

Therapy and the Optimal Delusionality of Adolescence

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Plan for Webinar

- Begin with a reflection activity exploring your adolescent thought process
- Discuss “teen think” and the developmental/identity functions of delusionality
- Examine delusionality in the context of what “reality” is costing (us all)
- Consider adolescent presentations through lens of too-much or too-little delusion
 - The delusion of possible selves
 - The delusion of the personal fable
 - The delusion of the imaginary audience
 - The delusion of boundless freedom
- Revisit your reflection with an eye to greater compassion for your delusions
- Discuss five interventions/strategies for working with teen clients
- Revisit your reflection as a therapist wanting to support that teenager self
- Talk Together: Cases and musings

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Reflection 1

- Think about something you thought, felt, and/or did during your teen years that you probably—or most definitely—wouldn’t do now.
- If you have a single, vivid example, that’s ideal. If you cannot come up with anything, recall what a sibling or a friend did that was clearly not fully informed by adult judgment or sensibility and use that.
- Take 5 minutes and write out what happened. We will be using this example so include as much detail as you can remember.
- You will only need to share the story *if you want to* so don’t worry about the shame, embarrassment, judgment, cringe-worthiness of the recollection

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Are the Kids Okay?

- What is the world like for (Gen Z) teens today
 - Climate change
 - Social Media
 - Social/racial justice
 - Pandemic education/pandemic life
 - Mass school shootings
 - What other world events influencing?
 - Family stress and ACEs... Traumas big T and little t
- Statistics on Adolescent psychopathology/distress
 - CDC: More than 1 in 3 high school students had experienced persistent feelings of sadness or hopelessness in 2019, a 40 percent increase since 2009.
 - In 2019, approximately 1 in 6 youth reported making a suicide plan in the past year, a 44% increase since 2009.
 - NIH More than 1:3 teens meet criteria for anxiety disorder; also sig increase over last 2 decades
 - Stats sig more concerning for LGBTQ+ and non-White students
 - CDC: Mental health related ER visits increased 31% in 2020 over 2019

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DEVELOPMENTAL TRAUMA

- A psychological and neurobiological injury that results from **protracted and cascading** exposure to stressful events in the home
- Derails typical development across all domains (neurological, psychological, cognitive, social, self/identity)
- Experiences often occur in the caregiving system. **THE CAREGIVER IS UNSAFE**
- **INSECURE ATTACHMENT UNDERLIES DEVELOPMENTAL TRAUMA (AND MANY OTHER PROBLEMS)—NOT THE OTHER WAY AROUND**
 - **SECURE ATTACHMENT= REGULATION**
 - **STRESS IS TOXIC WHEN THERE IS NO ONE TO HELP MANAGE IT**

Impact is immediate and long term
Effects will require all tiers of intervention

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NON-FINITE LOSS, GRIEF, & CONTINUOUS TRAUMA

- PROLONGED ILLNESS, DEATH OF A LOVED ONE DUE TO COVID-19
- SOCIAL CONNECTIONS, HUGGING, TOUCHING, HANGING OUT WITH FRIENDS
- FAMILIAR ROUTINES: EVEN BACK-TO-SCHOOL PLAN DEFIES COMFORT OF ROUTINE
- ASSUMPTIONS OF SAFETY AND SECURITY AS WHAT WE KNOW AND DON'T KNOW, WHAT WE NEED TO FEEL SAFE ALL CONSTANTLY CHANGING
- TRUST IN SYSTEMS: GOVERNMENT, AGENCIES, MEDICAL SYSTEMS, SCHOOLS, ETC.
- THE GRIEF OF OTHERS: COMPASSIONATE GRIEF IS ALSO PERSONAL LOSS
- LOSSES ACROSS GENERATIONS—CAN'T SEE GRANDPARENTS, EXTENDED FAM
- ANTICIPATORY GRIEF: THE FEELING WE GET WHEN THE FUTURE IS SO UNCERTAIN
- DISRUPTED SCHOOL RITUALS...

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"Big T" and "little t" trauma

- PTSD KINDS OF EVENTS ARE GENERALLY CONSIDERED BIG T (THOUGH DO NOT CAUSE PTSD IN EVERYONE)
- SMALL t TRAUMAS ARE OVERWHELMING, HIGHLY DISTRESSING EVENTS THAT CAN BE CUMULATIVE AND HAVE SUBJECTIVE MEANING. DON'T FALL INTO BIG T CATEGORY BUT CAUSE STRONG, ENDURING EMOTIONAL RESPONSE, ESPECIALLY IN KIDS
 - Examples of little "t" trauma: non-life-threatening injuries, emotional abuse, death of a pet, bullying or harassment, loss of significant relationships, divorce, legal trouble, chronic pain... CHRONIC STRESS*
 - Evidence now concludes that repeated exposure to little "t" traumas can cause more emotional harm than exposure to a single big "T" event
 - Developmental Trauma can include numerous Big and Little T Events
- GETTING THROUGH A BIG T TRAUMA CAN BE SUFFICIENTLY STRESSFUL THAT WHAT SEEMS LIKE A LITTLE t TRAUMA CAN OVERWHELM COPING RESOURCES: THE DISTINCTION CAN BLUR BEC IT IS PERSONAL

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Key Developmental Capacities Affected by Trauma

Ability to modulate, tolerate, or recover from extreme affect states
 Regulation of bodily functions
 Capacity to know emotions or bodily states
 Capacity to describe emotions or bodily states
 Capacity to perceive threat, including reading of safety and danger cues
 Capacity for self-protection
 Capacity for self-soothing
 Ability to initiate or sustain goal-directed behavior
 Coherent self, Identity
 Capacity to regulate empathic arousal

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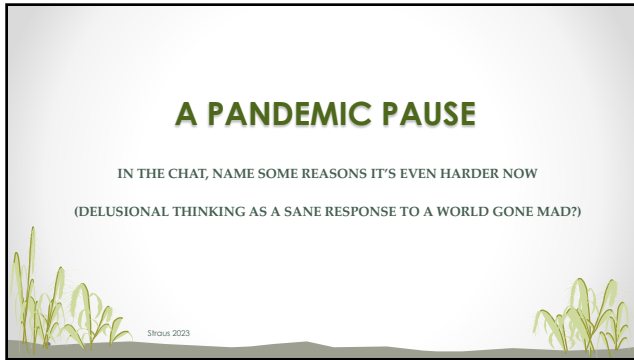
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ACUTE, DEVELOPMENTAL, AND CONTINUOUS TRAUMA

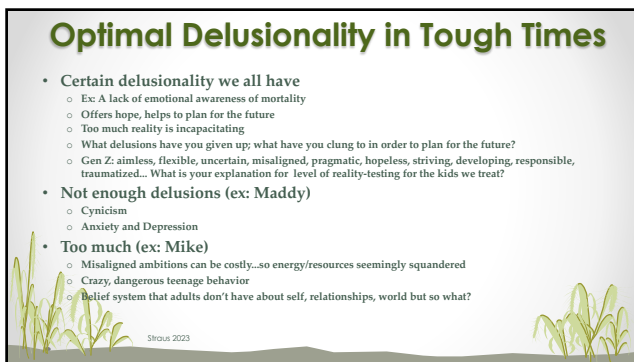
- IMAGINE YOUR YOUNG CLIENTS CONTENDING WITH ALL THREE
- ACUTE TRAUMA HAS A BEGINNING, MIDDLE AND END
- DEVELOPMENTAL TRAUMA IS RELATIONAL, OVERLAPPING, AND CASCADING
- COVID-19 PANDEMIC IS AN ONGOING EVENT
- UNPREDICTABLE, UNCONTROLLABLE NATURE OF THIS CRISIS LEADS TO SIGNIFICANT ANXIETY, SENSE OF HELPLESSNESS, DOESN'T GET BETTER
- BODY STAYS IN CONSTANT STATE OF ACTIVATION WHETHER OR NOT WE ARE IN IMMEDIATE DANGER...

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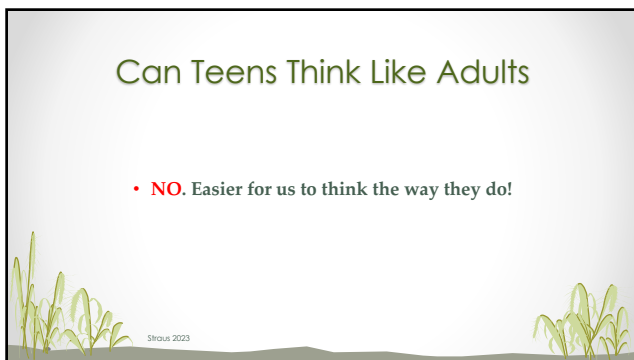
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Intersectionality and the Development of a Complex Identity

- How does a child turn into an adult?
- Identity Models (e.g., Erikson, Marcia, Racial/Sexual/Gender Identity Models...)
- How does teen-think enable Identity Development
- Multifaceted identity development shows up in therapy as struggle/confusion?

Marcia's Identity Development
(Korber & Marcia, 2011)

High Commitment

Low Exploration

High Exploration

Low Commitment

1. Socialization/Peer/Influence → 2. Self-Recognition/Identity Confusion → 3. Identity Assumptions → 4. Commitment/Identity Integration

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Developmental Models

Erikson's Stages of Development
(1968)

Trust vs. Mistrust → Autonomy vs. Shame and Doubt → Initiative vs. Guilt → Industry vs. Inferiority → Identity vs. Confusion → Intimacy vs. Isolation → Generativity vs. Stagnation → Integrity vs. Despair

Racial/Cultural Identity Development Model
(Atkinson et al., 1999 as cited in Sue & Sue, 2016)

Conformity → Dissonance → Resistance and Immersion → Introspection → Integrative Awareness

White Racial Identity Development Model
(Harris, 2013 as cited in Sue & Sue, 2016)

Contact → Disintegration → Reintegration → Pseudo-Independence → Immersion/Emersion → Autonomy

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The Benefits of Effective Dependence and Scaffolding


- The Adult Brain: Auxiliary (Co-) Regulation and Executive Functioning
- The Therapist as an Actual Adult in the Life of a Teen
- Concern, Advice, Opinions, Support
- Transference and Attachment Relationship: Both
- Swimmers, Treaders, and Sinkers
- Attachment in Adolescence as Affect Regulation

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The Emotional Brain (Takes 28 yrs to think like an adult)

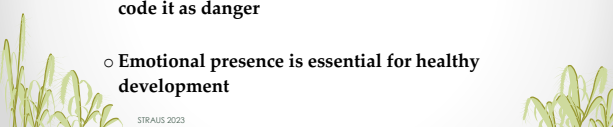
- Teens are developing connections between emotional and reasoning parts
 - Emotions win in a tie
 - Amygdala hijack
- Compared to adult brain, adolescent brain perceives emotions at 2-4x the intensity
- Hot cognitions—in the heat of the moment, not abstract, w/peers



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THE ONE BIG QUESTION:

- **CAN I DEPEND ON YOU WHEN I NEED YOU?**
 - The most basic tenet is that isolation—not just physical isolation, but emotional isolation—is traumatizing for human beings.
 - There's solid evidence that our brains actually code it as danger
 - Emotional presence is essential for healthy development



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A.R.E. YOU THERE FOR ME?

ACCESSIBILITY: CAN I REACH YOU WHEN I NEED YOU?

RESPONSIVENESS: DO I MATTER TO YOU? WILL YOU COME WHEN I CALL? CAN I RISK LEANING ON YOU? CAN I DEPEND ON YOU?

ENGAGEMENT: CAN I SHARE MY EMOTIONS WITH YOU; WILL YOU ALSO SHARE WITH ME? WILL YOU SHOW UP TO SHARE YOUR EXPERIENCE? WILL YOU KEEP ME CLOSE?



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DEPENDENCY IS GOOD

- Although our culture has framed dependency as a bad thing, attachment theory suggests quite the opposite.
- Attachment theorists believe that being able to turn to others for emotional support is a sign and source of strength. Teens and EAs, Too!
- *In this frame, there is no such thing as codependence, independence, or overdependence: there is only effective and ineffective dependence*
- PARADOX?: THE MOST INDEPENDENT PEOPLE ARE SUCCESSFUL AT BEING DEPENDENT

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IMPLICATIONS FOR THERAPY

- HOW DO YOU FEEL ABOUT YOUR YOUNGER CLIENTS DEPENDING ON YOU? ATTACHING TO YOU?
- WHERE'S YOUR LINE? IS IT FLEXIBLE? HOW DO YOU KNOW IT HAS BEEN CROSSED? CLIENT NEEDS NOBODY.....ONLY YOU
- *DEVELOPMENTAL ATTAINMENT*: ASKING FOR HELP AND EXPECTING IT. YES, IN ADOLESCENCE AND EA, TOO
- RESEARCH ON SINKERS, TREADERS, AND SWIMMERS IN TRANSITION TO ADULTHOOD
- WHAT IF YOU ARE THE FIRST RELIABLE ADULT?

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The Delusion of Possible Selves

- YOU CAN DO ANYTHING YOU SET YOUR MIND TO!
- The teen is spending too much time thinking about the "wrong" things
- A luxury/stressor of privilege?
- Social media and curated presence(s): 400,000 TikTok followers can't be wrong
- William James (1890): Over time (and with accumulated failure feedback), we have to give up on some aspirations. Too painful to keep striving
- Selves we strive to become focus motivational attention, guide behavior, source of self-regard but also set us up for disappointment: what's optimal?
- Selves to prove I am my own person and different from you (Horizontal Addie).
- Selves are socially constructed, maintained in narrative and in context—these are perfect therapeutic conversations...

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Identity Conversations and Possible Selves

- “Possible selves” are creative: hopes, dreams, and fears about the future and who one might become.
- Require self-reflection—a core awareness of one's own complexity/multiplicity. “I contain multitudes”
- Possible to do parts work or make a Possible Selves map that explores hopes and fears for the future.
- Deeply connected to Values: What is most important to you about who you are becoming. How do we help you live a life with these values?
- Begin to connect current approach to future aspirations (but go gently): alignment
- Anchor hopes and fears to behaviors: What can you do right now to make it happen or avoid what you fear happening? What can I (and others) do to help?
- Look at how teen-think is creative and imaginative...and wishful

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The Delusion of the Personal Fable

- David Elkind (1967)
- My life experience is unique and special: No one can truly understand what it is like to be me.
- My feelings are different and more intense than yours (no one has ever felt this way)
- Because I am exceptional, typical negative consequences don't apply to me*
- Does not mean narcissism, egocentrism in the adult sense of the terms
- Invulnerability: Adolescent risk-taking attends the personal fable
- Doesn't mean high self-esteem: personal fable in depressed and anxious kids, too—no one has ever felt this miserable, either
- Assume others are as preoccupied with their lives as they are
- *They can perceive the risks but don't think the risks necessarily apply to them—or are worth the try.

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Personal Fable Conversations

- Can also be conceptualized as a problem of interpersonal understanding/perspective-taking/mentalizing
- Superpowers are good to have: Think about our empathy superpower...
- Pros and Cons of thinking this way:
 - Pros: can feel special, superior, more capable than others, can make them caring, empathic, sensitive
 - Cons: Risk-taking, sadness, frustration, and loneliness.

Eliza: “What do you know about it? you’ve never been in love!”

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The Delusion of the Imaginary Audience

- Their specialness leads to a belief that everyone is observing them and as interested in them as they are.
- Can be a source of anxiety, but helps them to figure out how they want to be perceived by others.
- Can teach them empathy and social skills, too.
- Social Media means everyone really is watching them. (Case example)
- Reality and delusion become blurred.
- Critical voices are no longer contained in one's head – they exist in real life.
- Need to keep getting "Likes" or whatever the modern equivalent is...

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Conversations about Imaginary Audience

- What is it like to be under the constant scrutiny of others?
- How well do people see you?
- Are they as critical of you as you are? How do you know what people are thinking and feeling?
- Is this why it's hard to talk about personal stuff/reveal yourself?
- How would you know if I were not judging you as harshly?
- How does this critical, observing voice take care of you?
- How do you speak back to it?
- What else might you want to know about the role of self-consciousness in identity?

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The Delusion of Boundless Freedom

- Their lives would be better if they can do whatever they want.
- Low sense of doubt; Low regard for consequences
- Can look like grandiosity, egocentricity
 - Issue of risk for therapists to assess
 - Source of mind-numbing conflict between parents and teens
- Can lead to unnecessary risk-taking or taking on too much
- Process of discovering their values and priorities by trying different things
- Teaches them their personal limits and the limits of living

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Boundless Freedom Conversations

- I won't be at the party, but do you want to know what I think?
- What is the point of limits? How does a parent know if they've set a reasonable one?
- What would be the pros and cons of getting to do anything you wanted? Hold ambivalence.
- What are some reasons limits and responsibilities might be helpful or not? Weigh other side.
- Can we talk about safety? Driving as example.
- What have you learned about yourself from times you've been freer?
- Other?

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Reflection 2

- Revisit your personal narrative through the lens of this new information
- Formulate your experience through at least one of these examples of teen-think
- With compassion for that younger brain of yours, think about how this experience may have been useful for you in getting you to this point in your life.
- If you haven't a clue, make something up that helps you connect adolescent experience to adult "reality testing." (e.g., I made it out alive and am grateful for surviving that teen-think; I have a better understanding of my limits now and don't need to test them the same way...)
- Tell us about it if you want to (not required)

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1. Instill Hope without False Promises

- Be a holder of hope (regulated, dependable, attuned, engaged)
- Suffering and Grace go hand in hand
- Not "It will get better." YOU don't know if it will or not
- Going through something *together* can be graceful
- Not to get rid of suffering, to get through in a rich, meaningful way
- Therapy as a place where we *be* something as much as *do* something
- "This might help and I will do it with you."
- **A common factor: You gotta believe.**

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2. Hold Grief and Sorrow

- A lot of therapy, in general and with teens, is grief work
- Growing up means letting go of a previous age/developmental space
- Losing their delusions can be difficult. Reality can be painful.
- Different kinds of losses mean different kinds of work (Harris, 2019):
 - Ambiguous loss
 - Intangible loss
 - Nonfinite loss (and continuous trauma of pandemic)
 - Disenfranchised grief and chronic sorrow
- Traumatized teens may not have a secure base to grow from—so hard.
- Don't forget how much as person has to give up to grow up.

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3. Value Safety

- Parents fear for their kids
 - Remember what they were up to back in the day
 - See behaviors, have conversations that are worrisome... they will have data that you will have to attend to
 - When we lose our own sense of invincibility we remember it as even more heroic—and nuts.
- Therapeutic conversations about safety
 - Don't rush in before you hear the whole story: they are telling you because they are ambivalent...
 - The ambivalence about the behavior is focus
 - They need to know the space is safe to tell you and if you rush to solutions, it's not
 - Unless you are hospitalizing them involuntarily, they will have to be part of the ownership for choices
- Therapy as a safe space: Attend to safety at the start and throughout
 - It is the unknown that contributes to the teen trauma mind state: chaos, feeling out of control, triggers survival stress response
 - Therapy should have few surprises
 - What will make this feel safe for you? Clear boundaries, reasonable structure, applying the brakes

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4. Attend to the Storyteller Not the Story

- Adolescent Clients are Suffering
- If you focus on what they say, you will miss what's most important
- They live in the details of their lives: Our curiosity gets us to the meaning: Why are they telling me this? What do they want me to know?
- Use your empathic superpowers to check in with what is beneath the silence, the smile, the bouncing knee: What does it feel like to sit here with them?
- Intersubjectivity is embodied: this is harder over Zoom
- There are a million stories out there: what am I attending to in this one? (hint, maybe not your paradigm or parents breathing down your neck?)

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5. Play with Ideas and Each Other

- Imagination and making meaning "It's all so meaningless, man."
- Metaphors and word play
- Parts and personas
- The Good Laugh: What are the ingredients?
- Not too old to play: Travel to the Marvel Universe
- Curiosity and delusional exploration: Show and Tell as intervention
- Playful exploration: Tell me more about how that's going to work
- How to survive a global pandemic: feeling of connection and belonging first
- Play for grounding, co-regulation, "putting on the brakes"

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Reflection 3

- Take one of these interventions (or come up with your own) to inform a discussion with your younger self
- What would you want to attend to, feel, say, to the kid who thought about the world in that delusional way?
- How would this conversation work with that "client?"
- What are your reflections on that experience now? (I hope more compassionate and understanding)

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Cases and Musings

- Your Cases
- Questions and Discussion

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