

# ***Kids' Experience of Post-Modern Stress: New Tools for Clinicians***

**Helene Ellis, M.S.W.**

**ABSTRACT:** A recent qualitative inquiry into the question of what it's like being a kid<sup>1</sup> provides clinicians who treat children with useful tools. It is very important that clinicians be effective in a world where the context of kids' lives is increasingly stressful and where clinicians are accused of contributing to the stress. This article describes the stresses on kids and accusations leveled at therapists. It then discusses the research methodology, findings relevant to stress, and implications for clinicians who work with children.

## **Introduction**

What it is like being a kid is a question of great importance to clinicians today. All lives have pluses and minuses; but many child developmentalists (Bronfenbrenner, 1991, Elkind, 1994, Zesiewicz, 1992) feel the scale for kids is being tipped to the minus side. In his recent book, *Ties That Stress: The New Family Imbalance* (1994), David Elkind discusses stressful postmodern family ties which make life harder for kids. As clinicians who work with children, we want to do our best to help those whose lives are troubled. We know we need to be as empathic as possible. Indeed, successful therapy has always involved empathy as a key ingredient. It's probably strange for people who work with kids, or who have been kids, or who have had kids, to think that one actually needs to inquire about what it is like being a

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<sup>1</sup> The word "kids" instead of "children" is used frequently throughout this article as a reminder and referent to the fact that the expert research testimony is from those who call themselves "kids."

Helene Ellis, M.S.W., is a Licensed Clinical Social Worker, Board Certified Diplomate, and Ph.D Candidate at The Institute for Clinical Social Work in Chicago. Mrs. Ellis has a private practice and is a School Social Worker in Wilmette School District #39. Address communications to Mrs. Ellis c/o Central School, 10th & Central, Wilmette, IL 60091.

kid. Inquiry is, however, necessary for a variety of reasons. It is necessary because our own memories of childhood may be hazy or outdated. It is necessary because, as Philippe Aries (1962), an historian of childhood, suggests, childhood itself changes as the historical context changes. And it is necessary because, even though clinical work with a child brings us close to a particular child's experience, it does not give us the broad perspective research can give.

While empathic understanding of kids' experience is key to treatment, so, too, are theoretical guidelines. Today's kids live in a world where, due to frank discussion and portrayals of sex in the media and the culture, few adult secrets are hidden from them. Therefore, it must be questioned whether a theory proposing a latency stage in human development, a theory constructed in the Victorian era, is still apt. Many psychodynamically oriented clinicians have opted not to base treatment on classical Freudian theories but on object relations theories of Winnicott, or Kohut, or on combinations of Freudian and object relations theory (Greenberg & Mitchell, 1983, p. 372). Some researchers look to stress theories (Garmezy & Rutter, 1983) to understand the impact of stress in children's lives. James Anthony (1987, pp. 40-41) says, however, that what we need to know is not only the impact of stresses on children but ways to help vulnerable children cope with stresses. How to work meaningfully with today's kids is the issue. However, there are reasons, besides datedness, that some of the prevailing theories do not hit the target: some of the theories were constructed from pathology not normalcy and others were constructed from an adult point of view rather than the kids' point of view. Theory which is based on research using the data of regular kids' regular experience is more likely to bring understanding, empathy, and useful therapeutic tools to the practitioner who works with kids.

Being even a little out of touch with the experience of today's kids may be a reason why clinicians have not served children as well as possible and why clinicians are vulnerable to such accusations as those made by Elkind (1994). Elkind says,

Adults have been well served by . . . [an] emphasis on the stresses of everyday life, but pressured children and youth have not. Adults regard the life demands made upon them as necessarily more stressful than those experienced by the young. We would, we believe, readily exchange the pressures we feel in the workplace for the school demands, peer pressure, athletic competition, rapid physiological changes, and emotional vicissitudes experienced by children and youth. As a result of this attitude among adults, children and youth are not offered the services of

the helping professions to the same extent that adults are, nor are other stress-reducing techniques made available to them. (p. 184)

Elkind feels that clinicians, family therapists, and others, contribute to a "family need imbalance" (p. 188), that is the condition of emphasizing adult needs above those of the children. Kids are increasingly in trouble, he contends, because "Today, now that the new imbalance reigns, children and youth are under greater stress than adults" (p. 188). Ways helping professionals are doing disservice to children is providing help for parent stress but not childhood stress (p. 13), ". . . reflecting and reinforcing" special needs of individuals or groups, (p. 88), showing ". . . acceptance and reinforcement of shared parenting" (p. 89), taking a ". . . new, nonjudgmental, nonpathological assessment of nonnuclear family arrangements and lifestyles," (p. 89), supporting the value of "self-actualization" (p. 89), treating children in a developmentally inappropriate method (p. 187), and encouraging parents to rely on *techniques*, thus undermining their authentic, instinctive sense of parenting (p. 97). It is not just inner city children who are at risk but also the so called advantaged middle and upper middleclass children. Elkind (1994) and Bronfenbrenner (1991) are in agreement. A family need imbalance contributes to the fragmented, confused, inadequate time these kids get with their parents. The "advantaged" kids may not be as overtly endangered as kids of lower socioeconomic classes, but numbers of them experience boredom, loneliness, pain, and fears of detachment. Many of them are unlabeled and unrecognized in their suffering. Others are being treated. A growing number are on ritalin or prozac, a great many are receiving special services in the public schools; some make it to the clinic. A family service agency in an upper middle class suburb recently founded a Family Stress Prevention project to ". . . offer training to professionals who work with children toward the identification and prevention of family stress" (Family Counseling Service of Glencoe, 1995). As clinicians we may say this is a societal question, not a therapeutic one. Still, we wonder what we can do about it while we are in the clinic. This article discusses recent research on the experience of being a kid and suggests some tools for clinicians working with today's kids.

## Research Methodology

To a large extent, psychodynamic theories are based on reconstructions of childhood experiences and usually the source of reconstruc-

tions are adult patients with some pathology. This recent qualitative inquiry sought to do something different. Instead of adult reconstructions, kids aged six to twelve were the experts on the research question: "What is it like being a kid?" The data collected from the kids, all of whom were functioning more or less adequately within regular public school settings, was used to construct a picture of their collective experience and the major themes, or categories contained therein.

This qualitative inquiry was guided by the grounded theory methodology of Glaser and Strauss (1967). Volunteer informants from first through sixth grade were sought who, with their parent's permission, would be interviewed by the researcher on the topic of what it is like to be a kid. Kids were, in that regard, self selected people, unafraid of being interviewed. The result was a group of interviewees who varied in gender, grade in school, and capability as students. Some of those interviewed struggled with attention disorders, hyperactivity, learning disabilities, divorcing parents, or moving. Others lived in intact families. Some of the volunteers had experience with social workers or other clinicians while others did not. Some were on medications for attention, some were in school support programs for special needs, some participated in "gifted" programs, and some in no special programs at all. Each of the thirty-five kids was interviewed once or twice, recorded on tape which was later transcribed, coded, as prescribed by Glaser and Strauss for themes, and ultimately for the major core categories of kids' experience. A current picture emerged of what it is like being a kid. It is an orderly picture that a practitioner can refer to, complete with categories and subcategories of experience and with illustrations of those core experiences using quotations from the interviews.

### **Stressful Ties**

The research resulted in a comprehensive, systematically organized picture, or compendium, of kids' conscious subjective experience. It shows that kids' experiences fall into four major core categories: 1) *Changing* 2) *The Fun and the Good* 3) *The Not Fun, The Boring, and the Bad* and 4) *Managing*. For purposes of this article only the data in each category which is relevant to family tie stress, or its antithesis, will be highlighted. Clinicians seasoned in work with children will hear in the voices of these children a familiar sound.

From kids telling about the stressful experience of changing, comes

this quotation: “. . . it’s really hard when you’re still growing and you don’t know what’s gonna happen next.” Kids’ experiences of internal and environmental changes are stressful and pervasive. Moving, parents taking long-houred jobs, changing caretakers, losing time with parents, fear of divorce, feeling low on their parents’ list of priorities, and fear of losing their parents are some of the disruptions which create postmodern family stress.

Moving is a typical disruption about which one girl reflects, “That is another one of the worst experiences, not for other people but for me. It was moving . . . I had hundreds and hundreds of friends in New York and then I moved and I knew no one . . . I feel bad that I moved and I feel bad that I don’t have those friends anymore . . . Actually I feel sad instead of bad.” Comparing her feelings about moving to Heidi’s, she said, “Sometimes you get so sad that you, like, get sick and stuff. Like in Heidi, she got so sad . . . she had to go back cuz she got sick. That’s what I feel like. I just wanna go back . . . I miss my old house . . . I don’t have a swing set here and I hate it without a swing set.” Quite strong in her statement, another kid says, “I hate moving! I don’t even want to hear the word!!!”

As with a move, when parents get divorced, things don’t “stay the same” and the kids experience loss of familiar persons, activities, structures, and security. Even when the disruption is not in their immediate family, kids are aware of the prevalence of these occurrences in today’s families and worry that their lives, too, could be thus changed. Kids’ worries about parents’ divorcing are expressed in this series of quotes: “Well, I mean, you can’t really control it . . . if you’re younger and your parents are fighting or they’re gonna get a divorce . . . it’s really confusing for you . . .” “I think it’s better when kids have two parents that aren’t divorced cuz then they don’t go through all those situations and they could have a pretty bad life if that happens.” “There’s one girl probably in the whole school who has one parent that’s dead . . . there’s a lot more divorced than dead . . . I’m, I’m real lucky that I have both parents alive and if I needed them, I can always talk.”

Another disruption stressful to kids is the experience of their mother working and not being as available to them for help or companionship: “She [mom] won’t be there because she works a lot more in summer than she does in the winter; there are some things, I mean, I need help with.” “When I got older my mom . . . she started to work and . . . she gets lots of phone calls and stuff . . . she doesn’t want to do anything anymore; [we used to ride] bikes most of the time.”

The kids' picture of a child whose parents are divorced, low on funds, and thus both working for money is a picture of a child bereft of security: ". . . like they didn't have enough money for, like, a housekeeper or something so they had to wear, like, keys around their neck and come home and be home alone. Now that might cause a problem . . ."

If sometimes both parents have to work because they've got low pay . . . and their kids are younger and . . . there's nobody home when, like, a second grader walks in the house, . . . it'd be nice if they even just had a babysitter or something to walk and meet them at school . . . because you never know what's gonna happen while they're walking home.

It is not only changing circumstances in which stressful ties are found but in repeated every day experiences of loss. Fathers gone for long hours and sitters who have disappeared from kids' lives are experiences that hurt. To kids, they are missing people. About their fathers, kids express: "I don't have much time with my dad cuz he's always at work from . . . morning to . . . night . . . So I don't really get to see him too much." Concerning his father, one boy said simply, "He's not there as much." When her dad traveled away, one girl said, ". . . and so, that's how he just went away and that's it. He'll be back in, like, two weeks, but it's not really fun without him." Waiting for a beloved babysitter to come back, a girl talks about missing ". . . somebody very much . . . [and] they don't see [them] very often . . . I don't see her anymore; but my mom, um, we called her once and she said she was gonna come visit us when she can . . . [but she hasn't] yet."

While those are the lonely experiences of stressfully stretched ties, a scary experience of missing people is being home alone. "[When] . . . I'm home alone, you know. If you hear a sound it really scares you a lot," admits one kid. Another says, ". . . I usually get scared, like, when it's dark and my mom went to do an errand or she said she'll be back in five minutes and she's back in twenty and I'm not sure where she is, even though she's close by."

Chronic irritants of everyday life are bad experiences too. Such is the hurtful feeling that one is low on their parents' list of priorities. Elkind's view of postmodern parents putting their own needs above those of their children has support in this research data: One girl asked her father to play with her and he said, "No, I'm reading." She went to her mother who was just relaxing and said, "Mom, since you're not busy, can you play with me?" Her mother said, "No. this is the only time I get to relax." Another girl feels second to her mother's interests:

Like, when she's [mother is] on the phone, and . . . I said, "Mom, I need you to help me with this" and she says, "In a second" and won't hang up and I'm, like, [waiting] for . . . ten minutes or hours . . . when she talks on the phone for a lot of time.

Within the family, one of the most stressful experiences kids have is when their stressed parents yell at them. Kids describe that as one of their worst experiences. "Yeah, I think that, like, yelling is the worst. Or, like, scolding; because a spanking . . . hurts for a while and it goes away, but, like, yelling or a scolding kind of hurts for a long time," is one kid's reflection. She goes on to say, "It's not like someone hurting you because . . . because they're hurting you, but in another way . . . Like if someone comes up and hits you, it hurts for a while but then it goes away; but, like, being yelled or scolded or something is different because, like, someone will yell at you and it just, like, stays with you until you get a big hug or something." Being yelled at makes kids feel unloved, as another girl says, ". . . children feel bad when you yell at them . . . you think they don't love you or anything like . . . that." Others state their experience when they're yelled at: "They yell at you and that makes you upset." As a time when she thinks her mother doesn't love her, one girl tells, "When she screams at me and she's mad at me." Another kid says a bad time is "At home a parent might yell at you and send you to your room. That makes you feel just as bad [as any spanking]". Another kid responds to the question of what is the worst experience of childhood by saying, ". . . [when] my mom starts screaming at me."

These are but some of the stressful experiences in kids' lives. In general, they are the experiences which pose threats to kids' well being, stressing their familiar ties, decreasing their self confidence, and their sense of safety. There are many other stresses in kids' lives but they are omitted from this article as not necessarily due to the character of postmodern family life.

### **Anti-stress Ties**

Quite opposite are experiences which are antithetical to stress. In each category are family experiences that are fun, pleasurable and enhancing. Kids are aware of those experiences and appreciate them. Experiences such as those give the practitioner ideas of how to help children lower their stress level.

In changing situations kids say they still value the continuing at-

tention, companionship, and guardianship of their parents. They still want to do things with them: "Whoever plays with me, loves me. If they don't play with me, they don't love me," says one. Another says, "He [dad] always, like, reads books to me and he always plays games with me and that's sometimes why I like him." They like to feel parents are there: "If we . . . ever have a problem, if we fall down and hurt ourselves, our parents will always be there when you're a kid to kiss it and make it all better." During all the changes kids go through, it is of comfort to them to have beloved objects from the past close by and to have the continued companionship, guidance, and security of their parents.

Kids say they have fun with their parents in many ways. Parents enable them to do things they want to do and kids appreciate that. It is also very pleasant at their age to have parents participate with them in activities: "Let's say my dad's playing with me in the pool and then . . . he holds my feet and then we count to three and then he pushes up and I fly through the water . . . it's fun." Listening to parents' stories is fun: "It's just fun for us hearing about our parents' childhoods." Although actual play with mothers seems to slack off as kids get older, kids enjoy the giving and getting mothers do: "And [the] reason why I really like her [mom] is sometimes, when I go on errands with her, if I'm really good, she'll go to Toys R Us and get me something." Moms get things to make holidays fun: "My mom hides the Easter Bunny . . . under our chair . . . a pink one and it can pop in and out." Moms give their attention, too, and that is fun:

We'll dress up and then, um, think of a play and then put it on for my mom, cuz there's a sofa up there facing an open part. We can do our play . . . and have her sit on the sofa . . . it's just kinda nice to be watched . . . part of it is [kids] want attention. And I think another part of it is, um, they wanna be, like, appreciated and they wanna know they're good enough, even if it's not um, you know, it's just a play up in your attic, um, that, you know, you're good enough to be watched.

Having their mother nearby or having her home ". . . whenever I get home from school is a good feeling." So, too, is mother's willingness to do small favors like help with a pretend school house and ". . . all the stuff we need to learn in. My mom xeroxes pages for me."

Relating that fathers are fun, one boy says, I like [dad] cuz whenever he's free he plays with me a lot . . . he plays, like, baseball and stuff like that with me." Another says, ". . . my mom isn't too big on sports stuff except for things like gymnastics and stuff and my dad

plays basketball a lot with me and baseball so that's really fun . . . It's just a lot of fun with him." Another fun thing a kid likes to do with her dad is ". . . slide . . . [dad] stands up and he goes like this and then we slide down. We climb up him and then he slides down." Kids also mention doing camping and outdoor things, biking, and even shopping with their dads as fun together. Something that is fun and gives kids ". . . a sense of, like, awe in your parents" is the time kids and their dads ". . . spend making things together and stuff."

### **Kids' Management of Stress**

Kids try to manage stressful family ties, have more fun, or at least have comfort and avoid pain. Kids are aware that sometimes they try by themselves to manage stressful family ties but they are also aware when parents try to help them manage. A girl says, "I might get angry at my mother, but . . . you know, it's for my own benefit that she wouldn't let me do something . . . I think it helps, that it's helped me that my mom doesn't give me everything that I want." The benefits of talking things over with their parents are many: They ". . . get their feelings out. . ." They find out their parents ". . . aren't mad at 'em . . ." and that they are still connected, ". . . [you] know they loved you and you loved them." A testimonial to talking comes from a girl who says, ". . . and I knew that my parents, like, understood how I felt . . . and I realized other things. It was kind of just like you felt better that you got it, you talked about it and it's over now."

Without parental help, there are ways kids try to manage family tie stresses. When upset, kids comfort themselves with special objects, or with pets. "I get lonely sometimes, but, you know, I always have my dog there." Of her beloved dog, one girl said, "He's kinda like my parents . . . If I'm scared and they're not there, [the dog] is there." Another postmodern kid says, "I don't mind my mom working so much anymore. I play with the dog a lot." One says of his mother's absence, ". . . I kinda like it . . . when she's not around. I get to watch television . . . without her knowing." Television figures into self comforting devices, "What I like about it [television] is, when I'm, ah, really mad at someone, I just go down, sit down, and watch and it kinda like gets my mind off of things, you know." Wishing or fantasizing can also provide comfort. One girl fantasized this situation, "For a while, when I was, like, seven, whenever my mom was mean to me or was yelling at me for something I did, I kept on saying to myself, 'Make a list. Put

on it: Never yell at children! . . . Save it until you're a grown up! . . ." "Middleizing" is a process discovered in the data which kids use to make things balance out in the comfortable middle: A girl, talking about her father who is ". . . not usually home . . . or [who] comes home sometimes really late, like maybe 11:00 or something" brought up a second thought about her father's return: "Sometimes it's not too late . . . 7:00 . . . 8:00. It's in the middle." Another girl trying poignantly to come to terms with some bad feelings toward her father, tries to find her positive feelings toward him, and strike a middle position:

. . . My dad sends me to my room and sends me to bed early and I say, "OHHH, . . . I wish he were dead! I don't care about him!" And then the next day or something, he says, "Jill, I love you. Do you know that?" And I say, "Um. Hm." But . . . I know he loves me right now; but another time, like, when I have to go to my room, I say, I think to myself, "He does not love me! I know it this time! I know it!" And then it goes off. I know he loves me.

Middleizing, like other comforting devices, reflects kids' trying to keep their picture of the world whole and good, of wanting comfort and not wanting pain.

Sometimes children manage their stress level in the family by doing what parents ask of them or by not doing it. There are many reasons kids do what their parents say. Some feel it's fair to help parents because parents help them. Some give in and do what parents say to get rid of parent pressure. Children in divorce situations often do what parents say so as not to create more trouble between the parents. Kids admit sometimes they manage parents by devices such as screaming, acting disrespectful, not communicating, withdrawing, avoiding, or deceiving. Other more positive strategies are communicating, talking things over, correcting, influencing or advising their parents, or thinking about their parents' point of view.

As they report it, kids try to influence parents to get the fun, enhancing experiences they want. Disruptions in their relationship to parents are not fun. Momentary strategies for managing parents aside, kids' supervening desire is to keep the fun and good potential of the relationship despite stressful disruptions.

One kid summarized kids' experience thus: ". . . being a child, um, you wanna always get more basic pleasure and you wanna avoid as much pain as possible." Recognizing this simple formula enables clini-

cians to effectively use the data of kids' stresses (pain) to understand them and their opposites (pleasures) to help them.

At age six to twelve kids try to manage stresses, expected and unexpected, which life brings them and to manage with less help than before. Although somewhat more independent, they still want supportive ties to their parents. They are glad to have other helping adults as well. What they want most is to manage their lives so as to feel good and avoid the pain, or threat of pain, which can come with not managing to earn or keep their familiar attachments. The greatest stresses are perceptions of threats to their fundamental ties. The most urgent and important experience for kids is not unconscious, abstract or mysterious; it is consciousness of being safely cared for and well regarded.

### **Case Examples**

Daryl's case illustrates how clinicians using the fun (pleasure) principle to overcome stress and pain (not fun) can help a child. Daryl, aged seven, lived in an intact family. Having an anxious temperament, he was sensitive to stresses. Being a middle child, somewhat perfectionistic, and feeling second on his mother's list of priorities was hard on him. Some nights he didn't get to sleep easily and some days he didn't feel well enough to go to school. Then some bad things happened. Some firemen came to school to teach fire prevention. They showed a video of a child in a fire which frightened many students in his class. (These child protection programs are other postmodern phenomena which Elkind feels stress kids.) The mistakes made by the child in the video added to Daryl's worries. Shortly thereafter, Daryl heard that a baby he knew had died. Daryl became more fearful at night and had a harder time going to sleep. At this point, Daryl's mother asked the social worker to see Daryl.

Daryl was bright and smiley when he came for his first visit. We talked over the "not fun," scary things he'd been experiencing. As I was listening to him tell me how hard it was to go to sleep, I heard that other, more everyday things were also not fun. For example, at night time Daryl was not allowed to read beyond a certain time. Also at nighttime, his little brother was getting to play games with their mother before bed. Reading and playing are antistress fun for most kids. "Would you like to read longer?" I asked. He would. "Would you

like to play a game with mom before bed?" He would. "Have you asked mom about these things?" He hadn't. "Do you want to ask her or do you want me to ask her?" He could ask her himself.

When he came for his next session, Daryl told me things were better. He was going to sleep easily. He said his mom was now regularly playing a game with him before bedtime. It was fun. Also he now had permission to read one half hour longer each night. An antidote to his stresses thus lay in doing something fun with his mother before sleep and in not feeling second to his brother. Also beneficial was Daryl's learning to manage by talking over things that were bothering him. He now had the experience of using that new strategy with both social worker and mother. And it helped. When I checked with Daryl's mother a bit later to see if things seemed better at home, she said yes. Her playing a game regularly with Daryl and allowing longer reading time at night had reduced Daryl's fears and banished his sleeplessness.

In another case, a youngster was sustained during the stressful time of her parents' divorce by her pleasure in riding horses. Her parents, on suggestion of the clinician, allowed her almost daily horseback riding, something the girl and the clinician knew was a joy for her. Antistress measures vary considerably. A group setting is a less particularized antistress measure for children of divorcing families. Besides the customary stress relief which group membership can bring, group activity can provide seriously fun means of restoring perspective and channeling feelings. One such divorce group, composed of kids aged six through eight, decided to make a divorce museum. Shoe boxes served as museum spaces in miniature and the children eagerly filled their boxes with items made of clay, crayon, paper, tape and string to display their feelings about the divorce. In another divorce group, kids went into peels of laughter as they planned and prepared to make a video depicting tough experiences foisted on them by their parents' divorce. While divorce repeatedly appears in the category of bad experiences, stress relief was available to those children through sharing their feelings, expressing and playing with them, having them understood, and gaining, at least, a symbolic sense of control. They found pleasure in doing what is fun and good and in finding their capacity to do that.

In the cases just described, parents were able to respond to the kids' needs once they understood them. Daryl's mother played with him and allowed a later bedtime. One set of parents provided horseback riding. Some divorcing parents put their children in groups. In

other cases, working postmodern parents have given their children electronic beepers so kids can feel that their parents, though distant, are available. Clinicians, grounded in the experience of children, can quickly perceive the essence of kids' concerns and can help parents to understand. Of course, there will be parents who are unable to respond. In such an instance, the clinician and the kid can search for other ways to manage the stresses, or, at least, balance them with good and fun experiences.

### **Practice Differences**

This section describes approaches that clinicians, using theory derived from the conscious experience of children, might use to enhance their practice. This idea has great appeal because, besides helping the child quickly and effectively, in this postmodern era of brief treatment, working fast and efficiently carries a premium. As in the cases described, these approaches have proven useful with children who are anxious and stressed. They have not been tried with children so severely challenged that they aren't able to think or talk about what is good and fun or not fun, bad, and stressful in their lives.

The beginning of treatment is different from customary practice. Instead of having the six to eight requisite sessions with parents, child, alternating combinations of each, treatment may begin after a brief contact with one or both parents in which parents convey to the therapist their current concerns about their child, give background information, and plan with the therapist for their child's first visit. The reason given to the child for the visit is best couched in language or symptom the child has already used to convey to those parents (or other adult) that there is some stress in life which is troublesome and interferes with having fun and feeling good. Sessions with the child and contacts with parents follow, as needed.

An additional difference from traditional treatment is that the diagnosis the clinician makes is based on a session or two with the child. It is not a psychodynamic psychosocial diagnostic evaluation. What quickly emerges from the communication between therapist and child is a mutually constructed understanding (diagnosis) of what's consciously stressful and not fun, what would be better liked, and how they might try working together to improve things. The clinician can use the systematically organized, experience-near categories and subcategories from the data of kids' experience to assess

what's fun (pleasurable) and what's not fun (painful, stressful) in a particular child's experience. A quick analysis may be accomplished because the therapist makes it easy for the story to be told. The clinician has not only experience-near categories, but also words, and idioms for quick entrance to the child's world. Grounded in data of kids' stresses, the clinician is able to scan possibilities, bring up illustrations for comparison, or normalize the feelings by comparison with other kids' experience. Thus, the therapist facilitates the dialogue, the feeling of being understood, of having one's experience respected, and of entering a good new relationship.

Treatment is different, as well. The child is recognized as a person needing to learn to manage a stressful, negative situation. The goal is to get the situation or stresses changed but, barring that, to find ways to manage to find fun and pleasure even if the situation or stresses do not change. That is where looking for the positive, the pluses of what's fun and good for the child, can be brought about to balance the bad and make the experience, at least, more tolerable. It is developmentally enhancing for kids to find they can do that. To do that, the kid and the therapist agree that new efforts to make things better are experiments subject to evaluation. Children are able to bend and forgive when they see some things changing for the better. They do not stay angry long: One kid estimated, ". . . maybe a few minutes." In the evaluation, if the obstacles to remedies are truly found to lie within the child, a goal of working out those obstacles can be formulated. Longer, more traditional treatments may then be considered. The model of the child, with help from the therapist, solving the problem of how to make the kid's experience less stressful and more positive in kid terms, is the basic structure of the treatment. Yet, it is not the whole of the treatment.

There are other emphases in the treatment which are different from the customary, and equally important. The first is how this treatment differs from a deficit, medical model of treatment, i.e., a model based on what is wrong with the child. This treatment does not view the child as impaired but rather as a young human who can use help in learning how to keep growing and enhancing life experience even while difficult stresses are present or perceived. When the child's effort produces a better result, a sense of mastery is created. This is an enhancing growth experience for the child's development. Conscious management techniques are tried and earn respect as kids learn to be first time managers of experience. Based on what is right with the kid, the child is regarded as a respected partner in the en-

deavor. What the child feels is positive experience is used as the basis of attempted corrective measures. James Anthony (1987, pp. 14-17) and Mihayli Czikczikmahayali (1990, p. 7) have encouraged use of such positive, rather than deficit, models as good clinical practice.

Differing from the conventional, the treatment seeks to put pluses in the child's life as a balance to, not a denial of, the minuses of stress, fear, and loss. This is quite possible with kids as that is their natural wont. They are not so structured as to be immutable. They middleize naturally (i.e. find ways to balance the bad with something good), and they are quick to forgive when parents right wrongs. Putting in pluses means encouraging children to find and respect their pleasures and fun. Clinicians, above all, should help them find fun in the treatment. Fun in treatment is important because it is antithetical to stress and hopelessness. Children who have fun in treatment enjoy restored hope and spontaneity which, found in treatment, can be transported to life beyond treatment. Christopher Bollas (1989, pp. 19-20), though speaking of psychoanalysis, suggests that treatment which supports the unfolding of the spontaneous real self and life potential of the person is healthy. Having fun in the treatment, whether the kid is fantasizing wishful solutions, funny or otherwise, putting on plays, or just plain playing, is important. The therapist should enjoy it with them and help them reflect on the pleasures they still have and can get in life.

Another difference is how the therapist engages the parents. Elkind chastizes therapists for supporting postmodern parenting behaviors which are harmful to children's development. If the clinician agrees with Elkind, there is need to be watchful of the countertransference of negative feelings to the client's parents. On the other hand, if the clinician is a stressed, harried, postmodern parent, perhaps a divorcee, the need is to watch that one doesn't overly-identify with the postmodern parent at the expense of the child. This caveat aside, the difference in approach to this brief therapy is that the parents need to be engaged as partners at several points in the treatment. They need to make the referral and give brief background. They need to be educated to the issues and concerns of today's kids, what kinds of things stress kids, and how their child is experiencing stress. This need not undermine nor inhibit their parenting spontaneity. Rather, equipped with specific information and a little guidance from the clinician, they can work out their own plans for remedying the stress. They need to be informed of what might benefit their child and lessen their child's stress. Then they can experiment with ways of putting child-enhanc-

ing anti-stress activity into their family life. They, themselves, can be encouraged and enhanced with every successful effort they make.

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