map next time, if she wants to.

"ONLY I KNOW ME"

(THIRD SESSION)

I show her my country on a small calendar that I have. As she comes in, Irvina looks very tired. She feels like sleeping. I offer her the couch. She closed her eyes for five minutes, after what she decides to talk rather than sleep.

It is fine to be who you are.

This is for me a critical moment of the therapy, I wanted to **show** Irvina that she was welcome as she was. Sometimes, as the proverb says: "Actions speak louder than words." Not only saying that she was welcome, that she could be who she was, that she was accepted for who she is.

Maintaining a "respectful posture" is complex and challenging. I believe, this posture is hard to operationalize. Respect is also in the do-

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ing, not only in the saying. Offering her the couch to sleep sounded very important for me at this moment, rather than pushing her, forcing her into doing “therapy.” I felt happy and content with letting her rest. I did not do it as a therapeutic trick. There was no strategic intention behind my comment. I did it because I thought it was the most respectful thing to do at the time.

The creation of an integral self is a work of a lifetime and although that work can never be completed it is nonetheless an ethical responsibility. (...) Dishonesty may result not from a motive, but quite often, from the failure to undertake the project of responsibility.

Mikhail Bakhtin, 1990, p.31.

Irvina: *(getting up suddenly totally awakened)* I’m moving out of the house next year. Full-time work program next year. Last week, I wanted to run away stealing her step-mum’s jewelry and leaving her a note writing, “You have no use of me anyhow.” *Then, she explains how she doesn’t get along with stepfather. She is afraid she might become violent toward him or toward herself. As Irvina was resting I was just quietly waiting and daydreaming. Her comment shakes me up pretty quickly!*

Therapist: What stopped you from doing that?

Irvina: What?

Therapist: Yes,... What stopped you from stealing jewelry and leaving? Was it the voice within you that wants to stay out of trouble *(I re-use a language that she previously used)*? Did this voice speak louder?

Irvina: Yeah, I guess. *She adds:* I try to have a normal life at school. The therapist that I have been seeing before

they told me: "I need to confront my problems, face them. Nobody else can do it for me." Therapists keep telling you what to do. *She seems now really outraged.*

They said: "Only I can do it, nobody else will do it for me."

Therapist: I imagine it can be a really lonely place.

Irvina: . . . and I'm **sick** and **tired** of this psychobabble sh.... Always giving advice, always telling me what to do. These psychotherapists speak and psychobabble sh... and staffs, that's crap.(...)

Even God He doesn't give me a hand. Where is He? Where... in the world is He? If He is so good and He is so powerful why did He make me live this f... life, you know...

f... !

Therapist: It is like building a house on a volcano. Why would He build it there?

Irvina: Yeah ...and I'm sorry because y'all are not like that. You are listening not judging. You are different. But I don't like them at all. But still like my friend says: those shrinks know nothing about the life we live, how can they understand. They know nothing about living on the street, nothing about how it is to live in fear every day of my life. Therapists make average to good grades. They live in nice areas, they have nice cars, nice telephones, nice houses, they can't understand.

Listening, hearing understanding, knowing...

At this point, it might be tempting to do several things. For instance, to interpret: an easy interpretation might be noticing how when she feels closer emotionally to me she attacks (verbally) to maintain distance. Even if it were true, what would be the use of saying it at this moment? My guess is that it might create more aggression on her side.

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Another tempting reaction is to feel attacked, blamed or defensive. Irvina's comment is pretty direct and raw. But then again, what is the therapeutic use at this point to try to lecture, defend or explain? She is probably not open for that at this moment. Irvina says something important: she does not feel understood and she feels that **we** cannot understand.

It is important for us therapists to develop skills in taking an "as if" position (Anderson, 1997). This skill is crucial when working with the client: to develop an awareness of how we experience people from a different position. The reflexive position is central to my work with the client. It is this constant discourse with my own reactions and with the theories I choose. This discourse (and this tension) allows me to look at theories only as theory and not to magnify them as dogma. It maintains a stance of curiosity (Cecchin, 1987). The "as if" position is an invitation to try to put oneself in the client's shoes as often as possible. I also refer to the "turning toward" presence (Hycner and Jacobs, 1995) and their recommendation to the steps toward "establishing the possibility of a genuine dialogical connectedness," turning toward the other one as the paradoxical movement to somewhere "turning away" from myself and my own preoccupation of the day and the challenging task to remain present to nothing else than the process.

I forget too often to realize the intensity, the level of sacredness, the ultimate gift of a person opening up in my presence. I sometimes *think* I understand, and keep trying to shut down that voice within myself "Oh! I know, I know, I know what you mean." After all, I often think I understand but I never quite do. I remember: one day I felt sad, miserable, and hopeless. One day, I felt little, unheard, depressed. I felt alone, I felt forgotten.

I felt unloved.

Passing by, a friend, loaded with good intentions, wanted to help. She wanted to hold my hand; She was ready to share. She first listened to my long complaints. Then, as if she could not bear the weight of silence, those moments that are filled up with pain and sorrow, with

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uniqueness and disempowerment. She told me in a sweet voice: “*I understand what you are going through, I have been through that.*”

For whatever reason, those words hurt me (even though I knew her intention was good). I should have felt understood. I did not. I should have felt heard. I did not. I felt hurt. I felt unheard. I started an inner conversation with my friend, too afraid to share it out loud and to hurt her (and maybe also too hurt): “Oh! No, you don’t understand, you don’t have any idea, you may think you do but you really don’t.” Her words: “I understand...” made me feel almost angry, almost bitter, quite sour, to say the truth. It took away some of my experience, some of my uniqueness, some of me even. As Shotter says:

Redescription often humiliates; that is, the act of re-casting the world in the terms of a new language game can often have cruel consequences as the one redescribing the world overwhelms and makes irrelevant the descriptions and language games upon which others had based their lives. John Shotter in Derek Nystrom & Kent Puckett (1998, p. xii.)

This experience taught me lots of things, which I would like to share with you. It taught me one more time the more obvious it might look, the less simple it may really be.

Humans are complex and magical too.

It is not easy to hear and even less easy to give somebody the impression that we listen or at least that we try to.

Sometimes, feeling heard may be as simple as holding a hand and as complicated as saying nothing.

Sometimes listening is just to make space for the other one to have a dialogue with himself.

Sometimes listening may be to refuse the invitation to fix, to teach, to change the other.

Sometimes listening might just be to be here with the other.

These reflections lead me to this next comment to Irvina.

Therapist: You are damned right I don't understand. Even as hard as I may try I will never, even start to realize how tough life has been for you, how unfair it has been, and I'll keep trying to listen. You are damned right we come from two very different backgrounds. You are damned right I'll never know how scary it is to live in fear every single day of my life. You are damned right, Irvina...

Using the words of the client

For some of you the repetition of the word damned might be seen as curious or even choking. This is somewhat the intention. I thought, if I were to use this word she would pay attention. She is not used to hearing me talk like that (remember: "Therapists are well educated they live in nice areas"). Using "strong words" and using them several times had the effect of catching her attention. What are presented here are not techniques of therapy. Those are not transferable to other therapy sessions. They all belong to a particular context, a particular moment and a particular relationship. In this particular example of using the words of the clients, I have been noticing over and over again (Kuenzli-Monard, 2006; Kuenzli 1996) how often clients report they feel heard or understood when therapist reuses the words of the clients. I have to add that I notice that I often use the words of the client. This is a utilization of the difficulty of teaching clinical practice that are always linked to a clinical context. In many contexts it would not be recommended to repeat client's words or would be occasionally hurtful. It is difficult to explain which words and when I choose to re-use them because from a general point of view because it is linked to each particular situation.

Irvina: Something I'll never forget: I was so scared, I thought I would die. I wanted to see how they restrained, because I'm always playing with limits you know. I could barely breathe, because you're fighting, you need more air than ever and they don't let you breathe I thought I would die.

I got so obsessed with water after that. The therapist I had at the time said it was because I had no control over nothing so that is the only way I could have some.

I finish up drinking several 16 oz. cups within an hour having terrible stomach cramps but I did not care. Then since I was on one on one because I was hurting myself (shows the amount of scars on both of her arms). I could not go to the bathroom when I wanted to. I started becoming dirty with myself. I peed on myself without saying anything for months.

I became so desperate for water. Water took over my entire mind. I was that close to losing control.

(She shows an inch with her fingers).

Pause.

Looking at me (I'm writing down what she says).

Irvina: Yes, you probably think I am screwed up I have a poor self-esteem and all of this s.... You'll (*referring probably to the therapists*) think always you are so clever, you think you know everything about me, right. You know what I may say a lot but in fact I don't trust you I don't trust you at all.

(She looks very angered)

Pause.

As I am pausing before answering; many ideas and thoughts go through my head (as a therapist and as a human being).

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First, the idea that in some way I “goofed,” I was not careful enough with telling her how come I was writing down what she said and what was the use of it. Coming from her perspective, she might be experiencing a huge incongruency (this kind and caring therapist, as she perceives, labeling her behind her back).

Second, is this awareness of a second “wave” of aggression that came (sooner than I expected) and questions about how to answer this “wave” in a helpful way.

Third, is an idea that she might feel betrayed by her therapist. She might think that I have two different discourses one to her and one hidden about her. Should she suspect that these two discourses are inchoate, that is when her rage would pour. She opens up and feels judged or unheard. She might try to test me, to see how much she can trust me. Irvina refers to a rare condition called *potomania*, where extreme quantity of liquid (usually water) are absorbed and can create severe health issue. This is frequently a desperate attempt to control one’s environment and evidently should she be quite concerned about what I might think of her.

Therapist: Irvina...

(She turns her head away from me)

Irvina, look at me please. Are you interested in my answer to you? Or not right now?

Irvina: Yeah. I guess...

Therapist: I can hear that is what you *think* I think about you. You might think I am just being obsessed with diagnosing you, putting labels on your face, treating you like a number. You might think I think you have a poor self-esteem and all of this psychobabble stuff.

I use some of her own words but only some of those because I do not feel that this is necessary (neither comfortable for me to use cussing words).

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But, you know what... let me tell you what I think about you.

I think it is a miracle that you are still alive.

I think you are a survivor.

I think what happened to you is unfair, so unfair.

You had so much pain, so much turmoil.

(My eyes become wet).

That is true that sometimes I feel sorry that it is so hard for you to like yourself, because you've been so abused.

Over and over again... And I wish that in some way, I could help you discover how much you are worth and how special you are.

Pause.

And also what you said about trust. You know what I think about trust, what my theory is about that? I think that you are really wise not to trust me at the first glance. You know, I think it is wise. How can you know you can trust me without knowing me, trust is not a given it has to be learned.

You know it is like when you go in a lake. They are some people who jump in, and those who test the water with their toes before. I am one of those. I like to test the water before jumping. So, in case it is icy I can always take my feet away before I have a health problem of some sort.

I do encourage you being careful about trust and one of my guesses is that you have been so betrayed in your life, that it is really hard to trust.

Irvina: *(Smiling, looking straight at me)* You are really cool. You are really different.

I think that Irvina here felt really heard — really close to me really trusting. I think also what worked was some of my language — a

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very congruent language — my words were in sync with my body language. I really believe that trust is for most people not a given but something that needs to be carefully constructed. Also the fact that my eyes became moist shows that I was not phony. I was just sharing with Irvina my primary experience.

At the end, her reaction surprised me very much. I was not expecting that reaction from her, I also think that I was not ready to take in all that credit. Nonverbally, I think I must have made a move to let her know that I had enough compliments for now! Very sharply very quickly she did let me know that:

Irvina: No, listen to me: I said you are really different. You know why: because you really care. You really care.

THE BLUE SESSION

FOURTH SESSION

Irvina is absolutely on time. She is wearing blue glasses. I ask her if that way she sees life in blue. She gives me her glasses to try them out, which I do and give them back to her. She'll be wearing them for the rest of the "blue session."

Irvina: I feel playful today. You know I have a new boyfriend. He bought me new shoes that are \$80. We spent last night just talking as weird as it sounds it seems like he is really listening to me.

Irvina: I feel like reading some books, may I? ... Oh! By the way Friday I have an interview, a job interview at 3 P.M..

I am simply flabbergasted, given what I know of Irvina and her fear of getting in what she refers as "the real life" (work).

She reads out loud children's books.

Therapist: I just would like to share with you a feeling I have. I feel so joyful to see a smile on your face. I just feel very content. I cannot help but thinking about this so sad sentence that you said first time we met. You said: "I haven't been happy in years." And quite frankly, even if I know it might not last forever and you might not call it happiness it feels so good to see you smile.

Irvina: *(with a bright smile)* Yes for the moment I guess I'll call it happiness! ...and after I'll read you the poems I have been writing.

(Every time before she takes and reads out loud a new book, Irvina nonverbally asks for permission. Once she asks us if she can read the same book again.)

I'm sorry I feel kind of nosy today.

Therapist: *(I naturally answer with a large smile)* If you want to know it's not my preference that you read the same book again, but if you want to go ahead . . .

Actually when you said you might want to share some of your poems, I was really excited. Is it something you still would like to share or would you prefer to read books?

Irvina: What I like to do with those poems is put them into rap music. Talking to a beat... You know...

She shared a poem that she wrote at the end of this session, read it out loud. Irvina agrees to give me a copy of her poems and adds a bright smile when I ask if I could share this with my colleagues.

To the therapists: "Only I know me"

Tell me how I feel
Tell me what I dream
Tell me I'm just acting

Tell me how I seem

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Tell me whom I hate
Tell me whom I like

Tell me how I rate
Tell me you are right
Tell me how I am

Tell me how I look
Tell me all you can
Read me like a book

Then I'll tell you something
Although you won't agree
Only I know what I am thinking
Because only I am me

CONCLUSION

"Learn your theories as well as you can, then put them aside
when you touch the living miracle of the human soul."

– Carl Gustav Jung

After these four sessions, there are other sessions: I choose to put a pause here. After this fourth session, Irvina decided to come back to share this other poem of hers with the therapist and to explain what and how she thinks a therapist can be of help to clients. Irvina was happy with the ideas that I would use her knowledge (as well as my expertise) to write this article and to share it with my colleagues. The four sessions described were in a period of two months. Within those two months, Irvina had her first work experience. She did move out of her adoptive parents' apartment and found a place on her own.

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For the very first time in her life, she said she could talk in front of several therapists about her experience of therapy. She could share what, in her opinion, needs to happen so that she feels heard and what can happen so that she feels like “opening up” rather than “shutting off.” Irvina reports that she now likes coming to therapy (as comparison to previous therapy). She feels like “here, I can be more vulnerable, I will not be judged.” She reports: “I now want to change, even though I know how difficult this is for me.”

One of the things that she often says is how pained she feels, when the therapist thinks he/she knows about her more than she does. This is clearly illustrated in her poem as well.

The process of therapy is still going on (after five months). Cancellation or no-shows interrupt it sometimes. As I said, in the beginning of this article, I have the feeling that working with this client might be a long and difficult hike but nevertheless a fascinating and powerful one. I do not know if she will be willing to hike “side by side” or if, further along the road, she might want to pick another hiking partner or stop for a picnic before starting again. I am here borrowing this beautiful metaphor that Tom Andersen (1995) used in talking about therapy as “walking side by side” with another person. This illustrate so nicely the underlining theory of change that both belongs to Beisser (1970) and at that same time the metaphor that a walk side by side can be a pacing and an encouragement slightly encouraging someone to move forward. My hope is that this part of the hike can bring some meaning into her life and make the long hike more bearable. This is for my hope.

Somewhere along this path and others that I walked along with clients, I try to allow myself to become more human. I try to be less and less constrained by my role, my map or the territory. I try to allow my eyes and my ears to open and my hands to reach out, to discover the endless stories of men. I shall take time to understand how my clients decide to shape their life, what their dreams are. I shall allow more opportunities for them to be in the room and hopefully in the world also. My experience, my knowledge and my expertise will not be an imposition

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but one more lens to use. My experience will allow me to be in the moment, on the path with a client.

To you Irvina, I want to address my final thanks for your courage to stand alive even when everything around push you to die inside and outside. You taught me so much.

So the little prince tamed the fox and when the hour of his departure drew near:

“Ah!” said the fox: “I shall cry.” “It is your fault,” said the little prince “I never wished you any sort of harm, but you wanted me to tame you...”

“Yes that is so,” said the fox. “But now you are going to cry,” said the little prince.

“Yes that is so,” said the fox. “Goodbye,” he said. “Goodbye,” said the fox. “And now here is my secret, a very simple secret: It is only with the heart that one can see rightly. What is essential is invisible to the eye.” “What is essential is invisible to the eye,” the little prince repeated so that he would be sure to remember.

Antoine de Saint Exupéry (1943, p.73)

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Fabienne Kuenzli-Monard, Ph.D., Spécialiste en Psychothérapie, currently lives in Switzerland. She lived, worked and studied for twelve years in California. She has published both in English and in French. She recently published her first book, *Inviting Reflexivity into the Therapy Room: How Therapists Think in Practice* (University Press of America — 2006). Fabienne has theoretical training in Family Therapy and Gestalt therapy. She trained with the Gestalt Institute of Los Angeles, from 1993 through 2001. She has had the privilege to learn from and with Felicia Carroll and Violet Oaklander. She is a founding member of the Violet Oaklander Foundation. Fabienne has been trained since 1993 in the practices of the socio-constructionist ideas applied to clinical settings and has loved this continual challenge in her life. She worked for six years in the most challenging contexts of Los Angeles area and likes to defy the ideas of "difficult or impossible situations." She has a background in Family Therapy and more specifically, Narrative Therapy, Solution-Focused Therapy and collaborative language system. She has trained at the Erickson Institute in Phoenix and admires the work of Erickson. She and her husband, André, have their own institute, the Institute of Reflexive Practices. She is a wife and a mother and enjoys walking in

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the mountains, swimming, running and yoga. She enjoys many other things but the day has only twenty-four hours.