



Ronald Mah, M.A., Ph.D.

Licensed Marriage & Family Therapist, MFC32136

Psychotherapy, Parent Education, Consulting & Staff Development

433 Estudillo Ave., #305, San Leandro, CA 94577-4915

(510) 614-5641 Office - (510) 889-6553 fax - E-mail: Ronald@RonaldMah.com - Web: www.RonaldMah.com

“Make Me An Offer, so I Can Spit On It!”

Problematic Adolescent Games and the Adults Who Get Played

Family therapy with teenagers often involves intervening in dysfunctional “games” between members. Dynamics have become habitual and problematic. Different teenagers present perceptual and behavioral patterns that can be confusing or seem illogical or immoral to adults. Games attempt to manage a hostile and disrespectful world. An initial game with an adult, including the therapist is to ascertain the adult’s degree of adolescent world sophistication. Adults who fail to recognize the principles and etiology of games end up being “played.” They are dismissed as ignorant or unsophisticated. By “playing” the games successfully, the therapist can validate the existential world of the teenager, thereby gaining credibility. The therapist then introduces alternative play that is cross-culturally competent in adult, academic, social, and economic worlds... and in the family. Playing “well” and then “differently” challenges and stretches dynamics. The therapist draws upon various theories to break patterns of problematic emotionality, cognition, and behavior. The following parent-teenager vignette demonstrates several games, their problematic nature, and therapeutic intervention.

Judy: Mom? Uh.... Can I go to a concert at the Arena with Barbara, Patti, and Janet on Saturday night? Barbara's mom said she'd driv. I have birthday money for my ticket. Everyone's parents already said they could go. I need to tell Barbara tomorrow so her Mom can buy the tickets. Can I go... please?.

Avril/Mom: It's Thursday...isn't it kinda late to get good seats?

Judy: No... it's stadium seating... we can sit anywhere or even move up during the concert. Can I go?

Avril/Mom: I don't know. Who's the band?

Judy: Uh... ummm... BDS...

Avril/Mom: Who's BDS? What's BDS stand for?

Judy: Uh... BloodyDeathSex...

Avril/Mom: What!?! Did you say BloodyDeathSex!!?

Avril told Judy she could make choices as she got older. She told Judy and the therapist she trusted her. But... **BloodyDeathSex!!?** 15 years old and a BloodyDeathSex concert! Avril wanted to respect Judy’s desire to be more independent. But, as Mom she was terrified! If she said no (this wasn't Sesame Street Live.... it was **Bloody... Death... Sex!**), Avril knew Judy would feel that she didn't trust her.

Judy: Don't you trust me?



Ronald Mah, M.A., Ph.D.

Licensed Marriage & Family Therapist, MFC32136

Psychotherapy, Parent Education, Consulting & Staff Development

433 Estudillo Ave., #305, San Leandro, CA 94577-4915

(510) 614-5641 Office - (510) 889-6553 fax - E-mail: Ronald@RonaldMah.com - Web: www.RonaldMah.com

Avril: *I trust you. It's everybody and everything else I don't trust!*

Judy: *You've been telling me I was responsible enough to make decisions. You're a hypocrite if you say "But. not **that** decision!"*

Avril had worked on being honest about her motivations, including her fears. Her parenting philosophy felt explaining things was respectful. Avril did not to be an authoritarian parent-setting boundaries without sensitivity to Judy's feelings, but authoritative- setting boundaries with sensitivity to feelings. Her parents had not involved her in decision-making. Her parents dictated "the child's life goals, limiting the self-expression of the child, determining the child's choice of friends, and usually preferring actions that were most convenient for the adult. The children were not able to express themselves, and instead submitted and felt helpless" (Pruitt, 2007, page 72). Therapy helped Avril realize her own adolescent defiance was reactive to her parents' rigidity and emotional dishonesty. They had claimed to trust her but scrutinized her every behavior. She did not want to repeat parenting mistakes that contributed to her self-destructive rebellion. Her willingness to be introspective and vulnerable enable her to interact cooperatively with Judy. "These are characteristics, perhaps, most closely related to how well the individual has processed and dealt with family-of-origin experiences" (Wampler et al., 2003, page 510). She had struggled in her personal therapy to deal with the numerous unhealthy rules and values- schemata that she had unknowingly acquired in her family (Dattilio, 2006). Avril's instinct was to deny Judy without explanation just like her parents. But she did not want to duplicate their mistakes. But, if she said yes, her daughter would be at a BloodyDeathSex concert! With three friends and 12,000 strangers! With stadium seating! Stadium seating is no assigned seating. Her child would be one among 12,000. Even if Avril wanted to find her, it would be like looking for a needle in a haystack.... a haystack of BloodyDeathSex fans... or fanatics!).

Avril/Mom: *I know you don't intend to do anything inappropriate.*

Judy: *Yeah, Mom... I'm going with Barbara, Patti, and Janet – they're more goodygoody than me! I won't... we wouldn't do anything stupid.*

Avril knew the girls for years. Therapy discussed the "social infection model" of adolescent behavior. Avril had projected her own adolescent craziness onto Judy. Avril recognized that she had sought edgier kids as a teen to rebel against her rigid family. If anything, she had been the instigator of most risky behavior. Judy had not been a defiant kid. However, Avril recently found herself trying to appease Judy to no avail. To some unreasonable demand, Avril would suggest one option after another that Judy would reject... often with disdain. Avril felt impotent as nothing she suggested would satisfy Judy. They both became frustrated and angry. The therapist recognized this game as "Make Me An Offer, so I Can Spit On It!" Individuals who learn that power and control comes from negativity will use negativity to entice offer after offer for them to turn down. The other person frantically struggles to come up with another offer the teenager for example, shoots down. Avril had told Judy that she wanted her to be a powerful independent young woman with accompanying responsibility. Instinctively and now with Judy's words, Avril felt saying no would imply would be inconsistent her prior statements, but letting



Ronald Mah, M.A., Ph.D.

Licensed Marriage & Family Therapist, MFC32136

Psychotherapy, Parent Education, Consulting & Staff Development

433 Estudillo Ave., #305, San Leandro, CA 94577-4915

(510) 614-5641 Office - (510) 889-6553 fax - E-mail: Ronald@RonaldMah.com - Web: www.RonaldMah.com

go was difficult. Her instinct was to suggest alternatives, but therapy had finally helped her recognize the futility of playing “Make Judy An Offer, so She Can Spit On It!” She desperately wanted to be able to say yes to her daughter. But... **BloodyDeathSex!**

The therapist briefly reviewed the difference between teenage Avril and teenage Judy... and Avril dealing with her rigid parents and Judy having Avril as a parent. The therapist takes a fairly active role foregoing neutrality. Therapeutic neutrality “refers to the attempt to appreciate that all points of view in a family discussion are valid within some particular context. A neutral therapist tries to withhold judgment, and instead arouse their own curiosity about what particular context would validated the things the family member is saying” (Campbell, 1999, page 78). Therapist neutrality may not always be possible and more importantly, not therapeutic. Therapeutic neutrality may imply the therapist gives permission for dysfunction or abuse to continue. Using strategic principles that interrupt dysfunctional hierarchies of behaviors, the therapist’s actions can prompt a potentially different cycle. Interventions may reveal secrets, remove permission, uncover passive-aggressive behavior, or empower someone to assert him/herself. The therapist overtly stated Avril’s implicit desire.

Therapist: *Avril, you have been telling Judy that you trust her. It’s clear you want to tell her “yes,” but can’t help being a worried mother. Right?*

With Avril’s confirmation, therapy shifted from a fruitless game of repetitious argument and emotional reactivity. The yes decision moves from being the end of the process to the beginning of another. The story starts to change. Campbell (1999) notes that narrative therapy says that people make autobiographical stories that include their problems or emotional or mental illness. The script maintains their lack of resources to handle and solve their problems. The self-narrative does not describe being able to function well in the system- the family-of-origin originally and now for Avril with Judy. Finding the story is essential to trying to change the story, including writing ones own chapters. “The task of the therapist is to seek out small examples of these hidden resources and to build on them. This can be achieved by understanding the process by which these resources have been subjugated by various events and relationships, and then gradually building an alternative narrative containing the new resources... Small efforts... facilitate the process of an individual creating a new narrative for themselves”. (Campbell, 1999, page 79-80).

Therapist: *Avril, you want to be able to say “Yes, you can go...” and Judy, you want to hear “Yes, you can go.” That’s set. Now, how do you two make it so that Mom can say “Yes?” Judy?*

Judy: *Just say “Yes.”*

Therapist: *Your Mom can’t just say “Yes.” She needs motivation to say “Yes, I will let my daughter who I love more than anything ... who I trust...is responsible... let her go to a BloodyDeathSex concert even though that scares the hell out of me!” Judy, make your Mom an offer she can’t refuse. Avril, you want an offer from Judy?*

Avril/Mom: *Yeah. Help me out here, Judy. I know that you really want to go. I also trust*



Ronald Mah, M.A., Ph.D.

Licensed Marriage & Family Therapist, MFC32136

Psychotherapy, Parent Education, Consulting & Staff Development

433 Estudillo Ave., #305, San Leandro, CA 94577-4915

(510) 614-5641 Office - (510) 889-6553 fax - E-mail: Ronald@RonaldMah.com - Web: www.RonaldMah.com

you and your friends. I've raised you to make good choices. So, the answer is "Yes." But, I worried.

Judy: *Oh Mom, you don't need to worry about me.*

Avril/Mom: *I can't help it.*

Judy (impatiently): *That's your problem. Just don't worry. (to the therapist) Why do I have to make her an offer because she worries?*

Therapist: *Well, you don't have to. You don't have to go to the concert. But your Mom is willing to let you go if you can come up with something. If you can't... or won't come up with something, then I guess you're not going. Right, Mom?*

Indecision often gets parents, children, and the family stuck in ambiguity. The ambiguity creates anxiety and leaves everyone in action or relationship purgatory. In addition, an oppositional child often experiences the lack of a definitive decision is often experienced as a pyrrhic victory. When the child insists on an impossible option, the resultant non-decision or ambiguity passively-aggressively controls the adult through aggravation. Setting up a default consequence or decision helps avoid or retracts oneself from this dilemma. With a default to be applied or exercised if some other reasonable decision is not reached, ambiguity and passive-aggressive illusion of power and control are removed. The therapist removed ambiguity as an option. The default is Judy will not get to go to the concert if she chooses not to participate. The default gives Judy motivation to try problem solving. This approach draws inspiration from strategic family therapy. Cycles of parent-child-parent-child anger, obstinate resistance, withdrawal, and the like get broken. There is a significant paradigm shift- a first-order change to second-order change (Lyddon, 1990) from the parent trying to satisfy the child to the child trying to satisfy the parent. "First order change is change that is considered within the values, rules, or expectations that are currently or traditionally held. First-order change according to 'Watzlawick, Weakland, & Fisch (1974) ...involves a variation that occurs within a given system which itself remains unchanged.'" Second-order change, on the other hand, "...involves a variation whose occurrence changes the system itself... it is change of change... it is always in the nature of a discontinuity or logical jump" (Levy, 1986, page 9). First order change involves small improvements and adjustments that do not alter the fundamental core of system, while second order change alters the fundamental structure. Avril and Judy shifting what they argue about is first order change. The paradigm shift eliminates Judy trying to change Avril's decision. Instead, everything resets with Judy getting her desired decision, but now needing to make it workable for Avril. The therapist supports Avril that she is being reasonable. She reiterates that she is willing to let Judy go pending a reasonable offer.

Judy: *Just don't worry... Why can't you just chill?*

Therapist: *There's an answer to that. Why can't your Mom just chill? Because she is your MOM! That's what moms do... they can't help it... they worry! It's part of the Mom contract... worrying about the kid! Avril, is it possible for you NOT to be the Mom? Not to*



Ronald Mah, M.A., Ph.D.

Licensed Marriage & Family Therapist, MFC32136

Psychotherapy, Parent Education, Consulting & Staff Development

433 Estudillo Ave., #305, San Leandro, CA 94577-4915

(510) 614-5641 Office - (510) 889-6553 fax - E-mail: Ronald@RonaldMah.com - Web: www.RonaldMah.com

worry?

This borrows from structural family therapy. Structural family therapy emphasizes appropriate roles and boundaries among family members. The term structure refers to the “organizational characteristics of the family at any point in time, the family subsystems, and the overt and covert rules that are said to influence interpersonal choices and behaviors in the family” (Vetere, 2001, page 133-34). The therapist must be aware of taking sides, and must offer support at times when being confrontational. This emphasizes that the therapeutic relationship as a vehicle for therapeutic change (page 135). Taking an authoritative position in the family system, the therapist is reminding them that Avril as the Mom has important role responsibilities and experiences. The therapist does not care if Judy goes to the BloodyDeathSex or a Sesame Street Live concert. The therapist supports Avril asserting her healthy functional role as the mother. Considering children’s (including teenager’s) activities for developmental appropriateness and safety are key responsibilities of that role. Worrying is not just Avril’s right as a mother, but her responsibility. The therapist gets Judy to begrudgingly admit that Avril cannot help but be a Mom... and she likes and needs her to a Mom... sometimes. The therapist prompts Avril to assert her role as Mom. However, this is not just about Avril being the Mom, it is also about Judy being a teenager- an important role that needs to be validated. Eventually, Avril is able to express their roles more clearly and confidently.

Avril: Even though I’m scared, I’m trying to let you be the teenager you need to be by being willing to let you go. But don’t tell me not to be the mother that I am! Being Mom means that I care for and love you.... And worry about you. Don’t tell me that I can’t be the mother that I am, especially when I’m trying to let you be the teenager that you are!”

Judy was quite shocked initially. With more processing about being a teenager, becoming independent, and the role she wanted and needed her mother to play, she felt more understood. After asserting the Mom role and teenager role, the therapist points out their inter-relationship.

Therapist: Judy, being allowed to be who you need to be as a teenager, also means allowing your mother to be who she needs to be. Asserting power and control also means giving appropriate power and control. Reciprocal social responsibility -- what an amazing concept! This is what you’re experiencing going from a teenager to an adult. So, since Mom already agreed, you can go.... if you make her an offer, so that she feels comfortable enough to let you go. By the way, Avril, there’s nothing that Judy can say or do so you won’t worry. So, the goal is to be reassured enough so that you won’t worry too too much. Got it, Judy? Make her an offer that will reduce... not eliminate her worrying.

The therapist has shifted the paradigm once again. The impossibility of Avril as a Mom being reassured so that she will not worry has been established. Judy instinctively knew that if she had to eliminate her mother’s anxiety, she was doomed. The therapist had reframed or adjusted Avril’s request to something doable and reasonable. Despite feeling hopeful, Judy was still perplexed. She was used to a negativity game and getting Avril to make offers until she was satisfied. Now, she had to come up with an offer. She tried to avoid this huge change in their dynamics, by baiting Avril to resume their familiar hierarchy of interactions.



Ronald Mah, M.A., Ph.D.

Licensed Marriage & Family Therapist, MFC32136

Psychotherapy, Parent Education, Consulting & Staff Development

433 Estudillo Ave., #305, San Leandro, CA 94577-4915

(510) 614-5641 Office - (510) 889-6553 fax - E-mail: Ronald@RonaldMah.com - Web: www.RonaldMah.com

Judy: *Why should I have to satisfy you?*

Avril/Mom: (remembering the default) *You don't have to. If you don't want to, then the answer changes to "no." If you can't come up with something, you can't go. If you can, then you can.*

Avril needed to be very clear that she was willing to let Judy go or not go. Many parents sabotage this by protecting the child from a bad choice and suffering a "bad" consequence. Children learn parents can be gamed to give in by threatening to choose to suffer. Faced with her mother's firm stance, Judy began to make offers. Many children and teenagers however are very experienced and expert at being negative but had little practice offering something affirmative. Judy's first attempts are actually negative offers.

Judy: *If you let me go, I won't nag you anymore... I'll stop fighting with my little brother...*

Being negative, intimating that she would become negative, offering to stop being negative was a game Judy knew. The therapist should interject that not doing something negative was not a positive offer. Avril asked for something that helped with her worrying, turning down Judy's offers to negate negativity.

Judy; (impatiently) *But why not?*

Judy again tried inviting Avril into another argument that would futilely replicate hundreds of previous arguments. Before Avril could get drawn into the justifying game, the therapist prompted her that she did not need to justify herself... that her feelings (worry and anxiety) existed, or were not soothed. Avril relaxed, realizing no need to justify her role and responsibility as a Mom.

Avril: (calmly) *No, that doesn't work for me. Make me another offer.*

This really threw Judy off. Sucking her mother into arguing she knew, negotiating and making offers was different.

Judy: *Okay, I promise to be good... to stay in one place... not to drink or do drugs...to stay with my friends. How's that?*

Kids often (adults too) promise anything to get what they want. Also, the promise game is not a tangible offer. Especially, as the therapist pointed out if the promise is to do what is supposed to be done anyway. Avril said she still would worry. Judy then played the outraged-hurt-betrayed trust card,

Judy: *You saying you don't trust me!?*

This accusation is a trap game. It implies that Avril not trusting her daughter was the ultimate



Ronald Mah, M.A., Ph.D.

Licensed Marriage & Family Therapist, MFC32136

Psychotherapy, Parent Education, Consulting & Staff Development

433 Estudillo Ave., #305, San Leandro, CA 94577-4915

(510) 614-5641 Office - (510) 889-6553 fax - E-mail: Ronald@RonaldMah.com - Web: www.RonaldMah.com

betrayal. And therefore, to avoid this betrayal, Avril would have to let her go. However, Avril had seen this trap before and had processed it in therapy. Avril was prepared this time and reasserted her boundaries.

Avril: I already said that I trusted you. It is everybody and everything else that I don't trust. Besides, I asked you to make me an offer so that I don't have to worry as much. Make an offer.

Judy took several attempts to find something that worked for Mom. The power dynamic had been shifted significantly. More importantly, Judy gained power and control through an affirmative rather than negative process. Avril as Mom held the principles, and after quite a bit of discussion, Judy finally came up with an offer that Avril could accept and live with. Four prearranged times during the concert, Judy would call to let her mother know that she was safe. Avril was allowed to be a worrying mother and Judy was allowed to be an independent teenage daughter. True power and control was obtained not through negativity but through creative mutually respectful affirmative strategies.

Boundaries vary from family to family. Some parents feel that 15 is too young to go to a concert (especially a BloodyDeathSex concert!) regardless. The therapist distinguishes problem-solving situations from important underlying principles. Learning that power and control should be gained with responsibility to others' needs is critical to healthy development. Structural and strategic principles along with communications and psychoeducation interventions are often required to break dysfunctional patterns among parents and children, especially teenagers. Parents, who continually restrict and restrain their children, take away developmental experiences of power and control, leading to rebellion and defiance. When children are respected and given choices, they are more willing to accept boundaries. The therapist needs to be aware of family-of-origin dynamics as well as multi-cultural models around power, control, roles, and responsibilities to navigate family therapy with teenagers. There are games that the teenagers develop with parents and other adults that the therapist must play yet not be played. As a new adult to the teenager and potential ally, interpreter, and interventionist for both parents and teenagers, the therapist can reset the games towards greater functionality. The conceptualization of interactions and dynamics as games may be useful in approaching child and adolescence therapy individually and in families. The therapist should bear in mind, however that these are very serious games with intrapsychic, interpersonal, and long-term social consequences.



Ronald Mah, M.A., Ph.D.

Licensed Marriage & Family Therapist, MFC32136

Psychotherapy, Parent Education, Consulting & Staff Development

433 Estudillo Ave., #305, San Leandro, CA 94577-4915

(510) 614-5641 Office - (510) 889-6553 fax - E-mail: Ronald@RonaldMah.com - Web: www.RonaldMah.com

References

Dattilio, Frank M. (2006), Restructuring Schemata From Family of Origin in Couple Therapy, *Journal of Cognitive Psychotherapy: An International Quarterly, Volume 20, Number 4*.

Levy, Amir (Summer 1986), Second-Order Planned Change: Definition and Conceptualization, *Organizational Dynamics, Vol. 15 Issue 1*, p5-23.

Lyddon, William J. (Nov./Dec. 1990), First- and Second-Order Change: Implications for Rationalist and Constructivist Cognitive Therapies, *Journal of Counseling Development, Vol. 69*.

Pruitt, Irene T. Paz (2007), Family Treatment Approaches for Depression in Adolescent Males, *The American Journal of Family Therapy, 35:69-81*.

Vetere, Arlene, Structural Family Therapy (2001), *Child Psychology & Psychiatry Review, Vol. 6, No. 3*.

Wampler, Karen; Shi, Lin; Nelson, Briana S., & Kimball, Thomas G. (2003), The Adult Attachment Interview and Observed Couple Interaction: Implications for an Intergenerational Perspective on Couple Therapy, *Family Process, Vol. 42*.

Biography

Ronald Mah, therapist and educator, combines concepts, principles, and philosophy with practical techniques and guidelines for effective and productive results. He uses humor and stories from his many experiences to illustrate important points in a stimulating and highly motivating and engaging style.

A Licensed Marriage & Family Therapist, his experiences include: Asian-American community mental health, Severely Emotionally Disturbed mental health & school partnership programs, vocational programs for at risk youth, welfare to work programs, clinical consulting & cross and multi-cultural training for Head Start, other early childhood education programs, social services organizations, & mental health agencies, supervising a high school mental health clinic, training and supervising therapists, private practice in Castro Valley, author of the Asian Pacific Islander Parent Education Support curriculum.

Professional Education experiences include: 16 years in ECE, including owning and running a child development center for 11 years, Kindergarten, elementary, & secondary teaching credentials and experience, ethnic studies curriculum writer, community college instructor, Masters of Psychology instructor, and former member Board of Directors of the California Kindergarten Association and of the California Association of Marriage & Family Therapists.