OPTIMAL

PARENTING

And a woman who held a babe against her bosom said, Speak to us of Children.

And he said:

Your children are not your children.

They are the sons and daughters of Life's longing for itself.

They come through you but not from you,

And though they are with you yet they belong not to you.

You may give them your love but not your thoughts,

For they have their own thoughts.

You may house their bodies but not their souls,

For their souls dwell in the house of tomorrow, which you cannot visit, not even in your dreams.

You may strive to be like them, but seek not to make them like you.

For life goes not backward nor tarries with yesterday.

The Spiritual Approach And The Ideal Child:

We have two fundamental points to make. They're quite simple ideas. But, put into practice, their ramifications on parents and children can be tremendous:

1. Parenthood is a distinct and unique phase of adult development. When we become parents, ideally we should be prepared to do as much learning, growing, and changing, as will our children. Children learn far more from parents who are willing to learn from their children. Parents teach more and best by how they go about learning and growing themselves, than by any specific knowledge they pass on to their children.

Parents raising children are like the partially blind leading the initially totally blind. This can be a perfectly satisfactory arrangement, if the blind doing the leading are aware of their areas of blindness and are experienced at compensating for their handicap. The trouble begins when children are expected without question to accept their parents impaired perspective as if it were the entire and accurate picture of the world, even as these children are acquiring the capacity to see perfectly well on their own.

The primary source of our psychological blind spots is fear. Fear is a contagious condition. It is readily passed from one member of a family to another and especially from parent to child. It is the basis of the most common and most destructive thing a devoted and loving parent can do to a child -- overprotection. We'll have a great deal to say about overprotection as we go along -- how to recognize it; how to minimize its destructive potential.

Another source of blindness is the misconception that each person's truth -- the world he experiences -- is like scientific truth. Scientific truth is, of course, the same for everyone everywhere, or else, by definition, it isn't scientific truth. Personal truth is exactly the opposite. Every single person's truth is different, to some degree, from <u>everyone</u> else's, <u>even</u> one's own children.

Parents who are able to accept they have acquired blind spots and fears in their own development; parents who understand that their versions of truth are no more than that, their versions of truth; parents who are willing to confess their vulnerability and imperfections to their children without abandoning their responsibilities as parents; parents who are willing to revise their perspective by learning from and with their children -- these parents have the most fortunate children on this earth.

2. The ideal family culture is one that does the best job of enhancing the growth of each family member's positive and strong sense-of-self. An Inside-Out Approach does this best.

We believe the Inside-Out idea, in contrast with Outside-In, defines an essential issue. That issue differentiates families and sometimes the two parents within a family. In the Inside-Out Approach, a family's primary concern has to do with what is going on inside each member of the family and with respect for each person's rights as human beings regardless of age. The major focus of family interest and energy is not on outside or external matters.

If all members of the family show respect and loving concern for each other's feelings and individual rights, and if they are encouraged to be sensitive to, and to stand up for, their own rights and feelings, then everyone will get better at taking responsible and loving care of themselves and at being compassionate towards those they love.

The key values in the Inside-Out Approach are compassionate understanding and respect regardless of age. The major concern is to encourage the flowering of each person's capacities (talents, gifts). Trust and freedom permeate the family atmosphere.

The Outside-In Approach, obviously, takes the exactly opposite route across the poorly charted and often hazardous terrain of family life: Get kids into good habits of acting and behaving appropriately, if possible excelling, and they'll be popular and successful and therefore happy adults.

The key values in the Outside-In Approach are protection, discipline, (control), and obedience. The major concern is to try to ensure the children's welfare by preventing bad things from happening. Fear is the undercurrent pulling at everyone.

The synonym we will use for Inside-out is Spiritual; Material will be synonomous with Outside-In.

Put most simply, the Inside-Out or Spiritual Approach has as its primary concern how each member of the family feels about him or herself and what each just plain thinks and feels at any given time. A sense of individual well-being and mutual understanding is what matters. This approach places far less emphasis on whether or not each person is satisfying some standard of appropriate appearance or desired performance.

That's what we mean by the Inside-Out Approach. It's an emphasis as much as anything. It's never found in pure culture. All families have a mix of both Inside-Out and Outside-In.

We concede the labels "spiritual" and "material" are loaded, politicized words. Somewhat less provocative terms, such as "inner-directed" and "outer-directed", might be safer, more comfortable, and more popular.

But we are in no way trying to present an even-handed, scientific exposition. We are attempting an impassioned argument in favor of a specific approach to child-rearing.

We contend that raising children with a spiritual emphasis increases the liklihood of their growing into adulthood with the following characterological traits:

A warm, positive, compassionate, loving sense of themselves, of their feelings, of their strengths, and of their weaknesses. (Rather than a poor sense of self and little understanding of what they feel and what they want.)

A responsive sensitivity to the feelings of others. (Rather than primary concern about winning others' approval, or worse, a lack of concern for others at all.)

Enthusiastic experimentation to refine their talents that they may maximize their contribution to the world. (Rather than cautious reluctance to risk the awkwardness and the mistakes necessary to mastering the unfamiliar.)

A sense of responsibility for how they think, feel, and act, regardless of the results. A willingness to stand up for what they believe is right, even at the price of personal discomfort. (Rather than excusing themselves or blaming others or denying what is painfully true. Rather than opportunistically compromising or even abandoning what they believe is right, so they can win, succeed, gain approval, or conveniently choose that most travelled of routes, the path of least resistence.)

People with these characteristics -- can love, in the highest sense of resonating with others -- can feel the love offered by others -- and can risk using themselves fully and enthusiastically. Since they stay in close touch with their feelings and through their feelings, their essences, they can see clearly what distinguishes themselves from others. At the same time, by resonating with others they sense how much they are a part of what all humans have in common.

People prepared (programmed) in this way take caring responsibility for their actions and their lives. And they respect the rights of others.

Personal responsibility requires an appreciation of life as a series of choices. Personal responsibility also implies a commitment to seek a path through these choices consistent with an inner sense of rightness, a sense of personal truth which feels in harmony with the universal order.

This summarizes the ideal, the optimal outcome. Now we want to compare the two approaches to the end of convincing you that the spiritual approach is far more likely to produce this desirable outcome than the conventional material approach.

Any family can be classified on this spiritual-material continuum. We recognize that most families and even individual parents in the same family practice a mixture of the two styles. Yet, we will contrast the two attitudes only in their extremes. We do so for the sake of clarity (and hopefully, for the dramatic impact.)

A Child's Inherent Qualities:

Spiritual: Children are inherently good.

Material: Children have the inherent potential for good and bad (evil).

Consignment or Ownership:

Spiritual: Each child is a precious, unique, and temporary gift, on consignment to the family as a privilege and sacred trust. Parents must honor each child's right to be protected, cultivated, enjoyed, and prepared for freedom and responsibility.

While a child's growth can be vicariously enjoyed by parents, a child is never to be exploited to satisfy parents' selfish needs.

Material: Children belong to parents whose responsibility and right it is to mold them according to a preconceived model of propriety. Anything a child does, good and bad, reflects on the family. So it is the direct concern of parents to control their children's appearance and actions.

Parents' Right To Authority:

Spiritual: Parents are in charge because somebody has to be and because, initially, the infant is helpless and parents are far more capable.

Parents gradually yield authority and responsibility in response to evidence of the increasing competence of their child.

Material: Parents are in charge because, by definition (divine right?), by ancient tradition, and by age and experience, they know best. They remain in charge until the child reaches an arbitrary age or until the child supprts himself financially and asserts his independence of parental control.

The Parental Role:

Spiritual: Parenthood is a distinct stage of adult growth and development, which occurs simultaneously with their child's growth and development. Parent and child, therefore, are growing-up together. (And, in the spiritual approach, parent and child grow-up together with the emphasis on their respective inner experiences, more than their appearances and performances -- they grow-up Inside-Out.

Material: Parents are grown-up adults whose role it is to teach and guide children in parentally defined directions.

Privacy and Possessions:

Spiritual: Everyone has the right to privacy and ownership of personal belongings, regardless of age.

Material: As long as children live in their parents' home and are financially dependent, they must understand they are their parents' responsibility and, therefore, under their protection. As a result they can neither expect, nor count on, privacy. How else can parents fulfill their duty to supervise their children and teach them how to live properly?

Children in a material home must also recognize that everything they have is theirs by the grace and dispensation of their parents, who retain ultimate ownership rights. Should someone else, in the opinion of the parents, deserve a particular item more than the child who has had it up to that time, then the parents have the right to require their child, unselfishly and generously, to give it up.

Love and Responsibility:

Spiritual: Recognizes resonating, compassionate, and nuturing love to be, if not identical to, at least a guarantee of, responsible and considerate behavior.

Material: Is blind to the relationship between love and responsibility. Confuses responsibility with obedience to authority and conformity to external standards of propriety.

Polite Calm Versus Sharing Feelings:

Spiritual: Emphasizes the sharing of feelings by family members.

Material: Emphasizes the importance of not upsetting others, that is, each family member's responsibility to contribute to calm, polite decorum. This attitude discourages the admission of the vulnerability one would reveal by the sharing of strong feelings of hurt, jealousy, anger, or resentment. This bias against sharing strong feelings, especially negative feelings, also produces lonliness and a sense of defectiveness and eccentricity.

Responsibility for Self Versus Others:

Spiritual: Emphasizes the reponsibility of each family member for him or herself.

Material: Emphasizes each family member's responsibility for the others, and especially for "the family" ahead of themselves.

Communism or Democracy:

Spiritual: The family functions to enhance the welfare of its individual members.

Material: Individual welfare is subordinate to family welfare.

Concern For Others -- Empathy versus Approval:

Spiritual: Emphasis on concern and respect for the feelings of others, but not to the exclusion of one's own feelings, self-respect, and honesty. Honesty is valued more than others' approval.

Material: Concern with others' feelings has to do with obtaining and preserving their approval, not with true empathy for, that is resonance with, others' feelings. Others' approval is the guidance system for action, to the exclusion of one's own feelings, self-respect, or honesty.

Self-Respect and Fulfillment Versus Success and Appearances:

Spiritual: Earning Self-respect is of the highest priority. Self-respect and fulfillment are more important than success defined by wealth, prestige, power, and winning.

Material: Results and appearances are the major priorities. Self-respect is neither an implicit nor explicit value in the material family culture.

The Parental Partnership and the Generation Boundry:

Spiritual: Parents, operating as equals, accept the ultimate responsibility for making policy decisions. They do so in private negotiations, after the children's opinions have been heard.

The parental relationship is a sacred trust and the model for all family relationships.

Secret coalitions between some family members to deceive other family members are intolerable. (Clandestine conspiracies to arrange surprise gifts are loving exceptions, exceptions which help to prove this rule.)

Material: Parental authority in family decisions is absolute. Parents neither respect nor often solicit their children's opinions.

Division of responsibilities between the parents allows each to make unilateral decisions, which the other is expected to support without question and regardless of merit.

Secrets between family members, even across the generation boundary (between a parent and a child), are permissible, if for the purpose of protecting others from hurt and the family from upset.

Ironically, despite this-support-each-other-no-matter-what rule, material parents do not have an intimately sharing and mutually respectful partnership.

Influence: Resonating, Modeling, Sharing, and Stimulating versus Authoritarian Rule Enforcement

Spiritual: Parents influence by resonating, modeling, sharing their own experiences in learning and growing, and by providing a stimulating environment.

Material: Parents influence by exertion of authority through performance expectations, rules, rewards, and punishments.

Protection -- Determined By Fear Or Competence:

Spiritual: Parents protect according to the demonstrated competence of the child, erring on the side of underprotection.

Material: Parents protect in accordance with their own fears and preconceptions, not their children's potentials and competence.

Freedom and Limits:

Spiritual: In the spiritual approach, the number of absolute limits is kept as small as possible, allowing as much freedom as children demonstrate they can handle.

The areas of absolute limits have to do with the care and feeding of the human spirit: Respect for self and others, based on sensitivity to feelings and an inner sense of right is fundamental. Respect includes the prohibition against physically hurting one another. Honesty and trust follow naturally and are also absolutes.

Material: The material approach sets limits over a wide range of activities. These limits have an external focus, in contrast to the internal orientation of the spiritual absolutes.

The material philosophy regards children as relatively weak. As fragile, vulnerable beings, they require and would benefit from the external structure provided by strictness.

Spiritual v.s. Material Families:

Spiritual: Children are inherently only good.

Material: Children have the inherent potential to be both good and bad.

Spiritual: Highest priority is self-respect generating efforts.

Material: Highest priorities are excellent results and appearances.

Spiritual: Emphasizes Responsibility for self.

Material: Emphasizes Responsibility for others.

Spiritual: Emphasizes self-respect and fulfillment.

Material: Emphasizes material success: wealth, prestige, power, winning.

Spiritual: Family functions for the welfare of its individual members.

Material: Individual welfare is subordinate to family welfare.

Spiritual: Emphasizes the sharing and understanding of feelings.

Material: Emphasizes maintenance of a calm atmosphere. Discourages sharing of vulnerable feelings. Angry explosions are not rare in some of these families.

Spiritual: Primary parental task is to cultivate each child's potentials.

Material: Primary parental task is to mold each child according to preconceived models. (In extreme cases, perfection.) Sexual stereotyping.

l: Education by modeling growth and learning, and by providing tion and opportunities.

.al: Education by performance expectations, parental rewards and shments.

piritual: Parents influence by sharing and modeling ideas, ideals (principles), feelings, and desired behaviours.

laterial: Parents Influence by rules and exertion of authority through reward and punishment.

Spiritual: Discipline primarily by withdrawl of parental support and friendship in conjunction with sharing of feelings, especially the hurt behind the anger.

Material: Discipline primarily by deprivation of freedoms, and expression of anger, including material sanctions, and physical punishment.

Spiritual: Parents protect according to the demonstrated competence of the child, erring on the side of underprotection.

Material: Parents protect in accordance with parental fears. Protection efforts continue into adult life, regardless of demonstrated competence.

Spiritual: Emphasis on concern for the feelings of others, but not to the exclusion of one's own feelings and self-respect.

Material: Emphasis on concern for others' approval to the exclusion of one's own feelings. Others' approval becomes the guidance system for action, to the exclusion of one's own feelings.

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"SENSITIVE" AND "EFFECTIVE" RESPONSES TO CHILD BEHAVIOR

Gary E. Stollak

Encounters with children, especially in "crisis" or "problem" situations, should include all of the following 'elements' or 'messages':

1. A clear and unambiguous, verbal and nonverbal, communication which indicates that you are aware of; and understand his/her feelings, needs, wishes and desires, (i.e. you tell him/her what you think he/she is feeling, what he/she seems to need, or seems to be wishing for or desiring) and how his/her actions derive from such inner experiences.

2. A clear and unambiguous, verbal and nonverbal, communication which indicate that you accept his/her feelings, needs, wishes, and desires as natural and valid human experiences.

3. A clear and unambiguous, verbal and nonverbal, communication which indicates how you (which means using the word I) think and how you feel about his/her inner experiences and actions (the child's actions might be unacceptable to you).

4. If appropriate (i.e., if his/her actions are not acceptable) a clear and unambiguous, verbal and nonverbal, communication indicating how you want him/her to express his/her inner experiences, RIGHT NOW. If possible, you should give him/her 2 - 3 alternative ways to express these experiences.

5. If appropriate, (i.e., if his/her actions are not acceptable) a clear and unambiguous, verbal and nonverbal, communication indicating how you want him/her to express his/her inner experiences, IN THE FUTURE. Again, informing him/her of several alternative ways acceptable to you is desirable.

THE EFFECTS OF "SENSITIVE" AND "EFFECTIVE" RESPONSES TO CHILDREN

Encounters with children which include the above 'elements' or 'messages' should, ideally:

1. Help the child maintain "self-acceptance" and "self-esteem".

2. Help the child increase his/her repertoire of personal cognitive, and emotional skills and capacities (including self-awareness and understanding).

3. Help the child increase his/her repertoire of interpersonal cognitive, emotional, and social skills, and capacities (including interpersonal awareness, understanding, and acceptance of the feelings, needs, wishes and desires of others, and the ability to communicate such understanding and acceptance to others).

4. Help the child increase his/her mastery of bodily and somatic capacities and capabilities.

5. Help the child increase his/her mastery of the environment, and its objects.

INDIVIDUAL

PLAY

THERAPY

From: Schaefer, C. E. the therapeutic uses of Child's play. NJ: Aronson, 1976.

The Role of Play in Childhood

DAN I. SLOBIN

The child's toys and the old man's reasons
Are the fruits of the two seasons.
— William Blake

We are somewhere in Europe. A noisy, energetic group of children is playing before us, laughing and screaming. If they speak German, they will tell us that they are playing *Fuchs ins Loch;* if they speak French, it will be *Mére Garuche;* in Hungarian it will be *šanta ťoka* (Pfeifer, 1919). The language is not important, for the game is the same. Let us watch the children. They have drawn a circle on the ground, and in the circle stands one child, both feet firmly planted on the ground, a knotted handkerchief in his hand. Let us call him the "fox," after the German-speaking version. The fox comes out of his "hole," hopping on one leg, chasing the other players, waving his handkerchief. As soon as this whip touches one of the fleeing children, the roles change. The new child becomes the hopping fox, and all of the others chase him with their little whips until he finds refuge in his hole, where he is safe until he sallies forth again to continue the game. And so it goes for hours.

After our casual observation, the question immediately arises: "Why are these children playing this game?" One is tempted to answer: "Because that's the way the children around here enjoy themselves," and move on to other topics. But this common-sense answer is as deceptively simple as it is inadequate. Under the aegis of Freud (1950), the psychoanalyst Dr. Sigmund Pfeifer (1919) stepped forward to point out the manifestation of infantile-erotic drives in this game, and, indeed, in all games:

> . . . we can assume in advance, with great probability, that in the creation of such general forms of pleasureful activity as [*Fuchs ins Loch*] the main role has been played by the same forces as in typical dreams, myths, legends, and neuroses. (pp. 248-249).

Since Freud refers to this account as authoritative (1950, p. 12), let us examine it to see how far it takes us in answering our question. Pfeifer, following Freud's clue in *Totem and Taboo*,* considers the latent content of all play to be that of wish-fulfilment effected via the use of symbols. Thus the task of the psychoanalyst lies in interpreting the symbols — inevitably overdetermined — through which the playing child strives to gratify his repressed sexual wishes. He spends many pages interpreting the latent content of the game we have just described. The circle of refuge, the hole, is, of course, recognized as "the genital symbol with parental significance, above all the mother's lap, whej the child is protected from all the dangers and difficulties of the external world, to which he is drawn by his love and his erotic interest, to which he always strives to return" (p. 249). The fox's presence in this hole represents incest, followed by the punishment of castration: he must hop on one leg when leaving the hole. This interpretation is shored up by an appeal to the role of "mother earth" in mythology. But, symbols being overdetermined, the fox's behavior upon leaving his refuge, although punished by castration, still has sexual significance:

> the single leg functions itself as a penis symbol, rhythmically coming in contact with the Mother-Imago "Earth," and the game, if only symbolically, has procured for the player the desired gratification, which he has consciously (*sic*) already renounced. (p. 253)

What of the other children in the game? Again, the symbolism is overdetermined; for the fox also represents the father, who vengefully wields his whip against the "brother-band" of players, they in turn scourging the new fox with equal passion. With the symbolic change of generations, the new fox takes over the role of the father and enters the "motherly circle."

This sort of interpretation goes on for many pages. The psychoanalytically trained reader can undoubtedly fill in many of the details by himself. Pfeifer concludes that in all of his examples he has "found the most powerful of infantile-erotic forces, the incest-complex, to be active as primum movens" (p. 262). The basic aim of play is the attainment of pleasure through the gratification of these drives. To him the latency period is not a vacuum in the sexual life of the individual, but a phase in which sexuality is expressed in play:

> The emergence of games with repressed content coincides with the beginning of the great thrust of childhood repression, and especially the typical games with "mythological" content fill approximately the time from the third year of life until puberty, where a sharp decline of play activity is manifested (p. 281).

Does this completely answer our first question as to why these children are playing this game? I think not. Does the symbolism of this traditional group game explain the motivation of each individual player? Does this sort of interpretation help us at all to understand why little girls should play *Fuchs ins Loch*? Does it tell us anything about the univekality or non-universality of this game? Does it tell us anything about the effect of this game on the future lives of the players — both vivately and socially? Clearly, the problem is not exhausted by Pfeifer's analysis.

This introduction has, however, been useful. Often a close examination of a particular phenomenon serves to illuminaz not only that phenomenon, but a variety of theorepcal positions as well. When we examine a set of behaviors as outstanding as that of play, we find ourselves face-to-face with hundreds of years of attempts to underswnd human behavior.a soon as we push beyond the above analysis, we are struck by diversity and multiplicity — multiple meanings of the words "play" and "game," and multiple meanings of the question: "Why does the child play?" Before we go further, these multiplicities must be dealt with.

Semantic Domain

I will not attempt to define the words "play" or "game," but will consider their general and variegated meanings in English to be applicable here. The interested reader is referred to Hulzinga's comparative philological study of this semantic domain in his excellent book *Homo Ludens* (1955). It should be pointed out, however, that the theories considered in this paper are couched in a variety of languages. Among them, English is unique in employing two words of unrelated historical origin — *play* and *game* (cf. German *spielen* and *spiel*, French *jouer* and *jeu*, Russian *igrat* and *igra*, etc.). In all of these languages the terms have a wonderful variety of metaphoric extensions. The relatively small desk edition of the *American College Dictionary* lists fifty-five uses of the word *play* and eighteen of *game*. The four-volume *Dictionary of the Russian Language*, published by the Academy of Sciences of the U.S.S.R., devotes

*"In the case of the child who finds himself under analogous psychic conditions, without being as yet capable of motor activity, we have elsewhere advocated the assumption that he at first really satisfies his wishes by means of hallucinations. . . . Such a *representation* of the gratified wish [in primitives] is altogether comparable to the *play* of children, where it replaces the purely sensory technique of gratification." (Freud, 1961, pp. 95-96).

six page-columns to words derived from the root *igr*, corresponding to the words *play* and *game*. Such usage seems to attest to the widespread importance of playlike activities in human life.

The inability to define exactly the phenomenon under consideration will not, I believe, hamper us in our analysis. We are unable to define precisely most of the words we use in everyday speech, yet this in no way interferes with our ability to use them consistently. No one has pressed this point more forcefully than the great modern philosopher Ludwig Wittgenstein, and nowhere more eloquently than in his discussion of this very word — *game*. I take the liberty of quoting him here *in extenso*, for his discussion applies both to the general issue of the definability of words, and to the specific theme of this paper.

> 66. Consider for example the proceedings that we call "games." I mean board-games, card-games, ball-games, athletic contests, and so on. What is common to all of them? — Don't say: "There *must* be something common to them or they would not be called 'games' " — but *look and see* whether there is something common to all. — For if you look at them you will not see something common to *all*, but similarities, relationships, and a whole series of them at that. . . . Look for example at board games, with their multifarious relationships. Now go on to card games; here you find many correspondences with the first group, but many common features disappear, and other disappear. When we pass next to ball-games, much that is common is retained, but much is lost. — Are they all "*amusing*?" Compare chess with "X's and O's." Or is there always winning and losing, or competition between players? Think of patience. In ball games there is winning and losing; but when a child throws his ball at the wall and catches it again, this feature has disappeared. Look at the roles played by skill and luck. And how different is skill in chess and skill in tennis. Think now of games like ring-a-ring-a-roses: Here is the element of amusement, but how many other characteristic features have disappeared! And we can go through the many, many other groups of games in the same way; can see how similarities crop up and disappear.
>
> And the result of this examination is: We see a complicated network of similarities which overlap and criss-cross. Sometimes overall similarities, sometimes similarities of detail.
>
> 67. I can think of no better word to characterize these similarities than "family resemblances": for the various resemblances between members of a family: build, features, color of eyes, gait, temperament, etc., etc. overlap and criss-cross in the same way. — And I will say: "games" form a family. . . .
>
> 69. Then how would we explain to someone what a game is? I believe we would describe *games* to him, and we could add to the description: "this, *and similar things*, are called 'games.'" And do we know any more about it ourselves? Is it only other people whom we cannot tell exactly what a game is? — But this is not ignorance. We do not know the boundaries because none have been drawn. . . .
>
> 70. "But if the concept 'game' is uncircumscribed like that, you don't really know what you mean by a 'game.'" — When I give the description: "The ground was all covered with plants" — do you want to say I don't know what I am talking about until I can give a definition of a plant? (1960, pp. 324-325)

This interlude has been long, but I hope useful — both in delimiting the field and revealing the problems which would accompany further attempts at definition. We are now free to go back to our original question once more: "Why does the child play?" This question, like the word itself, is not a single entity. It must be broken up into a number of more specific questions:

1. Where does the energy expended in play come from?
2. What, if any, is the biological function of play?
3. Why does the child spend his time playing, as opposed to doing nothing or doing other things?
4. What is the child's motivation in choosing a given game or play activity?
5. Why does the child continue to play, once he has begun?
6. How does play aid the child in development? (What is the significance of childhood play for the future life of the individual?)
7. Why does the child's society provide him with a given sub-set of the set of all possible games? (Is this sub-set of game related to others aspects of the society?)

To the best of my knowledge, no one theorist had addressed himself to all of these sub-questions, although many have claimed to have answered the broader question conclusively. (See bibliography.) Each theorist seems to pick out one or several of these smaller issues, offering an explanation consonant with his general theory of behavior or focus of interest. It is thus that most of the "theories of play" are not mutually exclusive, but complementary. With the deletion of a few widely discredited theories (like Hall's "abreaction of ancestral instincts"), we should be able to fit most of the explanations into a "grand overview" of the problem of play. Rather than attempt to elevate one facet of play to a statement of its fundamental nature, we shall attempt to treat the

significance of the phenomenon, like the significance of its name, as one of multiple meanings.

For purposes of exposition, explanations of play will be discussed under four headings, on the basis of the *focus of attention* of the explanation: (1) biologically oriented, (2) person-oriented, (3) lifespace-oriented, and (4) socioculturally oriented explanations. This scheme claims to be neither an exhaustive nor a sharp classification of explanations of play, for explanations vary in their breadth of focus. The terminology for the second and third headings is borrowed, of course, from Lewin (1933). By person-oriented explanations I mean those whose primary interest is in the tensional systems within the individual and the means by which these tensions are dealt with in play. This is thus an "intrapersonal" orientation. By lifespace-oriented explanations I mean those which are concerned primarily with the person's interaction with objects and people in his world, and the role of play in structuring and determining these "extrapersonal" aspects of behavior. The meanings of the first and fourth headings seem to be fairly unambiguous, and will be developed in the discussion below.

It will be useful to make one more point of definition before moving into the discussion. Following Piaget (1951), I would like to distinguish between three main categories of games:

1. *Practice games.* This is generally what we call "play" in English, as opposed to "games." The term will be used to refer to pleasureful exercise of physical skills.
2. *Symbolic games.* These are games made up by individual children and played alone, usually involving a good deal of make-believe and imitation.
3. *Games with rules.* These are social games, involving regulations imposed by the group and sanctions for the violation of the rules.

It should be noted that this is a hierarchy: symbolic games may involve physical skill, and games with rules, such as *Fuchs ins Loch*, may involve both symbolism and physical skill. I also believe that this is an ontogenetic sequence, the prelinguistic infant exercising newly acquired skills purely for *Funktionslust*; the preschool child inventing his own games; the school child entering into games with his peers.

Many of the theories considered below do not take account of all three levels of playing, but try either to explain one type of game alone, or to assimilate all three to one type.

Explanations of Play

1. *Biologically oriented explanations*

A number of theorists have been interested in setting play in the framework of biological evolution (Beach, 1945; Colozza, 1895; Groos, 1901; Nissen, 1951; Spencer, 1901; Spuhler, 1959).

The earliest of such attempts was that of Herbert Spencer, who argued that animals higher on the evolutionary continuum do not spend all of their time and energy in getting food, and thus must use up "surplus energy" in other activities. This aspect of Spencer's theory was earlier proposed by the poet Schiller, who said:

> An animal works when the mainspring of his activity is a deficiency, and it plays when this mainspring is a wealth of energy, when superfluous life itself presses for activity. (1862, p. 105)

For this reason, the theory is often called the "Schiller-Spencer Theory of Surplus Energy," although Spencer carried it farther than Schiller's hint. He theorized that faculties which have been quiescent for some time of necessity push for expression, and concluded that

> play is . . . an artificial exercise of powers which, in default of their natural exercise, become so ready to discharge that they relieve themselves by simulated actions in place of real actions. (1901, p. 630)

There are a number of difficulties in accepting this approach as explanatory of all play. At best, it tells us why the child plays as opposed to doing nothing or doing other things, and attempts to explain the energy source of this activity. The use of the word "surplus" is somewhat puzzling — surplus from what? There is usually apparent circularity in this usage: energy is considered surplus if expended in play, and non-surplus if expended in work.

This "theory" does not help us to understand the choice of play activities, and it limits the range of activity to the exercise of a vaguely defined and outdated concept of a biologically fixed and localizable set of "faculties." It deals only with practice games, which are common to higher animals and man, and is helpful only in saying that children are very energetic and, having nothing else to do, spend their time playing. This is barely more than common sense and does not carry us very far. Going back to our game of *Fuchs ins Loch*, we know nothing more about the

symbolism or the rules of the game; and we do not even know why the children continue to play for hours, even to the point of exhaustion.

For this last reason, the surplus-energy view has often been opposed by the so-call *Erholungstheorie*, or "recreation theory," attributed to Lazarus (Colozza, 1895; Groos, 1901). This view regards play as an opportunity for the relaxation and restoration of exhausted powers. Actually, these two interpretations are not contradictory; both could operate under different conditions. But neither explains the choice of game or play activity. It is merely stated that "there is playing."

Groos, the great nineteenth-century authority on play, added another dimension to this sort of theorizing (1901): He noted the increasing dependency period and decreasing importance of rigidly patterned instinctual behavior up the phylogenetic scale, and explained play in higher animals as a period of *Vorubung* ("pre-exercise") of skills which the organism needs later in life:

> Play is the agency employed to develop crude powers and prepare them for life's uses, and from our biological standpoint we can say: From the moment when the intellectual development of a species becomes more useful in the "struggle for life" than the most perfect instinct, will natural selection favour those individuals in whom the less elaborated faculties have more chance of being worked out by practice under the protection of parents — that is to say, those individuals that play. (p. 375) . . . In general I hold to the view that play makes it possible to dispense to a certain degree with specialized hereditary mechanisms by fixing and increasing acquired adaptations. (p. 395)

This theory deserves more attention than the other two nineteenth-century theories discussed above, since it was also endorsed by Freud (1958, pp. 101–104) and seems to have support from contemporary comparative psychology (Nissen, 1951), and anthropology (Spuhler, 1959). Spuhler points out an evolutionary trend "from built-in nervous pathways to neural connections over association areas (where learning and symboling can be involved) in the physiological control of activities like sleep, play, and sex" (1959, p. 7). And Nissen develops the point that:

> In biological-teleological terms, play serves the purpose of developing an equipment of perceptual and motor patterns in the higher mammals, whereas animals with an inherited repertory of perceptions and motor coordinations do not need this opportunity, being already provided with such neural organizations. (1951, p. 359)

If interpreted broadly enough, this point can carry us beyond practice games to all games. Given a long dependency period and little instinctively patterned behavior, the human child must learn not only physical, but also social and symbolic skills. We have hit here upon one of the essential functions of play in human life, a function not adequately dealt with by surplus energy or reaction theories. We will follow this thread of the role of play in socialization throughout the rest of the paper.

The biological explanations have, however, only started us off in our discussion by telling us that human children *do* in fact play. Groos attempts to carry us a step further in dealing with the question of why children continue to play once they have begun. Referring to the surplus energy and recreation theories, he says:

> But we find on further examination that a game once begun is apt to be carried on to the utmost limit of exhaustion — a fact which it is superfluous to illustrate, and which is inexplicable by either of the theories in question. Therefore it is important to notice two . . . considerations which throw light on [this problem]. The first is circular reaction, that self-imitation which in the resultant of one's own activities finds ever anew the model for successive acts and the stimulus to renewed repetition. The second is the trance condition [*Rauschzustand*], which so easily ensues from such activity, and which is practically irresistible. (pp. 366-369)

It is at just this point that Freud enters the discussion, and we shall accordingly turn now to him.

2. *Person-oriented explanations*

In the course of his prolific career, Freud made many references to the phenomenon of play.* Almost all of his statements deal with the role of play in working out individual problems or in yielding individual pleasure, and thus we will discuss his contribution in the context of intrapersonal explanations.

*1905: *Wit and its Relation to the Unconscious;* 1908: *The Relation of the Poet to Daydreaming;* 1912-13: *Totem and Taboo;* 1919: *The Uncanny;* 1920: *Beyond the Pleasure Principle;* 1926: *Inhibitions, Symptoms, and Anxiety: The Question of Lay Analysis; On Female Sexuality.*

Freud's earliest remarks on play are to be found in *Wit and its Relation to the Unconscious*, first published in 1905. Here we find direct responses to the work of Groos, which has appeared six years earlier. In speaking of the acquisition of language, Freud accepts Groos' general interpretation:

> Play . . . appears in children while they are learning how to use words and connect thoughts; this playing is probably the result of an impulse which urges the child to exercise his capacities (Groos). (1958, p. 104)

He disagrees with Groos, however, on the interpretation of repetition in play. He explains repetition on the basis of the pleasure involved in rediscovering and recognizing the familiar. (It is interesting to note that this was also Aristotle's position in his *Poetics*.)

It was not until *Beyond the Pleasure Principle*, in 1920, that Freud examined in detail the problem of play and repetition. At one point in this work he explains the pleasure of repetition as one which stems from the reassuring knowledge of the stability of the world; the child finds joy in the knowledge of identity, in the ability to say, as William James put it, "thingambob again!"

> But children will never tire of asking an adult to repeat a game that he has shown them or played with them, till he is too exhausted to go on. And if a child has been told a nice story, he will insist on hearing it over and over again rather than a new one. . . . None of this contradicts the pleasure principle; the re-experiencing of something identical, is clearly in itself a source of pleasure. (1950, pp. 45–46)

Freud's argument, however, becomes especially important in the discussion of the role of the pleasure principle in the repetition of symbolic games which individual children invent themselves, as opposed to the practice games discussed by Groos or the games they play with adults. Freud sees such games as the ego's attempt to repeat actively a traumatic event which was earlier experienced passively, thereby gaining a belated mastery over the event. This interpretation immediately raises the problem of the repetition of unpleasant experiences, and Freud considers the possibility that such repetition goes "beyond the pleasure principle." He comes to the conclusion that, although play resembles repetition compulsions which do go beyond the pleasure principle, repetition in play is supported by other motives, such as mastery or revenge:

> We are therefore left in doubt as to whether the impulses to work over in the mind some overpowering experience so as to make oneself master of it can find expression as a primary event, and independently of the pleasure principle. For, in the case we have been discussing, the child may, after all, only have been able to repeat his unpleasant experience in play because the repetition carried along with it a yield of pleasure of another sort but none the less a direct one. (1950, p. 16) . . . the compulsion to repeat, and instinctual satisfaction which is immediately pleasurable, seem to converge here into intimate partnership. (p. 25)

And, finally, Freud concludes:

> In the case of children's play we seemed to see that children repeat unpleasurable experiences for the additional reason that they can master a powerful impression far more thoroughly by being active than they could by merely experiencing it passively. Each fresh repetition seems to strengthen the mastery they are in search of. (p. 45)

Freud's ideas about play are echoed in many places in the psychological literature. (See Fenichel, 1945; Erikson, 1950, 1959). The concept of play as a situation in which the ego can, in Erikson's terms, "deal with experience by creating model situations and . . . master reality by experiment and planning" (1950, p. 194) is the guiding principle of play therapy. Virginia Axline has just this interpretation of play in mind in saying:

> Play therapy is based upon the fact that play is the child's natural medium of self-expression. It is an opportunity which is given to the child to "play out" his feelings and problems just as, in certain types of adult therapy, an individual "talks out" his difficulties. (1947, p. 9) . . . When he plays freely . . . he is expressing his personality. . . . He is releasing the feelings and attitudes that have been pushing to get out into the open. (p. 23)

This view is so strikingly similar to that of Friedrich Schiller that it is of interest to quote his statement of 1795:

> In the midst of the terrible empire of energies [cf. id?] and in the midst of the holy empire of laws [cf. superego?] the drive of aesthetic creativity cultivated, unnoticed, a third, happy empire of play and of illusion, in which it removes from man the bonds of all relationships

and frees him from all that is called constraint — in the physical as well as in the moral sphere. (1862, p. 109)

This is all we shall have to say about the role of play in resolving inner conflicts, although aspects of this problem will arise again in the following section. Until now, everything we have had to say about play fits into the scheme of orthodox psychoanalytic theory and represents most of what that theory has to say about our problem. How far have we come? Let us review the seven questions which we found lurking behind our original query — "Why does the child play?" (1) The energy comes from infantile-erotic drives which strive for expression. (2) The biological function of play is to allow for the reduction of tensions created by the repression or suppression of activities — either because they are socially reprehensible, or because the child is not yet capable of mastering his environment. (3) The child spends his time playing because he is cared for — he does not have to "struggle for existence" — and because he has many things to learn before he can begin to "struggle." (4) He chooses practice games because of the pleasure of exercising his capacities without anxiety. He invents symbolic games to master actively traumatic experiences endured passively. He partakes of group games with rules because they allow for symbolic resolution of his oedipal conflict. (5) He continues to play, once he has begun, either because recognition of a return of the familiar is pleasureful, or because repeated mastery of a problem is pleasureful. (6) We know very little about the significance of childhood play for the future life of the individual, except that the role of play in making childhood adjustments will have something to do with later adult adjustments. (7) We have no idea why games should differ from society to society. As a matter of fact, following the above argument, there should be no significant difference between societies as far as games are concerned. If the human drama — its myths, its symbols, its conflict — is universal, and if play is but an acting out of this drama, play, too, must be universal in character.

We see that psychoanalytic theory has not brought us to the end of our journey. It is precisely in what I have called the "extra-personal" aspects of play that this theory is weakest. It does not account for the observed fact, to be discussed below, that societies *do* in fact differ consistently in the sub-set of the set of all possible games which are played by their members. Nor does it deal with the fact that play, in addition to releasing tensions, has a great deal to do with structuring the individual's view of himself and his world.

Piaget's far-reaching analysis of *Play, Dreams, and Imitation in Childhood* (1951) attempts to deal with the same problems as psychoanalytic theory from a different point of view. We have already found his classification of games useful, and we will discuss his analysis of games with rules below. Like Freud, he accepts *Funktionslust* and mastery of conflicts as motivations for play. Just as Freud says that "the re-experiencing of something identical, is clearly in itself a source of pleasure," so does Piaget characterize play as activity in which "assimilation" predominates over "accommodation." That is to say that the playing child is more engaged in adopting experience and making it his own by fitting it into his schemata, than he is in changing his schemata to meet the demands of reality and experience. Thus play is seen as assimilation of reality to the ego.

Piaget insists, however, that children's use of symbolism can only be explained as being a function of the way in which they think in the stages of development which precede logical thought:

> . . . the formation of the symbol is not due to its content, but to the very structure of the child's thought. Wherever there is symbolism, in dreams, in the images of the half-sleeping state or in children's play, it is because thought, in its . . . elementary stages, proceeds by egocentric assimilation, and not by logical concepts. (p. 156)

He gives many convincing examples to prove his point, but I am not prepared to choose between this interpretation of symbolism and the Freudian. Although Piaget's study is very impressive, we are still left with some of the problems noted above.

3. *Lifespace-oriented explanations*

We turn now to those explanations of play which focus their attention on the child's interaction with objects and people in his world, and the role of play in structuring and determining these "extrapersonal" aspects of behavior. Among these explanations we find those of the "ego-psychologists."

Play with others. Erikson has much to say about play in this light. He defines the field as follows:

> I would look at a play act as, vaguely speaking, a function of the ego, an attempt to bring into synchronization the bodily and social processes of which one is a part even while one is a self. (1950, p. 194)

This is the first discussion we have considered which pays specific attention to "social processes." Erickson follows the psychoanalytic tradition in considering symbolic games — play for oneself — as being aimed at mastery of conflicts and of motor skills. But he introduces play

with others into his discussion also, and points out the role of group games in social adjustment:

> Finally, at nursery-school age playfulness reaches into the *macrosphere*, the world shared with others. First these others are treated as things, are inspected, run into, or forced to "be horsie." Learning is necessary in order to discover what potential play content can be admitted only to fantasy or only to autocosmic play; what content can be successfully represented only in the microcosmic world of toys and things; and what content can be shared with others and forced upon them. (p. 194)

This shift of emphasis draws our attention to the insight of George Herbert Mead (1934). Interaction in play with other children enables the child to develop both an idea of self and of "generalized other." The playing child shifts from one role to another (remember *Fuchs ins Loch*) and is forced to change his perspective. In group games with rules the player must know the roles of all the other players, as well as his own role, and must develop the ability to "take the role of the other" in order to predict what will happen next and adjust his behavior accordingly. The child begins to assess his abilities against those of others, and develop a self-image — an identity.

The playing youngster learns more than his own identity. By playing various adult roles, he must also learn the social rules, the norms which regulate that actor's behavior.

In addition, all of these games with rules are of great psychological interest in another aspect of personality development. The player must learn to submit to a rule even in those situations in which his immediate impulse would push him to a completely different behavior. He may play only one role at a time, and he must play it according to the rules. In the words of the Soviet psychologist Leontiev: "To master a rule — this means to master one's own behavior, to learn to regulate it, to learn to submit it to a given task." (1959, p. 404).

Piaget's careful study of the rules of marble games (1932) has shown in great detail what an important and difficult task this learning of rules is. He distinguished three stages in the development of the consciousness of rules:

> Before the intervention of adults or of older children there are in the child's conduct certain rules that we have called motor rules. But they are not imperative, they do not constitute duties but only spontaneous regularities of behavior. From the moment, however, that the child has received from his parents a system of commands, rules and, in general, the world order itself seems to be morally necessary. In this way, as soon as the little child encounters the example of older children at marbles, he accepts these suggestions and regards the new rules discovered in this way as sacred and obligatory. (1932, p. 101)

Finally, in the highest stage, the children demonstrate an interest in rules for their own sake, realizing that rules are based on mutual consent, and can thus be altered.

It seems to me that these three functions of play — the learning of *identity roles, and rule-bound behavior* — are not sufficiently dealt with in the psychoanalytic analysis which we reviewed above. Nevertheless, we cannot ignore the psychodynamic aspects of play, either. Erikson is careful to point out that the elements of group games must have both common and unique meanings. A common game *may* have important unique meanings to some children, providing them with symbolic gratification of various desires. But the game certainly does not have the same symbolic meaning to all of the players, and may not even be used by all of them as a symbolic outlet. Thus some of the children playing *Fuchs ins Loch* may indeed find gratification of incestuous wishes, but others may satisfy aggressive desires by flailing their knotted handkerchiefs; still others may be primarily motivated by the prestige of playing with older children, and so on. I am convinced that a mono-motive, monolithic explanation of such complex behavior must be considered inadequate, despite its apparent simplicity. Alfred North Whitehead once said: "Seek simplicity, and distrust it."

Play and Motivation. — The simple, motor-motive, tension-reduction view of behavior has been attacked from many fronts recently. All of the talk about curiosity drives, exploratory drives, manipulatory drives, and so on is applicable to our problem. Such stimulus-seeking behavior is characteristic of much of play. Robert White takes these views and the problem of learning physical and social skills, and builds an impressive argument for the importance of "effectance motivation" and the development of competence:

> The theory that we learn what helps us to reduce our viscerogenic drives will not stand up if we stop to consider the whole range of what a child must learn in order to deal effectively with his surroundings. . . . Seen in this light the many hours that infants and children spend in play are by no means wasted or merely recuperative in nature. Play may be fun, but it is also a serious business in childhood. During these hours the child steadily builds up his competence in dealing with the environment. (1960, p. 102)

...up the necessity of taking what I have called an extra-personal" or "lifespace-oriented" frame of reference:

> I have no intention to dispute what Erikson, among others, have shown about symbolism in child's play and about erotic and aggressive preoccupations that lead to play disruption. But we lose, rather than gain, in my opinion, if we consider the child's *undisrupted* play, six hours a day, to be a continuous expression of libidinal energy, a continuous preoccupation with the family drama, *as if there could be no intrinsic interest in the properties of the external world and the means of coming to terms with it.* (Italics mine.) (1960, p. 113)

Piaget again presses this point when he speaks of play enabling the o to assimilate reality — to develop concepts of the objective and social orlds (1951).

It is precisely this aspect of play that has always impressed educators, d men from Plato to Confucius to Locke, Froebel, Vygotsky, and uner have dealt with the importance of play in the process of learning. osely related is all of the theorizing in psychology about the role of rinsic motivation. Bruner has recently stressed the play aspect of rning in suggesting the hypothesis

> that cognitive operations are facilitated by a "game attitude" — a certain playfulness constrained by a sense of the rules. It may well be that a "game attitude" has the effect of denaturing or delibidinizing problem solving activity so that it is less interfered with by a sense of the consequences of success and failure. The evidence seems to indicate, however ambiguously, that "playing around with ideas pays off." (1961, p. 29).

I think we must conclude that individual play, by giving the child the ortunity to manipulate his world without the threat of severe loss or ishment, can help him both to work out his emotional problems and earn about the world around him. And social play gives him the ortunity to develop ideas of his own identity, interaction with others, l roles, and the importance of rule-bound behavior. Thus it appears beginning with the initial achievement of mastering the object ept in infancy, it is through play that much of what we call "a zed human being" is produced.

4. *Socioculturally oriented explanations*

The fact that different societies produce different sorts of "civilized an beings" brings us to the last main topic of discussion. At this point ociologists and anthropologists join us, bringing their knowledge of ses of play in various cultures of the world.

Obviously, games in which children act out social roles and events will vary from culture to culture, depending on the models available for imitation. Using John Whiting's concept of "status envy" (1960), however, we can go more deeply into this point. Whiting argues that a child will covertly practice those roles which seem to him to carry special privileges, but which he, because of his status as a child, cannot act out in reality. That is, a child will behave like a favoured individual in an attempt to get for himself the privileges associated with his status. The sum of these envied statuses make up the child's "optative identity." Following this reasoning, a study of those role models which are most frequently imitated by children in their play will yield valuable information about the child's view of social reality in various cultures. Thus aspects of the family and social structures influence the child's choice of play activities.

From here it is a short step to the fruitful consideration of games as models for other cultural activities. A. R. Anderson and O. K. Moore at Yale have developed the concept of "autotelic folk-model" to deal with this very important aspect of games (Anderson and Moore, 1960; Moore and Anderson, 1961). They make the point that human beings in society face three broad types of problems, or aspects of problem situations: (1) non-interactional problems, in which the human being manipulates the environment without being manipulated back; (2) interactional problems, in which the behavior of others must be taken into account; and (3) affective problems. The behavioral scientist must raise the question: How do people learn technique to handle these problems? (Cf. White's statement, quoted above, about "the whole range of what a child must learn in order to deal effectively with his surroundings.")

It is not enough to say that children learn from adults. Such problems often entail serious consequences and require a certain degree of skill before they can be dealt with well. Thus every society must have certain activities which serve as teaching devices. Anderson and Moore set down three conditions which such activities must satisfy: (1) They must be cut off from the more serious aspects of the society's activities. The rewards must not be too expensive, nor the consequences of error too serious. (2) Thus "the rewards in the learner's activities must be intrinsic, or inherent in the activity itself. Such activities we call *autotelic*: they contain their own goals, and sources of motivation." (3) The devices must help the child to learn the relevant techniques.

Although Anderson and Moore do not often use the term *play* to describe these activities, I think it is clear that they are addressing themselves to the same problems which we have considered. Their approach seems to me to be a useful one. We can fit our classification of games into their classification of universal problem situations: Practice

mes deal with non-interactional problems; symbolic games deal with fective problems; and games with rules deal with interactional oblems. It is encouraging to find our classification system repeated in ls guise, and it leads us to hope that such a classification of autotelic tivities may be universal. This system allows us, I believe, to deal with l of the functions of play which we have discussed above. The fact that ch of our major categories of games coincides with a general human oblem area lends credence to the notion of games as models for more rious aspects of human behavior.

These play activities are called, by Anderson and Moore, "autotelic lk models" — i.e., "models in the pre-scientific culture, with the help of hich members of a society learn about and 'play at' the workings of their ociety." A fascinating argument justifies the choice of games as models r more serious behavior. Both probability theory and game theory rew directly out of the study of activities which people engage in "for ne.fun of it," yet the striking fact is that these mathematical theories are lso successful in dealing with "the more serious matters of survival and velfare." Thus it is quite plausible to suggest that "in acting autotelically ve are 'modeling' our own more serious behavior" (1961, p. 4). Modern oard games like "Monopoly" and "Diplomacy" are obvious examples. lut the correspondence between games and cultural activities need not e so sharply drawn. Huizinga was so struck with this correspondence etween play and other aspects of human life that he dubbed man *Homo udens*, finding the play element pervading all of the activities of man (1955).

Roberts, Arth, and Bush (1959), looking upon games in a similar light, went to the Yale Area Files and confirmed some very interesting ideas about games as models for other behavior. They classified games into three groups, somewhat similar to ours: (1) games of physical skill, in which self-reliance is learned; (2) games of strategy, in which social roles are learned; and (3) games of chance, in which responsibility and achievement are learned. They then looked for the following sorts of relationships between games and culture:

> If games are expressive models, they should be related to other aspects of culture and to variables which figure in expressive or projective mechanisms. More specifically, games of strategy which are models of social interaction should be related to the complexity of the social system; games of chance which are models of interaction with the supernatural should be linked with other expressive views of the supernatural; and there is a possibility that games of physical skill may be related to aspects of the natural environment. (pp. 599-600)

Social system, religion, and natural environment were found to be related to the presence of various sorts of games in a given society. For example, societies with high political integration and social stratification have many games of strategy, while societies low in these variables do not tend to have such games. Yet these variables were not related to the presence of games of skill in the societies examined. Thus the "macrosphere" which we look to for an understanding of children's play must be larger than the nursery-school group — it must include the social system, religion, natural environmsnt, and probably additional aspects of the larger world in which children and their parents find themselves.

Roberts, Arth, and Bush quote unpublished data of Whiting, Lambert, and Child which show relations between games and child-rearing practices. For example, the presence of games of strategy was found to be positively associated with low permissiveness in child training, high severity of bowel training, and high reward for obedience behavior. Games of chance were not related to these variables, but to stress on responsibility and achievement behavior. Thus the sub-set of the set of all possible games which a society makes available to its members is also determined by the values and way of life of the society. We are faced with a web of causality far more complex than the simple explanation of Pfeifer that European children play *Fuchs ins Loch* in order to gratify symbolically their incestuous desires. This argument would be more convincing if it were limited to games which have been played at all times and in all places, but, even then, the Freudian explanation is no more economical than one based on universal and enduring aspects of the problem situations which human beings always face.

Conclusions

It is now time to return to the question which arose at the outset of this review of what men have had to say about play. We had just watched a group of children playing *Fuchs ins Loch*, or *Mere Garuche*, or *Santa Foka*, and we asked: "Why are these children playing this game?" On closer examination, it turned out that we had at least seven questions to answer. Have we made any progress?

1. *Where does the energy expended in play come from?* It comes from the same source as all of the energy which drives the body. It makes no sense to call it "surplus" — surplus from what? We only know that it is being expended in play. It is also unenlightening to speak of "infantile-erotic drives," or of libido, for if this energy is the only energy available to the body for *all* activity, play is not differentiated in its energy source.

Following the Freudian tripartite division of the psyche, however, we can say that the energy expended in play is at the service of the ego.

2. *What, if any, is the biological function of play?* If we wish, we may consider the reduction of psychic tensions to be a biological function of play. But, more generally, there does not seem to be a strictly biological function of all play, nor does this seem to be the most significant fact about human play. We can say that a certain amount of muscular exercise seems to be a basic need of the organism (Nissen, 1951). Thus the biological function of playing *Fuchs ins Loch* is one of exercise and, perhaps for some children, tension reduction.

3. *Why does the child spend his time playing, as opposed to doing nothing or doing other things?* The children we have been watching are human beings, who have a long dependency period, few rigidly patterned instinctive behaviors, and a great capacity to learn how to get along with their environment. They are not yet capable of supporting themselves and are nurtured by adults. For much of the time these European children playing before us are not only free of serious work obligations, but are expected to spend some of their time in play.

4. *What is the child's motivation in choosing a given game or play activity?* Individual differences make it impossible to answer this question. In the swarm of children chasing after the "fox," who knows how many different sorts of motivation impel them onward? I do not believe that we can accept any of the suggestions we have reviewed as *the* answer to this question. Certainly, the Freudian motive is one answer, but there are also needs for achievement, affiliation, power and so on. Many play activities are certainly pursued primarily for *Funktionslust*, although other motivations, such as mastery, may enter also.

5. *Why does the child continue to play, once he has begun?* There is, to be sure, a certain *Rauschzustand*, a certain "trance state," associated with such group games as the one we are considering. But there are also needs for achievement and affiliation involved in continuing to play in the group, and a host of other needs. Some children may indeed enjoy the repeated mastery of disturbing conflicts, as symbolized in the game. We are tempted to say that each child plays on because he is enjoying himself — but is this really true in every case?

6. *How does playing aid the child in development?* Certainly this game develops motor skill and coordination. It also develops social skills which are learned in the process of interacting with others. In order to play *Fuchs ins Loch* the children must learn the rules and follow them. They must learn to shift roles and change orientations quickly. To the extent that adjustments to childhood problems are made through this game, playing has some effect upon later adult adjustments.

7. *Why does the child's society provide him with a given sub-set of the set of all possible games?* (i.e., why is *Fuchs ins Loch* played in 20th-century Europe?) This is a difficult question to answer, for we do not know enough here about the history of this game or the sociocultural nature of the areas in which it is played. But we can be sure that there are many important sociocultural and environmental determinants, as well as interesting regional variations.

I hope we have advanced somewhat in our notion of why children play and what the significance of their playing may be. The question undoubtedly has more facets, but we have at least been able to place children's play in its psychological and sociocultural setting.

Let me conclude with the observation of a great inventor of mathematical and philosophical systems, Gottfried Wilhelm Leibnitz: "Die Menschen haben niemals grösseren Scharfsinn gezeigt als bei der Erfindung der Spiele." ("Man has never shown more keen sense than in his invention of games.")

COMMUNICATING THERAPEUTICALLY WITH THE CHILD

E. James Anthony, M.D.

Those of you brought up on *Gulliver's Travels* will recall the Academy of Laputa where the professors were constantly busy improving the art of communication. They had started with projects for reducing polysyllables to monosyllables, had progressed to the exclusion of verbs and participles with sole reliance on nouns, and had finally moved toward an abolition of all words whatsoever on the grounds that people would thereby live longer by taxing their lungs less. Since names referred to things, they said, what could be more convenient than carrying what we had to say in our pockets—unless, of course, we had a great deal to say, in which case we would have to carry them in haversacks on our backs which might be uncomfortable enough to penalize the more garrulous. As a warning, Swift then proceeds to give a rather intimidating picture of two professors bent down in conversation by the sheer bulk of their communications, which caused me to reflect on the charges for excess baggage it would have been my misfortune to pay had my plane been heading for Laputa and not Yale.

According to the Laputans, the great advantage to this system of communication lay in the fact that it provided a *lingua franca* since people all over the world made use of the same things for the same

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Dr. Anthony is Illicion Professor of Child Psychiatry, Washington University School of Medicine, Louisiana

purposes. It provided a technique of interchange that was simple, short, succinct, direct, concrete, and shorn of ambiguity.

Those of you engaged in child therapy will recognize at once the similarity between the Laputan technique and play therapy. In our diagnostic or therapeutic approach to children, we likewise talk to them in simple, short, direct terms, and mainly through the mediation of things. The objects used are universal in nature and represent in miniature a fair cross-section of every child's world. It also provides a transient, illusional transformation whereby the child is no longer a helpless homunculus in an overwhelmingly large world, but a veritable Gulliver among the Lilliputians, exercising his omnipotence over a malleable, nonresistant universe.

Cutting the world down to size in this manner has also the advantage of reducing the pressure of reality and allows the dormant imagery freer access to consciousness. In the world of play, the dimensions are proscribed by psychic reality and psychic considerations. Things, however, are no longer as unambiguous as the Laputans would like them to be since they often undergo unpredictable symbolic metamorphoses. However, as we sit and watch the child construct his world, we are well aware how fleeting it is and to what a large extent it is governed by here-and-now and *ad hoc* considerations, and that the thing of today may be quite a different thing tomorrow. If we, as therapists, can allow some psychological diminution in our stature, if we can regress temporarily in the service of treatment, we should be able to appreciate the nature of the different play worlds that emerge in the course of our therapeutic contact with the child and speak the language appropriate to each world.

The first world that gains representation in the child's play is generally the one on which he turns the full focus of his conscious awareness in daily life, his "bread-and-butter world." The size of this world is directly related to the size of the child as a rule, but it is not unusual to meet with certain clinical inversions when the constructed world seems too big for the child, or the child too big for his world. In addition to inversions, there are also distortions, since not every part of this world has equal significances to the child. There are emotional amplifications in certain areas and suppressions in others. This is shown up very clearly when the child is asked to draw a map of his environment, and finds [illegible] as much

more than a half a dozen houses, a handful of people, a school, a church, and a playground. It is all within a square mile, but we need to know it well and be familiar with every corner of it, if we aim to talk to him smoothly and easily.

We also need a sample of his behavior day and especially how he passes the time when he has nothing to do. To understand some children, you need to know especially about their unoccupied, unscheduled hours when they are lonely and bored. Knowing how he spends his time and how he wastes his time will provide us with two important facets of the child's life.

Having explored his outside world along with him, we can then proceed to walk up to his front door, move through his house into his bedroom, into his bed, and finally we may find ourselves on the threshold of his world of dreams and fantasies and feelings.

We are now preparing to enter what we can loosely call his preconscious world where the inhabitants are mostly between the ages of four to seven, although smaller or bigger children are admitted, depending largely on their capacity for a particular type of fantasy. It is a world often explored by the gifted writers of children's books who have retained certain perceptions and conceptions that provide a passport in. The Swiss psychologist, Piaget, made his entrance by means of a subtle, clinical technique that disarmed the frontier defenses and allowed penetration into the most secret recesses so often closed to adults who, in applying the label "ridiculous" to the entrance, have automatically found themselves excluded. Piaget, in marked contrast, made his approach in the manner of a foreigner in a new country who had no doubt that he had a great deal to learn about the customs and traditions in addition to the language. His modest entry, his genuine curiosity, and his refreshing freedom from prejudice and preconceptions obtained for him a ready supply of informants who discovered to their relief that here at least was a sensible adult who was not visibly perturbed by contradictory promises or magical thinking.

The world which the child constructs between the ages of four and eight is dynamic, magical, menacing, animistic, and governed by an irrational causality. Inanimate things are not only alive and full of consciousness, but they are also motivated and able to punish. It is a world in which moral laws are exacting, severe, and often arbitrary, and are apparently transmitted from God to parents and to children in an absolute and unalterable form. For the child at this stage of life, thoughts and things are not too well differentiated, and matters of mind, like dreams, are given concrete existence so that unpleasant dream characters find their way into the bedroom through an open window. This kind of child places himself egocentrically at the very hub of the universe and has a pre-Copernican conviction not only that the sun and moon circle around him but that they actually follow him around. His mode of speech closely reflects his thought and serves more an expressive than a communicative function. He talks to himself for the most part, and when children in this strange world gather together, their conversation takes the form of a "collective monologue." It sounds communicative, until one realizes that everyone is talking and no one is listening and that serial samples of speech for any particular child show little evidence of impact of the thoughts and words of other children.

Well-established, mature adults who have put childish things once and for all behind them find the child's soliloquizing uncomfortable from other points of view. Not only is the content often bizarre, but the thoughts are frequently jumbled together or juxtaposed, and *non sequitur* is a normal part of speech. This quality of syncretism can be extremely disturbing and lead to a great deal of confused understanding on the part of the adult. It is essential to understand the language and the thought of the child if one is to try and interpret their content. This is the world of animistic children and reflects the unstable, disturbing experiences that children normally undergo during this phase of development. With anxiety and magical thinking so much in the forefront, it is not surprising that such phenomena as phobias and counterphobic rituals likewise coexist in great profusion. It is a world, as I have indicated, that is just "round the corner" in early childhood and is subject to suppression rather than repression, to a process of forgetting than to a mechanism of amnesia, so that the return of the suppressed comes about with less turbulence and difficulty, referred to by Claparède as a *"prise de conscience"*—a coming into consciousness, or in Piaget's terms, a *"décalage"* or shifting. Such survivals of primitive, prelogical thought emerge into consciousness when we meet with it in the child or relax our own consciousness for reasons of sleep or therapy. Adults, who are more in

touch with their own childhood or who have been put in touch by intensive, regressive treatment, will more easily recapture the mood of the Piagetian child.

Having considered the quality of interchange at the conscious and preconscious levels, we come to a third world of experience in which, replacing the distorted concepts of the external world belonging to the previous level, are our perverted sexual theories, sadistic and cannibalistic impulses, incestuous wishes, and profound anxieties concerning mutilation and death. This is largely a repressed world, and special skills, exercised within a long and trustful relationship, are required before admission can be made. The special key of transference interpretation is particularly effective in opening the door.

It should be remembered, however, that the three worlds of childhood are not so shut off from each other as they are shut off from us, and that intercommunications are fairly frequent. For the outsider, especially the adult one, it is easier to take the worlds one at a time, since comfortable existence within one world tends to facilitate the passage into the next. Most therapists are familiar with the workings of the conscious and unconscious world but tend to ignore the intervening territory, and this, in my opinion, increases the technical difficulty of getting at unconscious material. It is my thesis that learning the language of the child (which includes his special, private glossary dealing with bodily parts and bodily functions), and becoming familiar with his environment as seen through his own eyes, and his work and play day as experienced by him pave the way for his next more secret experiences, the absurd secrets, and leading on to the "bad," shameful, and guilt-ridden secrets.

Let me illustrate what I have said so far with reference to a game played with me in therapy. The child involved was a girl, aged six, who right from her first session evinced an inordinate interest in the moon and gradually taught me how to play what she called "The Moon Game."

In her first session she seized a piece of paper, drew a large circle, and then proceeded to give me what amounted to a lecture on the moon. This she did in a somewhat severe, schoolmarmish way, almost totally devoid of any humor and affect. I became at once an apt pupil, being actually very ignorant about our neighboring planet, and so a new rest[illegible]ed t[illegible]er-p[illegible] relationship developed which

was largely a one-way process, occasionally punctuated by scorn and derision at my appalling lack of knowledge. You will not be surprised to hear that her mother was a schoolteacher who tended to relate in a rather fussy, intellectual way and who was apparently devoted to encyclopedias. (They had five or six different sorts in the house, all in constant use.) Nor was I surprised to learn from mother that every evening at bedtime she and the child would talk about the moon, and this had been going on for quite some time and was largely conducted in astronomical terms with an emphasis on distances, remoteness, coldness, a hidden face that is never presented to the observer, and the enormous hazards that would be entailed in getting to it.

In my role as pupil, I, too, became involved in the same aspects, especially in the remoteness, the lack of warmth, the hidden face, the unreachability, and the barrenness. I certainly learned more about the moon in those few weeks than I had known before. Quite perceptibly, however, the geographical drawings illustrating craters and mountains gave place to more anthropomorphic figures with simultaneously a change in gender. For example, instead of "It is so many miles in diameter and so many miles away," she began to say, "She's really not as cranky as all that"; "she really has got enough air, and you could live on her without dying"; and "her craters are really deep, and you have to be careful not to fall into them, otherwise you will be gone forever." In this phase, her information was far less reliable, and she expressed opinions that I am sure her mother would have questioned immediately. The drawings of the moon began to look more and more human, and she asked me to draw a picture of her looking at the moon. The Moon Game had begun. Subsequently, the moon left her celestial position and came down to visit the girl. "Will she be at home?" she asked me. I said that it depended very much on how the little girl was feeling. "She is not feeling too good. Her sister's in the house with her. [There was a two-year-younger sibling in the family.] Draw her in. Make her nasty. Whom does the moon really want to see? If it's that sister, she can go back. I don't want to see her. Put her back and put a cloud over her face. She's probably very angry now." At this point, she looked anxious and said that she was often very afraid at night because although she loved the moon, at times she felt that the moon really did not love her. She was afraid that the mo[illegible] migh[illegible]e he[illegible]oing [illegible] th[illegible] and [illegible]an with

was so hard to hide from her. She seemed to be following you
l everywhere, and once or twice she had actually wrapped up
blanket and slept under the bed. Yet, sometimes when she felt
toward the moon, a cloud would come by and cover her up,
e felt then really sad that the moon did not want to be with her
ore and had gone away. One night she had cried when the moon
idden and felt very ashamed when her mother came and found
ying. "She seems to know when I am good and when I am bad
erything that goes on in my mind, and sometimes she seems to
e, and sometimes she doesn't, and sometimes I love her, and
imes I'm frightened of her."

we became more and more entangled in this magical, animistic
, larger parts of it came dramatically and dynamically to life,
t we were soon concerned about the waywardness of the wind
he way in which the clouds (who were only broken-up parts of
oon and terribly difficult to get along with) make the moon's
more and more difficult. On some nights there was another
d person up there who fought with the moon and tried to burn
p. You could hear her scream when he thundered. This person
ually turned out to be the sun who remained hidden at night,
se he was "up to no good." I pointed out that we had no sun
in our moon game, and rather tentatively I sketched him into
f the drawings. She became highly exasperated at me, almost
vo different levels. As my teacher, on the conscious level, she
outraged that I was not aware that the sun and moon never oc-
d the heavens together. The sun shone by day and the moon
ight, "as any two-year-old should know." Without even being
e of it, she shifted her line of attack to a preconscious level and
to me somewhat piteously, "Why did you have to do that? Don't
know they don't get on well together? He will just kill her. I
v he will just kill her. He'll come right near her and burn her
ith his rays, and she will die, and we'll have no moon left, and
on't be able to play any more. Can't he go back to the daytime?
t's where he belongs. He has no business here at night. He will
you up if you don't look out, and then I'll have no moon and
octor." The anxiety behind this fantasy was very manifest and
ed to what Piaget would have termed her realism and her inability
ifferentiate clearly and concisely between internal and external,
between thought and things that belonged to her egocentric perspective.

I was now able to interpret from the standpoint of this level of fantasy, and soon she was talking sometimes in terms of the moon and sometimes in terms of her mother. Life with her parents was a difficult business since they were constantly fighting, and this made her so anxious at times that she had devised ways and means of keeping them separate—taking mother into another room to help with the homework, or keeping father out-of-doors to play ball, but in any case not allowing them to occupy the same room at the same time, since this inevitably resulted in a disturbing upheaval. We were able to talk of her reaching out to her mother and of not being able to establish herself warmly with her, not because of mother's lack of response but because of her own barrier of hostility toward mother. In the same way, she wanted to keep father and mother separate, not because she was afraid that they might fight, but because she was afraid that they might get too close together and do certain things to each other that she could as yet only dimly imagine and express. She was now able to put me in with the moon as a star, adding seductively, "You can be up there with her alone, because you are really my star, and she can never have you. In any case, moons and stars can stay together, because they don't fight. That's why they can stay together."

In this manner, we had passed gently from conscious to unconscious oedipal struggles through the intermediary of the transitional world of the preconscious through the process of gradual familiarization. It is my conviction that the dosage, depth, and tactfulness of an interpretation can be most effectively regulated by the sort of approach that I have outlined.

I want to pass now from the problems of interchange at different levels to the problems of interchange through different media. In the previous contribution, I have referred to the therapeutic situation being composed of various spheres of activity. For this conception, I, of course, drew largely on Erikson with some modification of terminology as well as construction. In the development of any particular therapeutic session, the child tends to move from the *microsphere*, in which he is dealing with a miniature world of things, to an *autosphere*, in which he is dealing with his own body as a series of things, to the *macrosphere*, in which he is dealing with the one

hundred and one things that are part of the therapist and are conceived as belonging to him, as well as the cornerstone thing which is the therapist himself. The progression from one sphere to another is occasioned by the operations of instinctual needs and defenses, the main defense being against relating to the major thing in the room which is the therapist. All other spheres are to a large extent defense spheres, but each has its own system of anxieties that lead to fight or flight responses on the part of the child. He may, for example, be busy projecting his conflict onto the small world of things, but this may engender so much concern that play disruption supervenes, and he may turn to the therapist for support. Close contact with the therapist, however, is fraught with many dangers, and he may be forced to retreat to the resources of his own body, to the furthest corner of the room, or back to the play things. He is often at his freest when he escapes from the closeness of the therapeutic situation and can report on the world outside, but the wily therapist counters this by relating the outside information to what is going on in the session. The flow of communication, therefore, extends from the body language of the autosphere to the transference language of the macrosphere through the mediary of the symbolic language of the microsphere.

The Capacity for Therapeutic Communication in the Child

The capacity of the child to communicate in therapy is often closely related to the nature of his communication environment. He may come from a nonverbal family where things are done rather than said, and in the therapeutic hour this would show itself by silent preoccupation in the microsphere. Most psychoanalytically oriented psychotherapists would be dissatisfied with just a concrete expression of conflict, since they would regard this as no better than the acting out of an adult patient. However, silences may occur even in the best regulated therapeutic situations, and when they are not related directly to unconscious resistance, they have to do with age and sex gradients, the intrinsic problem of an adult male or female seeking intimate contact and communication with a female or male child. The psychological distance between the adult and child may be steepened by a lack of genuine empathy, that is, empathy based on a real ability to put oneself into the mind of the child and not on hysterical seductiveness, depressive sensitivity, or paranoid intrusiveness. You have to have been a child within your own conscious memory to be able to talk comfortably with a child.

The child's capacity to communicate is closely related to the success or failure of his first communication environment when he was learning the language of gesture, of expression, of minimal cues, of kinesthetic communication, and, most important of all, of words. The various types of mother-child relationship favor or disfavor the development of a need to communicate with another person for the sake of the immeasurable satisfactions that it offers. In an autistic situation, the child may evade language as he evades all contact; in a symbiotic one, he may find language altogether unnecessary; in an overprotective type of union, he may just leave it to his mother, and in the rejection syndromes, he may never learn to listen attentively to the other's point of view.

It is clear, however, that in the majority of cases that Winnicott would call "good-enough," the warm, sympathetic, empathetic, patient, and uniquely and mutually satisfying coupling of mother and infant brings about a good-enough level of communication that persists throughout life. This communication model would be an ideal one to strive after when we need to further communication, as we do in therapy. If we want to learn how the ordinary mother produces the ordinary child, free from emotional disturbance, we need to look at her mode of operation, and especially at the way in which she handles a difficult situation. In the following series of illustrations, I am going to try and illustrate how by sometimes sitting with a mother and child in a nontherapeutic situation, I have come to learn something of the mother's technique and also how to apply it to the therapy situation. In each case, I will offer an example of mother's management and follow it up with my own. It must be understood that the second situation is as spontaneous as the first and merely indicates that I have learned my lesson well.

1 Coping with Fearfulness

Mother has a case of mild toilet phobia on her hands. The boy will not go into the bathroom by himself, and here is his mother talking to him. She is a warm-hearted and gentle creature with natural tact and understanding. "Judging from all that jumping about, I imagine you are ready to go to the bathroom."

"Don't want to."
"It's not so difficult really once you've made up your mind."
"It's too dark and small."
"With the light on, no one need feel afraid."
"The door is shut."
"We can keep it open just enough to hide you but wide enough keep you safe."
"You'll look in."
"I'll just walk about the kitchen, and you'll hear me singing, nd that's where I'll be. I'll be there all the time, and you'll hear e singing. Now and then I'll say 'hello,' and you can say 'hello' ck."
"Why am I afraid?"
"Everyone's afraid of something, and some small boys are afraid f that. I was also a bit afraid of certain things when I was small. 's only natural for little people to be afraid sometimes."
"Perhaps I'll try it once."
"Yes, why don't you just try it once, and after that let's each have cup of hot chocolate. That will be fun, won't it?"
The boy goes in.

A boy, about the same age, comes for his first session and will ot be separated from his mother. Anticipating this, she had dis- ssed her policy with me, and we decided that her role would be ne of sympathetic nonparticipation. The boy had lost his father bout six months previously in an automobile accident. I stand t the door and discuss his refusal with him.

"I think you're afraid of being shut up in this room. You're fraid of what might happen to you. Perhaps you are afraid that might give you shots or something."

"I don't like it in there. I want to stay with Mommy."

"I expect you're afraid that something might happen to Mommy t you leave her. You're afraid that Mommy might not be there hen you come back. You want to watch her in case she goes away."

"My mommy is sick." (She had a cold.)

"I can watch your mommy through this open door, and your nommy can watch me, too. I can see that she is there and that he is looking well."

"Why can't you see me in here?"

"Because you might want to tell me things you don't want ther people to hear. [He buries his head in his mother's lap.] esides, I can help you better in this special room. [I retreat a little nto the room.] I am going to be in here just in case you want to ome."

"I don't want to come." (Whispers to his mother who smiles

"I know you are worried about coming in, because you are afraid something bad will happen to you."

"I'm not afraid of anything." (Buries head in mother's lap.)

"You're afraid that Mummy might leave without you."

"I'm not afraid of anything." (Adds after a pause.) "My daddy is dead."

"I know just how sad that must have made you feel."

"He was killed in an auto."

"I can see just why you must watch over Mummy all the time."

"It looks dark in that room."

"Things always look darker when you're afraid."

"I'm not afraid of that room. We've got a room like that at home."

"I expect it's the same sort of room, but new places are always a little frightening. You always expect that something bad's going to happen in them."

"Nothing's bad in that room."

"That's right, only what we imagine."

"Why don't you go into the room?"

"That's just what I am going to do, and I hope you will come with me, so we can both see what it's like." (The boy comes in slowly.)

"This is your room."

"Yes, this is my room."

"I can watch Mommy from here. Hi, Mommy." (His mother smiles at him and waves.)

"She'll always be waiting for you just there."

"It's not a bad room."

"It's a good room for helping boys when they have worries."

"I'm going out now."

"Thank you for coming in. Perhaps you will stay longer next time." (The next time he stays the whole session, and reiterates the story of how his father was killed.)

"It was no one's fault," he explained earnestly.

2 *Abreacting Aggressive Feelings—The Echo Technique*

The mother is talking to her preschool son.

"Do you know what I am going to be when I grow up?"

"No, what are you going to be when you grow up?"

"I am going to be a giant."

"So you are going to be a giant."

"And when I'm a giant, I'll kill everyone."

"So you are going to kill everyone." (Mother is quite calm.)

"And then there will be no one left in the world."

"So there will be no one left at all in the world."

(Child bursts into a storm of tears.) "Mum, don't say that, how can you say that? I don't want to kill you. Please don't say that."

(Mother draws him close to her.) "Don't upset yourself, darling, I know you love me enough to keep me alive forever, even when you are very angry with me. How can we play pretending if you get so upset?"

A seven-year-old girl in analysis is furious with me, because I interpret her wish to injure my genitals when she very deliberately breaks my pencil.

"You know what you are? You're just a monster, a Frankenstein."

"So you think I'm a monster, a Frankenstein?"

"You're just a horrible pig that needs to have his head bashed in, and his teeth pulled out."

"You want to bash my head in and pull out my teeth."

"I want to bash every bit of your body and cut it all up into pieces."

"You want to cut parts of my body up into pieces."

(She digs her fingers into my arm.) "I just want to kill you, so I'll never have to see you again."

"You don't want ever to see me again."

"Oh, Dr. Anthony, please don't repeat that horrible thing I said. I don't really mean it, and it makes me feel so bad. I'm so sorry. [The tears are pouring down her face.] I'll come on Sunday, if you want me to come, even though I have a game of tennis all arranged."

"You're feeling bad about wishing me dead, and that's what makes you feel guilty about your mother sometimes."

3 *The Method of Role Reversal*

Jane was six years old when her mother accidentally knocked her off her chair, and she cried bitterly. Mother reiterated that she was very sorry, but it seemed as if the girl wouldn't or couldn't believe her. (Little children, like analysts and primitives, are inclined to believe that everything is motivated.) She went on being angry. Her mother accepted this for a while, and then suddenly said to her, "Now, look, honey, let's change places for a bit. I'm Jane, and you're me." Mother rubs her leg and whimpers, "You silly oaf, you really tried to hurt me, and you did it on purpose. Say you're sorry."

(Jane begins to smile and pats her mother affectionately.) "I am sorry, honey, I didn't mean to. I really was clumsy, but you must admit, it really didn't hurt you. I think you are inclined to make a mountain out of a molehill." (She began to laugh with much amusement.)

ve c ver grill o th om, dow nd d a

me. I waited for a while and then remarked that he looked angry and that I supposed it was with me.

"Well, it's not your table, nor your chairs, or your books or your carpet, so you guessed right. There were two reasons why I didn't want to come. One is that it's George Washington's birthday, and it's a holiday, and everyone's having a fine time except me, and I expect some more foreigners who don't know better. The second reason I'll keep to myself."

"You want to punish me even further. You must be really angry with me."

"I'll say, and if you were me, you would understand why."

"Okay, let's change positions. You be me, and I'll be you."

"You doctors don't know anything. You don't even know what makes me hate coming here. You don't care whether people find out and call me nutty. It's all the same to you, but that's not all that scares me. I'm scared you will find out some dirty things about me, and then you will tell my dad, and he will beat me up. That makes me real scared."

(Steve smiles and takes up a professional position in close imitation of me. He Anglicizes his voice slightly.) "Look here, my young chap, what does it matter if people find out. Everybody goes to the psychiatrist these days. Your mother goes, and your uncle goes, and one of your cousins goes to the child guidance clinic. It is just a very neat thing to do. And as for secrets, I've heard millions of them from guys like you, and they are all the same, the same junk: I hate my dad, because he's mean to me, and I wish he'd get off my back sometimes. When he's real mean, I'd like to push him over. I tell you, it's all old junk, not worth telling your mum anyway. [He reverts to normal voice and position.] You know, Doc. I'm really not mad at coming today. It's better than the movies, and I saw this one twice already."

In many narcissistic or neurotically constricted children, there comes a moment of therapeutic history when the capacity to empathize emerges, and, like the role-reversal situation, leads them to adopt a parental role. Here are a sample of remarks from children who have detected hunger, fatigue, suppressed anger, a feeling of alienation, depression, and other countertransference and counterresistance responses. "You know, I heard your stomach rumble a little while ago, and I think you're real hungry. I've got two cookies in my bag, and you can have one. It will make you feel better." "It's tough for you to work so late just to see me. You look tired, and I expect you want to go home and relax a little. Why don't you lie down and rest

:: that couch, and let me talk to you. You'll feel better." "What :appens when you're angry with me like I think you are now. Where :es it go? You must hide it somewhere. In the *Reader's Digest* they ay that if you keep it inside you, you will get ulcers. You better get t out of your system now, or else you will have trouble later." "For·igners don't have an easy time, because you speak funny and look unny. If there's anything you want to know about our country, just sk me, and I'll tell you. It's better you have it from me than from thers. They might laugh at you. I would never laugh at you." "I now you are thinking about me, because you're looking sad. Don't vorry too much about me. I'll be all right. It will all come out right n the end. I'm going to clear up your room for you and get it all nice nd clean, and then you'll feel better."

4 Frank Admission of Difficulty on the Parents' Part Allows the Child to Take the Initiative and Move Forward

Mother and Susie are discussing her pregnancy. "How will he know when to come out?"

"When he's nine months, he gets to a certain size, and this helps to press him out."

"Did he grow from a small seed?"

"Yes, he started as a seed." (Mother is beginning to feel uncomfortable.)

"Where does the seed come from?"

"Part of it from me, and part of it from Daddy."

"Where does Daddy keep his seeds?"

"In his underneath."

"Why?"

"I imagine it's just a good place to keep it."

"How does he plant the seed, Mother?"

(Mother is very uncomfortable now and sits staring at Susie in perplexity while the little girl keeps repeating how, how, how.) "Oh, Susie, I am in such a difficulty about this. I must think of a way of trying to explain it to you, but it's such a hard thing to explain."

"Just try, Mother, try real hard. How does he plant it?"

"He just pushes it in."

"Where?"

"In my underneath. Then I keep it in my tummy, and when it's ready, it comes out, and it's a baby, and then it grows on to a boy or girl, and then into a man or woman."

"And then they have babies, and it goes on and on and on like the house that Jack built."

The therapist is talking to a rather nervous little girl, age nine years. There have been long silences, and the therapist has been finding it difficult to know what to do about them. He spends a long time lighting his pipe and looking over his papers.

"Doctor, I want to tell you my problem, but it's difficult. I guess I am shy."

"Well, it may not be all your fault. Perhaps I don't know how to help you as yet. You see, I'm really new to this game, and I expect there are kids that I haven't learned how to help yet. I just don't know how to get at your problems. It's so hard to know what to say."

"But grownups can always say things that kids can't. Grownups just find it easy to talk."

"That's not entirely true. We also have difficulties about saying things. The trouble is I just don't know what to say to you when you are silent."

"You can say that parents fight, can't you?"

"Yes, I expect I can."

"And that it's very worrying for kids to watch them fight."

"I'm sure it must be."

"The kids have to go to bed, and then all they can think about is their parents fighting, and they are frightened to go to sleep, because something might happen in the night."

"You mean that someone might get killed, that when you woke up in the morning, there would be no parents, and then what would happen to all the kids."

"You've got it. How come you didn't know that at the start. I bet you did, but like all grownups, you just didn't want to talk to a kid about it."

5 Counteracting an Emotional Storm with Intellectual Oil

Annie, age four and a half, is looking at a picture book of animals with her mother. They come across some deer. "Why do they kill the deer? They don't want their skins, do they?"

"No, they kill them, because they like to chase them."

"Why don't the policemen stop them?"

"They can't do that, because people are allowed to kill deer."

(She cries loudly and passionately.) "Allowed, allowed, allowed. People are not allowed to take other people and kill them."

(Mother very calmly and yet compassionately:) "People just think that there is a difference between killing people and animals."

Annie was not to be pacified in this way. She looked woebegone and said to her mother piteously, "Oh, you simply don't understand me."

Later that night while being tucked into bed, she remarked,

t's so nice to have you close. You never get excited, and nothing ul ever happens when you're there."

The little boy is in the play session and is moving some small ures around on the table. "Then this bad man kills this little y. Why does he want to do that to the poor little boy?"
"Perhaps the boy has done something bad and the man thinks should be punished for it."
"But you can't kill little boys just because they are bad."
"When people do bad things, it sometimes makes other people y angry, and then they may want to kill them."
"Oh, you simply don't understand me." (A little later on in the sion when he had got over his upset, he came back to this topic.) expect if bad guys weren't punished, they'd just make everyre bad, and then it would just be terribly bad everywhere. I s: when you feel bad what you have got to do is to think good, l then you don't feel bad."

Prolonging the Time of Contact

Especially near bedtime, little children use many devices to off the evil hour of retirement. One of their subtle procedures tly to introduce the next few words and then pause inquiringly that mother is given no other option but to continue. Here then a little dialogue. "Well, I see from the clock that it's time for bed, o off we must go."
"Or else?"
"I shall really have to get up myself."
"And then?"
"I shall have to pick you up by your hind legs and throw you to your bedroom."
"So that?"
"You'll land right in the middle of your bed, right between your ets with your head in position on the pillow."
"And then?"
"You'll soon be fast asleep with no more questions until tomorw morning."
"Or else?"

The therapist is terminating a session. "Well, that's all for toay."
"And so?"
"You have to go home and have a good dinner."
"And then?"
"You'll be back again on Thursday for another session."
"And then?"

"We'll continue where we left off."
"And then?"

Not all mother's communications are, of course, as helpful as this. At times she sets up a negative model which it would not be so good to imitate.

7 The Tangential Response (Ruesch)

The little boy comes running in from the garden. "Look, Mommy, I've found a snail!"
"Go and wash your hands."

The rather inexperienced psychiatric resident has a borderline boy in therapy. He has just provided him with some brand-new toy cars to play with. The little boy has a hostile mother of whom he is not a little afraid.
"I'm going to stand on this car and smash it."
"When we finish here, we are going to go back to your mother."

What mother might have said is: "It's a lovely snail, but it's a bit dirty, and you and I don't want a dirty house. So why don't you first go and clean up in the bathroom, and then we can take a good look at Mr. Snail himself. That's going to be heaps of fun, once you've washed your hands." By itself, the tangential response creates increasing bewilderment and confusion, and certain chronic communication syndromes can be set up in this way.

Similarly, the resident, with less investment in the new cars, might have said; "I know you want to smash the nice new cars, because that's what your mother will never let you do at home even when you're really angry. Now you want to do it here, because you think she cannot see you, but you are already worried that she might find out and punish you, because you know all the time that she's upstairs, and we have to go back afterwards to her."

It is not only mothers who can teach us how to talk therapeutically with children. Two great psychological interviewers also lend themselves as models, Freud and Piaget. Freud, apart from one famous exception, did not interview children, whereas Piaget did nothing else. The differences in the two approaches are quite striking. Freud, in spite of himself, is drawn into overstatement, whereas Piaget seems to sense the child's feeling all the way through. Freud's humor is a li[illegible]hea[illegible]r a f[illegible]ear[illegible]

I asked Hans jokingly whether his horses wore eyeglasses, to ch he replied that they did not. I then asked him whether his ier wore eyeglasses, to which, against all the evidence, he once e said no. Finally I asked him whether by 'the black round the th' he meant a moustache; and I then disclosed to him that as afraid of his father, precisely because he was so fond of his her. It must be, I told him, that he thought his father was ry with him on that account; but this was not so, his father was l of him in spite of it, and he might admit everything to him iout any fear. Long before he was in the world, I went on, I known that a little Hans would come who would be so fond his mother that he would be bound to feel afraid of his father ause of it; and I had told his father this. 'But why do you think angry with you?' his father interrupted me at this point; 'have er scolded you or hit you?' Hans corrected him: 'Oh yes! You e hit me.' 'That's not true. When was it, anyhow?' 'This morn-,' answered the little boy; and his father recollected that Hans quite unexpectedly butted his head into his stomach, so that had given him as it were a reflex blow with his hand. It was arkable that he had not brought this detail into connection h the neurosis; but he now recognized it as an expression of little boy's hostile disposition towards him, and perhaps also manifestion of a *need for getting punished for it.*

'Does the Professor talk to God,' Hans asked his father on the home, 'as he can tell all that beforehand?' I should be extraor-arily proud of this recognition out of the mouth of a child, if I not myself provoked it by my joking boastfulness" (1909, pp. 13; italics added).

get

'How did it all begin," asks Piaget. "Where did the rules come m? [Ignorant] When did people begin to play marbles?"

The little six-year-old ponders this and comes out with an *ex hedra* statement. "It all began with the Town Council."

'How was that," asks Piaget innocently.

'It came into the gentlemen's heads, and they made some mar-s."

'But how did they know how to play?"

"It just came into their heads. Then they taught people. The dlies showed the little boys how to do it."

"Can you play it without any rules?"

"Oh, no."

"Can you play it with different rules? Can you change it?"

"Oh, no."

"Why not?"

"Because God didn't teach the Town Council that." (Piaget coaxes him to try changing the rule a bit, and he does.)

"How did you discover that?"

"It just came into my head suddenly. God told it to me."

"Does the Town Council know about this way?"

"Yes. They know it. This is a better way."

"But I spoke to them, and they didn't seem to have heard of your way." (He is much taken aback.) "I know some children who don't know how to play yet. Shall I teach them your way?"

"Oh, no. The Town Council's way. It's fairer."

"But when you're a big man with a moustache and all the kids play your way, won't yours be better?"

"No, sir. It's better the Town Council's way."

"Did your daddy play marbles before you were born?"

"No, never, because I wasn't here yet."

"But he was a child like you before you were born."

"Oh, no. I was already there when he was like me. He was just bigger."

"When did others begin to play marbles?"

"When others began, I began, too."

"When you play with smaller boys, can they stand nearer?"

"No, that wouldn't be fair."

"What would happen?"

"God would stop the smaller boy's marbles from getting near and would push the bigger boy's marbles nearer."

"How did you make up the new rule just now?"

"God put it into my head. Before I was born, he put it into my head." (Shades of the Platonic doctrine of reminiscence.)

When all our models fail us, it is time to return to the child himself and learn from his therapeutic rejoinders to us what sort of help in words he needs for himself.

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9

Therapeutic Approaches

In contrast to the discussions of psychotherapy in the earlier chapters of this book, which dealt with the treatment of specific disorders, the discussion in this chapter will deal with the general problem of theoretical approaches to therapy with children. The plan is to consider first the differences between therapeutic approaches for children and those for adults. Then we will turn to certain of the better-known systematic approaches to child therapy, followed by a detailed consideration of those approaches which utilize play as a medium of expression. There follows an assessment of the effectiveness of various treatment approaches. Finally, the chapter concludes with a presentation of recent innovations in treatment approaches which are receiving favorable attention among psychologists.

DIFFERENCES BETWEEN ADULT AND CHILD PSYCHOTHERAPY

The basic principles of psychotherapy with children are not essentially different from those of psychotherapy with adults, but the immaturity and dependent status of the child necessitate certain modifications in the emphasis and application of these principles (White, 1964). Hence it seems appropriate to examine certain differences that exist between children and adults so that we may better understand the bases for the widespread use of play techniques and for other changes in therapeutic methods with children.

MOTIVATION FOR TREATMENT

As Table 14 shows, one important difference occurs in the approach to the therapy situation. The adult typically comes to treatment recognizing that he has a personal problem. Although he may need the support of others to reach this decision, the ultimate responsibility for seeking help is his. Few children, however, request psychotherapeutic help. Rather, they are usually placed into therapy by an adult, with little or no explanation as to why. The child may be experiencing strong anxiety or suffering from emotional deprivation, but it is doubtful that these states can be utilized to motivate him to look forward to therapy. Not only do children lack motivation in the usual adult sense to work on their own problems, but they not uncommonly have fears regarding what the therapist will do to them. Some children readily adjust to the playroom without the assistance of the therapist. In these instances, therapy can proceed without specifically designed attempts to establish a therapeutic relationship.

But there are children who question their presence at the clinic, who are angry and defiant, who become passive, or who are indifferent. With these children, an explanation which reflects the therapist's respect for the child is indicated. Care must be exercised lest the child feel that the therapist is "taking sides" with the mother or the teacher. A reality-based explanation geared to the child's developmental level is recommended in such instances. In brief, the child's anxieties, suspicions, and low level of motivation frequently require demonstration to him that the therapist is an empathic, benign, and helpful companion as the first step in establishing a therapeutic relationship. Some therapists, like Anna Freud (1946) and Pearson (1949), advocate an initial orientation and "getting-acquainted" approach in the beginning sessions to prepare the child for more intensive treatment later.

TABLE 14. A SUMMARY OF DIFFERENCES BETWEEN ADULTS AND CHILDREN WITH IMPLICATIONS FOR CHILD THERAPY

Factor	*Adult*	*Child*	*Treatment Implication for Child*
Motivation for treatment	Often self-referred; better motivated to work on his difficulties.	Referred by others; lacks motivation to work on own problems.	Some therapists feel the need for initial sessions to develop a therapeutic relationship upon which to base later, more intensive therapy.
Insight into treatment objectives	More likely to share common goals with therapist and to be aware of his own role in therapy.	More apt to lack common goals with therapist.	The child must find therapy intrinsically interesting; his needs for exploration and manipulation should be utilized.
Linguistic development	Satisfactory verbal facility.	Limited verbal facility; greater use of nonverbal communication.	Speech-mediated interactions are minimized, with more emphasis on nonverbal communication.
Dependence on environmental forces	More independent of environment.	Very dependent on environment and significant others.	Treatment must accord more attention to dealing with significant others in the child's life and to external reality pressures.
Plasticity of personality	More "set" in his ways; defenses are better established.	More pliable and open to therapeutic influence; less integration and internal consistency in personality.	Intervention procedures should be undertaken before personality becomes stabilized; less need for depth-therapy techniques, as the child is more susceptible to environmental influences.

INSIGHT INTO TREATMENT OBJECTIVES

A related barrier to therapy is centered about the fact that the therapist and child lack the commonality of purpose more characteristic of adult therapy. Whereas the adult client is likely to be

cognizant of certain common goals of treatment that he shares with the therapist and is somewhat more accepting of the impending personality reorganization, the child (because of his more limited cognitive and experiential background) may well lack insight both as to the roles that he and the therapist are to assume and as to the purposes of treatment. He may appreciate neither the desirability nor the possibility of behavioral change. Given this lack of common goals, much of the child's desire to remain in treatment must come from satisfactions inherent in the treatment setting itself. Fortunately, play therapy seems suited to this end.

Linguistic Development

Another very fundamental difference is the child's relative lack of verbal development. True enough, he can communicate verbally with adults, but he is apt to find the formal sort of psychiatric interview too stilted to permit a comfortable feeling in the situation. The child's limited experience may be reflected in an uncertainty as to how or what to label his feelings, whereas the use of concrete materials of play renders the child more secure since he is able to manipulate and control these tangibles with more assurance than he can the abstractions of words. Evidence from developmental studies in cognition would also indicate, especially for children below junior-high-school age, the suitability of concrete materials as opposed to verbal abstractions as a means of expression (Piaget, 1960). Lippman (1962) observes that children often show greater anxiety in direct interviews than in play. Limited verbal facility may engender feelings of inadequacy and failure on the part of the child, thus adding to the difficulty in establishing a trusting relationship with the therapist. As Watson (1951) notes, suspicion and hostility are likely to be encountered particularly with young or intellectually dull children as well as with delinquents.

Many of these ptoblems can be alleviated through the medium of play therapy because play is something these children can comprehend and use as a means of communication. Since play therapy entails substantially less speech-mediated interaction than does psychotherapy with adults, nonverbal aspects are accorded a more important position. According to Watson (1951), this is a two-way proposition. The therapist must be especially alert to the child's facial expressions, postural adjustments, and expressive movements, realizing that these

may well be the child's primary means of expression. In turn, the child reacts to similar nonverbal behavior on the therapist's part. Many therapists believe that how the therapist feels is more important than what he says and does.

The above remarks are not intended to deny the fact that some prepubescents communicate very well through langauge. In such instances the necessity of nonverbal forms of communication might well be markedly reduced.

Dependence on Environmental Forces

The child's dependency on the adults in his life also has implications for treatment. Whereas the adult is relatively independent of the significant others in his environment, the child is still very much at their mercy. The adult can quit his job, change his residence, and replace companions much more readily than the child can quit school, change homes, and substitute peer groups. As a consequence of his immature and dependent status, the young child is more subject to environmental stresses and strains. Since the child in treatment is typically still living in the situation which caused or contributed to his difficulties, emphasis must be devoted to the child's current reality conditions.

Since it is commonly accepted that the child's disturbance is often inextricably bound up with problems of the significant others in his surroundings, many therapists do not advocate psychotherapy with children younger than 14 years of age unless the parents are also willing to become involved in the treatment process (White, 1964). Parental involvement necessitated by the child's dependency status poses challenges, however, which demand skillful management in the therapy program; for example, there may be parental rivalry with the therapist for the child's affection. More will be said about working with parents in the chapter on environmental intervention.

Plasticity of Personality

Another difference centers around the lack of crystallization in the child's personality. Because the child's personality is relatively undeveloped, unformed, and changing rapidly, it tends to be more pliable than the enduring adult personality. Hence, the potentiality for change should be greater prior to the establishment of a more consistent and more stable personality structure. Defense mechanisms are apt

to be less deeply rooted and therefore more amenable to the types of relearning experiences offered in the therapy setting. Because of the greater fluidity and more elastic nature of the personality, greater lability and inconsistency of behavior as well as an intermingling of reality and fantasy in the child can be anticipated (Slavson, 1952; Watson, 1951). Consequently, the course of child therapy is likely to be characterized by greater discontinuity than is adult therapy, as exemplified by shifts from one activity to another, from reality to fantasy, and from deeper to more surface aspects of the difficulty. The greater fluidity and inconsistency which characterize the child's personality might also imply that less effort be directed toward the "uncovering" aspects of therapy and more toward the "covering-up" aspects. Further, these characteristics of child personality underscore the need for the therapist's ability to distinguish between more permanent or repetitive problems and those of a transitory character.

Differences Related to Play Therapy

Slavson (1947) has cited other differences which further highlight the potential value of play techniques. Illustratively, the child is considerably more impulsive than the adult; he is less subject to repressive forces and more willing to act out and speak about matters that are embarrassing to an older person; his fantasy life is closer to the surface; his attention span is shorter; he is more concerned with locomotion and expression, so that physical activity is of greater importance to him. The implications of these differences are reflected in Slavson's group-therapy approach, which is discussed later in the chapter.

PLAY THERAPY

The child has a rich fantasy life which in early years he can express in a spontaneous and vivid manner, and unless strong repressive forces are at work, his fantasies can be utilized for uncovering and alleviating conflicts. Daily observation reveals that small children have a remarkable facility for switching back and forth between reality and fantasy —from their own subjective inner world to the objective outside world of reality. They also use toys and play to express externally their inner fantasies. In doing so, they build up a world which is just as important and meaningful to them as reality. It is this expressive capacity and fascination on the child's part which is utilized by

the therapist during treatment. Thus, play therapy is based upon the fact that play is the child's natural medium of self-expression. The therapeutic use of play provides an opportunity for the child to formulate his feelings and problems, in much the same manner that the more linguistically facile adult talks out his difficulties in certain types of adult therapy.

Play, like adult conversation, is not therapeutic in itself; it is but an avenue for understanding the inner conflicts of the child. The more verbally oriented adult can often translate his troubles into words, whereas the child uses the language of play. All proponents of expressive or evocative play therapy view the establishment of a therapeutic relationship as a prerequisite for successful treatment. If this relationship is lacking, there may be play but not play therapy in any genuine sense. As Watson notes (1951),

> Psychotherapy with children requires that the child be given an opportunity to interact with an adult (the therapist) who takes a different attitude toward his problem from that he has previously experienced. This the therapeutic attitude supplies, no matter how it is expressed. Of course, merely making it available is not enough; the child must experience it. Although play may share in the development of this interaction, the attitude may be maintained in its absence. Play is merely one way of allowing the therapist to interact with a child patient.

Thus, play becomes a medium of therapy, and as such it must occur within the framework of a relationship that is established through the participation of two people. It is the uniqueness of this relationship and of the circumstances that produces the special meaning to what the child does, whether it be playing or talking or just sitting. Froebel (quoted in Jackson & Todd, 1950) commented several decades ago:

> Child's play is not mere sport. It is full of meaning and serious impact. Cherish it and encourage it. For to one who has insight into human nature, the trend of the whole future life of the child is revealed in his freely chosen play.

Historical Background

The study of the treatment of emotional disturbance in children is a relatively recent development compared to the attention given emotional disturbance in adults. Contributions to child treatment have come from psychoanalysis, psychology, genetic psychology, and social work, among other sources. All have increased our knowledge

of the child, but the greatest contributions to the treatment of problem behavior in children have come from those directly concerned with psychopathology. Outstanding is the work by Freud and his students.

One of Freud's major concerns was the development of a treatment for adults having neurotic symptoms. In his investigations he concluded that the problems of the neurotic adult derived from sexual conflicts in early childhood. From his clinical experience with adult patients, he inferred that young children have an active sexual life and vivid fantasies. In 1906 he presented a case entitled "Analysis of a Phobia in a Five-Year-Old Boy"—the celebrated "Case of Little Hans"—to support his contentions (1909). Freud did not conduct the analysis; it was carried out by the boy's father, himself an analyst. Although the interpretations of some of the findings might be questioned, this report did, nevertheless, represent the first application of psychoanalysis to the problems of children and hence gave impetus to a lively interest in child analysis.

About 1920 Hermine Hug-Hellmuth, a psychoanalytically oriented educator, began to treat maladjusted children within the framework of Freudian theory. She used play as a basic part of her procedures with children under 7 years of age and as an aid to communication at later ages. When dealing with children aged 7 or 8, she believed that the analyst could often facilitate the therapeutic process by sharing in the play activities. In essence, her approach, which combined Freudian theory and educational methods, consisted in observing the child at play and in translating each pattern of behavior into the analyst's set of symbols.

It was not until some ten years later, however, when Anna Freud and Melanie Klein reported their observations and theoretical discussions of the therapeutic process with children that child psychoanalysis began to be practiced on a sizable scale. Although both adhered to general psychoanalytic theories of child therapy, each formulated treatment procedures which differed in many significant respects, as will be discussed later in this chapter.

The pioneer efforts of these women greatly influenced the thinking of mental-health specialists in this country. Perhaps of more direct consequence was the establishment of the child-guidance movement. While many individuals figured in this movement, it was Lightner Witmer who in 1896 founded the first child-guidance clinic as a consequence of his interest in the school-aged child with problems. Shortly thereafter, other clinics were founded, with practices based

on an integration of psychoanalytic and psychobiological principles as exemplified by Sigmund Freud and Adolf Meyer. By 1921, a large number of clinics attached to mental hospitals, schools, courts, colleges, and social agencies were employing a case-study and team approach to the disorders of children. The National Committee for Mental Hygiene and the Commonwealth Fund supported the developments of these clinics, and as they expanded, advances were made in the techniques of child therapy. By 1930, there were more than 500 such clinics.

Characteristically, child psychoanalysis and child therapy have differed in that the latter represents a less intense approach and is more apt to use environmental interventions. Accordingly, in child therapy the child is seen less frequently, and work with the parents might be undertaken. As Wattenberg (1966) notes, therapists today are realizing that the child's reality conditions are as important as how the child feels.

The Playroom and Suggested Materials

Since play provides such an important medium of expression in therapeutic work, the arrangement of the office and the choice of play materials deserve careful consideration. In terms of general characteristics, the playroom should afford privacy of location and be durable, that is, constructed to withstand wear and tear and consisting of washable walls and floors, protected glass, and so forth. Soundproofing is also desirable. If possible, the same room should be used each time so as to maximize the child's sense of security and comfort in the setting. Play materials should be simple in construction and easy to handle in order to give the child a feeling of satisfaction and a sense of accomplishment.

The selection of toys warrants thoughtful judgment because the kind of toys used can either facilitate or hinder the expression of the child's impulses. Stated another way, some toys lend themselves more readily to the eliciting of certain types of themes or behaviors. Toy soldiers, military equipment, and pegboards to be hammered are frequently made available to elicit aggressive behavior, thus allowing negative and repressed youngsters to externalize and objectify their hostile feelings. Nursing bottles, nipples, baby carriages, and rattles are often used to elicit the regressive behaviors so common in the inadequate-immature child. Doll play facilities—a dollhouse fully

furnished, wetting dolls, rag dolls, amputation dolls, and dolls representing various family members—have been used to permit the expression of feelings and attitudes regarding the family setting. Running water, sand boxes, crayons, watercolors and finger paints, clay, scissors and paper for cutting, and a chalkboard have been found to encourage expressive play.

Although not the most productive types of material for expressive play, checker games have also been utilized with some success especially in handling certain resistances in child analysis (Loomis, 1957). Similarly, mechanical toys are not recommended since the mechanics often interfere with creative play. Water play, on the other hand, seems to offer a versatile medium and is particularly appropriate for cases involving overactivity or constriction of behavior or interest in the environment (Hartley, Frank, & Goldenson, 1952). Although not all of these materials are essential to successful therapy, their presence in variety tends to encourage the freer expression of a greater diversity of problems.

Ultimately, the selection of materials is an individual matter varying somewhat with the individual therapist or the specific problems. Some therapists find that only a few toys in the playroom are advisable, since a wealth of toys often proves too distracting. As a rule, however, it has been found that once a child starts working with a particular type of material, he pays no attention to the rest of the material in the playroom. As the therapist becomes acquainted with the child's problems, he can make up a box of specific play materials that are suited to the child's needs, interests, and problems. The child will not uncommonly request more toys than are available, but the skillful therapist will not always accede to the child's demands, for the continued removal of frustrating circumstances not only deprives the child of opportunities to express feelings of anger and resentment but also delays his learning to cope with situations as they exist.

Major Varieties

Solomon's Activist Approach

Solomon (1951) advocates a directive and active role for the therapist. He asserts that many therapists are too passive and wait too long for something to happen in the treatment setting. There

are three ways in which Solomon attempts to facilitate the therapeutic process:

1. By assuming a more active role and by keeping the play-session conversation in the third person, the therapist provides the child with greater anonymity and consequently reduces defensiveness.
2. Activity on the therapist's part, instead of frightening the child, presumably lowers resistances since both the therapist and the child are playing together on a level meaningful to the child.
3. Finally, the directive role played by the therapist in stimulating the child's fantasy through the use of suggested play activities leads to an uncovering of the child's inner life.

During the course of play therapy, much information regarding the home situation is obtained. Information revealed in the content of the child's play is considered important in that it allows the therapist to offer the parents more intelligent guidance, hopefully reducing operative reality stresses.

Over the years, Solomon has placed increasing emphasis on the emotional responses of the child rather than on dramatic aspects of his constructions, although he continued to use controlled play situations. There is some experimental evidence for his beliefs in the work of Pintler (1945) and Phillips (1945), whose research on the relative effectiveness of different variables in doll play revealed that when the variable was that of high experimenter-child activity versus low experimenter-child activity (passivity), abreactions of an aggressive nature began earlier and were more pronounced in the high-activity group. Also, the amount of nonstereotyped thematic play and the number of theme changes were greater under conditions of high interaction between experimenter and child.

Solomon is quick to stress the relationship between the therapist and child since he considers this the most important aspect of therapy. Anxiety generated by his more active approach is handled by the introduction of a "therapist doll" upon which the child can release his feelings. As Solomon (1951) asserts,

> It has been the experience of the writer that a great deal of therapeutic movement can be released when the therapist actively introduces into the play situation the doll representing himself. Even when this is done, the anonymity is preserved for as long a period of time as the child desires, and emotions

centering around the therapist-child situation proceed in effigy. Usually, after the therapist doll is introduced into play, it takes on a greater degree of importance in the configuration of the play than even the sibling doll or parent doll figures. Thus, the child uses a relationship much closer to the therapist to air some of the problems resulting from the disturbed interpersonal relationships within the home. As the child releases aggression, either oral or anal in character, or as he expresses tender sentiments, he comes to grips with his instinctive expressions. Guilt feelings or direct fear of punishment become living expressions in the transference situation. As the child survives his own instinctive expressions, he gains greater confidence in all of his human relationships.

As the child continues in therapy, several phenomena occur. There are expressions of the child's thinking, the release of anxiety and aggressive impulses, the working-through of dependency needs, the affording of alternatives to the feeling of impending danger, the provision of an atmosphere for the release of tender impulses, the lessening of guilt feelings, and the stabilizing of ego structure.

The age factor is thought to be of comparatively little significance once cortical development is sufficient to permit symbolization. Thus, Solomon has used play therapy with children of all ages, including adolescents. He does prefer, however, to relate treatment to the type of problem presented by the child. Accordingly, he differentiates therapeutic measures for the aggressive-impulsive child, the anxiety-phobic child, the regressive-reaction-formation group, and the schizoid-schizophrenic youngster.

Levy's Release Therapy

The role of emotional release as an ingredient common to all forms of child therapy has been widely recognized. Levy (1938, 1939) has developed a systematic approach using this therapeutic ingredient called *release therapy*. Through the use of the child's play, the therapist allows the child to act out his anxieties. Although the therapist's attitude during the session is one of permissiveness, the play situation has been carefully structured by the therapist prior to the session. The therapist, according to Levy, should make a judgment as to the cause of the child's problem on the basis of interviews with the parents. Levy, like Solomon, is not averse to assuming an active role in the therapy sessions. Thus, he will sometimes direct the play by selecting certain toys and inviting the child to play with him.

Levy has also experimented with dolls as a therapeutic medium

with children. He has, in fact, developed an amputation doll which can be taken apart and reassembled. After the doll has been identified by the therapist as the child's mother, father, or sibling, the youngster is allowed to play with it as he desires, even destructively. Indeed, the therapist may sometimes actively encourage the child's expression of hostility. Levy feels that this technique is particularly suited to cases of sibling rivalry. Furthermore, he notes that children go through certain stages in resolving their sibling rivalries. Initially, there is apt to be an inhibition or "prevention of hostility" by the child. He is not yet sure how safe it is to express his genuine feelings. Gradually, in an atmosphere of permissiveness and encouragement, the child becomes more willing to reveal his hostility toward the sibling. Having expressed aggression toward the brother or sister, the child may attempt to rationalize his behavior by becoming extrapunitive, thus blaming the therapist or the sibling for his own actions. In some cases, the child engages in "undoing" and may try to reassemble the doll.

Levy has provided explicit criteria for the selection of cases deemed suitable for his release therapy:

1. The child should be under 10 years of age.
2. There should be a definite reaction pattern precipitated by a specific event, for example, a frightening experience, the birth of a sibling, the death of a parent, or some similar episode.
3. The problem should not be of long standing.
4. The traumatic experience should be in the past, that is, not continuing at the time of referral.
5. The child should be from a relatively normal family situation.

If these five conditions obtain, Levy feels little need to involve the parents beyond their role as informants in the case-history interviews. It should be noted that the majority of disturbed children would be excluded from treatment if Levy's criteria were stringently applied.

The expression of feeling is a necessary but not sufficient condition of therapeutic movement. The crucial variable for Levy is the relationship between child and therapist. The relationship, however, does not assume the status of a transference neurosis, as in Klein's psychoanalytic approach discussed below. What is achieved through the use of Levy's approach is the desensitization or counterconditioning of the child's fears. Some have charged that this desensitization tech-

nique is effective only with circumscribed fears having a specific and noninterpersonal basis. The cases described by Wolpe (1958) and Lazarus and Rachman (1957) suggest that even cases of generalized disturbances of an interpersonal nature might be effectively treated by this method. Thus, Levy's approach may have wider applicability than even he assumed.

Note that interpretation plays a minimal role in release therapy. Levy contends that children between the ages of 2 and 5 need not know the nature of their difficulties or of their relationship to the therapist in order to improve. Emotional release and a positive relationship with the therapist are the two basic elements making for successful treatment.

Klein's Psychoanalytic Approach

Melanie Klein, utilizing a psychoanalytic approach in the treatment of neurotic disorders, assumes that the free play of children is equivalent to the free association of adults. Her fashioning of play therapy after adult psychoanalysis is really not surprising, in that she likens the character of the child to that of the adult. As in adult psychoanalysis, the primary goal of child analysis is modification of the child's personality through the systematic exploration of the unconscious by means of the transference relationship (Klein, 1955). Klein assumes that a transference neurosis—the transfer of either strong positive or strong negative feelings toward the analyst—does occur in the treatment of disturbed children. The display of such intense emotion has no realistic basis in the therapeutic setting but instead presumably derives from earlier parent-child conflicts. Attention is directed to the development of a transference relationship before instinctual conflicts are brought into the child's awareness. The external life of the child is largely ignored. Klein also assumes that the superego even at this stage of development is severe and that the ego is undeveloped. Thus, there is a need to protect the emerging ego from the restrictive superego. The ego must be strengthened in relation to the superego. The parents' role in treatment is, therefore, minimal in that the parents represent external reinforcers of the child superego.

Klein substitutes free play for free association in order to uncover conflicts buried in the unconscious. Behind every playful action is a symbolic meaning which represents unconscious material. Basically, this approach consists of direct verbal interpretations to the child concerning the meaning of his play. The child is presumably able to attain greater insight than might be expected from his level of cognitive immaturity because infantile repressions are less powerful and because the connections between conscious and unconscious are closer than in the adult (Klein, 1955). Consistent with such views, Klein not uncommonly begins to interpret the meaning of the child's actions to him as succinctly and clearly as possible. To achieve the latter goal, she favors the use of the child's expressions in her analytic interpretation. Klein acknowledges that a single toy or play situation may have several meanings and that it is necessary to consider each child's use of symbols not only in relation to his own emotions and anxieties but also in relation to the entire treatment situation. Inspection of Klein's published interpretations suggests, however, that she has not always exercised such caution but instead reveals a leaping into direct interpretation based upon her previous experiences in play therapy. As might be expected, this approach has aroused substantial criticism and is little practiced in this country.

Anna Freud's Psychoanalytic Approach

Anna Freud (1946) also advocates a psychoanalytic orientation but maintains that the classical techniques of adult psychoanalysis require certain modification for applicability to children because the young are unable to develop a transference neurosis and because their ego ideal is still relatively weak. Although she has since modified her views regarding the possibility of a transference neurosis occurring in treatment, she continues to believe that it cannot equal that of the adult variety (A. Freud, 1965).

Whereas Klein (1955) expresses a definite preference for small, simple, nonmechanical toys, Freud (1965) discusses toys more for assessing the child's growth than for their use in therapy. She does find them useful in establishing a close relationship in the preanalytic phase of treatment which she regards as a necessary prerequisite to effective analytic interpretation. Free play, however, is not regarded as a substitute for free association. During the stage of analysis proper, various techniques are used as avenues to the unconscious. These include the taking of a case history from the child and the mother, the analyzing of drawings, and the interpreting of dreams. The technique of interpretation constitutes a cornerstone of psychoanalytic practice and is designed to promote insight on the child's part. Basi-

cally, interpretations center around connections between the past and the present, sometimes between a fantasy and a feeling, but most commonly between a defense and a feeling (Kessler, 1966).

Freud, again in contrast to Klein, highlights the need to work with parents, realizing that the initiation, continuance, and termination of treatment are contingent upon their insight and motivations. Moreover, Anna Freud is careful to note that psychoanalytic treatment is not indicated for all types of children. It may be contraindicated for the psychotic and for those who have a marked difficulty in establishing a relationship due to severe emotional deprivations in early life. The existence of severe infantile neurosis and the capacity for speech are regarded as two prerequisites for analytic treatment.

Allen's Relationship Therapy

It was Frederick Allen (1942), a psychiatrist, who provided leadership for the form of treatment termed *relationship therapy*. As the name implies, the therapeutic relationship is seen as the basic growth-inducing ingredient. Allen stresses the value of play in helping the child to relate to the therapist. The play materials are provided and the child is permitted freedom to use them as he likes. Though basically a permissive approach, certain rules pertaining to time limitations and property destruction are enforced.

The major focus is not on the content of the child's play, however, but on the way in which the child uses his play in relating himself to the therapist. Thus, through the medium of play, the child transfers to the therapist feelings and reactions which he has previously learned in his relations with significant others. The child, for example, may use the therapist to symbolize the good or bad parent or as one who possesses the power of magical cures. On other occasions, his relations with the therapist in the play setting may take the form of domination or exclusion. There is no delving into buried or original meanings of the play since the therapeutic relationship is used for the immediate experience that it is. The concern is with the situational present and not with unconscious forces. Whatever the child says or does reflects his attitudes about the immediate setting and relationship. Within the atmosphere of acceptance provided by relationship therapy, the child's self-healing process, which has heretofore lain dormant, is now activated by the interpretation of the child's relationship with the therapist. Such interpretations in the presence of an accepting erso- -ible the child to achieve a redefinition of himself—an "affirmation of himself as an individual"—which is eventually translated into new forms of behavior outside the therapeutic setting.

Adherents of this approach view it as particularly suitable with difficulties originating in tensions reflecting disturbed interpersonal relationships and in cases where environmental intervention has failed. Children with severe personality disorders are also considered prime candidates for relationship therapy. Although Allen does not elaborate, he does reiterate the need for concomitant work with the parents.

Like nondirective therapy, relationship therapy takes an optimistic view with regard to the child's capacity for change; it assumes that the child has the capacity to solve his own difficulties. Interpretations of the therapeutic relationship in a safe climate serve to release those positive growth forces which enable the child to solve his difficulties. Accordingly, the therapist does not seek to impose his own standards on the child. The child is taken as he is, and the therapist does not attempt to take over responsibilities for him.

The following quotation from Allen (1942) conveys the flavor of his approach:

> The child is taken at the point he is at in his own development and he will react with his own feelings to meet this experience. It may bring out the overt fear that emerges around each new experience which requires leaving behind the supports he has been able or willing to let go. He may enter this relation with a guarded, cautious attitude that allows little if any participation. He may attempt to assume complete control by an assertive, aggressive attitude which may be directed against the therapist or be a part of his activity which aggressively shuts him out. He may try to establish a side of himself that is completely adequate and then show he needs no help from anyone. He can do all his own changing, or even prove those changes have occurred before he came. But the important fact to be understood is that the child starts this experience with his own feeling, whatever form it may take, and in putting his own feeling into it, the experience immediately takes on a significance that links it with his growth problem. The therapist then has the opportunity to give meaning and direction to this new growth experience because he is a part of it. He is in the position to give immediacy to the child's turmoil and help him to a more livable balance as this relation is established, as it moves and, finally, as it ends. He begins to discover certain unique features of this new experience. Here he may be afraid without having efforts made immediately to remove his fear. He has met with a person who understands and accepts both his need and his right to be afraid without melting before it. He finds that he can be aggressive and hostile, and, at the same time, finds a person who can both accept the feeling and give limits to his expression. He finds a person who is interested in what he says, in what he is, and is not

trying to squeeze him into a preconceived mold. He can have his own power without having it overwhelmed by the greater power of another. He comes expecting to be changed and finds a person interested and related to what he is now. Truly, this is a unique experience which is started with himself in the center of it.

Axline's Client-Centered Approach

Virginia Axline (1947), following closely the therapeutic approach of Carl Rogers, regards play as therapeutic because of the freedom of expression given the child within the atmosphere of a secure relationship with the therapist. As with relationship therapy, treatment begins in the first session. The child is taken as he is, accepted without censure from the therapist, given ample opportunity to express his feelings in as permissive a climate as the situation will permit, and helped to recognize and clarify his feelings. The notion of respect for the individual and his potential for self-determination is central to this viewpoint. Consistent with the idea of man as a self-autonomous individual, no attempt at interpretation or manipulation is consciously made. Rather, the therapist, sensitive to the feelings of the child, reflects attitudes back to him so the child may achieve a better understanding of himself. Responsibility for growth is placed with the child, as it is assumed that he possesses not only the ability to handle his problems successfully but also an inner drive toward self-actualization and maturity as well. Thus, there is a basic trust that the client will make the best decision. The function of therapy is to create an atmosphere conducive to the release of these internal growth forces.

Although the role of the client is stressed, the therapist is by no means a passive agent, for it is his sensitive participation that helps the child to clarify his feelings and revise his self-concepr. The therapist establishes a relationship which enables the child to reveal his real self and thereby facilitates the development of his personality. Hence, the therapeutic relationship again is seen as a crucial ingredient.

Axline, who has worked mostly with children aged 4 to 8, believes that a favorable outcome in therapy can be expected even though the parents are not involved in treatment. Nevertheless, she feels that work with parents can expedite the therapeutic process, especially in cases involving handicapped children.[1]

[1]For an excellent description of Axline's approach to play therapy, see her exciting and informative book, *Dibs in Search of Self* (1964).

Axline has given a succinct statement of her position in the following basic principles which serve as guidelines for the nondirective therapist:

1. The therapist must develop a warm, friendly relationship with the child, in which good rapport is established as soon as possible.
2. The therapist accepts the child exactly as he is.
3. The therapist establishes a feeling of permissiveness in the relationship so that the child feels free to express his feelings completely.
4. The therapist is alert to recognize the feelings the child is expressing and reflects those feelings back to him in such a manner that he gains insight into his behavior.
5. The therapist maintains a deep respect for the child's ability to solve his own problems if given an opportunity to do so. The responsibility to make choices and to institute change is the child's.
6. The therapist does not attempt to direct the child's actions or conversation in any manner. The child leads the way; the therapist follows.
7. The therapist does not attempt to hurry the therapy along. It is a gradual process and is recognized as such by the therapist.
8. The therapist establishes only those limitations that are necessary to anchor the therapy to the world of reality and to make the child aware of his responsibility in the relationship.

The similarities between relationship therapy, which developed earlier, and client-centered therapy are readily perceived. The two approaches do differ, however, in that Allen does make interpretations, is willing to use supportive techniques if indicated, and is more variable in his method (Watson, 1951).

Slavson's Activity Group Psychotherapy

Slavson is best known for his *activity group psychotherapy*, which represents an adaptation of group therapy to children. In this approach, the group is regarded as a substitute family, with the therapist assuming the role of an impartial and calm parent substitute. Activity (for example, a group project) is substituted for the usual verbal interaction characteristic of adult group psychotherapy. Conversations do occur in the weekly meetings but in conjunction with the activities in which the youngsters are participating. Permissiveness, while a basic element in this approach, is carried out in a specifically structured

setting. Through "passive restraint," the therapist conveys to the child and the group that he does not approve of certain behavior and that he does want to be a part of them. Another therapeutic element is that of social imitation. Slavson, through personal example, displays socially acceptable behavior and by so doing offers the disturbed child modeling cues for more desirable behavior. For example, at the end of the session, the therapist begins to clean up the room and the children gradually do likewise. Such therapeutic factors as emotional release, relationship, and insight are also considered operative although insight is not accorded a role of importance. The use of interpretation is accordingly deemphasized.

The goals of Slavson's (1947) approach are presented in the following quotation:

> Generally, activity group therapy provides spontaneous discharge of drives, diminution of tension and reduction of anxiety through physical and emotional activity in a group setting that permits unimpeded acting out within the boundaries of personal safety, and through free interaction with fellow members that leads to a variety of relationships. Interpersonal and social situations consistently arise through which each discharges tensions, expresses emotions, discovers limitations, builds ego strength, finds some status for himself, develops relationships in a limited degree of derivative insight. The total situation is designed to supply substitute gratification, give vent to aggression, reinforce the ego, particularly in regard to feelings of failure and inadequacy, counteract deflated self-evaluation, release blockings to expression in some, and build self-restraint in others.

With respect to age, activity group psychotherapy is seen as suitable for use with youngsters between ages 7 and 14. With respect to disturbance, it is indicated for a wide variety of disturbed children—the acting-out child, the child with character disorders, and the child with neurotic disturbances.

After a period of from six to eight months, the child's social adjustment to the group has progressed to the extent that a return to the neighborhood group is possible. The permissive atmosphere of the group setting does, however, contraindicate the presence of the extremely hostile and uncontrolled child. The psychotic child would also not be considered for this type of treatment.

Comparison of Major Varieties

Table 15 provides a summary comparison of the theorists discussed in this chapter, including the behavior therapists, who are discussed later in the chapter. Note that Therapeutic Relationship and Expression of Feeling are regarded as essential ingredients by all except the behavior therapists. Theorists are somewhat more variable in the importance attached to Pointing Out Feeling, with the client-centered therapists stressing Recognition of Feeling, the psychoanalytically oriented therapists stressing Interpretation, and the behavior therapists deemphasizing this total dimension. Use of the Transference relationship is restricted primarily to the psychoanalytic group, with Melanie Klein according it a more central role in treatment than Anna Freud. The psychoanalytic theorists, together with the structured play therapists, Solomon and Levy, attach considerable importance to the Past History of Individual, whereas the other theorists focus on the patient's situational present. Considerable variation is observed with respect to Parental Involvement among the theorists discussed. Levy, Slavson, and Axline have generally deemed their treatment as more suitable for a specific Age Range than have other theorists. The theorists are fairly well dichotomized with respect to Control of Child's Ac-

TABLE 15. A COMPARISON AMONG THE PROPONENTS OF THE MAJOR THERAPEUTIC APPROACHES ON SELECTED DIMENSIONS

Dimension	*Solomon*	*Levy*	*Klein*	*A. Freud*	*Allen*	*Axline*	*Slavson*	*Behavior Therapists*
Therapeutic relationship	*H*	*H*	*H*	*H*	*H*	*H*	*H*	*L*
Expression of feeling	*H*	*H*	*H*	*H*	*H*	*H*	*H*	*L*
Pointing out feeling								
Recognition of feeling	*M*	*L*	*H*	*H*	*H*	*H*	*L*	*L*
Interpretation	*M*	*L*	*H*	*H*	*M*	*L*	*L*	*L*
Transference	*L*	*L*	*H*	*M*	*L*	*L*	*L*	*L*
Past history of individual	*H*	*H*	*H*	*H*	*L*	*L*	*L*	*L*
Parental involvement	*H*	*L*	*L*	*M*	*H*	*L*	*L*	*M*
Age range	*L*	*H*	*L*	*N*	*N*	*H*	*H*	*L*
Control of child's activity	*H*	*H*	*L*	*L*	*L*	*L*	*L*	*H*
Type of disorder	*L*	*H*	*H*	*H*	*L*	*L*	*M*	*L*

H = Heavy emphasis; *M* = Moderate emphasis; *L* = Little emphasis; *N* = No specific discussion.

tivity; the structured approaches (Levy, Solomon, and the behaviorists) are at one end of the continuum, and the "free" play therapists at the other. On the final dimension, Type of Disorder, certain theorists (Levy, Klein, and Freud) view their treatment approaches as appropriate for specific types of behavioral deviations, while other theorists are more willing to treat a greater variety of disorders.[2]

EVALUATION OF PSYCHOTHERAPY

EMPIRICAL STUDIES

Parents and educators often turn to mental-health specialists when attempting to resolve the problems their children or pupils present. Today there are approximately 2,000 outpatient clinics and more than 400 hospitals with psychiatric units offering mental-health services (Bower, 1970). The question naturally arises, How effective is the treatment provided by these facilities? The authors can recall numerous occasions when they sat in on case conferences with mental-health specialists and school personnel and heard a sigh of relief from the participants once the child was recommended for psychotherapy.

How realistic is it to feel such a sense of relief? Generally speaking, results at termination of treatment indicate that from two-thirds to three-fourths of children seen at child-guidance centers show improvement. Typical of such findings was a large-scale national investigation of outpatient psychiatric clinics in 1959, conducted by Norman, Rosen, and Bahn (1962), who discovered an improvement rate of 72 per cent. Followup studies, moreover, indicate that children treated on an outpatient basis maintain their improved status (Levitt, 1957). The results of psychotherapy with residential treatment cases yield similarly high improvement rates both at the time of termination of treatment (Reid & Hagen, 1952) and at the time of followup (Rubin, 1962). Hence, data obtained on outpatients and inpatients at the close of therapy and at the time of followup seemingly suggest that the grounds for the sigh of relief alluded to earlier are realistically based.

There are, however, two disquieting aspects regarding the outcomes of psychotherapeutic treatment of children. First, of approximately 200,000 children seen in outpatient psychiatric clinics in 1959, only

[2]For additional discussion of expressive therapies with children, see Hammer and Kaplan (1967) and Haworth (1964).

one-fourth were accepted for direct treatment of some kind, another fourth were clinic-terminated as unsuitable for treatment, and half were clinic-terminated with the majority of such cases being referred to the originating agency (Norman, Rosen, & Bahn, 1962). As Redl (1966) notes, the model of "the holy trinity" (psychiatrist, psychologist, and social worker) is obsolescent, and the need for new modes of treatment to cope with the new mixtures of childhood disturbances is apparent. Schefield (1964), in a somewhat similar vein, points out that psychotherapists have not been trained to deal with some of the more common types of problems being referred to them, namely, difficulties symptomatic of social distress and discomfort.

Second, professional rejoicing over the high improvement rates for those accepted for treatment would have to be predicated upon the proposition that untreated disturbed youngsters do not improve. But an examination of the base rates for improvement without psychotherapy yields little support for such a proposition. The best-known studies on psychotherapeutic outcomes with children have been conducted by Eugene Levitt, and these will be discussed in some detail because of their significance and the controversy which they have engendered.

In attempting to take an objective look at the outcomes of psychotherapy with children, Levitt (1957) reviewed 18 reports of evaluations at the close of treatment and 17 reports at the time of followup. The studies reviewed were conducted between 1929 and 1955 and involved more than 7,500 clients who might be crudely labeled as having neurotic disturbances. About two-thirds of these children were classified as either much improved or partly improved at termination of treatment, and more than three-fourths of these children were so classified upon followup some five years later on the average. However, using "defectors" from therapy as a control group, that is, children who had been accepted for treatment but who had withdrawn from the waiting list before treatment began, Levitt obtained comparable improvement rates (72.5 per cent).

In his latest review, Levitt (1963) reported on studies which appeared between 1957 and 1963, thus bringing his evidence up to date. Like his earlier findings, the more recent ones offer little comfort to the proponents of traditional therapeutic approaches in that they failed to offer any satisfactory evidence that psychotherapy increases the likelihood of relief accorded to emotionally disturbed children.

Levitt went one step further in his latest report by analyzing the results for various diagnostic groups. As shown in Table 16, the data tentatively suggest that the lowest therapeutic rates occurred for cases of delinquent and acting-out behaviors and that the highest improvement rates were for specific maladaptive symptoms like enuresis and school phobia.

TABLE 16. A SUMMARY OF STUDIES ON SELECTED PSYCHIATRIC DISORDERS OF CHILDREN [SUMMARY OF EVALUATION DATA FROM TWENTY-TWO STUDIES – LEVITT, 1963]

Type of Disorder	*Number of Studies*	*Much Improved* (N)	(%)	*Partly Improved* (N)	(%)	*Unimproved* (N)	(%)	*Total* (N)	*Over-All (%) Improved*
Neurosis	3	34	15	107	46	89	39	230	61
Acting-out	5	108	31	84	24	157	45	349	55
Special Symptoms	5	114	54	49	23	50	23	213	77
Psychosis	5	62	25	102	40	88	35	252	65
Mixed	6	138	20	337	48	222	32	697	68
Total	24*	456	26.2	679	39.0	606	34.8	1741	65.2

*The study of [P. Annesley. Psychiatric illness in adolescence: presentation and prognosis. *J. ment. Sci.*, 1961, 107, 268-278.] contributed data to three classifications.

Source: E. Levitt. Psychotherapy with children: a further review. *Behav. Res. Ther.*, 1963, 1, 45-61. Reprinted with permission of Pergamon Press.

In still another study, Levitt, Beiser, and Robertson (1959) reported on 192 clients who had had ten or more therapy sessions at the Institute for Juvenile Research in Chicago, one of the largest child-guidance centers in the country. The treated group and the defector controls were compared on 26 variables through psychological tests, objective facts about adjustment, parental ratings, self-ratings, and the clinical judgment of interviewers. There were no significant differences found between the two groups on any of these outcome variables. On the average, five years had elapsed since treatment, and the average age at the time of followup was 16. Thus, the findings of this long-range followup study support those of Levitt's other reviews which dealt a serious blow to the contention that therapy facilitates recovery from neurotic and emotional disturbances in children.

As might be expected, Levitt's findings have not gone unnoticed. The major objections to his studies have centered around the use of defectors as a control group and the use of inexperienced therapists.

Critics (Eisenberg & Gruenberg, 1961; Helnicke, 1960; Hood-Williams, 1960; Ross & Lacey, 1961) contend that defectors are inappropriate as control baselines, because they may be less seriously disturbed youngsters who are able to respond in a therapeutically favorable way to the diagnostic assessment alone. Levitt (1963) readily admits the possibility of a "therapeutic diagnosis" issue; yet his findings were that interim improvement between diagnostic assessment and the offer of therapy was the sole explanation for termination of treatment in only 12 per cent of the cases. Thus, it seems unlikely that the interim improvement in symptoms can adequately account for the over-all improvement rate. Besides, the interim-improvement phenomenon should also have presumably existed in the case of the treated group, thereby balancing this factor in the defector group. Despite having compared the defector group and treated cases on 61 factors, including two clinical estimates relative to severity of disturbance, Levitt found few differences. Hence, although it can be said that the use of those who had been accepted for treatment but who dropped off the waiting list prior to actual treatment may result in the selection of a biased group, Levitt's study does not show this to be the case. Nevertheless, the use of defectors as a control group of subjects remains a controversial issue.

As to the second major objection to Levitt's studies, Kessler (1966) noted that almost half the children in the 1959 study were seen by student therapists with less than one year's experience, and only one-third of the child patients were treated by therapists who had more than three years' experience. Granted that many inexperienced therapists use clinics to gain experience before entering private practice, it does not follow that the use of inexperienced therapists minimizes the prospect for a favorable therapeutic outcome. In fact, there is some evidence to suggest that inexperienced therapists achieve better results than do their more experienced colleagues, perhaps because of the greater enthusiasm of the former. Moreover, it may be that non-professional therapists can perform as well as professional therapists (Rioch et al., 1963; Poser, 1966; Truax and Carkhuff, 1967).

There is still another problem which must be considered in evaluating the results of psychotherapy: the placebo effect, which in medicine refers to the observation that patients respond favorably when administered either sugar pills or a saline solution instead of an appropriate medication. Since the placebo effect is of a psycho-

logical nature, its role cannot be ignored in evaluating the outcomes of psychotherapy. This effect is regarded by some authorities as a nonspecific result of psychotherapy and as playing a possible role in the consistently high rates of psychotherapeutic improvement (Rosenthal & Frank, 1956). It is interesting to note, in this connection, that the majority of disturbed children improve regardless of age, sex, treatment setting, affiliation of the therapist, length of time spent in treatment, and whether or not they complete the treatment.

Others would argue that the efficacy of psychotherapy with children is limited to the placebo effect since the two-thirds improvement rate in therapy is about the same as the improvement rate resulting from the placebo effect in illnesses with emotional components. Basically, the placebo effect can take two forms: the use of suggestion or authority by the therapist and/or the attention, interest, and concern shown the child (Patterson, 1959). A genuinely rigorous experiment, as Ginott (1961) notes, requires a comparison of three groups to which subjects have been randomly assigned: (1) a therapy group, (2) a no-therapy group, and (3) a placebo group who have play sessions at the clinic but without a therapist. As Ginott (1961) contends, "Thus far, there is no evidence to indicate the superiority of play therapy over dancing lessons in the treatment of shyness nor its superiority over boxing lessons in the treatment of aggressiveness."

Spontaneous Remissions

Granted that the issue is still a hotly debated one, the evidence bearing on psychotherapeutic outcomes indicates that the effectiveness of expressive treatment procedures has not lived up to expectations. Yet, it is comforting to note that the majority of neurotic-like children do achieve a reasonably adequate adjustment regardless of whether or not they receive professional treatment. Thus, despite the child's defenses having failed and his having reached a low ebb, the odds are that he will not stick at this low point (White, 1964).

What factors are responsible for the spontaneous reduction of deviant behavior? Certainly, one factor which cannot be discounted is the placebo effect, mentioned above, for the child's behavior, especially as it reaches a low ebb, is apt to elicit attention, concern, and authoritative reassurance that the behavior will improve.

Alternative explanations which employ learning-theory constructs—such as aversive stimulation, extinction, positive reinforcement, and so forth—also enable us to account for spontaneous remissions in children. Aversive stimulation is most likely operative in cases where the untreated neurosis becomes so painful that the child himself actively seeks to improve his lot in life. Secondary gains no doubt play a reinforcing role in certain cases of neurosis, but "secondary pains" are also operative. As White (1964) asserts, the neurotic adjustment is apt to be an unpleasant one which motivates the child to seek "a new balance of forces toward remission." The authors can readily recall school-phobic youngsters who, suffering from the unpleasant state of having nothing to do at home, willingly attempted a return to school despite their initial anxieties.

According to Eysenck (1963a, 1963b), spontaneous remissions can also be expected simply on the basis of extinction since the presentation in everyday life of the conditioned stimulus that produces the troublesome behavior without the presentation of the reinforcing stimuli is likely to eliminate the maladaptive responses. Positive reinforcement for adaptive behavior following extinction, discrimination learning based on expectations related to cultural conceptions regarding appropriate behavior for one's developmental level, and nonsystematic desensitization also probably account for the elimination of maladaptive behaviors in untreated cases.

In addition to explanations based on the placebo effect and learning theory, evidence bearing on this issue of spontaneous recovery is forthcoming from the study of personality development in children. Such study has indicated the child's substantial ability to withstand environmental insult. The notion of the child as a delicate individual who must be protected from stresses, strains, and traumas and who must have exceptional amounts of "tender, loving care" is obviously distorted. The child not only possesses a substantial capacity for compensation and adjustment but also a remarkable capability for self-repair when damage is inflicted (Anderson, 1948). Fortunately, the child is a durable creature. The authors, like many other teachers and clinicians recalling their experiences with children from seriously disturbed homes, have wondered why the children were as well adjusted as they were, in light of the environmental insult. This observation is not intended to deny the role of parental and social pathology in childhood disorders but is mentioned simply to illustrate the resiliency of the child's personality.

The findings presented on intervention efforts lend support to

Redl's (1966) contention that we need new modes of treatment to cope with the new types of disturbances which have arisen. In large measure, youngsters have been referred to the psychiatric clinic even though they did not fit the classical model provided by the trinity of psychiatrist, psychologist, and social worker. It is little wonder that half of the clients come back, like the proverbial bad penny, to the agency initiating the referral. As those in charge of the daily management of disturbed children stress, we need services that are closer to the real-life situation of the children than the clinic model permits. Furthermore, we need new team members—the educational therapist, the public-health nurse, the pediatrician, the teacher—in addition to the traditional mental-health specialists if we are to implement a more realistic approach to the problems presented by today's disturbed youth (Redl, 1966). At this point, we will explore two relatively recent innovations—behavior therapy and the community mental-health movement—which permit a more reality-based intervention approach.

RECENT INNOVATIONS

Behavior Therapy

Since modern psychology has been largely dominated by theories of learning, it is understandable that the most distinctive contribution made by psychologists to treatment efforts has come in the area of learning theory. In large measure the application of learning-theory concepts to the modification of deviant behavior can be attributed to the increasing number of clinical psychologists since World War II, the emphasis on more sophisticated training in research methodology at the doctoral level, the questioning of the traditional methods of psychotherapy, and the growing dissatisfaction with the appropriateness of the medical model for extension to behavior disorders (Ullmann & Krasner, 1965). Through the efforts of Dollard and Miller (1950), Shoben (1949), and Mowrer (1950), psychodynamic views were recast in learning-theory terms but, as Ullmann and Krasner (1965) assert, a new approach to *doing* therapy was not forthcoming, simply a new way of *talking about* therapy. Of the various learning-theory approaches to therapy, behavior therapy is attracting the most attention today and is probably the most relevant to the treatment of childhood disorders.

Basically, behavior therapy refers to the systematic application of learning-theory principles to the rational modification of deviant behavior (Franks, 1965). The term *behavior therapy* embraces not a specific technique but a variety of methods stemming from learning theory and focusing on the modification of deviant behavior. As such, it represents a meeting point for experimental and clinical psychology, fields which traditionally had been apart from each other.

While the roots of modifying behavior date back to the early Greeks, systematic attempts to produce behavior changes as a consequence of manipulated environmental contingencies are a relatively recent phenomenon. Watson's classic study in 1920 on the development of a phobia in a very young child played a key role by demonstrating that the emotional response of the human infant can be conditioned to previously innocuous objects. Thus, although 11-month-old Albert originally showed no fear in response to the sight of a white rat, he displayed a conditioned fear response soon after the simultaneous pairing of a white rat and the striking of a steel bar. Moreover, this fear spread to other furry animals and to furry objects, such as beards and cottonwool. This conditioned fear response also tended to persist throughout the months that Albert was available for study (Watson & Raynor, 1920).

Four years later, another experiment demonstrated that it was possible to eliminate a child's phobia. Jones (1924), using 3-year-old Peter, showed that a fear response which had generalized could also be eliminated through the use of a conditioning process. After conducting research on several other preschoolers, Jones concluded that direct conditioning and social imitation were effective means for eliminating fears. In that same year, Burnham (1924) published *The Normal Mind*, a book which anticipated techniques to be used by later behavior therapists.

Additional work in the treatment of tics, nailbiting, and stuttering (Dunlap, 1932) and fears (Jersild & Holmes, 1935) also contributed to both theory and practice. Mowrer and Mowrer's (1938) work on the conditioning of enuretics also represented a significant advance in the application of learning theory to children's disorders. But it was not until twenty years later that the next important step was made, when Wolpe (1958), a psychiatrist, formulated a systematic theory of neurosis and psychotherapy based on the principle of reciprocal inhibition (techniques designed to inhibit anxiety responses). Finally,

in 1963, the journal *Behavior Research and Therapy* was established for those interested in behavior modification (Rachman, 1963).

Contrasts with Expressive Therapies

One of the first areas of disagreement between expressive therapies and behavior therapies centers around the issue of symptomatic treatment versus treatment of the underlying pathology. Psychoanalytically oriented therapists have traditionally shied away from the treatment of symptoms in accordance with the "symptom-underlying-disease medical model" discussed in Chapter 2. Accordingly, the psychoanalytically oriented view the behavior therapist as naively pragmatic. Relying on a hydraulic-energy analogy, the Freudians view the symptom as an outlet for a highly charged pentup energy which must find relief in one form or another. Neurotic symptoms thus represent the manifestation of the central conflict. Hence, the Freudians maintain that if one simply removes the symptom and not the underlying motivational forces, substitute symptoms can be expected. Moreover, according to the Freudian exposition, the therapist, by his attempts at symptomatic treatment, actually runs the risk of doing some further psychological damage to the patient by blocking energy release. It is not surprising, in light of this model, that the expression of feeling is considered a basic therapeutic ingredient in traditional forms of psychotherapy for both children and adults. In both Freudian and Rogerian therapies, the therapist is permissive since the tendencies toward self-realization or the biological urges will out inevitably, once provided with an accepting atmosphere which permits expression.

The learning theorists, on the other hand, view symptoms very differently. For Eysenck (1960), there is no neurosis underlying the symptom; there is just the symptom. As he boldly asserts, "Get rid of the symptom and you have eliminated the neurosis." In a similar, but somewhat milder vein, Franks (1965) adds,

> Even if we assume that the present symptom owes its origin to some past trauma, it need follow neither that the trauma is of direct concern to the subject in the present nor that focusing attention upon the original traumatic situation inevitably must bring about the elimination of the present symptom. There is thus justification for concentrating on what is of concern, namely the symptom. It may be that it is not the original and long-past trauma which is still causing the present persisting symptom which is bringing about the emotional disturbance.

It is interesting to note that psychoanalytically oriented therapists do not conjecture as to the psychic damage which might ensue as a consequence of not treating symptoms, for example, enuresis. In the behavior-therapy approach, there is thus no search for relatively autonomous internal agents and processes in the form of dammed-up energy, complexes, unconscious psychic forces, free-floating libidos, or other hypothetical entities (Bandura & Walters, 1963). The learning theorist objects that such hypothetical conflicts are not directly subject to manipulation and, therefore, cannot play a major role in behavior modification. According to learning theory, there is little justifiable basis for the notion of symptom substitution from either a theoretical or an experimental standpoint. The behaviorist views the symptom as a dominant response which has been learned in relation to a specific stimulus situation. If this response or symptom is removed, the next most dominant response in the hierarchy is apt to occur. The behaviorist admits that the response obtained after behavioristic treatment may on occasion be a maladaptive one, but he does not regard the production of another undesirable behavior as inevitable or as symptom substitution in the Freudian sense of the term.

What would the behavior therapist do in the event that another maladaptive behavior occurred after treatment? He would continue to eliminate such responses from the behavior repertoire until adaptive behaviors occur. Contrary to widespread opinion, there is little if any evidence to substantiate the notion of symptom substitution (Grossberg, 1964). It is evident from the above that the behavior therapist makes an explicit attempt to produce new behavior in his client. Indeed, the modification of behavior is the central target of treatment. The nondirective therapist, on the other hand, never explicitly encourages his client toward certain courses of new behavior; he assumes that the individual will choose the right behavior or make the best decision once his internal growth forces have been released. Psychoanalytically oriented therapists are likewise reluctant to steer the client toward new modes of behavior.

This brings us to another difference between the two approaches. Behavior therapy represents a directive and manipulative approach, in which the therapist imposes the solution on the client. Expressive therapies, conversely, seek to treat the client without influencing him, by merely relieving the disabling psychic impairment (such as anxi-

ety) and allowing him to find his own solution. The first view controls the individual from the outside; the second view permits self-determination. Two points should be noted as being germane to the manipulation versus the understanding issue. First, all therapists, regardless of orientation, most likely exert some influence on the client and his future actions. Thus, differences in the degree of manipulation between these two approaches may not be as great as initially suspected. There is, indeed, sufficient evidence to document the subtle influence of therapist manipulation in dynamic treatment approaches (Bandura, 1961; Greenspoon, 1962). Hence, if objection is to be voiced, it must not be focused on the issue of manipulation per se, but on the type of manipulation. Moreover, it would seem that some control, especially as it is oriented toward the well-being of both the individual and society, is necessary and desirable. The use of manipulation, ironically enough, enables the client to assume more flexible behaviors and thereby achieve greater individual self-determination by freeing him from present rigid and maladaptive behaviors. Second, while the behavioristic approach may be designated as manipulative, it is basically in keeping with the American tradition of achieving results in the most direct way. Ruesch and Bateson (1951) note that things typically have to be done fast in America and that therapy is no exception to the rule.

A third point of disagreement involves the role of the therapeutic relationship and transference. The evocative therapies, which tend to sanctify the therapist-client relationship, customarily devote considerable attention to such factors as rapport, understanding, acceptance, permissiveness, insight, emphasis on feelings, and at times the transference relationship. The procedures and objectives of behavior therapy, on the other hand, are such that these factors are given less attention, primarily because they are not regarded as essential prerequisites for successful therapy (Franks, 1965). The induction of cognitive contingencies may well be beneficial in behavioristic treatment (Peterson & London, 1965), but insight per se is not seen as a basic ingredient. It may be, as Bandura and Walters (1963) suggest, that insight is an outcome of the therapeutic process rather than an essential cause of successful treatment. As a consequence of its deemphasis on insight as a therapeutic ingredient, behavior therapy may be better suited to a wider child clientele than are the more conventional therapies. As Franks (1965) writes,

> Unlike much of psychoanalytically oriented therapy, a behavior therapy program need not be restricted to the more sophisticated members of the society. It usually can be adapted to those who are intellectually, emotionally, or culturally at a disadvantage or whose knowledge of the therapist's language is limited.

Other evocative therapies would likewise seem inappropriate to children of low intelligence and/or of lower cultural standing in that the emphasis on permissiveness and/or the achievement of insight are too sociologically foreign to the culturally disadvantaged and to those of less than normal intelligence. Whereas the expressive therapies, with their emphasis on insight and self-knowledge, appeal to a more privileged and educated population, they are not appealing to most deprived people (Riessman, 1962). The mechanical and gadgetry aspects, together with the more directive atmosphere of behavior treatment, may lead to a more substantial initial gratification and therefore to greater motivation for therapy on the deprived youngster's part.

Evaluation

To date, there has been little experimental validation of the use of behavior therapy with children. The case-study approach, in which each child serves as his own control, has constituted the main avenue of exploration and assessment. There is some evidence to suggest that the results of behavior therapy with adults cannot be reduced to the placebo effect (Grossberg, 1964), but such a claim can neither be affirmed nor denied with respect to behavior therapy with children because of the paucity of rigorous scientific experimentation. The authors suspect that behavior therapy will register its greatest success in disorders which are due primarily to faulty learning and in disorders which involve specific symptomatology to be overcome. Although conclusive judgments would be premature, the results to date have been sufficiently encouraging to warrant further investigations in this area. The absence of demonstrated effectiveness of the evocative therapies, coupled with the shortage of trained mental-health specialists, would seem to leave us little other choice. Indeed, we can ill afford to ignore what appears to be a promising intervention approach. The extension of this approach to groups and the development of a core of psychotechnicians could prove a productive means of tackling the nation's foremost health problem on a larger scale by providing

reality-type treatment services which are in close proximity to the child's life setting.

Many mental-health workers are unwilling to substitute the modification of behavior for personality reorganization as a goal of treatment. Controversy regarding the goals of therapy will probably rage for some time to come. Behavior modification is a less ambitious objective than that of other therapy approaches, which seem to undertake a total rebuilding of the individual. Yet, as Lewis (1965) asserts,

> If we cannot aspire to reconstruction of personality that will have long range beneficial effects, we can modify disturbing behavior in specific ways in present social contexts. This more modest aspiration may not only be more realistic, but it may be all that is required of the child-helping professions in a society that is relatively open and provides a variety of opportunity systems in which a child can reconcile his personal needs with society's expectations of him.[a]

COMMUNITY MENTAL HEALTH

There is much discussion of *community mental health* today, but there is little agreement as to the precise meaning of the term. It is different things to different people. The myriad of meanings is not surprising in light of the varied and sundry activities subsumed under this umbrella term. Basic to all definitions of this concept is the fact that it points to a declining role of the traditional state hospital and the rise of the community mental-health center with all of the attendant auxiliary services essential for the treatment of the mentally ill. According to Dunham (1965),

> In its ideal form the community mental health center would provide psychiatric services, both diagnostic and treatment; for all age groups and for both inpatients and outpatients in a particular community. In addition, the center would have attached closely to it day and night hospitals, convalescent homes, rehabilitative programs or, for that matter, any service that helps toward the maximizing of treatment potential with respect to the characteristics of the population that it is designed to serve. Also attached to this center would be several kinds of research activities aimed at evaluating and experimenting with old and new therapeutic procedures.

Hume (1964) has delineated nine functions of community psychiatry:

> (1) *Community organization work,* that is, assessment of community resources for psychiatric patients, evaluation of their use, measurement of unmet needs (i.e., community self-surveys) plus participation with other agency representatives and community leaders . . .
>
> (2) *Program administration* (including planning, evaluation, management, staffing, and financing) of either direct or indirect, partial or comprehensive, community mental health services for the whole population . . .
>
> (3) *Supervision,* not only as an administrative adjunct, but also as a method of improving the professional performance of all the staff of a community mental health service or program.
>
> (4) *The training of lay leaders,* health educators, or specialists in the use of mass media, in order that they may disseminate information and general education to the public on mental health matters.
>
> (5) *In-service training,* that is, organized programs of mental health education for the nonpsychiatric professions such as medicine, nursing or the law, and for the staffs of nonpsychiatric agencies such as schools, welfare, public health or probation departments.
>
> (6) *Consultation* to nonpsychiatric agencies and professions in connection with a wide variety of mental health problems encountered within such agencies in their work with people.
>
> (7) *Research* in community psychiatry, such as case studies, program evaluation, biostatistical and epidemiological studies, mental health surveys, and studies of psychiatric institutions as social systems.
>
> (8) *Utilization* of the laws touching upon community psychiatry, for example, enabling acts and welfare, family, and commitment laws.
>
> (9) *Development of leadership,* participation in committee work and other group endeavors, and promotion of communication.

Bower (1970) has succinctly listed five essentials of a community health center. It must provide (1) inpatient services; (2) outpatient services; (3) hospitalization services, including at least day care; (4) emergency services; and (5) consultation and educational services to community agencies and professional personnel. Bower notes that these centers are being established, not in the large, metropolitan areas (where mental-health professionals have already congregated), but in middle-size cities with a population of approximately 65,000. He views this trend as desirable in that the community-center idea is better suited to the needs of moderate-size communities than it is to the needs of large urban areas. Although psychiatrists and psychologists will be on the staff, they will be heavily outnumbered by social workers.

Problems to Be Solved

Since community mental-health programs are of relatively recent vintage and assume a diversity of functions, it would be premature to pass judgment on them. Nevertheless, some concerns have already

[a] For further discussion on the issue of evaluation, see Franks (1968).

been expressed. Foremost among these is the type of training being given community mental-health specialists. It is apparent that current training programs in psychology and psychiatry have to be radically revised if the many functions listed above are to be performed. Currently, there appear to be few commonly accepted standards with regard to training requirements for community mental-health consultants beyond clinical training and experience (Haylett & Rapoport, 1964). A second problem centers around the danger that the change may be merely of the *locus* of function and not the *type* of treatment rendered.

Other serious questions which must eventually be answered have been raised by Dunham (1965):

> What are the possible techniques that can be developed to treat the "collectivity"? Why do psychiatrists think that it is possible to treat the "collectivity" when there still exists a marked uncertainty with respect to the treatment and cure of the individual case? What causes the psychiatrist to think that if he advances certain techniques for treating the "collectivity," they will have community acceptance? If he begins to "treat" a group through discussions in order to develop personal insights, what assurances does he have that the results will be psychologically beneficial to the persons? Does the psychiatrist know how to organize a community along mentally hygienic lines and if he does, what evidence does he have that such an organization will be an improvement over the existing organization? In what institutional setting or in what cultural milieu would the psychiatrist expect to begin in order to move toward more healthy social relationships in the community? These are serious questions and I raise them with reference to the notion that the community is the patient.

To this list of difficulties, we add Bower's (1970) belief that the major obstacle to the community mental-health approach centers in the danger of fragmentation of services stemming from the autonomy and isolation which exist in various community agencies.

In sum, the idea of mental-health professionals going into the life situations of people in a community at key points where adjustment difficulties are apt to arise, for example, the schools, is an intriguing one. Only evaluation over time will determine how viable this idea is.

SUMMARY

This chapter opened with a discussion of certain differences between children and adults that have import for child psychotherapy. Differences in motivation for treatment, insight into the goals of treatment, linguistic development, environmental dependency, and the modifiability of personality development highlight the need for such treatment changes as "getting-acquainted" sessions, utilization of the child's inclination to manipulate and explore, stress on nonverbal communication, and increased attention to external reality factors. As might be inferred from a consideration of these differences, play therapy is often well suited to children.

Therapeutic approaches vary with respect to the importance attached to such variables as the expression of feeling, the intensity of the therapeutic relationship, the degree of parental involvement, and so on. Evaluative studies indicate that the vast majority (as many as three-fourths) of youngsters given therapy do improve. It has not been clearly established that this rate of improvement surpasses that of untreated disturbed youngsters, however. Behavior therapy and community mental health, two of the more recent treatment approaches, seem to have appreciable potential as reality-based interventions.

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10 / Environmental Interventions

Despite the general recognition that behavior can be encouraged or hindered by situational factors, the possibility of correcting adjustment problems by environmental change is often overlooked. Several factors are related to this reluctance:

1. The prevailing revered status attached to the home and family as the irreplaceable center for human development.