Reflections on a Career: The Power of Our Stories

Robert Brooks, Ph.D.

Dr. David Crenshaw, a clinical psychologist and author in Rhinebeck, New York, has devoted much of his career to working with very challenging youth, many of whom ha ve suffered significant trauma. He is a person I greatly admire both as a warm and compa ssionate man and a gifted therapist. Similar to my dear friend and colleague Dr. Sam Gol dstein, David is a kindred spirit, an individual who appreciates that while we must never n eglect to address the problems that burden children, we can do so most effectively by iden tifying and honoring their strengths.

David informed me several months ago that he was editing a new book and planne d to dedicate it to me in recognition of my contributions to advancing a strength-based therapeutic perspective. I felt honored and humbled by his action. David also invited m e to author a chapter for the book. I struggled for weeks considering the content and for mat of the chapter. Given the overall theme of the book about the courage and fortitude of children, I decided I would highlight my thoughts about the role of hope and resilienc e in clinical work.

Re-visiting the Past

Little did I anticipate the emotions that would be triggered as I gave shape to the chapter. The writing prompted me to reflect upon my professional career and I became nostalgic doing so. I thought about the many changes that had altered the landscape in the fields of mental health and child and adult development since I began as a psychologist more than four decades ago. I thought about my rich collaboration with Sam and the many books we have co-authored about resilience and other topics. I thought about the emergence of what is commonly referred to as "positive psychology," a theme to which I have devoted several of my website articles. I thought about the countless patients who had impacted my life.

I concluded that the chapter for David's book would represent a portrait of the struggles, challenges, and joys of my career, but hopefully not in a self-serving way. My intent was to use this portrait to share observations and experiences that would inform readers of the transformations that have occurred in psychology and in the ways in which we conceptualize and practice therapy. Armed with a clearer

sense of the focus of the chapter, I was prompted to do "background research." I searched my files and read a selected number of therapy process notes I had kept of my child and adult patients, examining what I said and did 40, 30, 20, and 10 years ago. Not unexpectedly, sometimes I was pleased with the interventions I applied early in my career, while on other occasions I wondered, "Why did I say or do that?" As I often tell psychologists whom I train, "Learning to do therapy is truly a process of reflection and change."

I was intrigued reviewing notes from my early days as a psychology trainee. I found myself critiquing not only my efforts but the input of my supervisors as well (I took and retained copious notes of all comments offered by supervisors). There were suggestions from my supervisors that continue to make sense to me and have become an integral part of my clinical activities. Other suggestions are remnants from a different era or theoretical framework to which I no longer subscribe. For instance, I chuckled at a supervisor's suggestion that I tell a hyperactive six-year-old boy who was in constant motion during our first session that the reason he was running around my office was because he was scared to be with me. The supervisor predicted that once I identified this child's feelings, he would calm down.

During our second session I dutifully said, "I think you're running around because you're worried about being here." I expected him to say, "Thank you for noticing" and then calm down. How naïve I was! He responded to my comment with a look of disbelief and proceeded to run around even more. The child may have been anxious to be in therapy, but my supervisor's assessment reflected how little we knew about or appreciated the neurobiological basis of hyperactivity.

Changes in Beliefs

Beliefs that are an integral feature of many current therapeutic practices were not in the forefront of our thinking years ago. As I became a more seasoned clinician I learned that to focus primarily on a patient's vulnerabilities was equivalent to wearing blinders; instead, we must place equal if not greater energy on identifying and reinforcing a patient's strengths, or what I began to call in the early 1980's their "islands of competence." I also became aware that the process of therapy was truly a collaborative endeavor, that while as therapists we possessed expertise diagnosing and addressing emotional and behavioral problems, lasting

progress involved paying more than lip service to encouraging the active participation of patients of any age in their own treatment.

In addition, I learned to appreciate the essence of empathy by asking myself, "How do I hope my patients describe me?" and "How would they actually describe me?" Rather than interpreting any discrepancy between the answers to these two questions as simply a patient's unconscious transference from significant others in his or her life, I recognized that a patient's perceptions of a therapist were also rooted in significant part by the experiences that transpired in the therapist's office. I began to subscribe to the notion that whether or not patients displayed resistance in the office had as much to do with the style and personality of the therapist as it did with the issues that patients brought with them into therapy.

Empathy was the skill that permitted me to access and understand the world of my patients. In perusing my therapy notes, specific sessions with patients emerged with vivid detail. It was as if I were a time traveler, journeying back to my office with my patients, recalling the privilege I felt to have entered their lives. Just as they learned from me, I learned so much from them. As I write this I think of David's poignant observation in one of his books:

> I feel honored and privileged that my life work entails listening to the stories of countless children; children whose narratives call out for understanding; children whose pain requires witnessing; children who long to unburden; and whose voices need to be heard. It is the sensitive and delicate work of empathic and relationship healing of the wounded spirits of our children. I feel so fortunate; I can't imagine a calling more rewarding or meaningful.

With each new patient my belief in a strength-based, collaborative approach deepened, especially as I recognized the incredible fortitude and resilience displayed by those who had suffered great emotional and/or physical pain. Dr. Ann Masten, one of the world's experts in the domain of resilience research, captured the impressive inner strength of people when she talked about the "ordinary magic" of resilience. Resilience was not housed in superhuman children or adults, but in everyday people.

Storytelling and the Therapeutic Process

David's use of the word "stories" resonated with me. Several of my initial

publications centered on the therapeutic use of storytelling. In the early 1970s I read Dr. Richard Gardner's classic book *The Mutual Storytelling Technique,* in which he applied stories to understand and enter the inner world of children, assisting them to adopt more effective ways of coping with life's challenges. I adopted several features of Gardner's technique to develop my own form of therapeutic storytelling that I labeled "Creative Characters." At first, I conceived of storytelling as a therapeutic strategy confined to children, but the work of psychiatrist Milton Erickson and his masterful use of stories with adults convinced me that stories come in all shapes and forms for all ages.

In writing the chapter for David's book I read my initial publications about storytelling. I had not visited these articles in a number of years and I smiled as I thought about my early ventures into storytelling and the joy and excitement I felt in genuinely connecting with my patients. On more than one occasion I said, "And to think I get paid for doing what I love!"

One of the vignettes that I selected for the chapter captures storytelling as a powerful vehicle through which to gain entry into a child's world and once in that world to help replace feelings of despair and self-doubt with a sense of hope and resilience. Given the satisfaction the story brought me, I would like to share it with my readers, appreciating that doing so makes this article longer than most of my other monthly writings. Please note that as I describe the following clinical example it is as if I have been transported back to my office 30 years ago, relishing my time with Timmy, a nine-year-old boy.

Timmy and Johnny Scared the Young Elephant

Timmy had a history of a seizure disorder that surfaced when he was four years old, a disorder that was accompanied by many developmental and learning problems. Timmy's parents and teacher reported that his typical response to a new task was to refuse to do it and say "no." Given Timmy's many developmental issues, one could easily expend much time and energy classifying all of his difficulties and lose sight of his strengths. Initially, his parents and teacher, feeling very discouraged by Timmy's lack of progress and seeming disinterest in any activity, had difficulty identifying his islands of competence.

In therapy, Timmy was very quiet and reticent at first and when he did

engage in play, there was little focus to his material. Play might take the form of darts being shot wildly or paper being scribbled upon. His attention was limited and he frequently failed to respond to any of my inquiries. I recall wondering what activity I might introduce that would not only help Timmy to become more organized but also provide insight into his inner world.

Finally, an opportunity arose. Timmy, in one of his rare communications, mentioned that he saw a circus on television and liked the elephant act. When I asked what part he especially liked, he mentioned when the elephants walked on their hind legs while placing their front legs on the back of the elephant ahead of them. Timmy could not elaborate what was it that he liked about this procession. I was intrigued that his favorite part of the show involved the elephants balancing on two feet, especially given his history of falling down from seizures.

I told Timmy that I also liked elephants and wanted to tell him a story about an elephant. Unlike with some patients, I felt that given Timmy's cognitive and language lags, it would be best if I initiated the story. I informed Timmy that I was going to play an elephant who wanted to join the circus, but he had to learn to walk on two legs if he were to be in the performance. I added that the elephant's name was "Johnny Scared, the Young Elephant" and that it was given that name since he was afraid he would fall if he attempted to walk on two legs.

Timmy looked relatively amused as I made believe I was trying to walk on two legs but kept toppling over (a behavior that represented Timmy's falling to the ground when he had a seizure). Each time I fell I moaned, "I can't take it any more and I'm going to quit. I'll never learn to stand on my own two feet." Upon uttering these words, I often crawled on all "four feet" behind the chair in my office and said I would never try anything else again, that it's just too hard.

In the Creative Characters technique I typically incorporate a therapist figure within the story. I introduced this character in the person of an animal trainer who was knowledgeable about scared elephants. My goal was to create an individual who would embody a strength□based approach, be empathic with Johnny Scared's plight, help him gain the courage to face rather than flee from his problems, and provide strategies by which he could experience a sense of accomplishment. The inclusion of the animal trainer was facilitated by Timmy's interest in the story and

his desire to see Johnny Scared learn to walk on his two feet.

In my use of storytelling, I have constantly been impressed with the eagerness with which most youngsters desire to play the therapist figure. I think that assuming this role permits them to become active problem□solvers rather than passively accepting their condition. In addition, the demeanor they display as a therapist (e.g., shouting or encouraging, being punitive or supportive) often provides a reflection of how they view me and serves as a catalyst for changes I might have to initiate to strengthen the therapeutic alliance.

I invited Timmy to play the animal trainer. Much to my delight Timmy accepted this invitation with enthusiasm. In this role he was focused and attentive. He offered directions about walking on two feet, but I continued to fall over and moan and groan, threatening to quit. However, Timmy persisted in encouraging me as I modeled his typical form of coping (i.e., not trying or quitting).

Another figure I often introduce in Creative Characters is that of a newscaster or narrator who, within the confines of the story, can ask questions, clarify issues, and summarize themes. I have found that children are more likely to respond to questions and observations if they come from a character within the story than if I ask them the same questions as the therapist outside the story line. In Timmy's case, I portrayed a newspaperman who was covering the circus and interviewing different acts. In one sequence I played both Johnny Scared and the reporter. As Johnny Scared I informed the reporter how I had never been able to do things very well and how I always wanted to quit. Johnny said in a despairing voice, "What's the use of trying to do something if you know you can't do it."

I then responded as the newspaperman, "I can understand wanting to quit if you feel like you can't do something, but if you always quit you'll never know whether you could have done certain things. I think you should ask for help from the animal trainer."

I sensed that Timmy was ready to begin to consider more effective ways of handling his struggles. I looked at him and asked as Johnny Scared, "What should I tell the reporter, does it help me when I quit?"

Without hesitation Timmy as the animal trainer replied, "Tell him 'no,' it doesn't help."

I then responded as the reporter, telling Johnny Scared, "Then you and the animal trainer have to figure out how you can walk on two legs even if you fall down a lot."

This story lasted for many sessions. Eventually, Timmy, assuming more and more of the role of Johnny Scared, learned to walk on his two feet and became part of the circus show. As the animal trainer I applauded his perseverance and courage. At the same time we were involved with the circus story, I noticed another change. Timmy appeared more willing to respond to questions about his experiences in school. Consequently, I decided to offer some initial comparisons between his not wanting to do certain tasks in school with the predicament that Johnny Scared had faced. I don't think it is necessary to tie a story in therapy to the "real world" since I believe on some level children do so themselves. However, Timmy seemed motivated to make the connection.

Timmy's teacher reported that he was attempting more tasks at school and had written in a notebook, "Don't Quit." This was a significant occurrence since as part of the Johnny Scared theme we had hung a sign in my office with the words, "Don't Quit."

Timmy celebrated his emerging strength and resilience by requesting in one of the final weeks of the Creative Characters story that we change Johnny Scared's name to Johnny Brave. We rejoiced in doing so.

A Closing Thank You

I feel blessed that my career has afforded me the opportunity to meet and interact with Timmy and countless other children and adults. I wish to thank them all for the ways in which they have enriched my life and career. In addition, I want to express a special thanks to David Crenshaw for being such a supportive, encouraging friend and for offering me an opportunity to share significant parts of my story and journey.