

EVERY CHILD'S LIFE IS WORTH A STORY: A TOOL FOR INTEGRATION

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Frederick Perls, one of the primary founders of Gestalt Therapy wrote in an article (1948), "The criterion of a successful treatment is the achievement of that amount of integration that leads to its own development." (pg. 52-53). Fundamental principles of Gestalt Therapy such as holism, organismic regulation, gestalt formation (organization of figure/ground), and the contacting process of awareness to closure support the assumption that a child will function in a way that meets the child's physical, emotional, social, intellectual, and spiritual needs. The child strives to complete situations from moment to moment paving the way towards healthy growth and development. The child's behavior is purposeful, balanced, flowing from one experience to another. That is, it is integrated.

However, when the child is unable to interact with his environment with ease because of lack of appropriate support or is overwhelmed with a circumstance in life and is unable to assimilate experience, the child's sense of self becomes fragmented, lacking in cohesion. The energy that was used for on-going construction and development of the self becomes engaged with internal splits and conflicts. Such childhood experiences result in the child developing a sense that "something is wrong about me," or "with me," or even more fragmenting, "I am wrong." In his efforts to maintain homeostasis or equilibrium in non-supportive life circumstances the child struggles with shame, unassimilated introjects, and a faulty sense of himself and his relationships with others. The child

organizes his sense of who he is according to these ideas and loses his spontaneous, cohesive involvement in life. The symptoms that bring a child into therapy are indicative of this disturbance of integration.

The Gestalt therapist asks, how can I assist this child to achieve healthy integration in order to restore his path of wholesome development? Violet Oaklander (1978, 2006), is a renowned Gestalt therapist who has written about the Gestalt approach to working with children and adolescents. Her model provides a way of working with children that strengthens their sense of self by utilizing many interventions that encourage the sharpening of the senses, learning direct and productive ways of getting needs met, understanding emotional expression, and becoming more accepting of the various aspects of being a whole person. These elements are experienced in therapy as the child and therapist utilize various creative modalities of expression in addressing the child's difficulties in life.

In this paper I will share one method I have used with children as a part of their on-going therapy which also includes the objectives and activities presented by Oaklander and which is grounded in the principles of Gestalt therapy. The method discussed here involves collaborative telling, writing, and hearing of a story that captures the child's lived experience, and more. Engaging in this process allows the child to create a cohesive narrative that supports healthy integration and productive development.

The practice of psychotherapy in the 21st Century is greatly informed by the findings of the neurosciences. This research into how the mind is formed and how it functions has clarified that the mind is an integrated manifestation of complex neurological operations. Daniel Siegel (2007), one of the recognized researchers and teachers in how the findings of the neurosciences can direct the clinical practice of psychotherapy, writes: "...mental well-being is created within the process of integration, the

linkage of different components of a system into a functional whole.” (pg. 288) He uses words such as the following to describe qualities of mental well-being: flexible, adaptive, coherent, energized, and stable. Siegel continues, “Personal transformation can be considered to involve three legs on a triangle of well-being: coherent mind, empathic relationships and neural integration.” (p. 289) Psychotherapy must incorporate each of these if mental well-being is to be restored. One of the major tools for such integration and personal transformation is the life narrative that is cohesive and makes sense to the child. Siegel seems to speak for many neuroscientists as he writes:

Healing in therapy involves sensing memory in a way in which we experience the textures of affect and somatic sensations in an integrated process as we move from the raw and intrusive natures of unresolved states to the open and mindful presence of resolution. Such a “making-sense” process is fully embodied, not just an intellectual exercise in using words to “explain away” things, but rather to create new insights that bring fresh meaning to old elements of memory. “Making sense” combined with discernment enables us to fully integrate memory into our life story so we can move more freely into the present. (310-311)

When a child is fully engaged in creating a cohesive narrative of his experiences within an empathic relationship, he can move toward the neural integration of those experiences. The inner divisions can be healed and he can become whole. Siegel poignantly observes that such a narrative can

provide the person with a “bare understanding of a primary self beneath all the adaptation and struggle. Within the story of our lives is the essence of who we are.” (pg. 311)

The title of this chapter is adapted from the fascinating book, *Every Person’s Life is Worth a Novel* (1987), by E. Polster. In the introduction to his book, Polster writes, “. . . the novelist and the therapist both invite us to open the covers of our own lives in order to find the marvels inside, painful or pleasurable. When we do, we move toward the *satisfactions of a confirmed existence.*” (pg. x) Each person, young and old alike, need such confirmation of their existence which requires that their stories be created and heard. A cohesive narrative provides a bridge that can be used in psychotherapy to create meaning in the lives of children. The meaning a child gives to the raw experience of life can influence greatly, if not determine, the trajectory of that life.

PROBLEM POPULATION

In my experience, all children in therapy will benefit from the creation of their story which configures so many elements of behavior and emotion into a well-organized structure. “Narrative storytelling is the primary model humans possess for the sequential and meaningful integration of human action. . . . The power of stories to heal suffering and confusion has been understood by shamans since prehistory. The technique of creating new stories about the self has been pivotal to many forms of psychotherapy.” (Cozolino, pg. 166)

This process of capturing a life within a biographical story is very effective with children who have experienced acute or ambient trauma. In the case presented below two year old, Max, was severely traumatized by medical procedures, even under the most supportive of circumstances. His parents were present, responsive, loving. The hospital staff was friendly, caring, and competent.

However, Max's embodied experience was overwhelmingly painful, terrifying, and shattering. Three years later when he came into therapy, he still struggled to find a way of engaging with this experience that would allow him to have a meaningful closure, to allow an integration of these memories so that his life could become more flexible, adaptive, coherent, energized, and stable.

Other children with whom I have written stories have experienced disruptions in their primary attachments . Children who are in foster care; who have been adopted; who have been abused; or whose families have been destroyed due to divorce or death, benefit greatly by telling and hearing their experiences captured as a story that affirms their struggle and those strengths and courage that they had in facing these life circumstances. Some losses involve other kinds of relationships. I am currently writing a story for a girl whose beloved dog has been killed by a car in front of her house.

Children with other developmental disorders also respond well to this intervention. I have in my practice children diagnosed with Asperger's Syndrome. These children manifested a vitality and focus through hearing their stories in which they felt they were deeply understood.

Every child's life is full of struggle, disappointment, fear, uncertainty, as well as success, joy, reward, and accomplishment. These ordinary events become the makings of stories that help a child to recognize the remarkable person that he is. Finding the extraordinary is the stuff of great novels and every novel is a case history (L. Perls, 1989). As the child hears her story she can recognize the person she is within the experiences of the story's protagonist. She can find the gestalt, the meaning within her own lived life.

PROCEDURAL BACKGROUND

THEORETICAL BACKGROUND

My therapeutic approach to creating a child's life story has been influenced by Jan Hindman (1989) and Joyce Mills (1986). Hindman's work of creating trauma assessments for victims of sexual abuse helped me to appreciate the significance of facing the full sensory, relational, emotional, thinking details of trauma with children. The trauma assessment provided me with a tool to organize my collection of details to be used in the story. What happened? What did you smell, taste, see, hear? Who was there? Who believed you? Who helped you? etc. Too often the details of a child's experience are disguised or minimized in euphemisms or other ways of minimizing the experience. In some therapeutic approaches, the child's life experience is not directly discussed unless the child brings up the material. Hindman, as well as others, recognize that many children are lacking in words or are so traumatized that they are unable to discuss their experiences. In fact, they may think that since significant people are not talking about "it" that "it" is not to be talked about. Children, adolescents, and adults require open discussion of events to begin the process of integration and the configuration of meaning from the circumstances of life. In therapy, the child's therapist is the one who needs to supportively initiate such discussion.

The work of Mills (1986) on the use of metaphorical storytelling has provided me with invaluable tools for structuring stories and the use of sensory-emotional language for children. Even though the stories that I write are clearly the child's story and not a metaphorical device, I have found the elements that go into structuring a therapeutic metaphor to be invaluable. These elements are:

time disorientation, setting, protagonist, problem or difficulties, a resource person, conflict, resolution, and self-appreciation. In writing a story, I incorporate these principles as I structure the narrative and incorporate the autobiographical details.

PROCESS

·The child's story emerges in the course of our getting to know each other and establishing a relationship based on mutual respect and trust. Unless such a relationship is established between us, there is a possibility of re-traumatizing or creating a stronger sense of shame or guilt as events are disclosed. The process of developing a stronger sense of self and a greater capacity for the contacting process requires that I am present, authentic, and mutually engaging regardless, of the child's age or circumstances. Developing such a relationship may take quite a while, maybe even encompass the entire therapy process. However, this process can only be effective if such a relationship is present. The following are essential points to keep in mind when co-constructing these stories with a child and other members of their family and those involved.

·I begin in the initial interview with parents to listen for the details and the structure of the events that are the concerns of those who have brought the child to therapy. I am also very interested in hearing the child's perspective on those concerns and how they are thinking about what is occurring in his life. Sometimes, like with Max in the following example, the underlying event is not presented as being relevant to the presenting problems. I "sense" its presence as I come to understand the child's behavior and emotional expressions.

·Using a variety of modalities (Oaklander), I support the child in our conversations about his life. Often and child begins to tell about his experiences as we participate together in these activities. For

instance, the story of a five year old boy's abuse by his schizophrenic mother unfolded as he played with clay. He began to slap the clay with his hands. He stopped abruptly, looked at me and said, "That sounds like someone being hit, doesn't it?" "It does," I replied. And then quietly, respectfully asked, "Has anyone ever hit you and made a sound like that?" Softly he answered , "Yeah, my mom. She smacked me a lot." This was the first time in several months that he would talk about his mother and her maltreatment of him. Slowly, we wrote together about many situations of abuse. I wrote about these experiences for his life story through the voice of his beloved dog, Jake. His adopted parents told me recently, that for many years, the copy of his story stayed next to his bed. Even as an adolescent, he read it frequently.

·Once I have enough details and a "feel" for the child in her lived experience, I begin to write the first draft. The story that is written is very different for each child but always reflects the actual experiences of the child. I use my imagination, knowledge of child development, my own lived experience, and deep empathy in writing each story. I write using the vocabulary of the child, actual words that the child has used as he tells me about his life. The story for Max, for instance, is about an experience that he had at age two. However, I wrote it for his developmental level at the time the story was written. I wrote it so that he could experience understanding and empathy toward himself as a two year old. I do take poetic license in things such as voice, details of the setting, sensory surroundings. These are not stories of revisionist, happy endings and "living happily ever after." They contain the fear, loneliness, abandonment, pain, emotional suffering, ambivalence, and much confusion that is the truth of the child's experience. The purpose of the child's narrative is to confirm the experience of the child and to celebrate him in prevailing through such realities. More than just conveying facts, the life narrative as with all great literature for children and adults, provides the richness of human emotions and relationships.

This draft and each subsequent draft is read to the child who inevitably makes corrections, adds details. The child holds both an active role as the autobiographer who “writes” and a passive role as the recipient of the new story, who “hears”. The child must to “enter into it”, relive it in some way, to be transformed by it.

·I may write a chapter or a segment each week for as many weeks as it takes. Then the child and I edit, seek out confirmation from others, include others in collecting photos and other needed documents. Sometimes our journey of writing requires us to include someone who has information that no one else can provide. A young adolescent boy was in foster care while his mother was in a state ordered drug and alcohol rehabilitation program. At one point we both agreed that we needed to talk with his mother to get more information about his early childhood. We arranged to have a telephone conference with his mother. This was so productive that we often talked with her and included her in the development of the story. At one point his mother was able to apologize to him in such a genuine manner for all of the years he had had to take care of her and his younger siblings. She let him know that she understood how much he missed. He listened to her in silence, his face softened, and then a deep breath followed. I think it was the first time he breathed deeply in all the weeks I had known him. I regret that we did not have an opportunity to close his story before he was unexpectedly sent to live out of state with his grandmother. I sent with him what we had written, and I believe that even this unfinished narrative provided him with some of what he needed for a more integrated sense of self.

·Sometimes as we proceed in developing the story, the child and I make a scrapbook that may have photographs or other paraphernalia. Items that can be included are police reports, letters, cards, maps, newspaper clippings, music, etc.. For one ten year old boy, who had been sexually assaulted by

an older sibling, the medical examination report that concluded his body was all right and sound was an item of great interest and importance. It went into his scrapbook.

·Once the story is written and the child indicates that it is “right”, we begin to consider who will hear his story. I know that the story is “right” when a child gently nods as he listens to each page, or sighs as it is finished, or as one girl exclaimed after hearing the story of her sexual abuse, “that’s just the way it happened.” It is essential that a significant person, i.e. parent, sibling, probation officer hear the story in its final form in the presence of the child. This “witness” adds even more to what Polster calls the “satisfaction of a confirmed existence”. It is not unusual for this reading to provide a moment of reconciliation and renewed trust.

In my experience, most children have a myopic perception of being alone in traumatic circumstances. Much can change for a child as they hear about their “heroism” as the protagonist in the story. However, I don’t believe that the story is as effective unless the story also includes the other(s) who understood, supported, stood by, and possibly provided assistance, as the child struggled .

A child’s neurological inclination for ego-centric perception can result in a construction of meaning that is faulty or sabotaging to the healthful development of how the child thinks about herself, her relationships with others, and her way of being in the world. For instance, a child can interpret a parent’s absence as her colluding with an abuser or condoning a painful experience, thereby undermining the child’s sense of trust and well-being. The following example demonstrates this:

A seven year old girl asked her mother while seated in a medical doctor’s waiting room, “Why do you bring me to people who hurt me?” Her mother was bewildered and asked what she meant. Then the little girl began to talk about a recent tonsillectomy in which she felt terrorized by the medical team. Her mother was astonished to hear her daughter’s account of being held down, gas tubes coming

out of the ceiling, a mask being held over her nose so she could not breathe, people laughing at her efforts to pull away, etc. Her mother was deeply troubled as she listened to her daughter's story. She told her daughter that she had no idea that these things had happened and that she was very sorry. She told her daughter about where she sat waiting for her daughter to come to the recovery room. As her daughter listened to her mother's experience, her body visibly relaxed, she looked intently at her mother. Then, she reached out to her. As they embraced, the little girl melted into her mother's arms. The picture which she drew in my office of this experience looked like a scene from a Frankenstein movie. We learned by talking with her physician that much of what the little girl remembered was accurate. However, the meaning that she gave to the events had hindered her capacity to integrate them into a life story that was healing and affirming of the love and support around her. Instead, she developed a narrative that her mother and others were not to be trusted.

As she told her story and I captured it in written words, her presenting symptoms of aggressive, oppositional behaviors began to subside. We came to understand that her symptoms were a way of expressing her distrust of her mother and attempting to find closure with a disturbing, disequilibrating experience. The new narrative which had more coherence and structure, included her mother's presence and caring which allowed her to reestablish trust and security in her relationship with her mother. Together they brought a different meaning to the child's experience--one which helped her to move forward into more productive behaviors.

In another situation, two cousins were helped through their symptoms of post-traumatic stress disorder by collaborating in writing the story of an automobile accident in which their car was struck by a hit and run driver. They were the only occupants of the car, the elder driving and the younger a passenger. They wrote their stories separately and then came together to hear what the other had written. Each was reminded of details of the accident, especially about the many people came to their

assistance. For one of the girls, in particular, it was important to include how the driver of the other car was eventually apprehended and what consequences he faced. The police reports of his arrest and the trial record of his sentencing were also included in the scrapbook, along with her narrative of this experience. Their anxieties and nightmares subsided as these narratives took form and were heard by parent and siblings.

CONCLUSION

I am often asked what “gestalt” means. Simply answered, it is a German term that refers to a configuration that is so integrated that it is viewed as something different than the sum of its elements. A gestalt is characterized by coherence, boundedness, and meaningfulness. Once a gestalt is established, our minds lose interest in continuing to organize its structure. An unfinished experience, becomes finished and we move on to what comes next.

In writing and hearing the configured life narrative for the child, we provide him with a means of making sense of a previously chaotic, disorganized jumble of experiential events. These stories create for a child a clear configuration of a finished situation. Mortola (1999) highlights this process, “the formation of a complete narrative—that is, one containing each of the three elements of ‘equilibrium,’ ‘disequilibrium,’ and ‘modified equilibrium’—enables the client to fully ‘bring into figure’ not only images, but also feelings, responses, thoughts and evaluations of their experience. In this way, narrative formation can be seen as related to the process of Gestalt closure in that both processes involve the ‘assimilation of something new’ (Perls et al., 1951)

Through the story the child and I can experience together the criterion of successful Gestalt therapy. That is, to bring the child home to a stronger sense of self, instead of a wandering away from the essence of who he is. We can achieve that amount of integration that leads to its own development. The child goes forward into the never-ending adventure of living.

CASE EXAMPLE

This example demonstrates how this intervention can be effective even with a very young child who has only an embodied memory and no words to express the unassimilated, unintegrated experience.

When Max and I met, he had already been “expelled” from two preschools and his current preschool was talking with his parents about aggressive and destructive behaviors such as hitting other children and breaking toys. For me he was a charmer, if not a handful. He was intelligent, verbally engaging, playful. He was also wary and seemed to be studying me, watching my reactions to him and his behaviors. I looked forward to his sessions and to the sessions with his parents, in which I helped them with expectations and consistent follow through with consequences. I consulted with the preschool, which, I discovered, had little tolerance for the rambunctious physicality of five year old boys. In my sessions with Max he received what appeared to me as pleasure and relief from using a rubber mallet to smash toys. I think he would have eventually destroyed every breakable toy in my office had I not brought in a basket of toys and objects that he could hammer without causing me concern. Max accepted the boundary of using this basket of sacrificial toys. Even though he accepted this boundary, he is one of only two children I have had to remove from my office before the end of our appointment time. On one occasion, with apparent deliberateness, he defied a rule not to throw sand out of the

sand tray. He returned the next week and respected these boundaries with no further incidents. My experience of Max was that there was a wellspring of deep emotion that erupted into these explosive disturbances. I felt that he was as mystified as others about his behaviors.

Several weeks into his therapy, in an interview with his parents, I inquired about early trauma. I explored in more detail their experience of the open heart surgery that Max had at age two. The experience had been traumatic for all of them. After Max's recovery, the operation was never talked about with each other, much less with Max. He knew that he had had heart surgery because he had a prominent scar on his chest. Their retelling of what had happened was cathartic and healing for them both. I felt that Max's behavior might be the result of the pain and trauma that he had experienced. I wondered if his aggressive behaviors might be connected to his inability to assimilate overwhelming fear and pain. In other words, his behavior was indicative of his difficulty to integrate this painful, embodied experience and to find meaning through it all (Hindman, 1989). My purpose in writing his story of this time in his life was to provide Max with a coherent, concrete account of events that had been traumatic and beyond his capacity to integrate. The story would provide him with a way of reestablishing healthy integrated organismic functioning.

I wrote the following story, one chapter at a time, over a ten week period. I referred to Max in the story as "Little Boy" to provide more emotional distance and a stronger sense of time, space, character (Mills, 1986). There is no doubt that Max knew the story was about him, even though we never discussed it directly. He eagerly asked for each chapter as each session began and listened intently as I read to him. I illustrated each chapter with simple stick-figure drawings. After hearing a chapter, we bound it with colored construction paper, eventually creating a book. He took this book with him at the end of his therapy with me.

After we had bound the chapters into a book, he agreed to have his parents come into a session to hear the story. As I read the story, his parents cried. Max looked at them and asked why they had tears. His mother responded, "I am so sorry, Max, that you had to go through that operation. I am so happy you are healthy today." Max cuddled into his mother's arms. He left that session with a lightness of being that I had not seen before.

As we proceeded through the chapters Max became focused in a different way in sessions and at home. The pounding of toys had less interest. He was willing to play games and engage in symbolic play with dolls and the other toys in my office. One day he played with the doctor's kit. We listened, using a real stethoscope, to the pounding of each other's heart. We closed therapy for the summer months. He remained in the preschool and was enrolled in kindergarten in the fall. His parents did not resume therapy in the fall because Max was doing very well. After six months, Max's mother called. She told me that Max was continuing to do very well in kindergarten. With a bright chuckle she said, "He's their star pupil."

In getting permission to use this story for this chapter, his parents told me that Max still reads his book, five years later. Max sent me a picture of himself and asked if the toys were still on the shelves. Since I have moved to another city, I sent him pictures of the shelves filled with the toys he had used to let me know that there was inside of him an unfinished story just waiting to be finished.

Max's Story

Once Upon A Time.....

there lived a little boy with a very big heart. He was such a great kid.

Every day he loved to play and to have fun. He would do all sorts of funny things. Even though he was only two years old, he knew how to get into the cabinets and to play with all sorts of things. He especially liked to run and to jump and to crawl around everywhere. This little boy lived in a big house with his mother and his father. They were very good parents and took very good care of the little boy. Sometimes, however, they would get frustrated and mad at the little boy when he did things that they did not like. Sometimes he would come into their room when they were sleeping and make all sorts of noise and wake them up. He would do this very early in the morning after he woke up. He would be lonely and wanted one of his parents to get up and play with him. But they would be sooOO sleepy that they did not know that he was lonely and they would make him stay outside the room and until they wanted to get up. Sometimes this made the little boy feel sad and sometimes it made him feel mad. When he felt this way he would do lots of noisy things just to let get rid of the bad feelings and to let his parents know that he did not like them making him stay outside the room. Sometimes, though, his parents did things that made him feel real good. He could work with his father in the tool place and try to make or repair things. Sometimes his mother would play with him in his room. When these things happened the little boy felt very happy. Usually from day to day the little boy was happy and had fun.

One day his mother told him that they were going to visit the doctor. The little boy felt a little scared inside. His tummy had the jitters. His mother told him that she thought it would be all right so he felt better.

The little boy and his mother went to the doctor's office. They waited in the waiting room with lots of other kids and their moms. Finally the time came for the little boy and his mother to go in to see the doctor.

The doctor had a stethoscope which he used to listen to the little boy's heart. He listened and listened. The little boy's heart went **thump, thump, thump, thumpity-thumpity, thump**. The doctor said, HUMMMMM. "What did that mean?" he wondered. Then the doctor looked into his ears. The doctor said, HUMMMMM. What does that mean? Then the doctor looked all over him and said, HUMMMM. Finally the appointment was over. The little boy felt so relieved to be leaving. What did the doctor mean by, HUMMMMM.

The next day the little boy's mother and father told him what the doctor meant by, HUMMMM. The little boy's heart made an unusual **thumpity-thumpity** sound and the doctor want the little boy to have another test. The little boy wondered, and wondered. What does that mean, another test?

Soon his mother told him that his parents were going to take him to Los Angeles for the test. They were going too far to come back home on the same day, so they would have to stay for a night and a day. The test would take that much time. The little boy thought, "This is going to be a big test!" "Mom, he asked, will this test hurt?" His mother thought for a moment, "I think it will. But just for short time. I will be with you. And so will your father." The little boy did not like that the test would hurt. He felt better knowing that his parents would be with him.

Then the day came when they traveled to Los Angeles. It was a long ride. So they stayed at a hotel for the night. The little boy decided that he wanted a bath. He took a warm bath and that felt good. But as he was getting out of the bath tub, Plop, down he went. It really hurt and he got a bruise on his leg. His mother and father gently put him in bed and helped him get to sleep. The little boy thought, "This is not a very good beginning." But then he decided to try to get to sleep because tomorrow was going to be a big day. That was the day that they would be doing the test.

The next morning the little boy and his parents woke up very early and went down to the hospital. There they met a nurse who was going to help the little boy with the test. At first the little boy was very curious and not scared at all. Then the nurse said that his parents would have to wait in the waiting room and the little boy would be by himself.

“WHAT!!!” This was not supposed to happen. The little boy did not like that his parents would not be with him. The nurse explained that the place where the test would happen was very special and only kids could come with the nurse. The little boy’s mommy and daddy said that they would be close by and that they would come as soon as the test was over.

The little boy thought he could be courageous and have the test without his mommy and daddy. But soon he decided that this was not what he wanted. He cried and told the nurse that he had to have his mommy and daddy. The nurse told the little boy and his parents would come as soon as the test was over. Then they gave him something that helped him to sleep while they did the test. When he woke up he was not feeling at all well. He wanted his mommy and daddy. He had bandages on and they felt very bad. His parents came as soon as they heard that the little boy was awake. They came and helped him to the next room called, the recovery room. After his parents came and helped him, the little boy did very well. The nurse would come and she seemed nice and gentle. She put special bandages on the little boy where the test was done. These bandages had pictures of Dalmatians on them. The little boy thought these were cool and he liked them. Soon he felt all better and was ready to leave the hospital.

The little boy was sure glad that the test was over. He and his parents left Los Angeles and drove home to Santa Barbara. The little boy was so glad to be home. He had been brave for the test and his parents were very proud of him. For several days, his parents waited for the doctor to tell them what the *thumpit-thumpity* in the little boy’s heart was all about.

The little boy went back to playing and having fun.

OFF TO THE HOSPITAL

A few weeks went by. The little boy was feeling almost back to normal. He did not like the test and the bandages hurt when his mother took them off. But he had a chance to play and to have some fun, except for a

weird thing. His parents made him stay out of school and in his house for several weeks. The little boy thought this was so strange. He couldn't understand it at all.

Then, one day his mom and dad came to talk with the little boy. They told him that the results of the test had said that the *thumpity-thumpity* in the little boy's heart was not so good. The doctor would have to operate on his heart to make it go away. "OPERATE! The little boy exclaimed. "What does that mean?" He was a little boy and had not heard of such things. The little boy's parents tried to explain this to him. They even read books about Curious George going to the hospital. Slowly the little boy understood that the doctor would have to use special operating tools like knives and scissors to open his chest so that the doctor could look at his heart. His parents told him that the name of the operation is Open Heart Surgery. The little boy felt scared again. "This will be worse than the test," he thought. He wasn't sure that this was what he wanted. But his mom and his dad told the little boy that even if he didn't want to have the operation, he had to. It was very important. If he did not have the operation then he would not be able to run and play and go to school. The *thumpity-thumpity* in his heart would get worse.

Again his parents drove him three hours down to UCLA hospital. They had to see someone who was going to take some of the little boy's blood. The little boy did not like this at all. The man who was there was not nice. In fact he looked mean and unfriendly. The little boy screamed. His father got mad at the man because he talked to the little boy in a gruff voice. "You better be still. I want you to be quiet." Everyone was glad when this part of the operation was over. The little boy and his parents did not like that man at all. After the blood test they went to the hotel to get some rest. This time the little boy did not fall out of the tub.

In the wee hours of the morning, the little boy's parents woke him up. It was so early in the morning that it was still dark outside. The little boy was riding in the car when he woke up completely. He looked outside the car window. It was dark. He wondered where they were going. He forgot for a few moments about the

operation. Then he remembered. The operation! He felt scared. He had the butterfly feeling in his stomach again.

For a few moments he sat with his parents and then it came his turn to go to the room where they were going to prepare him for the operation. The nurse came like before and said that the little boy would have to go alone. "No way!" his mother exclaimed. "I am going with him!" The nurse thought for a few moments and then said, "Okay". Mom and Dad went with the little boy to the special preparation room. The nurse put on special clothes. She had on a surgical gown that keeps the operating room very clean. She said that she needed to give the little boy some medicine. The little boy drank the medicine. It tasted a little strange but not bad. Soon he began to feel funny, sleepy. His parents stayed with him until he was completely relaxed and asleep.

The little boy was now ready for the operation. The nurse pushed his bed into the operating room. In this room were the doctor and other nurses. They also had on surgical gown and masks over their faces so that they would keep everything free from germs. There were other things in the operating room. There were lights, operating instruments.

All these things were going to make the operation on the little boy's heart go fast.

The doctor worked very well. He found what was making the little boy's heart go *thumpity-thumpity*. He fixed it. Then the little boy's heart went, **thump, thump, thump, thump**. This is the sound of a healthy, strong heart.

Soon he would be awake and with his parents once again

LITTLE BOY IS NEVER ALONE

Soon the little boy woke up from the anesthesia. He hurt all over. What happened! He could barely think. He fell back to sleep.

While he was asleep the nurse who was with him in the operating room moved his bed to another room in the hospital. This room is called the Intensive Care Unit. In that room all there was all sorts of special equipment and special nurses too. In that room they took special care of kids and grown-ups who had had an operation. But things had changed. After the operation the doctors had to put special fluids in the little boy's body to make sure that he did not get an infection in his heart. He also could not move for quite a while so they had to put straps on his arms and his legs. Since the little boy was still asleep he did not know that he had tubes and straps on his body. He was just glad to sleep since he hurt so much.

When his mom and his dad saw him they were so surprised, in fact they were shocked. They had not expected to see the little boy like this. They were so worried that they both cried when they saw him with the tubes and the straps. His parents were sooo scared. More scared than in a spooky house. They were freaked out and wondered if this was a good thing. They were very worried if the little boy was all right. That is what parents do when the little boy they love sooo much is hurting and they don't know how to help.

As soon as the little boy was in his room in the Intensive Care Unit, the nurse told his mom and his dad that they could be with the little boy. The little boy was still asleep.

He slept for a long time.

One other thing that the little boy had was a ventilator. He needed the ventilator to help him breathe. But when he was on the ventilator his parents could not hear him make sounds.

The little boy woke up in the Intensive Care Unit. He was scared and he was hurting a lot---very much. He was also scared because he had tubes all over him and there were machines everywhere in the room. He couldn't move because there were straps on his arms and his legs. He was sooo scared. He tried to cry out for his parents but the ventilator would not let him make a sound.

Then something strange happened. The little boy felt something. He felt something very familiar, soft, gentle, loving. He knew he was not alone. He felt something touching a part of his skin.

IT WAS MOM! He was not alone. His mom was there! The little boy tried to find her but he could not move. Then he heard her voice.

“Hi Sweetie. Your dad and I are right here. I am so sorry that you are hurting, but we will help you and stay with you. We will be staying right here with you. We will make sure that you are going to be okay.”

When the little boy felt his mom’s touch and heard her loving voice, he felt much better. It was sooOO good to know that he was not alone. It was sooOO good to know that his mom and dad were there to help him.

His mom knew that the little boy always liked to touch her hair. So, she put her head down and it fell next to the little boy’s face. He liked the smell of his mom’s hair. As soon as he smelled her hair and felt it on his face, he stopped crying and fell back to sleep.

The little boy could not see, but his mom was crying. She felt so sad to see the little boy hurting. She knew that they had to get the thumpity-thumpity out of the little boy’s heart. But this was too much.

Over the next many hours, the little boy woke up and felt a little bit better. His mom and dad stayed with him all the time. They read books to him and they watched TV. Most of the time, the little boy slept. He loved it when his mom and dad touched him and he could smell his mom’s hair.

All of these things were very hard for the little boy. But he was courageous and strong. He got better and stronger and soon his was talking to his mom and dad and the nurses who came to his room to take care of him.

THE LITTLE BOY FINDS A GOOD FRIEND

Two days went by. Each day the little boy felt better and stronger. He began talking a lot to everyone. He wanted books and videos. The little boy was interested in all the machines around. He wondered what they

were for. He could hear all the sounds that they made. Click, whistle, Click, click. Thud, thud. The nurses came and went and did all kinds of tests using the machines. He always remembered to say “please” and “thank you” whenever one of the hospital people did something for him, even if it was another test of some kind. One nurse told the little boy’s mother, “He is a special kid. He is very kind and nice to all of us, and he always remembers to be polite when he needs something.” His mother was proud of the courageous little boy. She knew that this was a hard thing for him to go through. She, too, thought how special he was.

One day a nurse came in and said that she had some juice for the little boy. The little boy’s eyes grew wide. To have fruit juice was a special treat at home. The little boy was glad to have this special treat after he had been through so much.

He took the juice that the nurse gave him. BLAH! It tasted awful! The nurse had put medicine in it. The little boy looked at the nurse and told her to take it away. He did not like this trick that the nurse had done. He did not like that nurse, at all. Any time anyone offered him juice while he was at the hospital, the little boy said, “NO!”

The little boy’s mother went to the nurse and told her never to do that again. She did not like these kinds of tricks either. “From now on,” she told the nurse, “you ask me before you give the little boy any medicine.” The nurse agreed to do this.

Time went by slowly for the little boy. He read books. He watched videos. He talked with the hospital people about the machines. But it was all getting boring. Slowly the tubes and the strips were being removed from his body. He wanted to move around. But the hospital people said that he had to be careful. BORING!

Then, on day two a very special person came into the boy’s room. He looked very nice and he talked softly. The little boy liked him a lot. His name was DAVID. He knew what the little boy needed more than any one. David was a nurse! But because he was so kind, the little boy decided that David would be his friend.

The little boy’s mom and dad liked David, too. The mom and dad wanted to hold the little boy. David said that they could do this. He showed the little boy’s mom and dad how to hold the little boy. They did just as David

told them. They put their hands under the little boy's bottom and slowly set him in their laps. The little boy's mom and dad took turns holding the little boy and he felt much better.

David was the best nurse the little boy ever had. One day something awful happened. David was there to help the little boy through a very difficult time.

DAVID MAKE IT BETTER

Sometimes things go wrong in a hospital. Doctors and nurses can forget about doing things that are important. That is when a good friend is important. David was the little boy's friend.

The doctors had forgotten to remove some bandages from the operations. These bandages had begun to stick themselves to the little boy's skin. It hurt. It stung. They made big sores on his body. The little boy was super scared of all these things. He wanted to know what was happening to his skin.

The little boy tried to tell the nurses and his parents that the things on his body were hurting. No one seemed to understand. No, that is, except his friend, David.

David was the little boy's friend and he was a nurse. When he saw the sores on the little boy's body, David knew that the bandages were hurting him. He decided to take the bandages off the little boy's skin. David also knew that the little boy was very scared. So, he sat down with the little boy and talked with him in a very quiet and calm voice. "I'm going to take the bandages off, Little Boy," David said. "It will hurt. I am going to help make it better for you."

The little boy looked at David. He was more scared but he felt a special feeling in his body. He trusted David to do the right thing. David's voice told him that he would be gentle and kind. The little boy thought, "Soon it will be over. David will help me to feel better." The little boy was scared and courageous too. He decided to let David take the bandages off, even if it would hurt.

David did take the bandages off. The little boy felt relieved. It did not hurt as much as he thought it would. David did a good job. "I want to put on new bandages, Little Boy. These will help the sores to heal and go away." The little boy nodded, okay. "I need your help," David said. The little boy was curious. "How can I help?" he asked. "I have these strips and they need to have the backing peeled off. Will you do that for me?" "Yes!" the little boy exclaimed. The two of them worked together for some time. The little boy peeled off the backing and then David put the bandages on his sores. David was gentle. The little boy was glad. The little boy was so interested in what they were doing that he almost forget that the sores were hurting. David and the little boy worked together as a team and soon it was all done. The little boy felt so much better and he fell asleep.

While the little boy slept, David and he parents went to the office of the hospital chief and told them what had happened to the little boy. Since the little boy was too little and too talk to the hospital chief, they talked to the hospital chief for him. They told him that the doctors and nurses had made a mistake and had not removed some of the bandages and that the bandages had made painful sores on the little boy's body. The hospital chief was angry that this happened. The doctors and the nurses were reprimanded for this mistake.

The little boy had many visitors to the hospital. When he was awake he would see these people come to his room to say hello. The little boy still had bandages on his body and tubes in his body. Many people felt sorry for the little boy. They were sad that he had to have the operations and that he was hurting. The little boy sometimes did not understand why people looked so sad. He was beginning to feel better.

The little boy thought that David was the best person to have as a friend in the hospital. Then something happened and the little boy knew just what a good friend David was.

In a hospital sometimes all the visitors are asked to leave because the hospital workers have to do special things. This is called Code Blue. This happened while the little boy was in the hospital. His parents had to leave him alone. His parents gently kissed him good-bye. "We will be back as soon as the Code Blue is over." "How long will that be?" The little boy was worried. He did not want not be alone. "We don't know." His parents looked so sad to leave the little boy. The little boy was all alone. It seemed like a long time. He felt so sad and lonely.

Then someone came into his room and said, "Hi!" It was David! David said, "I'm sorry you are alone. I thought I would come and keep you company." The little boy was so glad to see his friend. David asked the little boy, "Would you like to sit in my lap until your parents come back?" "Would !!" The little boy's heart was so glad. If he could have jumped out of his bed he would have. David picked the little boy up out of his hospital crib bed. He sat in a chair and held the little boy. The little boy felt so peaceful. He knew he was safe with David and that he was not alone. David talked gently to the little boy. Slowly, the little boy fell into a deep sleep. When he woke up, his parents were there, and so was David. The little boy had the best feeling in his heart. His heart was getting stronger and stronger every day.

That evening David came to the little boy and asked, "Are you hungry?" The little boy's eyes got real big. "YES" He shouted. "I thought so," said David. "Those tubes that are giving you food are not working so well. We will take them off soon." David brought in a plate with lots of food on it. The little boy ate and ate and ate. His mother said, "Wow! I have never seen you eat like this!" Then the little boy ate mashed potatoes for the first time. He had not had food for many days. His body was getting food from the tubes in his body. It felt terrific to put food in his mouth. It felt good to have food in his tummy. David, his mom and his dad smiled as they watched the little boy eat all he wanted.

David said to his mom and dad, "His heart is getting stronger. And his tummy, too!" Everyone laughed, even the little boy.

THE MOST HORRIBLE DAY and THE BEST DAY OF ALL

As the little boy got stronger and stronger it came time for him to go home from the hospital.

A doctor came in to see the little boy to prepare him to leave the hospital. The little boy's mother told him that he would be checked over. The little boy knew that he still had tubes in his chest. His mother told him

that these tubes were there to help him breathe after the operation. He did not need them any longer and so they had to come out.

“I have to remove the tubes very quickly. If I move too slowly the little boy’s lungs might not keep on breathing.” The doctor spoke to David, the little boy’s friend and nurse. “Will it hurt?” The little boy asked David. David looked at the little boy. He looked sad and then he said, “Yes, I think it will hurt a lot, Little Boy. It will hurt worse than when we had to remove the bandages.” The little boy remembered how much that hurt. He got scared and wondered why all these things had to hurt so much.

The little boy’s mother stroked his head, “Please lie very still so that the doctor can work quickly. Then it will all be over and we can go home.”

The little boy was still. David and his mother and his father were right there with him. Then the doctor came. The doctor held on to the tubes. The little boy could feel his hands on his skin. The little boy felt scared since he did not know what was going to happen next.

Suddenly the doctor pulled real hard, “YANK!” As the doctor yanked on the tubes the little boy’s body was pulled off the table. The doctor had pulled so hard that the little boy came up off of the table. The little boy screamed, “AWHHHHHHHHH!!!!!!” It hurt so bad. It was the worst pain he had ever had.

The little boy’s mom screamed out, too, because she did not like to see her little boy hurting. She started to cry and walked away so that the little boy could not see her cry. His father stayed close by and he had tears in his eyes. He stroked the little boy and tried to take the pain away. David was there too. He looked very worried.

When the doctor was finished taking the tubes out of the little boy’s chest, the little boy began to breathe again. David came to the little boy. He whispered, “Little Boy. I am so sorry that you had to hurt so much. But now that the tubes are gone there will be no more painful things done to you. All the tubes, IV, needles, medicines are over. The little boy was so glad. He smiled at David and at his parents and then he got off the hospital table and tried to run. It felt so good to run all over the hospital. The little boy laughed and waved and explored every

place he could find. The nurses all said, "Hurrah, he is such a courageous Little Boy!" Everyone waved at the little boy.

Soon the little boy was told he could go home. David felt a little sad to say good bye to his good friend. The little boy felt sad too to say good bye to his friend.

"Can I take you to your hotel, Little Boy?" David asked. "Of course you can! Can you come home with me, David?" "No, Little Boy," David said sadly. "I have to stay here at the hospital and help other little boys and little girls."

The little boy felt soooo good having David take him to his hotel with his parents. They drove home and the little boy fell sound asleep in his old bed. He was home at last. Before going to sleep, he thought about the hospital and his friend David. It felt good to know that his heart was stronger now and all the painful feelings were all gone.

The little boy's mom and dad took good care of him and his scar. They put vitamin E on it to be sure that the scar healed. They made sure that he wore a shirt outside so that the sun would not hurt his scar. His scar made him feel good because it reminded the little boy about all his friends and about how brave he was. The thumpity-thumpity had to get out of his heart so that he could be strong. It was such a scary and hurtful time, but the little boy did it all. He was such a courageous little boy.

Today he is a brave and strong big boy. He goes to school and has fun. He likes to play very much and to have good friends. Sometimes he shows them his scar and tells them the story of how he was very courageous when he was a little boy.

THE END

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