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My real home is inside

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Comments by Clinical Editor
Take a journey with the authors (supervisor and student) as they learn lessons of connecting with children from an expert—a child.

Fears and insecurities are common among beginning play therapists (Bernard, 2008). At the beginning of each semester, I ask practicum students to process “worries and wishes” they have for their semester with their clients, encouraging them to reframe their worries as opportunities to overcome challenges. I ask them to begin embracing these worries rather than resisting them, pointing out the support and safety that should characterize their individual and group supervision experiences (Crenshaw, 2008). I also remind them that it is better to have them occur as part of their learning experience rather than when they are practicing independently. It is interesting to me how given a safe environment, students are often able to
sense their growth areas (Bratton, Ceballos, & Sheely, 2008). Even more amazing is how the universe often serves up the very best learning experiences to address such challenges. I knew going into the semester that Paige was one of our most gifted graduate clinicians. What she and I both didn’t realize was that the thing she most feared ended up being one of the most powerful therapeutic experiences for her client.

**Paige and Sheila’s story**

As a graduate student in my first semester working with clients, I was formulating a list of worries before I even began. I would be working with highly disenfranchised clients while carrying a deficient toolbox (due to lack of real world experience). To add to these insecurities, my concerns were heightened by the fact that I am a very emotional individual. In most circumstances I feel that this is what helps me connect to others with ease as I am rarely, if ever, veiling who I am. However in my preconceived notions of what it would be like to counsel others, particularly children of trauma, I wondered if my sensitivity would be too permeable and that the grief of my clients would become mine. Upon reflection over my semester experience I believe that by using play therapy so consistently with clients it became an instinctual way to care for others and myself (Bratton, Ceballos, & Sheely, 2008). Without realizing it over the semester, I was applying the fundamentals of play therapy to my life. I began developing ways of coping with the demands of clinical work; often applying the same techniques in my life that I was using with my clients: such as the practice of presence, unconditional positive regard, and creating an arena for methods of boundless expression. I started working on how I could think about my clients in ways that would be helpful to them and me. I could mull over everything, all the traumas, and sit in guilt, or I could use this time creatively. So what I did was look at these children’s burdens as their strengths and to see the art and beauty in their defenses. I chose to treat myself with kindness by allowing for mistakes and messes, and most importantly to be creative with my expression. For me this meant formulating some imagery based on their play themes; I wrote poetry from their point of view. I also began to learn that what I thought would be my detriment ended up being my strength. My emotionality and vulnerability with clients transparently demonstrated how special they were to me. For clients who have been forgotten and obliterated by their original caregivers, their environment and personal defenses often keep a space (a large space) around them. When a present adult is transparent, it can become easier to enter that space, or better yet, create conditions that generate a desire in the client to close the gap until there is little to no space between remaining. This choice by the client can allow for closeness with those who have earned it. This was particularly important for a client named “Sheila.”

During my first week at my site, I met Sheila, an eight-year-old female in foster care. I found Sheila to be engaged and appropriately guarded. There was a clear sense of approval seeking from the client as we sat and talked not unlike most first meetings, but from Sheila I felt an additional hunger. She had a longing in her eyes that went deep. This was not lost on me for it demonstrated to me the weight of the work I would need to do with this client. Throughout our work together Sheila often referred to a desire to return to her “real home.” In my case conceptualization, I saw this as her theme. I wrote a poem from her point of view entitled “My Real Home is Inside”. Creating personal writings was my way of externalizing some of the difficult feelings that come along with working with traumatized children. It also helped me to conceptualize a treatment plan in that the client had a deep desire to return to a home that was real. She could not return to this literal home of origin which was abusive, but perhaps she could discover the essence of a home in another way. It struck me as I wrote her poem that her strength lies within her own ability to tell her story.

I dreaded termination with all my clients, but with Sheila I was especially hesitant because there were recent negative changes in her foster home. On my last day, Sheila arrived disheveled; she was really struggling. In reflecting upon what I felt an ending could be for her, I thought it would be therapeutic to have her do

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**My real home is inside**

*By “Sheila”*

My real home is not safe,  
yet it is the most real to me.  
They removed me  
Taken me nowhere  
Now here, I long for somewhere else.  
In the space between that place and where I want to be  
I write the words I need to write.  
What I write changes me  
My words transform into a map  
This map will guide me as I hunt for a home.  
I can find a place without danger,  
I can find a place worthy of me,  
I can write a new life.  
And there will be a day,  
A day when I will realize that my real home is inside.  
My real home is inside of me.
Creating personal writings was my way of externalizing some of the difficult feelings that come along with working with traumatized children.
Around the heart I drew rays of light radiating out and I explained that while I was so sad that this was our last day, I was so full of joy that I got to meet and be graced by her presence in my life. As I explained this to her, she began erasing the tears off the face she had drawn. We were able to end our last session on this awe-inspiring note. In retrospect, this ending modeled all that is required of a farewell: mourning and celebration. I’m so very proud of my client and the depths she reached; somehow she managed to demonstrate the depth of a much older human being.

While I was blown away by the work of my client, I was extremely concerned that I had broken some kind of cardinal counselor rule by showing such emotion during a session. Because of this and my impending vulnerability before my review I was very worried that others would see this as me making a grave error with this client. It was not until I saw the tears in my supervisor’s eyes as we reviewed this session that I realized how phenomenal it had been. What culminated with her was that I ultimately mourned the loss of her, which showed her how deeply she was valued. In modeling an appropriate and openly emotional farewell she observed someone who saw her worth. Maybe those glimmers of unconditional regard speak volumes because this is something that will reverberate within the client for years to come. When someone finally says to us “I see you, I believe you” we begin to feel more three-dimensional for our life is not an illusion or a mirage; it is being shared.

Perhaps we finally feel real when others see us in this manner and still choose to cherish us. Sheila’s concept of returning to her “real home” - though in her mind literally meant being with her biological mom - hits the target conceptually in that it speaks to all human beings’ quest to have safety, unconditional regard and worth. This had to be modeled in counseling for it never happened in her original home or foster homes. The care in counseling ideally starts a spark within the client to create an internal self-care, like a home from within. This gives some control back to the client. The “home inside” is theirs’, not to be disturbed or taken away. Sheila was so cherished in counseling that I believe this incited her drive to continue to express herself and to care for her real home inside.

**Epilogue**

During our last supervision session, Paige hesitantly played her last session with Sheila. She, indeed, was quite concerned about how she had managed her emotionality. As supervisors, we must assist our supervisees in managing the complicated, difficult emotions that arise during clinical work with children (Hansen & Dagirmanjian, 2008). While we normally caution students about the dangers of processing their emotions during client sessions, Paige’s tears were not about her issues. She had quite successfully worked through the challenges of termination with clients. These tears were courageous ones in that they demonstrated to this child that she was special and cared about. As Paige struggled with whether or not she should...
have let her tears show, my question to her was this: “How many people do you suppose have shed tears when Sheila had to leave?” This child had never experienced a “good” bye. In fact, she had been shuffled from home to home without anyone showing her that they cared much whether she was there or not. My tears communicated to Paige what a beautiful moment she had shared with this client and was an interesting parallel process to her transparency with Sheila (Hanson & Dagirmanjian, 2008). What Paige feared most was quite possibly the most healing aspect of her work with this phenomenal child. Her story is a powerful lesson for beginning play therapists: we need not dread our fears, but embrace them and await the tremendous life lessons we may learn. Paige’s work with Sheila is also a beautiful illustration of how play therapists can utilize the power of play in their own quest to manage the pain of clinical work with abused children, as well as how transparency can be transformative.

References


About the Authors
Paige Spangler, BFA, is a master’s candidate in Clinical Counseling wishing to aid other counselors with self-care techniques by using creative expression and play therapy. She has co-authored this article with her professor, Angela Yoder, PhD, HSPP, a licensed psychologist and assistant professor in the Department of Counseling & Student Development at Eastern Illinois University. She also teaches play therapy and has practiced it since 1994. amyoder@eiu.edu

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