

**RESILIENCE AND THE SELF-RIGHTING
POWER OF DEVELOPMENT:
OBSERVATIONS OF IMPOVERISHED
BRAZILIAN CHILDREN IN PERSON-
CENTERED PLAY THERAPY**

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Brazil is an industrial power with the world's fifth largest population and the world's eighth largest economy, yet one-fourth of Brazilian children and adolescents live in extreme poverty. About 8% of the population live on less than US \$1 a day, and 20% live on less than \$2 (Instituto Brasileiro de Geografia e Estatística, 2007). The most common risks faced by youth growing up in poverty are neighborhood violence, father absence, low parental education, family violence, housing difficulties, unemployment, and familial sexual or physical abuse (Hoppe, 1998; Verner and Alda, 2004). Brazilian youths in low-income urban neighborhoods are exposed to heightened developmental risks stemming from violence in their communities, economic deprivation, and family vulnerability (Raffaelli, Koller, Santos and Morais, 2007). Low socioeconomic status and exposure to violence are well-established statistical predictors of subsequent developmental problems among youth (Garmezy, 1993). A recent study with a sample of Brazilian youth in low-income neighborhoods showed that exposure to these risk factors is linked to declines in psychological and behavioral functioning—higher levels of risk are associated with lower levels of adjustment. Exposure within a community to such phenomena as drug trafficking, police raids, assaults, robberies, and shootouts is associated with negative emotionality and elevated substance use. In addition higher levels of poverty are associated with lower levels of self-esteem and positive emotionality. Higher levels of poverty are also associated with higher levels of negative emotionality, use of licit and illicit substances, and a history of suicide attempts (Raffaelli, Koller, Santos & Morais, 2007). The psychological distress and behavioral dysfunction associated with poverty paints a gloomy picture for youths growing up in the outskirts of large Brazilian cities. Implementing intervention programs aimed at improving this situation is a necessity for these vulnerable young people.

PERSON-CENTERED PLAY THERAPY AS A PROTECTIVE PROCESS

'Risks' and 'assets' currently are seen as important concepts in the field of developmental psychology. Recent research in developmental psychology shows reduction of risks or stressors is not the only effective strategy for intervention with children. The enhancement of 'assets' and the facilitation of protective processes (Masten, 2001) are also important as intervention strategies. Assets, or resources, can counterbalance or compensate for the negative effects of adversity. Therefore, enhancing assets and fostering positive adaptation is an important direction in developing interventions to protect impoverished children from the negative impact of exposure to risks in their unfavorable circumstances (Luthar, Cicchetti & Becker, 2000; Masten & Coatsworth, 1998).

Research in developmental psychology has been exploring the protective factors and mechanisms that enhance resistance to psychosocial adversities and hazards, and enable children to face life's stressors successfully. The evidence supports three sets of protective factors associated with the likelihood of more beneficial outcomes for children and adolescents exposed to psychosocial adversity:

- a. Personality characteristics, such as autonomy, positive self-esteem, cognitive skills (e.g., competence in communication skills such as language and reading), and a positive social orientation;
- b. Family cohesion, the presence of a caring adult, and absence of marital discord;
- c. Presence of external support systems that encourage the youth's coping efforts, e.g., a kind and concerned teacher; a strong maternal substitute; or the presence of a positive or protective institutional structure, such as a caring agency (Garmezy, 1991; Masten and Garmezy, 1985; Rutter, 1993; Werner and Smith, 1992).

Recent studies corroborate the importance of protective processes that promote positive self-esteem and self-efficacy through the availability of secure and supportive personal relationships. At-risk youth with a positive view of themselves are more likely to have the confidence to take active steps to deal with adversity, enhancing their resilience (Masten, 2001; Pesce, Assis, Santos and Oliveira, 2004; Rutter, 1993; Werner & Smith, 2001). A positive sense of self-regard (as opposed to self-derogation) and a sense of self as powerful and empowered (rather than powerless) are strongly associated with resilience in disadvantaged children (Garmezy, 1991).

There is robust evidence that person-centered therapy improves self-concept and promotes increased self-acceptance and increased positive feelings about self (Bozarth, Zimring and Tausch, 2002; Rogers and Dymond, 1954; Rogers, 1959). When working with children, person-centered therapy involves the use of play as a means of mediating the therapeutic relationship. As such, it is named appropriately *play therapy* (Axline, 1969; Dorfman, 1951). According to Moon (2001), person-centered play therapy is a relationship in which the young client experiences acceptance from the therapist, and consequently becomes more self-acceptant and better able to continue forward on her own developmental path in the direction of self-fulfillment. The psychologically nurturing

therapy relationship, though often quite limited by time, stimulates ‘the inner resources of the child and her innate capacity to find the best way to survive and enjoy her life’ (Moon, 2001: 45). As such, person-centered play therapy has the potential to foster a very important protective process in the lives of impoverished and disadvantaged children, promoting their self-empowerment and resilience. Person-centered play therapy thus can be considered a potential protective factor in the lives of children exposed to psychosocial adversity.

PERSON-CENTERED PLAY THERAPY AT THE DELPHOS INSTITUTE

The Delphos Institute is a private, person-centered training institution located in Porto Alegre, the capital of the southernmost state of Brazil. Because of the tremendous potential of person-centered play therapy as a protective process, the staff at Delphos has been developing a program that provides this form of therapy to at-risk youth living in extreme poverty.

The program developed by Delphos Institute has no funding. It depends exclusively on the volunteer efforts of therapists and supervisors. The therapists in this program are undergraduate psychology students participating in their one-year internship in clinical psychology. The program currently is running in two institutions in Porto Alegre. These institutions provide community day programs for impoverished and at-risk children and adolescents from the outskirts of the city. One of the institutions is a public community centre. The other is a private, non-profit Catholic institution. Both provide day programs for children and adolescents from ages 7 to 14 when they are not at school, as public schools in Brazil offer only four hours of class time per day. Programming includes sports, music, handicrafts, educational, and leisure activities. The catholic institution also provides a program for pre-school children (up to 6 years old) and vocational courses for adolescents (14 to 18 years old). Each institution converted one room for use as a play therapy setting. The educational coordinators of the institutions made psychotherapy referrals based on their conversations with teachers and support staff.

This program supports ongoing, naturalistic effectiveness studies, the first results of which are reported elsewhere (Freire, Koller, Piason, Silva and Giacomelli, 2006). Findings indicate that children and adolescents who receive therapy in this program achieve: (a) important and relevant improvement in interpersonal relationships, with more positive attitudes towards others (e.g., peers, family, and teachers); (b) better performance at school; and (c) improvement in mood and emotional functioning, including greater and more stable well-being. The Delphos Institute is currently undertaking a second study, with the use of a quantitative measure, the Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997, 1999), in addition to qualitative data obtained by interviews with family members and teachers.

Although up to this point the data has been collected only on twelve children, the results are very promising, and will be published shortly. All but one of the children referred for defiant behavior, aggressiveness and hyperactivity were perceived as becoming

calmer and more tranquil, with notable improvements in their relationships with peers and teachers. Episodes of aggression and fights with peers have diminished markedly. For two of the children in our study, reported episodes have ceased completely. The children who were referred because of social isolation were perceived as becoming more integrated with peers and more sociable, showing remarkable improvement in their relationships. In addition, three children showed considerable improvement in their academic performance, with increased motivation to learn. The teachers also reported that three children improved noticeably in their communication skills—they became better able to talk about their feelings and needs instead of withdrawing or exploding with anger. The following case histories illustrate some of these outcomes:¹

Mark

Mark is five years old. He lives with his parents and a six-year-old brother. His mother is unemployed and his father has a very low paid, unskilled job in the construction sector. Mark was referred to psychotherapy for aggressive behavior, hyperactivity and defiant conduct. He became so defiant and restless in the classroom that his teacher would often put him out of class. He became withdrawn and isolated from peers. The educational coordinator believed that his misbehavior was caused by problems at home, since his parents are in the process of separation. Mark attended eight sessions of play therapy, over a period of about three months. Therapy came to an end when his therapist finished his one-year internship in the institution. During his sessions, Mark would play games with his therapist and would tell fantastic stories. For instance, Mark once said that he set fire to the school. He said that he had magic powers, that he could fly, go through walls, and destroy any kind of object. He also said that he used these powers to punish bad people (some of his peers and teachers) and to help people whom he liked (other peers and family members). The therapist did not confront Mark with an 'objective' or shared reality. Instead, he listened to Mark and received these histories with genuine empathy and unconditional positive regard. In the evaluation interviews following therapy, both his teacher and his mother said that the change in Mark's behaviors and attitudes was remarkable. His misbehavior (defiant conduct, aggressiveness and isolation) ceased altogether. He became calm, tranquil and participative in class.

Rachel

Rachel is nine years old and she lives with her mother and three siblings, ages three, seven and seventeen. Her mother works as domestic, and must work shifts on the weekends. Her father is unemployed and he rarely visits the family (once every six months). Rachel self-referred. She met one of the therapists in the courtyard of the institution during a break and asked him if she could come to talk with him in the therapy room. She began the first session asking if she could bring a peer to following sessions. The therapist agreed. In this first session, Rachel talked about her relationship problems with her peers. She said that she did not like them, she did not like to play

1. Identifying information has been disguised in order to preserve client confidentiality.

with them, and that she had no friends. She also complained about her mother—that she worked too much and did not have time for her. Rachel spent the rest of the first session playing a board game with the therapist. Rachel attended a total of six sessions over a period of three months. Like with Mark, therapy ended when her therapist finished his one-year internship in the institution. Rachel brought a colleague to two of her sessions, and they would play board games with the therapist. Rachel would take the lead in the games, deciding what and how to play and when to stop. The therapist was dedicated to following her lead and to accepting her unconditionally throughout the sessions. In the interviews with her mother and teacher, they confirmed that Rachel had relationship difficulties before therapy. She used to be excluded from the group of peers and would have no friends. Both teacher and mother perceived improvement in her attitudes and behavior after therapy. Rachel became calmer, less aggressive, more engaged in social interactions. She also started to develop friendships.

Lucas

Lucas is eight years old. He lives with his parents and a nine-year-old brother. His mother is unemployed and his father has an informal job making deliveries on a motorbike. Lucas was referred to therapy after being found in the bathroom of the institution making sexual advances towards another boy. His teacher had also complained about his aggressiveness, defiant conduct and hyperactivity. His mother said in her first interview that Lucas had once beaten himself until he bled because he had lost a game. Lucas has attended fifteen sessions over a period of six months, and he remains in therapy. In most of the sessions, Lucas plays soccer with his therapist. In the therapy room Lucas chooses a wall and the door to be the soccer goals. He makes up the rules of the game, and breaks these rules in order to beat the therapist. The therapist does not confront Lucas for 'dishonest' behavior. Rather, she unconditionally accepts his behavior. She makes empathic reflections without judging Lucas' feelings, attitudes or behaviors. The only limits set by the therapist are in regard to the direction Lucas kicks the ball, since there is a risk of breaking the windows due to the forcefulness of his kicks. In the evaluation interview, the teacher reported that Lucas has ceased his defiant and aggressive behavior, and he is now much calmer and tranquil.

PERSON-CENTERED PLAY THERAPY AND THE PROMOTION OF RESILIENCE

The children attending the Delphos program face risk and adversity on a daily basis. They encounter risk not only in their communities (e.g., drug trafficking, police raids, assaults, and shootouts) but also within their own families (e.g., domestic violence, abuse, and neglect). Economic hardship, low levels of parental education, and lack of prospects for the future (due to high rates of unemployment and lack of educational opportunities) are distal risks. These come in addition to proximal risks, such as the enormous psychological distress they already endure within their family lives. Although

the experience of person-centered play therapy does not reduce the risk present in their lives, it potentially can reduce some of the negative impact associated with risks. The availability of a secure, acceptant, empathic, and supportive therapeutic relationship, even for a short period, appears in our study to be enough to open an opportunity for the children we observed to develop a new way of relating with others and with themselves. The increased self-esteem and self-efficacy, and the more fulfilling pattern of relating with others that we see as a result of person-centered play therapy reduces the likelihood of these children being caught in the vicious cycle normally generated by their impoverished environments. These newly acquired 'assets' may protect these children from the prospect of school dropout and the subsequent limiting effects on job opportunities that predict failure outcomes across multiple domains of life.

The positive outcomes promoted by person-centered play therapy, despite the significant adversity faced by the children we observed, highlights the power of their growth forces. This points to the remarkable human capacity for developmental recovery, which Masten (2001) called 'the self-righting power of development' (p. 235). Current research on resilience has brought forth a striking positive view of normative human capabilities. Resilience was found to be a common phenomenon that results 'from the operation of basic human adaptational systems. If those systems are protected and in good working order, development is robust even in the face of severe adversity' (Masten, 2001: 227).

Masten (2001) points out that ordinary normative processes account for much of the resilience that is observed across a large range of situations. She concludes that resilience is 'the extraordinary that has revealed the power of the ordinary. Resilience does not come from rare and special qualities, but from the everyday magic of ordinary, normative human resources' (p. 235). While this may be a new finding in the field of developmental psychology, the 'power of the normative human resources' has been recognized by the person-centered approach and acknowledged as its foundation for more than six decades (e.g., Rogers, 1946, 1967) The 'adaptational system' that promotes development even in the face of severe adversity is known in the person-centered theory of personality as the 'actualizing tendency': the trustworthy function of the whole system that drives the organism towards fulfillment, enhancement and actualization (Rogers, 1959).

The brief case histories provided in this paper seem to indicate that the power of change in person-centered play therapy does not reside in the therapist's expertise, knowledge or techniques, since the therapists in this study endeavored to relinquish their power and control in their relationships with the children they saw in therapy. These therapists did not take over the locus of control in the therapeutic relationship; they did not guide the children, did not wield power over them, did not lead them, and did not set the rules. Instead, the therapists followed the children's lead and the children's rules. It seems that for these children the experience of this non-directive relationship with an adult was very empowering with a remarkable, positive effect on their lives.

The case examples provided here, which are a good representation of what we observed more broadly, seem to indicate that the active agent of change in the therapeutic

process is ultimately the child's own growth force, i.e., her or his actualizing tendency. Considering the absence of therapist direction or guidance, it is reasonable to conclude that it was the children's own actualizing tendencies that ultimately set the direction for their process of change, moving them towards better relationships and healthier adaptation to their social environments. Consequently, it is the seemingly ordinary, though trustworthy, functioning of their actualizing tendencies which can account for the extraordinary resilience observed in these impoverished children experiencing person-centered play therapy in our program in Brazil.

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