

DRAFT TO APPEAR:

"Creativity and Community
among Autism-Spectrum Youth"

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Social Therapy and Family Play

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I have been a practicing social therapist for 35 years and director of the Social Therapy Group, a community-based psychotherapy center in Manhattan and Brooklyn. I am also the lead clinical trainer at the East Side Institute in New York City, which offers postgraduate training in social therapy. My group practice (a rather large one) includes clients from ages 4 to 84. They come from a broad cross section of diverse communities across New York and from all walks of life. Before becoming a therapist, I was a dancer, performer, teacher of the deaf, and, for several years, the director of an experimental Vygotskian school in Harlem.

For 25 years, I have worked with young people diagnosed along the autism spectrum and/or determined to have "disorders": oppositional defiant disorder (ODD), pervasive development disorder (PDD),¹ attention-deficit/hyperactivity disorder (ADHD), and other pathologizing labels. Some have not been diagnosed but are struggling at home and school. In many instances, their families are in turmoil.

To help me support the ongoing emotional and social development of young people and their families, I experimented with new modalities, and over a number of years, I created a multi-family group. Comprising four or five families, the family groups have supported adults and children alike.

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to get better at creating “family plays” where everyone has the opportunity to stretch and grow. In the recounting of this history, I recall some of my conversations over three decades with the founder of social therapy, Fred Newman. The case studies you are about to read are also a major part of my narrative over a 15-year period.

A word about social therapy: It’s a philosophical/performatory, group-based approach created by Newman, a philosopher and political activist, along with Lois Holzman, a developmental psychologist. Over the last 40 years, the practice (known across disciplines as “social therapeutics”) has expanded into many other areas, including youth, organizational, and community development; early-childhood and adult education; special education; and health care.

There are dozens of articles, presentations, academic books, and popular texts on the approach, which I hope this chapter will inspire you to explore (e.g., Holzman and Mendez 2003; Holzman and Newman 2012, Newman and Goldberg, 1996; Newman and Holzman 2006/1996, 1997). But for the purpose of appreciating the story I recount here, know that social therapy is focused on emotional development. It is a non-interpretative and non-diagnostic approach. It is practical, philosophical, play-oriented, and performatory, and sometimes we refer to it as “radically humanistic,” which is a nod to its roots in the radical therapies of the 1960s. As such, it values the revolutionary human capacity to perform, play, create new possibilities, and thereby, transform our world. It’s group-based and profoundly relational, and because of that, it has proven to be a powerful antidote to the alienation and narcissism of our culture.

Whether it’s a boy labeled autistic or an elderly person struggling with dementia, social therapy relates to all as being “a head taller”—that is, as performers and creators of our lives—able to stretch our performance repertoire with the support of the ensemble. As performers, as environment builders, as creators of the stages upon which we live our lives, we can build new ensembles to engage how we want to be doing whatever it is we’re doing. “How are we doing?” asks the group. “Does what we’re doing support the group’s growth?” It is a process through which we collectively examine the roles, rules, and assumptions we have about our relational lives.

In the narrative that follows you will see that I explicitly use the language of theater and performance to give direction to the group. I talk in terms of “stage,” “cast,” “play,” “scene,” “director,” and “offer” (a term that is borrowed from improv and refers to whatever it is that another person in the ensemble gives you to work and build with).

The group builds its stage—inventing and trying out performances (some old and stale, some new). Helped by the social therapist, the group is a space for challenging presumptions, assumptions, and the iron-clad identities we have for ourselves and others. In such environments (on our good days), we loosen the grip that the “Truth” and “What’s Right” have on us by being more playful and philosophical in how we talk, how we see, and how we feel. Social therapy helps groups of people rediscover their capacity to invent new ways of seeing and new ways of feeling and being. When we undertake this inquiry, we experience our power and emotional growth.

As you will see in some of the texts on social therapy, Newman and Holzman (2006/1996, 1997) were inspired and influenced by the contributions of Karl Marx, Lev Vygotsky, and Ludwig Wittgenstein. Among the many contributions from Marx, they built upon his understanding of the fundamental sociality of our species and of revolutionary activity—that is, the human capacity to change totalities—to “change everything.” Marx’s identification of the coincidence of the changing of circumstances and of human activity or self-change (Marx 1974) is a key organizing principle of social therapy.

Newman and Holzman (1997) built upon developmental psychologist Lev Vygotsky’s (1978) understanding of the dialectical relationship between thinking and speech and the profound sociality of our thinking and speaking. Vygotsky understood human development, including language development, as a lifetime process that we humans create together in “spaces” he called “zones of proximal development,” where people of different ages and/or developmental levels relate to one another a “head taller” than they are. Vygotsky appreciated children’s play as the engine of development. Newman and Holzman see play as deeply relevant to the growth of people of all ages.

They were inspired by philosopher Ludwig Wittgenstein’s (1953) challenges to the concepts of essence and causality, his philosophical inquisitiveness, and his commitment to questioning assumptions about how we understand, see, and talk. These “philosophical investigations” are part of creating environments where we can see and go somewhere new. When we’re stuck, we can create “new forms of life” with others, play “new language games,” and learn to move around and about to try out something new.

I began to build a family practice with children, many of whom came to social therapy with a variety of issues and labels, including Asperger’s

syndrome, autism, learning disabilities, attention-deficit disorder (ADD), oppositional defiant disorder (ODD), and other terms laden with deficit and disorder. I disagreed with the psychiatric diagnoses that many of the children came into my office with. And yet I considered that I might have ODD myself, I was so furious at their diagnoses! Fred Newman once said that if you give someone a label and you have the institutions of psychology and psychiatry behind you, that label, and the identity that might follow from it, would follow them forever (Newman and Goldberg 1996). The label becomes who they are, their *essence*. It can limit their creative capacities to perform beyond themselves, and thus produce the "secondary disability" that Vygotsky (1993) found far more debilitating than the source of difference itself (see Chaps. 1 and 2). And yet at the same time, people often need a diagnosis to get services for themselves and their children. This was a complex issue for sure.

My very first patient was five years old. He had been diagnosed as being on the autism spectrum. His family was concerned that he wasn't developing socially; he had no friends. The first few sessions he would not look at me or speak to me. He would come in and yell at me. I said nothing. He then turned to curse profusely at the wastepaper basket for a full 60 minutes. I had no idea what to do. I began to think about the assumptions that might be getting in my way of my helping him. I was holding onto the notion that there was a right way to do this. I decided to join him and stood by his side. Soon, we were both yelling at the wastepaper basket.

In this setting, I had to be fully responsive. This engagement required that I begin seeing the need to view us as "we" rather than as a healthy therapist working with a disordered child. Over a number of weeks, our yelling turned into laughing. We began to create a series of performance games, singing and dancing with stuffed animals. One day, I lined up all the animals in a semicircle, put on some music, and invited him to create a play with me. We had a delightful and hilarious time together. He became more and more relational as we continued our work. His parents reported he was doing better at home and at school.

His family began to refer other families who had children on the spectrum, including those diagnosed with Asperger's syndrome. Families considering therapy, of course, wanted to know if I could be of help. They asked if I could help their child relate to others. Could I help a boy who did not speak catch up to his twin sister, who was already able to have conversations? The sister felt guilty that she could speak and her brother

could not. Both had been diagnosed with pervasive developmental disorder (PDD). Could I help them? I had no answer in the absence of creating the conditions to give us all a chance to build something. I don't know if it was hope, desperation, or the relief of experiencing this as a new kind of conversation—but they entered my practice.

Practicing a therapeutic process that focuses on social and emotional development was key in working with these young people. I felt the magic of children and their families performing in new ways that challenged cultural norms of who they were supposed to be and what they thought was possible. Below are several detailed therapy stories from my practice that illustrate the creative evolution of the social therapeutic approach to family therapy and what emerged as the multi-family group.

PERFORMING JONATHON

Jonathon,² a 12-year-old boy, was brought by his mother to the Social Therapy Group's center in Brooklyn, NY, on the recommendation of family friends. Mom was friendly and talkative as we walked into my office. She was curious about our work with young people diagnosed on the autism spectrum. "What do you do here?" she asked. Jonathon sat down next to mom and was silent. He looked at the floor. I spoke to him. He did not respond. His mother said he didn't want to be here, but she felt she had dedicated her life to his welfare, and he needed to deal with the intense temper tantrums that were going on at home and at school. He was currently in a special education setting that was not challenging him. His withdrawal from people was deepening. Given that he was getting older, she felt desperate for some techniques to make him stop. Did I have any? I assured her I did not. But I was going to work to build with everything he had to give, including his temper tantrums. "How would you do that?" she asked. "I don't know yet," I replied. "That will be created by me and Jonathon."

She adored him. She prided herself on how very bright he was. He could spout off in several languages. Some of them he made up himself, syntax and all. "He has written a book," she exclaimed. "I think he has Asperger's Syndrome. It is what a psychiatrist said about him, which allowed him to get services in school." She began to cry. "His temper tantrums are ruining our lives. They are him at his worst. What do you have to offer?" Jonathon stiffened, sitting upright in his chair. He was now staring at the door.

I asked him, "What do you think about what your mom is saying?" He responded, "She's talking to *you*, isn't she?" Yes, indeed, he was right. She was talking to me. So I responded to her. I told her that I appreciated her question as to whether I had something to offer. It was an important question. A lot was riding on it. It was terribly important that she and Jonathon knew where they were and with whom they were speaking. This understanding would allow them to decide together to take responsibility for what kind of help they wanted.

I gave them a brief introduction of social therapy, speaking way beyond what I thought Jonathon could understand. "I practice a therapeutic approach called social therapy. It is an alternative to psychology where people can learn to create the conditions and environments they need to embrace our sociality." Jonathon rolled his eyes. I continued.

What we focus on in social therapy is our relationality to others and the world—not what's inside your head. We help people break out of individualistic ways of thinking and doing that we have all learned. This includes the sometimes frightening, sometimes joyful, sometimes difficult experience of *discovering the other*. In our lives we are always in relationship to others, not just ourselves.

"We play with therapy. How will we do that? Our answer is performance—the human capacity to perform. We perform who we are and who we are not. As children, we performed all the time—as speakers when we weren't, as members of the family before we knew what a family was. Performance is a key activity in growth and development. In social therapy we can grow emotionally when we perform being giving, even if we don't feel like it.

Jonathon shot me a glance. I seemed to be annoying him. "I'm not going to do role play," he said. "So forget it."

"What I have to offer is working with you to perform your life," I responded. "It doesn't have much to do with role play. It has to do with the quality of *how* we do everything. You can learn how to go beyond yourself, learn, play, and grow your capacity to be who you are becoming."

Jonathon was irritated. "Becoming? What the hell does that mean?" he yelled. "Become what?"

I answered, "Becoming is the activity of performing ahead of yourself. It's how human beings develop. It might help you have more control over how you do your anger and frustration. It might even help your tantrums. You did it as a child. You learned to babble with your mom and dad. We learn to babble as part of the activity of learning to speak. We learn, we

become, through social/cultural engagement. We go beyond ourselves. Isn't that why you are here today? What you know how to do isn't working anymore."

Jonathon looked at me and said, "I am writing a book."

"Do tell," I said, "I'm interested."

His mother described the novel. He had created a fantasy planet in outer space and a language that was only spoken there. It became clear that Jonathon was well read in many genres. It also became clear that mom had learned not only to speak on his behalf but to speak for him. In the midst of the conversation Jonathon got up and took a seat by the window. His mom made it clear he needed some space right now and that it would not be wise to make any demands on him. "If you do, the tantrums might start," she whispered. "They can last for days." I felt sympathetic to what it must be like to ward off chaos on a day-to-day basis. I thanked her for sharing this information about her son. I could see how important he was to her.

"What kind of help do you want?" I asked. Jonathon would not respond.

She quietly said, "Help him not have tantrums. Don't be too hard on him, though, he can't handle much. He's a genius."

I wondered if being related to as a genius had the same kind of impact as a diagnostic label. What about all the ways Jonathon *wasn't* a genius? Wouldn't being called a genius make it almost impossible for him to ask for help at all the myriad and confusing things he did not know how to do or was simply bad at?

I decided that it would be best for him (and me) to relate to him as an ordinary boy with an ordinary therapist. There were things we were both very good at and things we weren't good at. I mentioned that to his mom. She told me that his identity as a genius was what kept him going. It was all he had. I didn't think so. I told her I was going to relate to him as being able to do things he was not yet able to do. I would look at him through a developmental lens in terms of who he was becoming—that is, more socially and relationally responsive and skillful. What's more, I was also going to relate to myself that way as well. That seemed like a good performatory start for the two of us.

"OK, but what about the tantrums? Can you make him stop?" she asked.

"I can't guarantee he'll stop, but I can help him have many more choices beyond the tantrums," I said. She was OK with that.

I asked her to leave the room for a while. I spoke directly to Jonathon. "Your mom will be back in an hour. I want you to stay with me. Is that OK?" He said nothing.

He decided to stay put. Mom left the room. We heard the front door close. Jonathon fell off his chair and began to scream. I mean, he screamed bloody murder! His mother rushed back. I asked her to go have a cup of coffee. We would be here when she got back. Jonathon was listening to this exchange. He continued screaming, but this time he did not run out of the room. I was very aware that he decided to stay. I decided to relate to what he was doing—staying with me—as the performance of accepting my offer. I said, "OK, let's get back to work."

Jonathon lay on the floor in the center of my office. I said very loudly, "Act 1: The Scream." He looked up and began to howl louder than before. As I was beginning to get a headache, I sat in my chair and was prepared to accept what he had to give at the moment. I thought about Edvard Munch's famous painting *The Scream*. I said to him rather loudly that I thought in fact there was a lot to scream about in the world. I sometimes liked screaming myself.

Jonathon needed this space to scream. It was what he was giving me, like it or not. In social therapy we build with a client's strengths, their weaknesses, their inability to function, and our reactions to all of it. I did not want to begin by telling him what to do. I wanted to help create an environment where we might discover something together. I was wondering what else I might do. Maybe nothing. It seemed just perfect for right now. It might create an opening. Jonathon desperately needed an opening.

As a therapist I often have to resist the impulse to *do something*. There's always the impulse to make something happen. Doing nothing is a lost art in therapy. What about letting something emerge? Yes, create the conditions where something can emerge. Focus on the environment and what it enables.

Jonathon's screaming continued. My assistant in the office next to the therapy room ran in and asked if everything was OK. I assured him that everything was just fine. Jonathon stopped for a moment and looked at me quizzically.

All I knew in that moment was that I wanted to build my relationship with him. He was well read, well spoken, and in pain. He couldn't handle very much. He was unable to be in the world. This sense of isolation mattered the most to me.

What was my job here? Was it to build a safe haven for him? Would that, in fact, help him grow socially and emotionally? I didn't think so. He needed to learn how to be in the world, how to socially and culturally create his life with others. At the moment I was "the other." I would start with me.

What conditions did I think were needed for us learn how to play and perform together? In social therapy we always build the relationship as it lives in the therapy room. We look at how we are affecting each other. Jonathon needed to decide if he wanted to do that with me.

His mother returned and asked me if I thought I could help him. I replied that I did not know if I could. I asked Jonathon, who had stopped screaming, "Are you willing to do this with me, given that I think you might not want to and that I don't know if I can help you?" This challenge caught his attention. He asked, "Why would I do that?" I assured him that he would have to answer that question himself. I wanted Jonathon to take responsibility for what we were doing. He agreed to come back and ran out of the room.

For the next three months, Jonathon lay down in the center of the room and screamed for an hour. In support of his doing whatever he needed to do, I sat in a chair off to the side. I purposely did not sit in the "therapy chair." I had no interest in exerting authority over him. The sessions were difficult for me. How could I help him? I needed to keep going with a methodology that rejected predicting, analyzing, or explaining. We would build with what he was giving as we co-created the conditions where we both could grow. I had no answers. But perhaps that was because there weren't any, other than what would emerge.

What could happen here? For the next few weeks, I began each session by saying "Act 1, The Scream." I thought it was potentially the first performance of a developmental therapy play we were creating together. After a several-week "run" of the 45-minute screaming play we were both starring in, he asked, "Why aren't you telling me to stop screaming?"

"I am not interested in telling people to *stop* anything," I said. "I am interested in helping people become more powerful in their lives. Are you interested? We could do that together."

"What would we be doing?" he asked.

"Creating the therapy together—developing your capacities to be powerful in your life and to go after what it is you want for yourself and others," I said.

"What others?" he asked. I assured him I did not know the answer to that question at this time. The relationships he developed would be his

decision. I was working to promote his performatory capacities. I asked if he would sit in a chair, and he agreed to do so.

Over the next six months our relationship grew as we began to create a performed conversation on the latest discoveries in the fields of science, mathematics, and the novel he was writing in a made-up language. I was truly interested and intrigued. As part of these conversations, I introduced him to philosophizing—an activity I had learned from Newman that involves asking “big” questions about little things. He was begrudgingly interested. I would ask him, “What is your language? How does it function here in our conversations?” Jonathon began to play with how to answer. It was a different kind of activity for him—a new language game—and very difficult. It had nothing to do with producing the “right answer”—something that he prided himself on doing well. But at this new game, he was a novice. Knowing was everything to him; he comforted himself with it. It seemed to be all he had. But by making the offer to philosophize, I was relating to him as ahead of himself. I was creating a situation where he would have to perform “a head taller” than where he currently was.

One day, I received a frantic message from Jonathon’s mother. The school had contacted her. He had been creating a scene at school—having a tantrum on the staircase to the lunchroom. The principal was considering transferring him to a more restrictive educational setting. He came to our next session and began screaming. I told him he needed to talk in a way that I could hear him, or I wouldn’t be able to help. He quieted himself. He told me about a situation where other boys were making fun of him. He started screaming again when he reported that the principal might kick him out because of the tantrums. If that happened, he would not be considered for the prestigious public high school he wanted to go to the next year. He would be moved to a more restrictive special-education-level placement.

Jonathon begged me to call the principal. I told him I did not want to do that. I wanted him to tell the principal in a voice that would allow her to listen to him. Jonathon began to scream at me about the principal: “NO, YOU HAVE TO EXPLAIN TO HER! YOU HAVE TO EXPLAIN IT!” I told him that the explanation didn’t matter. What mattered would be building his relationship with her. He had to make a choice, and it was a hard one. He wasn’t listening.

Now it was my turn to do a screaming performance. I asked him to sit in the audience in his chair and watch. He complied. I called it “Act 2, The Therapist Screams.” I yelled, “PERFORM JONATHON, PERFORM!

PERFORM THE PERSON WHO HAS A SHOT AT GOING TO THAT FANCY ACADEMIC HIGH SCHOOL! START CREATING THE LIFE YOU WANT! YOU HAVE TO DO IT!”

He stormed out of the session.

The next day the principal called me. Jonathon had asked for another chance. He assured her that the tantrums would end or be small ones in the bathroom where no one could hear him. She told me that she could see that he had been developing. He actually had some friends now. But she was convinced that he would be incapable of keeping his promise. I thought she was probably right, but I urged her to give him a chance anyway.

Jonathon never had another tantrum at school again. Things weren’t perfect, but he had learned that he could create the conditions he needed to perform who he wanted to be in the world. We had successfully created a wanting and desire to grow. One year later, he was sitting at his desk at the high school of his choice.

In thinking about the work with Jonathon, I deeply appreciate the importance of the human capacity to perform—to go beyond ourselves and keep building without knowing where or if we were going anywhere. In our therapy plays, both Jonathon and I grew our capacity to be intimate and to respect, honor, and build with the other. We performed.

BUILDING A MULTI-FAMILY SOCIAL THERAPY GROUP

After working successfully with several families individually, I was exploring creating a social therapy group that included children of different ages and with different kinds of therapeutic issues. What might it look like to bring some of the families I was counseling individually into a multi-family group? I spoke to Newman about it. I told him I did not know how to do it. I had worked with children and with families, but only individually. He was pleased to hear about my new adventure. “How could you possibly know how to do it?” he assured me. It was an entirely new undertaking and a daunting task.

As I was embarking on my idea of bringing families together, I wanted to learn the ways that other family therapists had challenged the nuclear family unit and were creating new therapeutic environments. There is the wonderful history of Eia Asen and Michael Scholz’s work with multi-family groups (Asen and Scholz 2010). They helped their clients create non-problem-oriented conversations. They made use of a multitude of

games and therapeutic exercises that helped individual families get help in a group setting. Anthony Rao (Rao and Seaton 2009) is another psychologist who challenges the plethora of diagnoses given to children, which he views as an alarming social trend. In his family therapy, he helps boys and their parents deconstruct notions of what it means to be a boy in today's world. His approach to "de-pathologizing" behavior is critical to creating environments where parents and children can grow together.

I was also drawn to some of the key developers of play therapy. I found Virginia Axline's seminal work—*Dibs in Search of Self* (1967), which chronicled the beginnings of play therapy—to be important. I was touched by the relationship she built with the young Dibs, who was given the opportunity in therapy to play, unencumbered by adult directives and priorities. His initiative was valued; he was not being driven toward the chute of normality. Central to helping reinstate Dibs' development was the carefully built relationship between therapist and patient.

Axline (1967) broke the rules to create the first child-centered, non-directive play therapy. Her work was a significant attempt to advance a non-judgmental, humanistic approach that helped children grow. While I did question how she mostly worked with the child alone—separated out from his or her family—her unconditional acceptance of the child and the relationships she built gave young children a shot at growing emotionally.

What would it mean, I wondered, to bring together entire families—children and adults—all of whom identified both as an individual and as a member of their family? Could I support people to create a new social unit—a new group—that recognized, but was not overly determined by, how people relate to one another as family?

I talked with Newman about my observations and new questions. He listened. I shared with him the history of family therapy approaches, including narrative approaches, and we discussed ways to advance the work. We talked about the social therapist's role as the group's organizer—helping the group to exercise its power to keep creating itself.

In order to help the group, I would have to abandon the activity of knowing. I would lead a process that allowed these parents and these children to take a look at their assumptions and biases about themselves and their families, many of which were holding them back. The work wouldn't always feel good, just as working with, rather than against, Jonathan's screaming sessions was often painful. And since people want their family to feel good, the group might have some difficulty going with me.

Could I as the group's organizer engage the group in overthrowing societal roles and rules of what it meant to be a family and create new ways of being together, new ways of talking, and new ways of doing family? Could we evolve as a developmental ensemble where people come together to create its development? I would help them creatively perform living their lives without many of the labels, identities, assumptions, and truth-telling stories that had kept them stuck and in pain. Together we would work to create a new form of life: a multi-family group community. We would play with our strengths, our weaknesses, our joys, and sometimes the exasperation of creating family life together.

In creating this new family play, I wondered if and how we could learn from the children. Could children help the adults grow? Children are, after all, very good at performance and play. They have the luxury of not being fully inculcated into the culture and haven't fully appropriated and learned to abide by the rules of how they are supposed to be. This lack of fixed understandings deepens their capacity to be improvisational and is essential to their growth and development. And to ours!

I began by meeting individually with the five families from my practice, whom I invited to form the group with me. Let me introduce them:

Lila, age 9, was very quiet. Her parents were going through a divorce. She did not have a diagnosis, but she had learned to be ashamed that her parents were splitting up. She hid her face when her mom began to tell me about their family.

Mary, age 10, had made it clear she wished her parents *would* divorce. Too much fighting was going on in the home. At the end of the session, she asked me to go into the office bathroom with her. Her parents were perplexed by this request, as was I. Once we were inside the bathroom, she told me she had something she wanted me to know. I said OK. Mary whispered to me that she thought she was very, very crazy. She said she would never speak about this belief in the group, and I told her that I so appreciated her telling me.

Michael, age 11, had been diagnosed with ADHD. It was hard to be in the room with him. He would move and squirm while his mother would try to get him to sit down. I told them that it was OK if he didn't want to sit. We talked about how this was a brand new situation for everyone, and that I could be pretty "hyper" myself. It drove some of my friends crazy.

Paula, age 12, was diagnosed with learning disabilities. She was outspoken and said whatever she wanted. She interrupted most conversations with off-topic comments. Not sure what to do, her parents often

reprimanded her. Every time she would speak, they were ready to ask her to stop talking. In school and often at home, she never quite got it right. I was curious about how we might support her to learn how to talk to the group. I would keep this challenge in mind for sure.

And then there was Benjamin, age 12, who had been diagnosed with Asperger's syndrome. He had difficulty making eye contact and would not speak in the intake session. He was clearly very close to his mom. She was there because she wanted him to gain some social skills. She asked if I could do something about the hours he spent glued to the computer. I asked Benjamin what he thought. He stared at the floor and said he wanted to leave. His mom and I finished the conversation.

During the intake process the parents spoke about how uncomfortable it was for them to talk about the painful aspects of their lives with other families. What if people judged them? What if they were doing it all wrong? They might feel embarrassed. We spoke together at length about the institution of the family and how the family has an enormous impact on everyone in it. I urged them to remember that it would be terribly important that they get the support they needed to use the therapy to create performances that could contribute to the emotional development of them and their children, individually and collectively.

The group, I said by way of introduction, will not be about what was wrong with their family, avoiding the pathologizing that typically accompanies therapies for those with diagnoses of disability. We would work together to create an environment that would allow them to talk about their difficulties, their love and pain, and the exasperation of being a parent or a child who is not related to as "normal." Everything, I told them, that the adults and children give will be available to use as building material for new family plays, new group performances. Group work expands the resources available to families. They would get to know their own child and the other children in new ways. They would no longer have to do it all by themselves.

Some parents were concerned that they would lose their parental authority. "What if I don't like what the group is doing?" asked one mom.

I responded, "Then you will say that, and we will collectively figure out what to do with it." She breathed a sigh of relief. She didn't have to figure out everything by herself.

Now it was time to bring the five families together. Our first group was on a Monday evening. Initially, children and parents sat in a circle. The kids were quite excited. Most of them were socially isolated and had

few friends. Here they were sitting with four other children! Michael kept popping out of his seat. His mother was getting upset and trying to get him to sit down. I asked her if she wanted some help. With reticence and awkwardness, she nodded. Other children began crawling around the room or under their seats or going to look out the window. Then came the yelling and admonitions from the parents. One boy went to sit in the opening of a nonfunctioning fireplace. He refused to come out. "Do something!" a parent yelled at me. Feeling a bit insecure, I wondered to myself whether or not family therapy was such a good idea.

A reflective interlude: I was reminded of a quote from the Austrian philosopher Ludwig Wittgenstein (1980), a major influence on social therapy: "When you are philosophizing you have to descend into primeval chaos and feel at home there" (Wittgenstein 1980, p. 65).

I also appreciated how the chaos of this first session might be an important element in freeing us all up to allow something new to be created, something outside the box of traditional therapy and family life. Perhaps out of the chaos, families could see one another from a new vantage point—enabling them to throw "normality" into relief, and allowing them to begin to move around and about the implicit roles and rules. For this reason, I liked the chaos as it jumbles things up and makes it more difficult to slip back into traditional therapeutic responses. For me, the chaos was a reminder of what was needed to "overthrow" ourselves. If you make the decision to go with it, it allows for other possibilities to emerge through play and performance.

I wanted to respond to the mom who was upset by the disorder in the room. I wanted to be careful that I was not performing any attitude of authority or knowing. So often in family therapy, the therapist can fall into the trap of becoming the better, kinder parent. In this group I wanted to organize the adults to follow and create with me. I was not interested in supplanting them, so I had to find out if they were interested in going somewhere new with me.

I said to the parents, "I don't have all the answers. I want to do this with all of you. I will challenge you to go to some new places in how you see your children and yourself. Are you with me on that?" They acknowledged that they were. Their agreement to move with me was terribly important. In the absence of that allowance, the therapy would be coercive. I continued, "Let's philosophize here: What does 'do something' mean?"

Silence.

"Does it mean we want to control what's happening by using our authority as adults? Should we raise our voices and relate to what's happening as a problem that the children have? Or can we create a different response that would help the group develop?" Some of the parents were understandably annoyed. Others were interested.

Now I turned my attention to the entire group, including the children, and asked, "What does the group want to do?" A number of the children spoke up and repeated my question. They were following me! I had their support. I yelled above the commotion, "How should we do this?"

The parents began reprimanding their children. I gently asked them to stop, as I didn't think that at this moment it had anything to do with helping the group develop. This was a very important moment for us. We were shifting the group's gaze away from what the individual parent might need in terms of managing their children toward what the group needed.

I told the children to freeze, as if we were in a playground. They did. I told them I needed them to participate in shaping what we were going to do together. They needed to lead the group. Michael, whose mom was very upset with him, said he didn't want to sit next to his mother. I said to him, "You gave us an opening!"

"I did?" he asked.

"Yes, you are being a leader by saying what is not working for you in the group." I thanked him and said, "OK everybody, sit in the circle next to someone you're *not* related to." All the children jumped up laughing and sat next to a stranger. The parents were having a much harder time with all this. One parent asked me if I knew what I was doing. I assured her I did not. At the same time, I actively focused on what the parents and the children were giving the group to create with. What could we use to create an environment where development toward their goals was possible? I told them that we needed to follow the children's lead and work improvisationally.

The group continued. Mary began to cry. She said she knew her parents wished she was more "together," but she wanted them to promise they would never send her away. They promised. Her mom kept asking if it was OK to be having this conversation. The children began grabbing the opportunity to say things they hadn't been able to say in the privacy of their individual families.

Lila blurted out that she wanted her mother to know that she couldn't handle her parents getting a divorce. Paula added that she had nothing to say about any of this and that she needed the group to know that.

Benjamin's mom said that the chaos in the group was really hard for her. She told us that raising Benjamin was not a picnic. Suddenly Benjamin yelled, "I know it must be a drag to be my mom all the time. I know you hate it. You threaten to send me to boarding school. But it's OK. I still think you are a good mom."

I thought the children's questions and frank and open statements were helping the group expand how we were together. The parents were surprised by the children's thoughtfulness. They commented that they were having a new experience of their own children. The richness and honesty of the group conversation made it clear to all of us that we were breaking new ground. The question for me was how best to keep it going.

Paula, prone to blurting things out, said it would be great if the parents did not yell at their children in the group. This request really annoyed her mother. I wanted Paula to have the opportunity to be acknowledged for saying something of value to the group. My hunch was that this offer, and other offers from the children, would help the group engage how we were sitting, talking, playing, or perhaps even yelling at each other—how we were going to organize family life in the context of the life of our group. I wanted the adults and children to continually be looking at and implementing ideas of how we needed to organize ourselves so our group could grow.

The group decided that any child or adult could ask another group member to stop what they are doing if it was getting in the group's way, as long as they are not related to each other. And any adult could raise a disciplinary issue with a child, as long as it was not their own child. Lila's mom then said to Benjamin, whom she had just met, "We need you to sit down right now." Benjamin obediently sat down.

I suggested we take the group from the top one more time.

"How can we begin the group again?" asked some of the children.

"We can decide ourselves how we want to do things together," I said.

We all sat in a circle, and I reminded them to make sure that they were sitting next to someone to whom they were not related. We played a game with beanbags. I asked that people throw the beanbag in such a way as to make sure the person who would catch the beanbag would look good. This requirement meant that each participant really had to *look at* whom they were throwing the bag to and figure out what they thought the recipient could handle. One parent complained that I was asking too

much of the children. I did not understand how impaired they were. She said that her daughter Lila was especially sensitive and could not handle much. I asked the children what they thought about this. Lila was the one who supported the idea of not allowing the parents to yell.

Paula chimed in that we shouldn't make Lila a "special case," since Lila was *already* contributing. Everyone was surprised by Paula's support of Lila. I asked Lila if she was OK with that. I was very moved when Lila responded that she didn't really know how to participate in this way. I assured her she was in good company. And our week-one session came to an end.

Several weeks later, we began to create some new performance activities. Each child would be a director and/or star in a play. Again, Lila's mom told us that Lila would not be able to participate in this activity. I asked why she thought that. She explained that Lila was not social and could not do much with other people.

At this point Benjamin spoke up and said that he had seen Lila reading a book in the waiting room and at other times. "Wasn't that doing something with other people?" Other children and adults agreed that they had also noticed Lila reading in the waiting room. Lila was attentive to the conversation about her, but looked quite frightened. Several parents suggested that if that was a way Lila could be in the group, we should support it. Maybe what Lila could do right now was read a book with us. Lila began crying. Her mom felt she should take Lila out of the room. I asked what the group thought. The group asked Lila's mom to let her stay and do the scene. Benjamin assured Lila's mom that she was doing the right thing by letting the group help her daughter.

I asked Lila where the scene would take place. Lila said the scene would be in the park. She said she was feeling very insecure. Benjamin put a chair in our open performance space where she could sit. The group let her know that reading the book would be a fine performance. Lila sat in the chair. She was asked to give the scene a title. Lila announced in a quivering voice, "The title is *Reading a Book in the Park*." The audience of children and families applauded when the scene was over.

Benjamin yelled out that he wanted to be next. He invited all the children into his scene. They all ran into the open performance space. He announced that he would direct and star in it. "Here's the scene," he said. "We are playing ourselves 20 years from now. We are all camping in the mountains overnight. Everyone is sitting around a campfire toasting marshmallows." As the scene continued, the children pretended that it

began to rain and they walked up a hill to a luxury hotel. They paid for a room, drank lots of champagne, and were laughing and fooling around. They were clearly having a good time, relaxing and chatting about their grown-up lives.

The scene shocked Benjamin's mom and several other parents. They had never seen him or the other children like this. "Was this OK?" one mom asked. "Aren't we encouraging drinking?" I reminded everyone that this was a performance. Nor did I think we needed to interpret what it "really meant." I thought we needed to support Benjamin and his friends to perform their play and for the parents to let them be. "We are working to create the conditions where something can emerge," I reminded them.

Benjamin asked that I join the scene and perform as his 20-something friend. What would I do? It was a difficult decision for me. I felt nervous that the parents would not be able to go with it if I joined in. I thought Benjamin was possibly testing me to see if I would stand by my statement that this was all a performance. Conflicted, I decided I needed to have some integrity and be giving to Benjamin. I could not back down. We did the scene again. He gave me an imaginary glass of champagne. I joined in.

When the scene ended, I asked Benjamin, why this scene? What was it about this scenario that mattered to him? He passionately explained that this was the life he would never have. He would never be independent. He would never have friends. So could we just let him be? He was very upset.

The group asked how he knew all this. He told us that he had Asperger's syndrome. He was smart and at the same time, he could barely function socially. He had no friends. His mother began to cry. Another child went over to her to comfort her.

One of the children yelled out, "You have the group Benjamin. You have all of us!" Benjamin nodded. The group ended for the day. Benjamin did the scene over and over again for weeks. The other children loved Benjamin's play. I was now in the audience. I had passed the test. Not surprisingly, the parents were conflicted. I urged them to let it be what it is, a scene in a therapy play. With all of our conflicts, we marveled over the power of performance.

The group continued for another year at the parents' request.

During this time, I was asked to train mental health professionals in how to work with children therapeutically. I asked Benjamin to assist me. He was incredulous, as was his family. His parents felt it was way too much pressure, but Benjamin was adamant that he be allowed to participate. His parents finally gave him permission. I began the training by talking about

social therapy. After an hour or so, Benjamin got up from his seat and announced that he was going to do a series of performances. He would play a therapist and instructed people attending the workshop to be the patients. He asked that I perform as his first patient. This direction was not where we had planned to go. I was unsure of this detour, but I decided to go with it.

We arranged the chairs for the scene. Benjamin sat in the big therapy chair. I entered his therapy office and sat down. My "therapist" was playing with finger puppets. He did not make eye contact. I was getting nervous about how this performance would go. I wondered whether I was making a mistake here.

I finally asked if he was the therapist. He said he was. He kept playing with the puppets and not looking at me. He asked quite competently what I wanted help with. I told him that I had no friends. He looked up from his puppets. He asked me what I wanted him to do about it. I was taken aback. He asked me about my life. I told him I was isolated. I didn't go out much. I was on the computer most of the time.

He said quite clearly, "You do not have the conditions to grow. Create those conditions. Make a friend and come back. I will help you keep your friend. You need to take responsibility for your life."

For the rest of the training Benjamin continued performing as the therapist and had a great deal to say to everyone. It was an emotional experience for everyone there. His mother had stopped by and could not believe what she saw. She was discovering that there were ways she had not been able to see her son's growth toward becoming more socially engaged and engaging.

In the weeks following the workshop, however, Benjamin became withdrawn. His teachers reported that he was regressing. I thought he had had a big reaction to the performances he had become capable of. Often mumbling to himself, Benjamin would say, "I trained those therapists. I have something to say." He became less participatory in the family group. His silence was noted. The family group ended months later.

Throughout those weeks and months, I was concerned that perhaps I had taken too big of a leap with Ben. I spoke to Newman about it. Had I missed something here?

He agreed that I had. I had missed that one cannot predict the twists and turns of how development emerges. I had missed that development cannot be explained by some linear accounting of how this young boy was responding. I should stop trying to make sense of what had gone wrong.

Perhaps nothing had gone wrong, and this episode was part of a fascinating performance of Benjamin coming to terms with the complexity and conflictedness of who he was and who he was becoming. Development can be hard, as it brings new demands to all of us.

Trying to make sense of it all, I was distancing myself from this young boy who had discovered that he could go way beyond what traditional paradigms of growth and development could explain.

What was so perplexing for him and his family was that this non-rule-governed activity of play and performance had allowed him to leap ahead of himself, to perform as if he were a head taller. And now he was withdrawing. With the support of the group, he had become a leader. He clearly experienced himself as the creator of his life with others. He had improvisationally participated in the group's social growth and they in his. He had worked with others to shape the group as a laboratory for new life performances. He was learning how to work with others to shape the group and, in turn, allow himself to be shaped by it. This social-cultural experience had allowed him to go somewhere he had not been before. He was right. He *had* trained those therapists, and he did indeed have something say.

Many months after his family therapy group ended, Benjamin wanted to talk about the training. Did I really think he had taught them something? I passionately answered that yes, he had. The trainees had learned and grown from the conversations he had performed with them. The workshop he had helped me lead challenged their assumptions about what therapy is. They had learned more about how to philosophize, and they were better clinicians for it. Benjamin had a hard time processing his new, more adult role. He had gone way beyond what he thought was possible for himself. Soon after these conversations, he formally ended his therapy with me.

His social withdrawal lasted over a year. His parents lovingly stood by him. Benjamin told them he needed time. In various phone conversations, I urged them to give it to him. It was very painful for everyone. They were worried about the many hours he was glued to the computer. They had always known what was best for him. They didn't now.

Almost a year later, Benjamin called a family meeting at the kitchen table. He said he felt he could not develop any further living at home. They had helped him with everything. They shielded him from harm. They gave him whatever he wanted. They understood him. But he wasn't growing. He needed a situation where he had to stand on his own two

feet the way he was able to when he performed in the group. Would they consider sending him away to school?

It was painful yet moving to them that he was working to take responsibility for what he needed to go further. Still, they were conflicted about responding to his request. What if it didn't work? On the other hand, perhaps he needed to live at a boarding school with other young people. He might have the conditions there to do more growing. His mother was very emotional as she told me the story in one of our conversations. She had grown tremendously too. She felt he should be given the chance to make a go of it.

The next fall they placed Benjamin in a residential school. He did remarkably well. He made friends. He built relationships with his teachers. Sometimes he came home on weekends. Often he did not. He was living his life.

DISCUSSION

This chapter has centered on social therapy with families and how the developmental paths of children and parents were reignited through their engagement in a form of therapeutic performance and family play. This experience required them to reenvision and reinvent new roles at home and in other social settings and work through how these ways of relating might unfold in the many scenes of their lives. The narratives illustrate how the philosophical/performatory activity of questioning familiar roles and relationships in the course of performing new ones can open up new possibilities and contribute to environments where all can grow emotionally.

Playing, imagining, and performing on a therapeutic performance stage of the participants' own making allowed families to grow. And while the growth process was often chaotic, challenging, and even threatening, the social therapist as the group's organizer helped the group power onward to create itself.

Upsetting social roles and rules in the process of devising new "language games" can indeed be chaotic and emotionally tumultuous. The unfamiliar and chaotic process, however, forged a new intimacy both within and among families. New relationships and new social channels helped adults and young people alike access resources and create new possibilities for being together. They were less alone. They had more social resources. The social therapeutic process allowed for more satisfying family and interfamily dynamics and personal developmental pathways, even

(and especially) when in one instance they required a departure from the family's immediate oversight and regulation to be realized.

The cases reported here illustrate how, under the direction of the social therapist, the group was related to and emerged as the unit of growth. And while the child provided the impetus for the family seeking therapy initially, it was ultimately the family group that developed.

As the therapist, I always had my eye on the group—the relationship. When that "group" was a group of two, I worked to be completely responsive to the young person sitting (or screaming) across from me. My focus was our relationship. I had to go with him or her, even when that involved enduring very disturbing behavior. This decision to let the children lead the activities was a key part of building the "we" that would be indispensable to that child's emotional growth.

Although parents bring children into social therapy to "fix" something about their child, social therapy focuses on development, on spontaneously constructing the settings that provide the positive social updraft through which such development becomes possible. We build with the totality of what the child gives us—their strengths as well as their weaknesses. Children on the autism spectrum are typically highly intelligent and can learn through appropriate sorts of engagement and challenge. In social therapy, the opportunity to play and perform allowed these assets to become foregrounded, with the children being given the responsibility to lead the adults in the activities, thus shifting attention to what they do know and can do rather than what they lack.

The process of development had many twists and turns. As I have reviewed, the tensions that arose during the therapy sessions were often significant, leading parents to question my competence. But those tensions ultimately indicated where the greatest performative needs lay, and provided the impetus for helping the young people with their difficulties in relating to others and with developing their capacity to lead a relational life.

Through the exploration of these tensions in a playful, imaginative environment—one in which the play could be chaotic and threatening—new rules of engagement (new performances) emerged that families came to rely upon. In the end, families constructed a new form of life in their therapy group that unexpectedly reinitiated everyone's emotional development. Often disruptive (there was no way around that), this shift allowed for a process where all—children and adults alike—could contribute to creating a therapeutic play and performance space to premier a new family play.

Each family's hopes for socializing their child were realized, although not necessarily in the direction they had ever imagined when they decided to enter therapy with me. That uncertainty is central to the drama of human development—as disconcerting and disorderly as it might seem at the outset of a therapeutic journey undertaken for the purpose of creating a more satisfying life.

NOTES

1. "The diagnostic category of pervasive developmental disorders (PDD) refers to a group of disorders characterized by delays in the development of socialization and communication skills. Parents may note symptoms as early as infancy, although the typical age of onset is before three years of age. Symptoms may include problems with using and understanding language; difficulty relating to people, objects, and events; unusual play with toys and other objects; difficulty with changes in routine or familiar surroundings; and repetitive body movements or behavior patterns. Autism (a developmental brain disorder characterized by impaired social interaction and communication skills, and a limited range of activities and interests) is the most characteristic and best studied PDD. Other types of PDD include Asperger's syndrome, childhood disintegrative disorder, and Rett's syndrome. Children with PDD vary widely in abilities, intelligence, and behaviors. Some children do not speak at all, others speak in limited phrases or conversations, and some have relatively normal language development. Repetitive play skills and limited social skills are generally evident. Unusual responses to sensory information, such as loud noises and lights, are also common." National Institute of Neurological Disorders and Stroke (2015), n. p.
2. All names are pseudonyms.

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