

**POSITION PAPER**

# Principles for humanistic responsiveness to children and adolescents coping with the pandemic

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**Abstract**

Pandemic stress can be a dehumanizing experience, especially for children and adolescents, and can be described in terms of the research paradigm of chronic variable stress (CVS). Humanistic counseling speaks to this particular kind of stress. This article presents eight principles for humanistic responsiveness for working with children and adolescents.

**KEYWORDS**

humanism, COVID-19, pandemic, stress, child and adolescent

## PRINCIPLES FOR POSTPANDEMIC HUMANISTIC RESPONSIVENESS TO CHILDREN AND ADOLESCENTS

The early effects of COVID-19 on the physical, mental, social, financial, and vocational health of millions around the world is well documented (Brooks et al., 2020; Sauer et al., 2020) but the impact continues to unfold. Many adults have lost their employment and livelihood, while others face the specters of lay-offs and reduced work (Pfefferbaum & North, 2020). High school students are delaying college, while those who do attend face a campus environment very different from their predecessors; new graduates enter a workplace fraught with uncertainty—that is, if they can find a workplace (Haleem et al., 2020). Displaced and unplaced workers must find an alternative to their daily routine; many spend their time at home, social distancing, and waiting to see if their government or the scientific community can intervene (Dubey et al., 2020). Others have managed their stress and disbelief through unbelief—choosing to deny that COVID-19 is any more dangerous than the flu (Rutjens et al., 2021). Those most vulnerable to the negative effects are those with lower socioeconomic status, less education, un- and underemployment, and prepandemic mental health issues (Xiong et al., 2020).

Families, including children and adolescents, have been deeply affected by the COVID-19 pandemic (Phelps & Sperry, 2020). The pandemic has brought with it school closures, limitations to academic access and development, and restricted social engagement and development. It has also blocked access to school-based mental health services, as well as other health services like food, nurse access, and opportunities to discern and report signs of child abuse, neglect, and maltreatment (Loades et al., 2020). Social and financial issues—un- and underemployment, family stress, parental

distress, housing and food insecurity, potential for increases in family tension—can culminate in domestic violence, neglect, abuse, and substance misuse (Tang et al., 2021).

The neurobiology of chronic variable stress (CVS, Abdallah et al., 2019; Cordner & Tamashiro, 2016) offers a grounded, humanistic explanation for why COVID-19 hurts in the ways it does—especially children and adolescents (Arnsten et al., 2015; Luke, 2019; Luke, 2020; Miller & Dillman-Taylor, 2016). CVS is stress that is recurrent, unpredictable, and unavoidable, physical, emotional, and social. This stress aggravates any preexisting concerns. Children and adolescents living in these conditions can experience even positive stress as intolerable. Taken together—positive, tolerable, and toxic stress (McEwen, 2017) have accumulated over the course of the pandemic, as its recurrent, unpredictable, and unavoidable nature creates incongruence between expectations and reality (Shonkoff et al., 2012). CVS dampens spirits and darkens moods, leaving many confused about how to connect.

The purpose of this conceptual manuscript is to (a) discuss relevant research on the relational dimensions of CVS; (b) describe the implications of CVS on child and adolescent wellbeing; and (c) postulate eight humanistic principles for supporting children and adolescents in the midst and aftermath of the pandemic. This manuscript guides readers through examples of CVS, what this may mean for humanistic counseling, and techniques for ameliorating the very difficult effects of the pandemic. The manuscript also describes humanistic interventions which can address the six dimensions of CVS in responding to children and adolescents. Case examples will be used in order to make this clear and concrete for readers.

## STRESS

Rather than attempt to summarize the vast and varied literature on stress, what is offered is a framework for understanding COVID-19 pandemic-related stress that leads us to humanistic responsiveness toward children and adolescents. Stress is both an external phenomenon and an internal phenomenon (Garrett, 2011). While the external circumstances of stress illustrate similarities across people, individual differences affect perception of stress and its complications (McEwen, 2012). Not everyone who experiences a stressful event will have the same internal experience; the difference is in phenomenology, which is a product of history, physiology, and perception (see Selye, 1956).

Vulnerability and responses to stress result from the interaction between a person's internal and external milieu (see Teicher et al., 2016). Luke and Schimmel (2022) use the analogy of a mosquito bite to convey an understanding of the experience of stress with children and adolescents. For many people, mosquitoes represent a backyard nuisance, buzzing and biting. Bites from these pernicious insects produce a physiological response that can lead to swelling, itching, burning, and redness. In many cases, the body's natural defenses fight off the effects of siphoning of blood by this invader. For some individuals sensitive to mosquito bites, the welt is slow to recede, and the bite turns into a sore from scratching. For others, they can feel like a mosquito magnet, receiving a large number of bites in a short period of time. In other cases, the mosquito carries a disease like Malaria or Lyme's disease, which can infect the host and lead to illness and even death.

Stress can be likened to mosquito bites, with internal and external components inducing an individual reaction. Mosquitoes, as an environmental factor, are difficult to control—their bite is often recurrent, unpredictable, and unavoidable. Internally, individuals experience variable psychological and physiological responses. Some people hardly notice the insects and their bites, or when they do, a moment of scratching resolves it; others have such a strong physical reaction that they limit their outdoor activities. The interaction between the external and internal milieus of an individual can have widely varied effects on their health and sense of wellbeing, which brings us to the specific challenges associated with pandemic stress as a type of CVS (Singh-Taylor et al., 2015; Taylor et al., 2014).

## Chronic variable stress

One way to better understand the effects of disasters like the COVID-19 pandemic is indicated further as CVS. CVS is a condition born from situations like pandemics and can impact children, adolescents, and their families in very specific ways—ways of which counselors must be aware (Alvarez et al., 2003). CVS is “recurrent physical, psychological and social stress that is unpredictable and unavoidable” (Cordner & Tamashiro, 2016, p. e855). Brain-based explorations of stress have led to more clearly defined conceptualizations of stress and allow researchers to determine the location and effects of CVS. This is important given the colloquial uses of stress in everyday speech (e.g., “I’m so stressed out!” versus the clinical presentations of stress). CVS represents a paradigm for studying the effects of stress, particularly in the lab with mice, and is used to simulate the neurobiological effects of chronic stress in humans (Herman et al., 1995).

The COVID-19 pandemic checks all the CVS boxes and has led to many mental health, social, and education-related difficulties (Haleem et al., 2020). The CVS pattern of recurrent, unpredictable, and unavoidable stressors induces flooding of cortisol into the subcortical areas of the brain, namely the limbic region (Wadsworth, 2015), which activates the fight/flight/freeze/faint response (Siegel, 2020). Over time, the corticosteroid surfeit affects short-term memory and goal-directed behavior by altering regions of the brain responsible for each (McEwen, 2007, 2012); child and adolescent nervous systems are particularly affected (Siegel, 2020).

The experience of CVS that is clear in the COVID-19 pandemic involves a wearing away of connection, creativity, and coping by blunting goal-directed behaviors (Cordner & Tamashiro, 2016). For example, deaths, job loss, homelessness, degraded health, and social isolation are all effects of COVID-19 (Ellis et al., 2020). Individuals seeking counseling for “stress” in the context or aftermath of the pandemic, tend to be exhausted and exasperated. Understanding these deleterious effects of CVS can support counselor empathy by recognizing that humans look and behave differently during pandemic stress (Luke, 2020). This is true for parents and caregivers, as well as for children and adolescents who are dealing with their own stress response in addition to those of their caregivers.

The unprecedented times in which counselors work call for unprecedented levels of awareness and innovation. Counselors may experience clients dealing with CVS in unexpected ways and would benefit from specific strategies to overcome these unique barriers. These times can also provide direction on the importance of humanistically informed responsiveness to the implications of CVS on wellbeing, along with innovative practices to support younger clients and their family systems through these difficult times (Singh-Taylor et al., 2015). In order to bridge the previous discussion of the deleterious effects of pandemic stress with the principles of humanistic responsiveness to children and adolescents, eight principles are offered. A summary of the eight principles and their application to these two clients is found in Table 1.

## EIGHT PRINCIPLES FOR HUMANISTIC RESPONSIVENESS AND THEIR IMPLICATIONS FOR PRACTICE

The principles described highlight the interactional nature of human functioning and give primacy to the foundational role of relationships in the human experience (Wampold & Imel, 2015). They elevate relationship past the assumption that relationship is the vehicle used to deliver interventions. Rather the relationship is the intervention (Rogers, 1942), underscoring how humanistic, relationship-focused responses can provide an opportunity for rehumanization and connection.

In order to understand and apply these principles, two very brief vignettes are offered. A few provisos regarding case material are needed to better understand their use in this context. First, many cultural and demographic markers have been intentionally omitted, including pseudonyms, for the purpose of limiting unintentional stereotyping and objectification of individuals. Instead, readers are

TABLE 1 Humanistic principles, applications, and implications

Humanistic principle	Applied to children and adolescents	Implications during a pandemic
Empathy and phenomenology	Children and adolescents speak their own language, so #learnthelanguage,	Listen for what they say, can't say, or won't say about their struggles during the pandemic
Authenticity	Children and adolescents are fully human and deserve the same dignity as adults	Talk with them about your fears and concerns, along with theirs, in a developmentally appropriate way
Developmental	Children and adolescents are not miniature adults	View them through strengths-based lens, not a deficit perspective
Relationships	Child brain development is dependent on and occurs in the context of relationship	Offer a space to think, feel, act, and relate in ways that work for them, at times loaning them your capacity for self-regulation
Self-Actualizing Tendency	Children and adolescents are malleable, but resilience must be learned	Ask what it would mean to support their growth in these trying times using creativity, spontaneity, and experiential activities
Developmental Humanism (DeRobertis)	Children and adolescents are oriented to learn and grow when allowed	Identify the barriers to growth during the pandemic and work to eliminate barriers rather than creating artificial learning activities
Unconditional Positive Regard	Children and adolescents are often the identified client for a troubled system	Work to remove conditions of worth by recognizing patterns of blaming the child or adolescent for difficulties in the family system and displacement of pandemic stress onto them
Here and Now, self-discovery	Play Not "play fighting" but "rough and tumble play"	Play every chance you get! Play as enacting the "self-actualizing tendency" (Ray, 2019)

free to add their own layers of diversity onto the cases and imagine the nuances and implications of intersectionality. For example, the emphasis of the case material is on understanding the impacts and implications of pandemic stress on members of the culture of childhood and adolescence. A second proviso is that case material is an amalgam of clients from decades of clinical practice, making for hypothetical clients. Third, any case material is a time stamp of experience that is necessarily static in nature and is therefore limited in its broader application. Lastly, case material is further limited in that it can only cover a small number of permutations of client characteristics and experiences and should be approached with an openness to the requisite narrowness of its applicability. That said, case material can provide flesh and blood to principles for practice. Each principle outlined in what follows will conclude with a brief applied description. Two case examples are used intermittently to demonstrate the principle, but both are not used in each principle, for the sake of space.

Client A is a 10-year-old who entered a foster home just weeks prior to the start of the pandemic and subsequent quarantine. The client was removed from their family of origin due to neglect and witnessing domestic violence. They were placed in a home where two older biological children live with the foster parent. While the home and foster family is supportive, Client A finds that the adjustment to foster care and distance learning is difficult. Their response to the new roles and rules includes withdrawal, tearfulness, and academic difficulties (they were already a grade level behind in reading and writing).

Client B turned 16 years old 6 months into the pandemic and was about to get their learner's permit. Their parents have both been unemployed since the beginning of the pandemic and have struggled to make ends meet. Tensions are high in the home, as their parents and three siblings struggle to cope with living in an apartment on limited unemployment income. Client B has begun to express their frustration by lashing out verbally, slamming doors, and generally resisting direction or redirection.

## Principle 1: Empathy and phenomenology

Learning the language children and adolescents use helps communicate understanding of their own language and is crucial for rapport building (Luke & Schimmel, 2022). Children and adolescents represent a kind of protoculture of humanity (Byrd & Luke, 2021), yet their identity and proximity to their family of origin may make observing this challenging. Being able to both experience empathy and express it are foundational principles of humanistic counseling (Luke et al., 2019; Rogers, 1957). This means seeking an understanding of an individual's experience is only half of the equation. The language children and adolescents use to describe their experience often needs to be translated, not interpreted, into adult hearing, since adults have left behind the culture of childhood. Interpretation carries the risk of imposing adult meaning rather than listening for meaning. Children and adolescents speak their own language, so #learnthelanguage.

### Recommendation

*Listen for what a child or adolescent has to say, cannot say, or would not say about their struggles during the pandemic*

Empathy for children and adolescents begins with appreciation of and respect for their lived experience, their phenomenology as a separate, fully formed human. Counselors do this for their young clients, even as they model for parents and caregivers how to offer this gift of empathic listening as the child or adolescent struggles to make meaning of the pandemic (Zyromski et al., 2018). Client A, for instance, might use silence to communicate their distress over their situation. In addition, their behavioral withdrawal may communicate their isolation, such that it is an effect of stress, not the cause, as some might be inclined to interpret it (Luke & Schimmel, 2022). Humanistic responsiveness accepts silence and withdrawal as natural responses to pandemic stress (i.e., CVS), wherein Client A is experiencing positive (new, safe home), tolerable (living situation transition), and toxic (family estrangement, pandemic) stress. These behaviors (silence and withdrawal) are clear communication of a felt need and require the caregivers to accept these as the child's language of distress. Doing so allows the caregiver to be accepting of the child behind the behavior, while engaging them in ways that invite alternatives (Rogers, 1957). For Client B, the language of CVS is also behavioral, but instead of turning inward, they turn outward, through demonstrable opposition. It is these "acting outward" behaviors that can make humanistic responsiveness particularly challenging, as they occlude the view of human distress underlying them. Rather than fixating on the outward expressions of distress, caregivers must respond to the person behind the behaviors (Rogers, 1961), and reach out past the irritability-based gestures, to make contact. In other words, the question becomes how the counselor or caregiver can translate the language of the adolescent into adult language, and then translate adult language back to adolescent language for the sake of connection. That translation back might appear as, "I feel that your body and behaviors are trying to tell me about your stress. I'd like to understand that better."

## Principle 2: Authenticity

Child development is dependent on and occurs in the context of relationship. Principle two flows from principle one, as empathic responsiveness is foundational for healing relationships. The power of the relationship in counseling cannot be stated too forcefully, and humanistic therapies have long espoused the healing power of relationship, viewing it as not only necessary, but a sufficient context for change and adaptation to stress (Buber, 1970; Cooper & Joseph, 2016; Rogers, 1957). As we will see in other principles, too often the adult-child relationship more closely resembles the objectification of the child (Ray, 2019), despite the power of an empathy-based relationship between counselors and

children supporting the development of children into fully functioning individuals (DeRobertis & McIntyre, 2016). This relationship becomes the anchor from which credibility grows, leading to the child's belief that this stressful global life event will improve, and they will be okay.

## Recommendation

*Talk with them about your fears and concerns, along with theirs, in a developmentally appropriate way*

Authenticity, congruence, genuineness—whatever the term used—counselors can assist parents and caregivers in putting words and actions into alignment with feelings by modeling this with their clients (Dunne & Askew, 2018; Tang et al., 2021). Children and adolescents are very perceptive of the emotions of those around them, even when the vocabulary is different. Concealing feelings results in children and adolescents filling in the gaps for themselves, often with erroneous results, and frequently owning some degree of responsibility for those unnamed feelings (Ray, 2019).

For both Client A and Client B, their experience of pandemic stress, amid their cultural experience of growth and development (DeRobertis & Bland, 2020), in addition to lived events (e.g., tolerable and toxic stress) can be mystifying and unsettling; in essence, they experience stress about their stress. It is in these times that counselors and caregivers can truly make contact through developmentally and relationally appropriate self-disclosure. From the perspective of a child or adolescent who, by definition, has less life experience (in terms of time) than adults, counselors and caregivers can appear to have it all together during the pandemic. Alternatively, caregivers who are not adjusting in healthy ways, may lead to behaviors that children and adolescents internalize responsibility for (e.g., “if I acted better they wouldn't be so stressed”). Humanistic responsiveness emphasizes the human behind the role leading to connective statements like, “This pandemic stress is really affecting me and causing me to be irritable. If it's like this for me, I wonder how it is for you.”

## Principle 3: Developmental

Children and adolescents are not miniature adults. Children and adolescents are fully human and deserve the same dignity as adults. Ray (2019) expresses this principle by describing the need for counselors to be open to being affected by their young clients, “The idea that a child would have the potential to touch and change the life of a counselor can be disconcerting for counselors who hold traditional views that children are in need of being impacted by adults, yet adults are not susceptible to the same process” (p. 79). This view confronts an existential dynamic that children and adolescents are actors, agents in their own life, not merely reactants to adult imprinting. In a pandemic stress context, this means hearing and learning from children's experiences of stress and responding to their experience as that of a fully formed human. It means eschewing the invalidating tendency to reduce their lived experience to one of dismissal as not being able to understand the adult implications of the pandemic.

## Recommendation

*View children and adolescents through a strengths-based lens, not a deficit perspective*

Pandemic stress, as we have seen, affects everyone differently, resulting in variability in expression of emotion. This is clear in children and adolescents' responses: Client A turns inward and isolates while Client B turns outward. It is an important facet of humanistic responsiveness that children and adolescents, just like adults, deserve the right and dignity of self-expression as they grapple with ways to adapt. Both of our sample clients are doing the best they can to live through their

experience, albeit imperfectly. Unfortunately, adults can invoke a double standard in which they, the adults, are allowed more freedom of expression than the children or adolescents. Principle three is a reminder to caregivers and counselors (who may be asked to treat the identified client) that children and adolescents deserve the dignity of their responses, even when they may be perceived as “disrespectful.” As a standard caveat to this principle, it is not an endorsement of inappropriate behavior; it is seeing past the behavior to reach the fully formed human underneath. For example, a counselor might model the following statement to caregivers about the child’s behavior, “While I would rather hear from your words and not your behavior, I can ‘hear’ that you’re having a hard time and it’s important that you get to express that.”

## **Principle 4: Relationships**

Child brain development is dependent on and occurs in the context of relationship. While it is certainly true that children and adolescents are worthy of the dignity afforded adults, they are not scaled down versions of adults. At the same time, it is imperative for humanistic responsiveness that children and adolescents’ capabilities cease to be framed as deficiencies. The deficit model of child and adolescent frames development in terms of what they cannot do instead of what they can. This view arises from the view that children are underdeveloped adults. For instance, children’s ability to adapt to stressors have been described in terms of brains that have not developed the prefrontal structures needed to calm themselves or to make rational decisions. In contrast, humanistic responsiveness to children and adolescents during pandemic stress views them in terms of capabilities and capacities, as with creativity, energy, unselfconsciousness, play, etc., while providing the needed regulation.

## **Recommendation**

Offer a space to think, feel, act, and relate in ways that work for them, at times loaning them your capacity for self-regulation. Development surely occurs in the context of relationship as researchers from Bowlby (1988) and Ainsworth et al. (1978) to Schore (2005) and Siegel (2006) have demonstrated. The relationship provides a safe context for the child or adolescent to experience and express a host of feelings, thoughts, behaviors, and patterns of relating. And, when their exploration begins to overwhelm, or when outside forces impinge on their freedom to explore, they can retreat into the safety of the healthful relationship. It is there that their nervous system can, quite literally, borrow regulation from the therapist or caregiver (Palumbo et al., 2017).

In working with Client A, a counselor using humanistic responsiveness will recognize the language (Principle 1), relationship factor (Principle 2), and inherent dignity (Principle 3) they possess, while also allowing for freedom of expression that is consistent with the culture of childhood. It is critical to note that rather than saying to themselves, “Client A does not have the capacity to regulate their emotions like an adult so it’s okay for them to act this way,” instead, they frame the response to pandemic and toxic stress as a cultural expression that may be different from the adult culture. In this way, Client A is not viewed as a deficient adult (i.e., “they can’t”), but is viewed as a competent, complete person in the culture of childhood. Counselors might say to caregivers and clients, “There has been a lot of focus on what has not been working, which is what brought you here, but I see some real strengths in (client) and the family. I wonder if you can spot them as well.”

## **Principle 5: Self-actualizing tendency**

Children and adolescents are malleable, but resilience must be learned. The jury remains out as to whether it is more accurate and therefore helpful to think of children as malleable (Perry et al.,

1995) or resilient (Landreth, 2012). Malleable is a bit of a default stance as children and adolescents occupy a minority role in their functional and relational systems, necessitating acquiescence to their environments. A more neutral term might be adaptability, as it indicates that children and adolescents are capable of—must conform to—their circumstances, yet this is not always in the direction of resilience. Research on adverse childhood experiences (ACEs) has demonstrated that children adapt to their environmental stressors, but likely push the consequences of these experiences into adolescence and adulthood in the form of emotional, behavioral, and vocational issues (Felitti et al., 2019). The hope is in the fact that the brain and nervous system of children and adolescents tend to be highly responsive to relationship, which leads to neural adaptation from supportive behaviors and cognitions (Rodman et al., 2019). In this way, the adaptability of children and adolescents can in fact lead to creativity and resilience even in the face of pandemic (Luke & Schimmel, 2022; Ray, 2019). One caveat in considering resilience in children is the potential for a *laissez faire* attitude toward childhood stress and distress; in this way, resilience must be understood in light of the previous four principles.

## Recommendation

Ask what it would mean to support their growth in these trying times using creativity, spontaneity, and experiential activities. It can be beneficial for counselors to focus on building a positive relationship with child and adolescent clients. In this context, they can point out and reinforce the resiliency exhibited by these clients. This helps them to develop ownership and power over the positive steps in their identity development (Zyromski et al., 2018, p. 165). Client B is struggling to regulate their emotions and behaviors during their experience of pandemic stress, which is very understandable. Nevertheless, these behaviors take energy to respond to and can therefore stunt humanistic responsiveness. Caregivers may struggle to invite creativity, spontaneity, and activities that are supportive and growth-oriented, while managing the emotional and relational toll that Client B's outward acting can exact. At the same time, humanistic responsiveness is about prevention and early intervention, a similar ethos as the counseling field, but raises the question of how to engage in prevention in a postvention context. The opportunity lies in preventing or intervening early in the next event. Counselors and caregivers can help clients to reduce unhelpful reactions to the current situation (e.g., door slamming, lashing out) by focusing on what is needed the next time. An example in the moment is to consider what led up to this event and what adjustments can be made to family interactions with Client B before this happens again. In this way, humanistic responsiveness goes beyond teaching coping skills. Consider the example of a gun firing. The trigger (literally the gun's trigger) leads to an event (bullet being fired) that requires a response. Teaching coping skills may at times miss the point because it raises questions about how one copes with a bullet once it is fired from the gun. In contrast, humanistic responsiveness is akin to unloading the gun so that triggers, when "pulled," have limited impact. This involves leveraging the power of the relationship, in the context of the other seven principles discussed. In coming together after an outburst, caregivers might approach the child or adolescent and invite a debrief of the situation, "That was a really intense experience and I'm not sure either of us feels better; are there things we can do differently next time so that we both feel better than we do now? What are your ideas?" This is important because it is extremely difficult to return to a conflict after expending so much energy during it.

## Principle 6: Developmental humanism

Children and adolescents are oriented to learn and grow when allowed. In his seminal work on what may be called student-centered education, Rogers and Freiberg (1969) applied his philosophy of human growth to education. Essentially, his view is that educational theory, like psychological theory, is or should be grounded in the self-actualizing tendency of individuals. Bland and DeRobertis



(2020) assert that Maslow's (1999) concept of self-actualization laid the foundation for a humanistically informed perspective on development. Luke and Schimmel (2022) discuss this actualizing tendency applied to learning and growth as *just-in-time* learning, wherein children and adolescents are oriented toward seeking answers and solutions as questions and problems arise. Children tend to live in the here-and-now, but CVS can lead to anxiety about the future. This can be in conflict with the *just-in-case* learning of Western educational systems (e.g., "You never know when you will need this information"). This parallels therapy, as when parents bring in their child or adolescent following the pandemic or other difficult circumstance. When asked about the referral behavior—the reason for seeking counseling—the assumption is that the child must need to talk about the pandemic or difficult circumstance, just-in-case they need to. This will only increase as pandemic counseling is on the rise, as families seek to assist their children in dealing with pandemic stress. Despite the loving intention, this can run counter to humanistic responsiveness that sets the stage for the child to seek support in their way, in their time. However, once in counseling, counselors can open the door for their child or adolescent client to say or do what they need to in session.

## Recommendation

Identify the barriers to growth during the pandemic and work to eliminate barriers rather than creating artificial learning activities. Rather than attempt to stimulate growth by creating artifices to development, humanistic responsiveness, whether in the counseling room or in the home, seeks to remove impedances that block the natural growth process. For example, with both Client A and Client B, families can pause to become aware of the opportunity for connection, growth, and learning by asking themselves what they want the child or adolescent to learn based on the current situation. This is just-in-time development and learning. For example, parents and counselors can ask themselves, "What does my child/my client need to learn at this point, and what is the best way to help them learn that?"

## Principle 7: Unconditional positive regard

Children and adolescents are often the identified client for a troubled system. Ray (2019) has noted that counselors are often greeted by parent/system pressure on counselors to "fix" the child, rather than letting them find their own path to wellness, as they are designed to do. Families struggling to cope with pandemic stress may see this manifested in parent-child relational disruptions (Prime et al., 2020) and in some cases the struggles of the family will manifest in the child or adolescent. While originally a psychoanalytic defense mechanism, displacement has earned its way into contemporary counseling practice. Children and adolescents are particularly vulnerable to parental displacement of pandemic and other stressors or difficulties in functioning. Children and adolescents are often separated from their social supports and resources outside the home during pandemic-related quarantine (Dubey et al., 2020), even as parents are estranged from their own sources of support. This can lead to increased pressure on the parent-child relationship, such that the difficulties are identified in the child or adolescent's behaviors. Children and adolescents may be more expressive about their stress and distress, leading parents and caregivers to focus more on their needs and experiences rather than their own.

## Recommendation

Work to remove conditions of worth by recognizing patterns of blaming the child or adolescent for difficulties in the family system and displacement of pandemic stress onto them. All individuals in a family system have been and are affected by the CVS of the pandemic, not just children and

adolescents. It is important to acknowledge that all have suffered and are working to make their way back to wholeness. In this way, unconditional positive regard must be extended to all members of the family and the family system itself, as CVS magnifies and exacerbates family maladaptive dynamics.

Humanistic responsiveness shifts from identifying who is to blame toward what each party is responsible for doing next. Rather than asking who is at fault or pointing fingers, it seeks to identify the right next behavior. This is an important shift for dealing with children and adolescents in the context of pandemic stress. Caregivers can displace frustration at the incorporeal threat that is the pandemic onto children and adolescents who are struggling themselves. This is not to violate the very principle outlined here by blaming caregivers; it is an invitation to caregivers to reflect on how they would like to treat Client A's withdrawal or Client B's turning outward differently. It involves what the right next behavior is, both for themselves and the child or adolescent, and working toward responsibility-taking. Counselors can work with families to facilitate this approach by asking, "Regardless of who we think was to blame most, what part does each member play in finding a solution (or resolution)? What is each person responsible to do *next*?"

## **Principle 8: Here-and-now self-discovery**

Children learn and heal through play. Axline (1969) described play as children's medium of expression while Landreth (2012) called play the language of children. It makes sense, then, that out of person-centered counseling emerged client-centered play therapy and expressive arts therapy. Child-directed play is the epitome of the organismic valuing process, wherein children express values and goals, even in the process of engaging in play, which is by definition without explicit goals (Panksepp & Biven, 2012). Luke and Schimmel (2022) describe the varieties of play and their impact on child and adolescent development as well as the relationship between them and caregivers. Yet, as has been made clear, pandemic stress squelches creativity and connectedness, so play seems like work. And it is, yet it is not. Arriving at play takes work, to be certain, but the act of play is not.

## **Recommendation**

Play every chance you get. Play has been described as enacting the self-actualizing tendency (Ray, 2019). It is a form of expression that frees the person from the tethers of reality (e.g., rules, laws, expectations) and opens to them a world of possibilities. Play may be the last thing on a family's mind during pandemic stress, but the protracted nature of the pandemic means that children and adolescents need ongoing support and resources to cope and grow over time. Client A can be drawn out of their emotional and social isolation by an invitation to play, and that play is used for fun only, not to teach a lesson or as some sort of intervention. The self-reinforcing nature of play means that inviting Client A to play may lead to additional play. An additional opportunity for play emerges in the form of gamification (Luke & Schimmel, 2022), where parents and caregivers use games to model behaviors. For instance, they may join the child or adolescent in playing a video game instead of criticizing them for playing. As they enter the world of the child or adolescent through the game, they gain new insights into the child's experience and expressions of frustration and can offer support and regulation to them. Client B can be engaged in therapy as well as with the family by gamifying their goals and struggles. Rather than confronting a negative or unhealthful remark or action, catching Client B in positive and healthful behaviors can lead to points, a type of leveling up. In this way the game is to focus on adding positives rather than reducing negatives. As the positives increase, they crowd out the negatives. For example, counselors and caregivers can use the language of gaming to reinforce strengths, such as, "If this were Minecraft or Roblox, I think you would have just gained XP (experience points) and you're getting really close to leveling up. What next skills do you think you'll have once that happens?"

## CONCLUSION

When people are put in situations where they experience recurrent physical, psychological, and social stress that is unpredictable and unavoidable, their capacity for goal directed learning and memory diminishes, resulting in increased habitual learning and memory, which leads to fight/flight and freeze/faint reactions. Pandemic stress can have a dehumanizing effect on many individuals, limiting empathy, creativity, and connection. This has led to calls for relationship-focused interventions (Prime et al., 2020), which can be informed by the foregoing principles. For example, an understanding of the neuroscience of pandemic stress buttresses a humanistic understanding of and approach to working with children and adolescents. Rather than being a reductive view of individual functioning, it underscores the developmental, wellness-focused ethos of counseling in general and humanism in particular.

Humanistic responsiveness serves as a growth-promoting factor in supporting children, adolescents, and their families. It provides a foundation for addressing the complicated effects of pandemic stress, that can be understood using the CVS paradigm. Humanistic responsiveness aids counselors and families in addressing the recurrent, unpredictable, and unavoidable nature of CVS as it affects the physical, psychological, and social aspects of children and adolescents' lives. A humanistic perspective is compatible with an understanding of and treatment for this kind of stress as it manifests in wight domains of the human experience.

## REFERENCES

- Abdallah, C. G., Averill, L. A., Akiki, T. J., Raza, M., Averill, C. L., Gomaa, H., Adikey, A., & Krystal, J. H. (2019). The neurobiology and pharmacotherapy of posttraumatic stress disorder. *Annual Review of Pharmacology and Toxicology*, *59*, 171–189. <https://doi.org/10.1146/annurev-pharmtox-010818-021701>
- Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of attachment: A psychological study of the strange situation*. Erlbaum.
- Alfarez, D. N., Joëls, M., & Krugers, H. J. (2003). Chronic unpredictable stress impairs long-term potentiation in rat hippocampal CA1 area and dentate gyrus in vitro. *European Journal of Neuroscience*, *17*(9), 1928–1934. <https://doi.org/10.1046/j.1460-9568.2003.02622.x>
- Arnsten, A. F., Raskind, M. A., Taylor, F. B., & Connor, D. F. (2015). The effects of stress exposure on prefrontal cortex: Translating basic research into successful treatments for post-traumatic stress disorder. *Neurobiology of Stress*, *1*, 89–99. <https://doi.org/10.1016/j.ynstr.2014.10.002>
- Axline, V. M. (1969). *Play therapy*. Ballantine Books.
- Bowlby, J. (1988). *A secure base: Clinical applications of attachment theory*. Routledge.
- Bland, A. M., & DeRobertis, E. M. (2020). Maslow's unacknowledged contributions to developmental psychology. *Journal of Humanistic Psychology*, *60*(6), 934–958. <https://doi.org/10.1177/0022167817739732>
- Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G. J. (2020). The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *The Lancet*, *395*(10227), 912–920. [https://doi.org/10.1016/S0140-6736\(20\)30460-8](https://doi.org/10.1016/S0140-6736(20)30460-8)
- Buber, M. (1970). *I and thou* (W. Kaufmann, Trans.). Scribner. (Original work published 1923).
- Byrd, R., & Luke, C. (2021). *Counseling children and adolescents: Cultivating empathic connection*. Routledge.
- Cooper, M., & Joseph, S. (2016). Psychological foundations for humanistic psychotherapeutic practice. In D. J. Cain, K. Keenan, & S. Rubin (Eds.), *Humanistic psychotherapies: Handbook of research and practice* (p. 11–46). American Psychological Association. <https://doi.org/10.1037/14775-002>
- Cordner, Z. A., & Tamashiro, K. L. K. (2016). Effects of chronic variable stress on cognition and Bace1 expression among wild-type mice. *Translational Psychiatry*, *6*(7), e854–e854. <https://doi.org/10.1038/tp.2016.127>
- DeRobertis, E. M., & Bland, A. M. (2020). Lifespan human development and “the humanistic perspective”: A contribution toward inclusion. *The Humanistic Psychologist*, *48*(1), 3–27. <http://doi.org/10.1037/hum0000141>
- DeRobertis, E. M., & McIntyre, S. (2016). Development through a humanistic lens. In R. Bargdill & R. Broomé (Eds.), *Humanistic contributions for psychology 101: Growth, choice, and responsibility* (pp. 117–132). University Professors Press.
- Dubey, S., Biswas, P., Ghosh, R., Chatterjee, S., Dubey, M. J., Chatterjee, S., Dubey, M. J., Chatterjee, S., Durjoy, L., & Lavie, C. J. (2020). Psychosocial impact of COVID-19. *Diabetes & Metabolic Syndrome: Clinical Research & Reviews*, *14*(5), 779–788. <https://doi.org/10.1016/j.dsx.2020.05.035>
- Dunne, G., & Askew, C. (2018). Vicarious learning and reduction of fear in children via adult and child models. *Emotion*, *18*(4), 528. <https://psycnet.apa.org/doi/10.1037/emo0000341>

- Ellis, W. E., Dumas, T. M., & Forbes, L. M. (2020). Physically isolated but socially connected: Psychological adjustment and stress among adolescents during the initial COVID-19 crisis. *Canadian Journal of Behavioural Science*, 52(3), 177. <https://psycnet.apa.org/doi/10.1037/cbs0000215>
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (2019). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) study. *American Journal of Preventive Medicine*, 56(6), 774–786. <https://doi.org/10.1016/j.amepre.2019.04.001>
- Garrett, B. (2011). *Brain and behavior: An introduction to biological psychology* (3rd ed.). Sage.
- Haleem, A., Javaid, M., & Vaishya, R. (2020). Effects of COVID 19 pandemic in daily life. *Current Medicine Research and Practice*, 10(2), 78–79. <https://doi.org/10.1016/j.cmrp.2020.03.011>
- Herman, J. P., Adams, D., & Prewitt, C. (1995). Regulatory changes in neuroendocrine stress-integrative circuitry produced by a variable stress paradigm. *Neuroendocrinology*, 61(2), 180–190. <https://doi.org/10.1159/000126839>
- Landreth, G. L. (2012). *Play therapy: The art of the relationship* (3rd ed.). Routledge.
- Loades, M. E., Chatburn, E., Higson-Sweeney, N., Reynolds, S., Shafran, R., Brigden, A., Linney, C., McManus, M. N., Borwick, C., & Crawley, E. (2020). Rapid systematic review: The impact of social isolation and loneliness on the mental health of children and adolescents in the context of COVID-19. *Journal of the American Academy of Child & Adolescent Psychiatry*, 59(11), 1218–1239. <https://doi.org/10.1016/j.jaac.2020.05.009>
- Luke, C. (2019). Response to Wilkinson: A neuro-informed humanistic perspective. *The Journal of Humanistic Counseling*, 58(2), 86–94. <https://doi.org/10.1002/johc.12098>
- Luke, C. (2020). *Neuroscience for counselors and therapists: Integrating the sciences of mind and brain* (2nd Ed.). Cognella Academic Press.
- Luke, C., Miller, R., & McAuliffe, G. (2019). Neuro-informed mental health counseling: A person-first perspective. *Journal of Mental Health Counseling*, 41(1). <https://doi.org/10.17744/mehc.41.1.06>
- Luke, C., & Schimmel, C. J. (2022). *Applying neuroscience to counseling children and adolescents: A guide to brain-based interventions*. Cognella.
- Maslow, A. H. (1999). *Toward a psychology of being* (3rd ed.). Wiley.
- McEwen, B. S. (2007). Physiology and neurobiology of stress and adaptation: Central role of the brain. *Physiological Reviews*, 87(3), 873–904. <https://doi.org/10.1152/physrev.00041.2006>
- McEwen, B. S. (2012). Brain on stress: How the social environment gets under the skin. *Proceedings of the National Academy of Sciences*, 109(Supplement 2), 17180–17185. <https://doi.org/10.1073/pnas.1121254109>
- McEwen, B. S. (2017). Neurobiological and systemic effects of chronic stress. *Chronic Stress*, 1, <https://doi.org/10.1177/2470547017692328>
- Miller, R., & Dillman-Taylor, D. (2016). Does Adlerian theory stand the test of time? Examining individual psychology from a neuroscience perspective. *The Journal of Humanistic Counseling*, 55, 111–128. <https://doi.org/10.1002/johc.12028>
- Palumbo, R. V., Marraccini, M. E., Weyandt, L. L., Wilder-Smith, O., McGee, H. A., Liu, S., & Goodwin, M. S. (2017). Interpersonal autonomic physiology: A systematic review of the literature. *Personality and Social Psychology Review*, 21(2), 99–141. <https://doi.org/10.1177/1088868316628405>
- Panksepp, J., & Biven, L. (2012). *The archeology of the mind: Neuroevolutionary origins of human emotions*. Norton.
- Perry, B. D., Pollard, R. A., Blakley, T. L., Baker, W. L., & Vigilante, D. (1995). Childhood trauma, the neurobiology of adaptation, and “use-dependent” development of the brain: How “states” become “traits”. *Infant Mental Health Journal*, 16(4), 271–291. [https://psycnet.apa.org/doi/10.1002/1097-0355\(199524\)16:4%3C271::AID-IMHJ2280160404%3E3.0.CO;2-B](https://psycnet.apa.org/doi/10.1002/1097-0355(199524)16:4%3C271::AID-IMHJ2280160404%3E3.0.CO;2-B)
- Pfefferbaum, B., & North, C. S. (2020). Mental health and the Covid-19 pandemic. *New England Journal of Medicine*, 383(6), 510–512. <https://doi.org/10.1056/NEJMp2008017>
- Phelps, C., & Sperry, L. L. (2020). Children and the COVID-19 pandemic. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(S1), S73. <https://psycnet.apa.org/doi/10.1037/tra0000861>
- Prime, H., Wade, M., & Browne, D. T. (2020). Risk and resilience in family well-being during the COVID-19 pandemic. *American Psychologist*, <https://doi.org/10.1037/amp0000660>
- Ray, D. C. (2019). The child and the counselor: Relational humanism in the playroom and beyond. *The Journal of Humanistic Counseling*, 58(1), 68–82. <https://doi.org/10.1002/johc.12090>
- Rodman, A. M., Jenness, J. L., Weissman, D. G., Pine, D. S., & McLaughlin, K. A. (2019). Neurobiological markers of resilience to depression following childhood maltreatment: The role of neural circuits supporting the cognitive control of emotion. *Biological Psychiatry*, 86(6), 464–473. <https://doi.org/10.1016/j.biopsych.2019.04.033>
- Rogers, C. R. (1942). *Counseling and psychotherapy* (Vol. 298). Houghton Mifflin.
- Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 21, 95–103.
- Rogers, C. R. (1961). *On becoming a person*. Houghton Mifflin.
- Rogers, C. R., & Freiberg, H. J. (1969). *Freedom to learn*. Charles E. Merrill Co.
- Rutjens, B. T., van der Linden, S., & van der Lee, R. (2021). Science skepticism in times of COVID-19. *Group Processes & Intergroup Relations*, 24(2), 276–283. <https://doi.org/10.1177/1368430220981415>

- Sauer, K. S., Jungmann, S. M., & Withhöft, M. (2020). Emotional and behavioral consequences of the COVID-19 pandemic: The role of health anxiety, intolerance of uncertainty, and distress (in) tolerance. *International Journal of Environmental Research and Public Health*, 17(19), 7241. <https://doi.org/10.3390/ijerph17197241>
- Schore, A. N. (2005). Attachment, affect regulation, and the developing right brain: Linking developmental neuroscience to pediatrics. *Pediatrics in Review*, 26, 204–212. <https://doi.org/10.1542/pir.26-6-204>
- Siegel, D. J. (2006). An interpersonal neurobiology approach to psychotherapy. *Psychiatric Annals*, 36(4), 248–256.
- Siegel, D. J. (2020). *The developing mind: How relationships and the brain interact to shape who we are* (3rd ed.). Guilford Press. <https://doi.org/10.1038/138032a0>
- Selye, H. (1956). *The stress of life*. McGraw-Hill Book Co.
- Shonkoff, J. P., Garner, A. S., Siegel, B. S., Dobbins, M. I., Earls, M. F., McGuinn, L., Pascoe, J., & Wood, D. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, 129(1), e232–e246. <https://doi.org/10.1542/peds.2011-2663>
- Singh-Taylor, A., Korosi, A., Molet, J., Gunn, B. G., & Baram, T. Z. (2015). Synaptic rewiring of stress-sensitive neurons by early-life experience: a mechanism for resilience? *Neurobiology of stress*, 1, 109–115. <https://doi.org/10.1016/j.ynstr.2014.10.007>
- Tang, S., Xiang, M., Cheung, T., & Xiang, Y. T. (2021). Mental health and its correlates among children and adolescents during COVID-19 school closure: The importance of parent-child discussion. *Journal of Affective Disorders*, 279, 353–360. <https://doi.org/10.1016/j.jad.2020.10.016>
- Taylor, S. B., Anglin, J. M., Paode, P. R., Riggert, A. G., Olive, M. F., & Conrad, C. D. (2014). Chronic stress may facilitate the recruitment of habit-and addiction-related neurocircuits through neuronal restructuring of the striatum. *Neuroscience*, 280, 231–242. <https://doi.org/10.1016/j.neuroscience.2014.09.029>
- Teicher, M. H., Samson, J. A., Anderson, C. M., & Ohashi, K. (2016). The effects of childhood maltreatment on brain structure, function and connectivity. *Nature Reviews Neuroscience*, 17(10), 652. <https://doi.org/10.1038/nrn.2016.111>
- Wadsworth, M. E. (2015). Development of maladaptive coping: A functional adaptation to chronic, uncontrollable stress. *Child Development Perspectives*, 9(2), 96–100. <https://doi.org/10.1111/cdep.12112>
- Wampold, B. E., & Imel, Z. E. (2015). *The great psychotherapy debate: The evidence for what makes psychotherapy work* (2nd ed.). Routledge.
- Xiong, J., Lipsitz, O., Nasri, F., Lui, L. M., Gill, H., Phan, L., Chen-Li, D., Iacobucci, M., Majeed, A., & McIntyre, R. S. (2020). Impact of COVID-19 pandemic on mental health in the general population: A systematic review. *Journal of Affective Disorders*, <https://doi.org/10.1016/j.jad.2020.08.001>
- Zyromski, B., Dollarhide, C. T., Aras, Y., Geiger, S., Oehrtman, J. P., & Clarke, H. (2018). Beyond complex trauma: An existential view of adverse childhood experiences. *The Journal of Humanistic Counseling*, 57(3), 156–172. <https://doi.org/10.1002/johc.12080>

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