Describe One Specialist Area Of Work With Young People And Evaluate The Use Of A Variety Of Creative Interventions In Your Working Practice

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Introduction

All through our lives our personal temperaments, combine with our living experiences to impact on how we perceive, filter, interact with, and adapt to every aspect of our world, including our close relationships. Therapists working with teenagers will be well aware of the difficulties they can experience in the above process and how this can manifest itself in the form of relationship difficulties, the topic of this essay. So rich is the literature that shapes our understanding of social interactions, it would not be possible to discuss the relevance of each, therefore I have chosen to focus on what I believe is most relevant in our work with young people and their relationship difficulties.

What constitutes a relationship?

I would propose that when we are talking about relationships we are talking about the drive we have to experience contact with another, which relies on both parties being sensitive not only to their own needs but to the needs of the other. This is supported by ***Jordan 1986; miller 1988 who write "Mutuality and empathy are the key features of healthy relationships, as both participants must be (a) actively participating in the construction of the relationship and (b) open and responsive to each other's thoughts, feelings and intentions". (Growth promoting relationships: p. 2)*** As counsellors we often have to work with the affect of less positive relationships on our clients, which leads

me to agree with Jordan when he states ***" People gain a sense of relational competence or learn that they are effective in building relationships through participation in mutually empathic interactions. They learn that they matter to each other and experience their feelings and actions as making a difference or as directly influencing their relationships" (Growth promoting relationships p.2)*** From this then we are given a glimpse of the importance of the young persons experience of their relationships with significant care- givers, other supportive adults, their peers and the impact of these, on their social competence and emotional well-being.

A huge amount of literature and research, e.g. (Winnicot (1958), Iwaniec, Herbert, & Sluckin (1988) Brassard, Germain, & Hart (1987) & Garbarino, Guttmann and Seeley (1986) & Crittenden & Ainsworth (1989) Frodi & Lamb (1980) and Wolfe (1988) to name but a few) links the importance of good, supportive, and caring relationships, with adults, to the healthy psychological development of children and adolescents. Such relationships are seen to assist the child's resilience and help them reach maturational milestones, even when faced with adversities such as parental mental ill health and child maltreatment. These relationships, which begin at birth, form the foundation of psychological development and go on to influence both relationships and mental health into adulthood. In support of this ***Baldwin (1992) writes, "Intimate interactions and relationships affect adaptations to the changing needs and stresses that evolve with every stage of development throughout ones lifetime" (Intimate relationships P.1)***

"Resilience is associated with having generally positive peer relationships, and specifically good friendships" (Daniel & Wassell, 2003: p. 45) This implies the skills to deal with adversity grow in part from social competence with ones peers however, it is also widely acknowledged that a young persons experience of attachments with significant caregivers, also plays a vital role in how they will cope with difficulties in their life.

Attachments

Freud wrote in detail about the baby's first intimate encounter being with its mother when suckling and how this relieved tension in the baby and acted as a foundation for future relationships. However Harlow's Monkey experiment with wire mesh mothers challenged Freud's view of attachment arising solely from the function of feeding and established contact and comfort as important factors in the developments of attachments and bonds.

Bowlby and Ainsworth like Freud emphasise the importance of the mother child relationship, however in recent years research e.g. (Bell& Harper (1997) Schaffer & Emerson (1964). Iwaniec (1995) have recognised it is the interaction of both the infants and the significant care givers (which we now widely recognise as not always being the mother), innate qualities and temperament that combine and impact on the **quality** of the relationship formed and in turn it is the impact of this, on the physical and psychological development of the child; that will determine the type of attachment formed, the most important difference being either secure or insecure and how these attachments then act as a prototype for later relationships *"**Bowlby notes the securely attached child with positive expectations of self and others, is more***

likely to approach the world with confidence" (Fahlberg, 1994: p. 15) furthermore he adds "Children securely attached as infants are more resilient, independent, compliant, empathic, and socially competent than others". (Fahlberg, 1994: p. 15)

In contrast and of more relevance within the context of counselling, children who have been undermined emotionally, criticised or ignored, who have experienced their caregivers as insensitive to their needs, and who have provided inconsistent caring, are more likely to form insecure attachments, and experience problems with their cognitive, psychological and social development, thus hindering their opportunity to develop and explore their social skills. *"**When the quality of interaction is poor, the ability to understand others and become socially competent, can be severely impaired" (Howe, 1995:p. 66)***

Bowlby (1988) proposes, "From the interactions between the child and caregiver, the child develops internal mental representations, which appear to affect the child's social and emotional development". (The impact of maltreatment: p.2)
Trudy a teenage client of mine, whose name I have changed, demonstrates this nicely. From a young age she was abused and deceived by a trusted person. She grew to believe she was powerless would never be safe and no one was ever to be trusted. Now she feels lonely, isolated, different from her peers, and socially inept. She loathes herself, her weaknesses and her inability to cope and problem solve but above all feels that others can see the badness in her. She goes round and round wanting closeness but rejecting it out of fear, believing she won't ever be able to effect change. As noted by Bowlby these internal mental representations have led to a chain of thought that is *its my fault, it will always be this way and will affect everything I do*.

The strategies she has developed to keep her self-safe, as a result of her experiences and these mental representations, have clearly impacted on her social, cognitive, and emotional development. She has no peer friendships and only relates to two professionals linked to her poor mental health. She has been known to self-harm and attempt suicide when overwhelmed with her emotions, or alternatively, she sometimes opts to self medicate her emotional pain through the use of drugs or alcohol. Whilst some young people may find coping strategies like Trudy to manage relationship difficulties, it has to be noted that there are so many ways in which poor attachments can manifest in poor relationships and poor or harmful coping strategies. More of which are referred to in later passages.

Peer relationships

Erickson in his eight stages of development, talks at each stage about a particular dilemma, a social task to be mastered which is fundamental to the development of trust in others. Successful accomplishment of each stage appears dependant on the child's temperament, cognitive and physical development as well as their experience of the main caregivers behaviour, which can be reflected in the young persons interactions with their peers.

Looking at each stage of a child's life we can see that there is a huge change in peer relationships. Initially parents and carers help shape friendships, then with the commencement of school a young persons social circle widens, and gradually they begin to take control of the friendships they choose. With adolescents, friendships become more complex, intimate, intense, and independent of the family. Moving towards physical maturity, cognitively moving into Piaget's stage of formal

operations, and emotionally feelings about the self, who they are, and how they feel about themselves (self esteem) can become entwined, create tension and affect relations with peers, parents, and other adults. At this time their need for a secure base is just as strong as when they were young children as it can provide them with the foundations they need to branch out towards independence and develop those all important peer relationships that help with the transition to adulthood. This is supported by both Wassell and Erickson who claim *"**young people who are securely attached are more likely to be able to make the transition to mature interdependence with others" (Daniel & Wassell, 2002: p.28) "the phase is necessary in growth towards ego identity, where the need to understand as a separate differentiated being has to supersede an identity that is defined by particular subjective roles (Lines 2002:p129)***

Those with insecure attachments may by inference struggle with this transition. Some may socially withdraw and experience difficulties building and sustaining relationships, and in these cases the therapist may choose to explore social skills training, problems solving skills combined with role-play or modelling to help the young person develop characteristics that help with making and keeping friends. Others in comparison to those with secure attachments, which form the basis for the development of empathy and prosocial behaviour, may in response to their inabilities, frustrations or experiences, demonstrate or replicate aggressive behaviour towards their peers (Patterson 1982), frequently falling out with them, and even becoming involved in criminal activities. With such cases the therapists aim might be to provide the young person with a secure base from which they may then may choose to work in

a manner that aims to educate the young person in developing more socially acceptable behaviour, self-awareness and self-control.

If significant caregivers provide poor role models of interaction, the young person will only have these examples to base their own relationships on. As noted above this can frequently but not always (depending on personal attributes) impede their social skills and go on to create disappointment with dyadic relationships. In some cases the deep-seated inadequacy that arises from this (e.g. Trudy) can promote a lasting vulnerability to loneliness.

The impact of loneliness

In the absence of emotional attachments adolescents may be predisposed to suffer emotional loneliness and those with a poor social network, which may have arisen from personal inadequacies, developmental deficits, unfulfilling intimate relationships, loss/ separation, or social marginality may suffer from social loneliness. In response to these factors they may display social anxiety, a lack of dominance, and a tendency to withdraw or sit on the fringes of any gatherings. Blaming themselves for their incompetence and lack of social prestige or acceptance, they can often elicit peer rejection. And this could contribute to the young person internalising the experience as something to be ashamed about, which can lead to a negative self-perception, depression, and a lasting vulnerability to problem internalisation.

In our work withy young people it is important to remember there is a difference between ones choice to be alone and the loneliness that can arise from difficulties with relationships as noted above. For example it is not unusual for individuals with

asperger's syndrome to actually dislike social pursuits preferring instead their own company (Attwood 2003) however this may single them out from their peers just as their idiosyncrasies and need for routines might and this equally could lead to an enforced isolation.

Interventions

As therapist part of our remit with young people is to assess their need and meet them as individuals. However, I believe it is important to acknowledge their part in their relationships with others and ***Bott 1990, 1992 claims "systems theory, with its emphasis on reciprocal interaction in relationships, can be used by an individual therapist to enhance perspectives about a clients problems" (Palmer; Dainow & Milner, 1996: P.339)*** for example in my experience it may not be possible to work with everyone in the young persons system, but as they reach adolescence it is possible to explain the fundamentals of the approach and encourage them to share and discuss where possible and appropriate, what they are learning and even explore with them tasks/ changes that they can try out with friends or family and encourage them to note the responses of those around them and the impact it has on them. I have found this can help promote change.

Understanding the development of the sense of self and the role of relatedness to all that surrounds and is the individual aids the therapist when faced with their client. By tuning into the clients thoughts, feelings, behaviours and physical sensations, we can hear what the client identifies as an unmet need and how they process experiences, - we can then use our selves to assist the process of change, as we create a sense of connectedness. The sense of self and relatedness that develops from this experience

can seem crucial to the interventions that could be used, the process of healing and ultimately this could lead to the young person feeling emotionally stronger and as noted *"**Children who are emotionally healthy will have the ability to:***

- ***Develop psychologically, emotionally, creatively, intellectually, and spiritually.***
- ***Initiate, develop sustain mutually satisfying personal relationships.***
- ***Use and enjoy solitude***
- ***Become aware of other and empathise with them***
- ***Play and learn***
- ***Develop a sense of right and wrong resolve (face) problems and setbacks and lean from them". (Dogra, Parkin, Gale & Frake 2002:p. 17)***

In all cases, therapists must be willing to learn, understand and respect how the young persons social and cultural background, combine with their cognitive and innate personality, to impact on the young persons resilience. *"**For all the processes of personality development and parenting as well as the process of counselling and therapy may be adversely affected as a result of ignorance assumption or prejudice" (Redgrave2000: p 19).*** Subsequently the therapist needs to have an array of mediums for connecting with their client. E.G. whilst one might invite a European young person to draw a picture of them self and how they feel, this could be inappropriate with a young Asian person as an image on paper of them self, is considered a violation of the holy one and not allowed in their culture. A therapist would need to be more imaginative in how they might help such an expression e.g. use of wooden dolls or other with different textured paper or material that can be stuck on to represent the individual and feelings.

In support of this Clark writes *"**Our task is to develop trust and rapport within the counselling relationship for clients to become less resistant to exploring topics and issues that are threatening but also potentially growth enhancing. (Clark, 1998:p.3)***

Talking therapy

There are many ways in which this can help, but cognitive development will influence the use of talking therapy. In the case of Trudy one could explore her thoughts and their impact upon her behaviour through CBT or one could choose to explore from an existential perspective, her inability to trust; this could be advantageous because she has reached the stage of formal operations and this would allow her to consider an alternative or broader perspective on her life and relationships. The nature of the counselling relationship would also offer greater intimacy something that she has previously avoided and subsequently this could challenge her thinking processes on a deeper level. For as noted by *"**The existential relationship can be powerfully affirming for clients because someone whom they respect and who really knows them fully, accepts them. Counsellors who have really deep relationships with their clients can help them face their existential isolation and also help them realise that they alone are responsible for their lives". (Cooper, 2003:p. 142)***

Cognitive development would rule out the existential approach with younger children whilst placing greater emphasis on alternative methods of communication i.e. play therapy, the use of puppets, games or stories however, Redgrave proposes *"**without the counselling or psychotherapy, none of the third objects is going to help the child***

very much. Because of this the reader must constantly be asking him or herself how the various third objects might be used in a counselling or therapy session". (Redgrave, 2000: p.69) This fact is important and relevant for work with all young people, and evidenced by one young teenager who spoke of fear as a reason for withdrawing from his peers. We explored these fears and the barriers they represented though the use of stones. Visually these created quite an image and helped him to externalise his problem, from which we were able to work towards goals, one of which was talking in front of people. Gradually, we used imagery, and relaxation to start with (finding a safe place to talk from) then from reading a book to me, to eventually reading to his peers, to sitting close to and listening to peers, to finding cues to what they were interested in, to eventually holding basic spontaneous conversation. Fundamental to this progress was the externalising of the problem for it can be freeing and empowering. ***"Externalisation opens up new possibilities for persons to take action to retire their lives and relationships from the problem and its influence. (Lines, 1995: p. 87)***

Social skills training is carried out at the young persons pace but in comparison to an existential approach it provides visible results far more quickly. For this reason it might be preferred by the young person for as they participate in the process and accomplish tasks both young and older children can experience positive self-rewards. I do not believe there are any reasons not to use this approach.

Expressive art therapies

Writing

"The value of writing our thoughts and feelings lies in reducing inhibition and organising our complicated mental and emotional lives"(Lazarus 2000: p.160)

The above may help us to understand how some adolescents and young people can find this approach of great value when trying to understand their relationships. The process of writing allows them to reflect on their experiences and by facing their fears on the page; the fears seem to lessen their grip over them.

Cowie 1998 reports, "creative therapies- using art, music and drama – draw upon imagery and metaphor to provide a safe environment within which to explore painful memories and to create new futures"(Sharp & Cowie1998: p. 62) This is evidenced for example by One teenager I knew who wrote stories of how he experienced his past and current relationships and brought these to our appointments to explore. In accepting these stories and sharing how they affected me with him, they seemed to create a shift in him, that was externalised gradually through a growing confidence, that led to him establishing and maintaining eye contact with me. The significance of providing this client with a safe place to express and validate his feelings is recognised in attachment theory ***"The perspective of attachment theory not only gives us an account of how early relationships can set us on a downward spiral, but also gives us hope that secure attachments in later life can help us climb up once more" (Howe, 1995:p.184)*** which draws one to conclude that such experiences and changes manifested through our relationship, may eventually be transferred to other relationships

I believe story telling or story writing can be used with all young people however, the therapist will have to adapt this according to the young persons developmental stage. E.g. With younger children they may start a story and let them finish through their preferred medium. However in all cases, but particularly with teenagers I never push them into reading aloud as this could increase feelings of self-consciousness and negative self-appraisal, whilst also having a detrimental affect on our relationship, the young persons experience of acceptance. Ultimately this could feel like a re-enactment of previously unsupportive relationships. At all times the therapist assessment skills are needed as at some point there may come a time to challenge the young persons feelings and thoughts but this would need to be done with due care and in such a way that doe not reinforce negative experiences.

Art

As noted not all clients are able to verbalise what is happening to them. Art can engage young people of all ages however, what they use and create, along with its meaning is both relevant only to that individual and dependant on their stage of development. I.e. teenagers may use colours to represent feelings whereas younger children may not have the capacity to make this link. Therapist with an awareness of such can equip their rooms with a range of materials e.g. chalks paints, crayons, clay, sand, postcards, magazine clippings, and material swatches etc. Young people in my room are given permission to work with what they are drawn to or as may be the case, encouraged to seek what they need to make expression easier. In all cases I leave interpretation to the young person and would not force them to talk about their creation unless they wanted to. This is supported by ***Violette Oaklander (1978) " I***

believe there is no way you can make a mistake if you have goodwill and refrain from interpretation and judgement" (Palmer, Dainow, Milner, 1996:p142)

On occasion I have found there may be a need to reassure the young person this is not an assessment of skill. In my experience this can be handled in the introduction of the offer. On one occasion, with great determination and anger in my strokes, I took a handful of felt tips and randomly scribbled on a page to introduce my feelings. Through this modelling it appeared to make the medium more acceptable.

This medium can I believe be used in most cases providing the therapists is in tune with their client and is willing and able to be creative in meeting the young persons needs. One young person I worked with used different faces to express how they felt about different relationships and how they would like to feel in the future. So strong was this for them, they asked to put the angry face out of the room because it was upsetting them. Placing the person outside seemed to reassure and empower the young person facilitating an exploration of how they cope with their feelings.

Whilst art can help narrate what they are struggling to verbalise it can also produce a strong reaction of opposition. This can act as a catalyst to reduce self-consciousness and on occasion this can release the feeling of stuck ness associated with verbal expression. ***Maslow 1977 says "creating tends to be the act of the whole person. He is then most unified most integrate. In moments of the here and now we don't reject or disapprove, we become more accepting. Spontaneity allows the honest expression of the whole uniqueness". (Palmer, Dainow, Milner, 1996:p.144)***

Music

Several of the teenagers I have worked with have used music as a means of expression. One after each session would create both the song and the music needed to capture what he had worked through in our sessions. Another on viewing my CD player produced a record for me to listen to when they could not find the words to express what they wanted to say and on one occasion only, I introduced pieces of music as a forum for opening discussion about how I associated certain music with certain people. There are no circumstances that would lead me to believe music could not be used to work with most young people if they themselves chose the medium. This is supported by the American music therapy association which claims *"**everyone can benefit from music therapy: children, adults and the elderly; people with mental health issues or those with physical, developmental and learning disabilities, Alzheimer's substance abuse problems or chronic pain. Music can evoke emotional sensual responses, comfort, and calm or stimulate creativity and excitement. It can aid in releasing emotions from past experiences"(Lazarus 2000: p.156)***

Conclusion

Although constrained, the above demonstrates the quality of the relationships formed with significant caregivers, impacts on innate virtues, to shape a young person cognitive, social and psychological development. These foundations and their impact on the young person, go on to influence how they approach future relationships.

Within a counselling context, we are more likely to work with young people whose significant relationships have provided less than positive experiences and often it is the detrimental affect of these i.e. poor social skills, isolation and loneliness,

depression and suicidal thoughts, eating disorders, substance misuse or criminality, that accompanies our clients to our door.

Our clients arrive because something needs to change and in the case of relationship difficulties, it is possible as a therapist to offer the young person a secure base from which they can begin to experience and learn a different way of relating. Fundamental to this is our understanding of child development, our willingness to creatively tune into the young persons needs and our ability to offer a more supportive and caring relationship, that in time can help redress some of the harm done. ***"The young person who has a basic sense of security is more likely to feel that he or she can attempt new tasks and explore the environment in the search for mastery and later incorporate these experiences, opportunities, successes, and problem solving skills into a confident self-identity" (Wassel 2002: p.108)*** Understanding the factors that have helped shape our client helps us as therapists, to make use of our interventions and ourselves (a flavour of which has been given above) to the benefit of the client. This is supported by Miller (1981) who writes, ***"A child can only experience his feelings when there is somebody there who accepts him fully, understands, and supports him". (Palmer, Dainow, Milner 1996:p.198)***

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