Psychotherapy with Children in Care:

A Personal Account

by
Ruth Gilchrist,

Methodist Peace Memorial Homes for Children, Burwood, Victoria.

Ruth Gilchrist is a social worker and in this article she writes of her experience as a Play Therapist in the Treatment Unit at the Orana Peace Memorial Homes for Children, Burwood, Victoria.

A new experience

On 13th April, 1973, I became a play therapist for the first time. I was then nearing the end of my 45th year of life, and although I had notched up a few years of experience as a PSW in psychiatric placements, both residential and outpatient, for normal, intelligent and retarded children, my contact had been predominantly with parents — all quite traditional social work. Ten years had intervened: ten years of domestic pastimes, during which I had experienced the satisfaction of renovating beach houses and constructing gardens in my own style.

Individual flavor

The urge to inject an individual flavour into what was for me untried professional ground, led me now into helping children find themselves. The courage of my employer in appointing me, the first member of a now well balanced treatment team, stands as an act of faith, a source of gratitude, and a challenge to be met each day, with Murray* in his silent withdrawal into comic reading, with Dick in his sand throwing, or with Cathy in her insistence that I follow her commands in the playroom.

Only tools

On the first day I was dispatched with haste to a community cottage to deal with a school absconder. My only tools were the principles laid down by Virginia Axline [1] and Clark Moustakas,[2] for, like most child therapists, I began with a client centered approach. While it served me well for some time, I came to suspect that this approach prevented me from being effective with a number of the children referred to me for therapy — some of whom I now believe I can motivate to change.

LIMITATIONS OF THE CLIENT-CENTERED APPROACH

(1) One of the main disadvantages of the client-centered approach for me, was its monotony and enforced inactivity. (Only Axline seems to have met a Dibs.[3] Most of the "Orana" children in therapy are particularly unforthcoming). Restricting myself to reflection of the child's verbal and non-verbal communication meant there was little interaction. I found it difficult to resist indefinitely the temptation to take an active part, for instance, with John whose motor co-ordination was so impaired he could not succeed with meccano. And in the long run it proves shortsighted to act as a facilitator in cases where the child's physical and emotional abilities are either impaired or undeveloped.

(2) Towards the end of my ten year period of housewife-hibernation, I had begun attending human relations/sensitivity groups. From the time of my employment at "Orana",

*Footnote The names of the children have been altered.

I extended my interest into areas such as creative movement, family therapy and psychodrama, and it is the latter which has been most applicable to child therapy, particularly in the group setting. The psychodramatic technique of acting out, in dramatic form, a small segment of experience — 'the Vignette' — has been useful in reproducing situations such as clashes with a cottage mother, fights in the school grounds, resentments towards teachers etc. Ideally the scene is later replayed with a more satisfactory ending, but the insecure, emotionally deprived and damaged children in treatment, find this difficult — perhaps for them, even unreal. For instance, Norman much preferred to stay with the role of "driving Aunt up the wall" (his words) than discovering a way of getting on with her.

Inadequate

(3) Another reason why client-centered therapy appeared inadequate, was that some children seemed to lack certain responses in their repertoire. There is no point in being facilitating when the child is severely handicapped in emotional responsiveness or in motor co-ordination. It is maybe necessary to aid the development of new responses by techniques such as modelling or shaping.

(4) The growing impact in Melbourne of 'transactional analysis' also influenced me in taking a more active role. I attended various T.A. workshops and became interested in forming contracts with some children, discovering that it is possible to negotiate contracts at a much younger age than I had formerly thought possible.

Gameplaying

Furthermore, I became aware of the extent to which children indulged in game-playing in their relations with me, and with the child care staff etc. Passive games such as 'wooden-leg', 'poor me' and 'stupid' were frequently observed, as well as more aggressive games in which the child acted as persecutor.[4] Destructive scripts,[5] based upon parent-injunctions such as 'don't make it', 'don't think', 'don't exist' or 'don't be you' are frequently in evidence at "Orana". Often confrontation by the psychodramatic technique of 'mirroring'[6] (for instance, putting on a temper tantrum, or whining along with the child) was appropriate in countering destructive scripts or rackets (indulging in favourite miserable feelings). When Daryl, aged six, threw a tremendous tantrum by the front gate of Orana, I lay down on the grass beside him, yelling and screaming, pounding fists and feet alike. After a time a smile began to grow on his face as he peeped out at me. It was time to discuss what the outburst was about! Gradually, by consistent use of this 'mirroring' technique, Daryl learnt to state his needs quietly and in words, and so have them satisfied with less fuss. 'Mirroring' was used also with Sid early in our relationship, when he whinged and whined about being too small and weak to do meccano and leggo successfully. He is now the quickest and most competent toffee maker in the playroom.

(5) At first reluctantly, I became aware of the usefulness of behaviour modification.[7] Gradually, programmes based upon reward, became indispensable in coping with poor motivation, with lack of co-operation, with disruption, fighting and inattention in groups. Now, in my groups, the children draw up each session their own list of desirable behaviour. Recently one boy decided he would forgo the rewards. This suggests he no longer requires material recompense for acceptable behaviour, and that his satisfaction with achievement suffices as reward.

Workshop

(6) I also became interested in the work of people such as Jacqui and Eric Schiff,[8] and attended a workshop on problem solving and passive behaviour, run by Ken Mellor,[9] who trained with the Schiffs. Therapists of children with deprived backgrounds are only too well aware of the degree of investment the child has in not solving his problems, but the existence of a covert contract, permitting the continuance of the status quo, is perhaps not so well recognised. I have combatted passivity by 'mirroring' as described above, or by withdrawal with boys like Murray. With Jean, who asks questions such as "where's the flour?" (which she knows from experience is in the cooking cupboard), I say, "Look, it's up there on the ceiling." (It is intriguing that these children actually do look up at the ceiling, so used are they to being rescued by helpful adults). Many of the children are all too ready to content themselves with success at a fantasy level. For example, Gerrard, in role-playing a nightmare in which he was attacked by a monster, compensated for his vulnerability by changing the monster into a harmless bird. Active therapeutic intervention is required to encourage him to strive for genuine mastery over his world.

Reinforcement

(7) During the preparation of my

husband's recent paper on psychotherapy,[10] I became aware that client-centered therapists (cf. Truax and Carkhuff[11]) now admit that the principle of reinforcement applies in their form of therapy. I have certainly found it advantageous to show a wholehearted empathy (a very potent form of reinforcement) with twelve-year-old Jennifer, when, with the use of blackboard messages, she discusses the effect of her father's and her own anger. She was, on this occasion, willing to face the anxiety entailed in the depths of her experience. On the other hand, some of Jean's contributions deserve scant consideration. Warmth and an accepting manner are only likely to encourage her to chatter on to the same vein: "I had a lovely time: I walked up the footpath with my sisters. Two of us had transistors. I told Debra to put hers on 3AK, but she wouldn't, so I sat on the swing and put mine on 3UZ". Furthermore, my mirroring of Daryl's sulking can be considered aversive rather than empathic. Likewise, I have found it therapeutic, when Murray reads comics, to withdraw my attention completely, either by reading myself, or by tidying the playroom. Unconditional positive regard, so lauded by client-centered therapists, is not my current ideal. Even where it is possible, I doubt whether it would necessarily be therapeutic. In practice my acceptance of the child's contributions is highly conditional.

(8) I prefer to vary my approach with the child, and with the kind of behaviour he displays. In this I follow Malan's[12] principle of matching the technique to the client's problem. So, as my acquaintance with recent trends in psychotherapy extends, my repertoire of "menus" also expands. With some children, I find the appropriate recipe is to be as Axlinish as Axline herself. At other times I may be as confronting as Fritz Perls.[13]

Ruth Gilchrist working in the therapy unit at Orana

ACTIVE TECHNIQUES APPLIED TO GROUP PSYCHOTHERAPY WITH CHILDREN

With the assistance of the Social Welfare Department's liaison officer at "Orana", I began my first group in 1975. It was called the D.D's, short for "drama and discussion", and special invitation cards were sent to six boys selected by the therapy team. From the start we encountered problems which made Axline's client-centered approach seem quite unsuitable. The six boys produced total chaos in the play room. Each did his own thing, and the two leaders could not be heard.*

My co-therapist and I decided to switch to a behaviour modification model for this group. We moved the meetings to a less stimulating environment—a room in which there was no play equipment. We instituted games (exercises) requiring attention to instructions, e.g. "Follow the leader", "Simon Says". We awarded marks for performance in following these instructions, and also deducted marks for behaviour we regarded as unacceptable. These terms were clearly stated to the group at the beginning of each session, and their agreement gained. Points were awarded for attention, and carrying out the task.

Points were deducted for —

(1) hitting, punching, wrestling.

(2) inattention, distraction, withdrawal.

(3) inaccurate statements, lying and cheating.

At the end of the session, points were totalled and translated into jelly babies/beans (1 jelly baby for every 3 points).

Other features of the group were:

(1) The use of a special name (the

*Footnote After completing this paper I came across an article by two authors who had a similar experience with acting-out boys. They remarked: "it became increasingly evident that they were not repressed, fearful, and withdrawn children requiring therapeutic interventions which would encourage expression of inner feelings and conflicts, but, instead, were children who exercised a full repertoire of power techniques which were seemingly impervious to adult interventions." Furthermore, Epstein and Altman found that warmth and understanding alone were not helpful. They wrote: "The dedication, warmth, sensitivity and therapeutic skills of the therapist appeared to be irrelevant when confined by the classical approach of activity group therapy to an emphasis on activity and limited therapist interventions."[14]

D.D's) and the issue of exclusive membership cards.

(2) Introduction of a "warm-up" exercise at the beginning of the session. This may be either a quietening down exercise, such as relaxation, or a noisy acting out and aggression-release activity such as 'tense and scream', having a 'temper tantrum', palm-pushing etc.

(3) Other 'warm-up' exercises from psychodrama that have been useful are acting out a simple story read by the leader from an illustrated book, and 'miming' an activity whispered to a child, with the rest attempting to guess it accurately.

(4) Exercises in the D.D's were also aimed at producing some group cohesion. The boys were divided into two competing teams. This was necessary because each child avoided relating and tended to do his own thing.

Today in the 'sibling' groups, which I run alone, I still use most of these ideas, with the exception of competition, which is inappropriate with the widely mixed ages that exist in a sibling group.

The Non-Verbal Child

The inability of children to verbalize feelings and inner qualities has been demonstrated time and time again, for example, when playing "the magic shop" from psychodrama. While the children are usually quite adequate in a role, they are often unable to trade in qualities. (The "Magic shop" is an exercise in which one child plays the part of a shopkeeper, and another child bargains with him for some quality, such as 'patience' or 'toughness'.) Instead of using the non-directive approach and waiting, perhaps indefinitely, for the child to learn to express himself, I prefer to follow a directive programme. I distribute cards on which are printed "sad" or "angry" or "happy" etc., and the children have to act out in some way the emotion, one by one. My group of aboriginal girls proved expert at this, but wanted only the positive cards. In addition, I have devised an emotion-card game long the lines of 'happy families' (a popular children's card-game) in which the emotion card being requested by another player, has to be acted out, verbally or non-verbally.

Variety of Roles

I also introduce a variety of roles (written on cards) for them to experiment with e.g. mother, father, brother, sister, doctor, policeman, postman etc. This not only indicates their general social knowledge, but also demonstrates their identifications. For instance, the child who feels weak and inadequate may show a tendency to repeat a pattern of uncompromising authority and autocracy in all roles, as compensation. Or he may act as a hospital patient, or the unconscious victim of an accident etc.

Acting out scenes such as "tea-time in your cottage" or "something that happened to you today which is important to you", may help the child to see more vividly the way he tends to respond in certain situations. It can lead, though rarely to date, to a group discussion of how else to handle the situation, e.g. when another boy attacks or teases you. Mostly, however, the children prefer to expand into fantasy—in which they are at all times tremendously powerful.

MOTIVATING THE UNFORTHCOMING CHILD

My aim is for the child to experience the security and power of being able to control his own behaviour and responses. First of all I discuss with him what he wants — "to be happy" is a favourite desire. I then enquire what he thinks he needs to do in order to reach this goal, and lastly what he usually does to prevent himself being successful. Not only is this in T.A. terms, 'making a contract', but it is in the psychodramatic view a concretising of a nebulous state of happiness. It may be necessary to introduce a little magic to aid the child accomplish his aim. For instance, when Sid felt he would be happy if he didn't get into trouble by going out of bounds, I suggested he use a magic word of his own invention as a kind of warning device. Likewise, when Lionel said he could not remember anything I explained that everyone has a kind of memory box through which we search for a particular memory. (I asked him to show me where his memory box was located, and he touched one side of his head. He now remembers events in his life to recount to me). Also, when a child does not answer me we go looking for his voice under chairs etc. I find these techniques are most applicable to psychotherapy with unforthcoming and passive children.

Shaping New Responses

One poorly co-ordinated boy, with whom I have spent much time and effort, progressed nicely for the first 6-9 months on an Axline style programme. Then a plateau was reached, whereupon our consultant psychiatrist put me in touch with someon familiar with the Purdue Perceptual-Motor Survey.[15] An administration of this test defined the weakest areas of co-ordination and I began a Kephart programme with the child. This helped to improve his co-ordination, and the cottage father and remedial teacher assisted in his training. I still give John "homework" assignments in this area and am pleased when he chooses active games such as hop-scotch, tennis and trampolining. My main concern has been his lack of expressiveness and absence of contact with his feelings. Therefore, I introduced a technique in which we begin each session with taking turns to invent an emotionally toned story about a magazine picture of people. (This idea stemmed from discussing with the psychologist John's poverty of responses in the T.A.T.). At an earlier stage I also pushed John hard

by mimicking his playing of the game "stupid". While this seemed effective, I was concerned that I was too confronting with a child so poverty-stricken in self-expression.

Incapable

John was really quite incapable of enjoying himself and tended to play highly obsessional games (such as sorting objects). The only reinforcements which seemed effective were praise (this had only a limited effect) and lollies (these were highly successful for a time, as he was extremely greedy for food). But the greed, and therefore his motivation declined. Next I tried modelling emotions for him to copy, but his efforts proved very inept.

I became more and more aware that John was completely out of touch with his feelings and was able to express them only non-verbally, as in one of his major symptoms — soiling. (The very inhibitions which caused me so much concern were considered a virtue by many of the staff who interpreted his unassertive behaviour as gentleness). I substituted another kind of reinforcement (giving my attention and enthusiasm) when he verbalised a need. I also withdrew and avoided interacting with him when he did not communicate with me. John is now showing some emotional expression. For example, the other day I heard him say "drat it!", when he dropped something, and later he remarked "I'm good at it, aren't I?", when he was on the trampoline. But he has a long way to go before he is functioning as an "alive" child, aware of the full gamut of his emotions, free to choose his response and then express it. Maybe for this severely damaged child, deprived of caring in his early growing years, one has to be content with partial success.

Some children who defeated me (Permanently or temporarily).

I found I did not have the skills to handle Aubrey, a hostile acting-out boy of eleven who had been placed in care by his adoptive parents. This sort of rejected child is very wary of making a new relationship and allowing his needs for care and tenderness to be satisfied. Rather, he gains his satisfaction from a power game in which he does the rejecting. The end result is that his miserable feelings and unacceptability are confirmed. He has the doubtful advantage of saying things like —

"No-one can help me"
"You can't trust anyone"
"Everybody is against me"

Alternatives

Thus, by alienating all those who might otherwise wish to help him, Aubrey confirmed his belief that he was unlovable.

Another child, with whom I had no success in my first six months at "Orana", was Shannon. She was a glum, retarded and unresponsive girl, though at the time her entrenched negativity was not generally recognised. Her complaints seemed to have some justification, so attempts were made to improve her environment. She has recently come back into therapy, more than ever confirmed in her passivity. For many years Shannon has complained about 'this' and 'that', i.e. blamed others for her unhappiness. In this way she has manipulated adults to 'chase their tails' in attempts to make things right for her. I believe she has now met her match, as I have insights and skills I did not possess in 1973. I make it quite clear to Shannon that she has to do the choosing and accept the responsibility for her feelings and actions. I am prepared to make a cup of tea, knit, read or otherwise withdraw my attention from her while she sits silent and still as a stone. I have initiated the creation of a scrap book about Shannon, but she has to make the selections and do the work herself. She can, and does ask for help, and she is now writing positive statements, making choices, e.g. re the pets she likes best etc. She is becoming more spontaneous and her attitude is more positive. There is now a close collaboration between the child care staff and myself to ensure consistency in handling, i.e. giving Shannon the responsibility for her feelings and for initiating activities.

COMMUNICATION WITH OTHER ADULTS IN THE CHILD'S LIFE

The gains a child makes in the playroom are limited unless equivalent time can be spent with the significant adults in his world, e.g. the child care staff, the teacher, remedial teacher, parents, holiday hosts etc. Otherwise the weekly therapy hour, individual or group, is of little benefit and has minimal justification. It is important that the significant figures in the child's environment agree upon putting an appropriate programme into operation, or the child will continue to play his 'games'. For instance, Terry will play "poor me" with every new encounter with a potential rescuer. Also, as the therapist, I need feed-back from the caring adults about the child's day-to-day behaviour, so that relevant exercises may be introduced into the session. For instance, when a cottage mother told me about Gerrard's sudden regression into babyish behaviour, I introduced a 'baby' role-play into the group session. The boys were fed with warm milk from feeding bottles, stroked, given nurturing messages, burped, had their nappies changed, and were generally cared for. (All these things were facets of mothering they may have missed out on as babies, or alternatively they were reacting to the pressures of growing up). This experience appeared very meaningful as they stayed in the role for at least half an hour, and afterwards expressed their enthusiasm, asking for a repetition another time. Had I not known of the child's behaviour in the cottage, I could have missed the appropriate moment for initiating a most significant experience. The technique I used is similar in some

ways to Rudolf Dreikurs' approach. He recommends that a mother whose child is being babyish, should treat him as a baby for the whole day. (Note that the child experiences not only the advantages of being a baby, but also the disadvantages — e.g. he is not able to go outside to play, or eat anything but baby food.)

CONCLUSION

Having established my 'niche' in the "Orana" playroom, and having grown confident of my ability as a play therapist, I am now considering the validity of my position. Would it not be even more effective to be part of the daily management of the child in his cottage life? While this idea may be regarded as stepping out of role, does it not have its rationale? I can see three possibilities for the therapist:—

(1) to deal exclusively with the child in isolation in the playroom.
(2) to deal exclusively with the child care staff and significant others.
(3) to deal with both child and others, either separately or together.

The traditional view of a play therapist's role is that she should provide the child with an accepting caring relationship, so that he can explore his feelings and, with the aid of the therapist, fill in some of the gaps that occurred earlier in his feeling life. But what the therapist can contribute pales into insignificance, compared with the day-to-day nurturing offered by the child care staff. As it is impossible for a therapist to satisfy the child's needs for nurturing, it is more appropriate to help the child acquire some techniques with which he can 'seduce' significant people in his environment into giving him what he needs. Also the play therapist can encourage constructive techniques in personal relationships with his peers. Hopefully such new skills will take the place of behaviour which perpetuates the 'game-playing' that increases his supply of miserable feelings. These gains may also compensate him for the loss of advantages such as "getting even", and "being powerful", as a difficult and unmanageable child who denigrates adults. The sheer magnitude of my task has forced me into using very directive techniques for effecting change. Certainly, a client-centered approach has proved successful with those children, who because of their creativity, are able to play out their emotional conflicts in a relatively unstructured setting. Here, merely by being facilitative, I can effect constructive changes in the child. I have seen one or two children respond to an Axline approach, but most of those referred to me for therapy have been severely emotionally, and also, physically deprived prior to placement. In this case, I have found it essential to be highly potent in combating their massive resistance to rediscovery of what Erik Erikson has called 'basic trust'.[17] When a child's personality is riddled with distrust, there seems little option but to attempt a thorough-going rebuilding programme—a formidable task indeed.

References

1. Axline, Virginia M. **"Play Therapy"**. Ballantine Books Inc. New York, (1969).
2. Moustakas, Clark E. **"Psychotherapy with Children — The Living Relationship.** Ballantine Books Inc. New York. (1959).
   Moustakas, Clark E. **"The Child's Discovery of Himself."** Ballantine Books Inc. New York. (Originally published as "Existential Child Therapy" (1966).
3. Axline, Virginia M. **"Dibs — In Search of Self."** Ballantine Books Inc. New York (1969).
4. Berne, Eric **"Games People Play"** Grove Press Inc. New York (1964).
5. Goulding, Robert L. and Goulding, Mary M. **"Injunctions, Decisions and Redecisions"** Transactional Analysis Journal. Vol 6 No. 1 (Jan. 1976).
6. Blatner, Howard A. **"Acting-In"** N.Y.: Springer Publishing Co. (1973).
7. Blackham, Garth J. & Silberman, A. **"Modification of Child and Adolescent Behaviour"**. 2nd Edition. Wadsworth Publishing Company Inc. (1975).
8. Schiff, A.W. & Schiff, J.L. **"Passivity"** Transactional Analysis Journal Vol 1: No. 1 (Jan. 1971).
9. Mellor, K. & Schiff, E. **"Discounting"** Transactional Analysis Journal Vol. 5, No. 3. (July 1975).
10. Gilchrist, A.A. **"Potency in Psychotherapy"** Australian and New Zealand Journal of Psychiatry. Vol. 10 No. 2 (June, 1976).
11. Truax, C.B. & Carkhuff, R.R. **"Toward Effective Counselling and Psychotherapy"** Aldine. (1967).
12. Malan, D.H. **"The Outcome in Psychotherapy Research — A Historical Review"**. Archives of General Psychiatry, Vol. 29, (Dec. 1973).
13. Perls, F.S. **"Gestalt Therapy Verbatim"**. Real People Press. Lafayette, California. (1969).
14. Epstein, N. & Altman, S. **"Experiences in Converting an Activity Group into Verbal Group Therapy with Latency-age Boys"**. International Journal of Group Psychotherapy, No. 1 (Jan. 1972).
15. Roach, E.G. & Kephart, N.C. **"The Purdue Perceptual-Motor Survey"** Charles E. Merrill Publishing Co. Columbus, Ohio (1966).
16. Dreikurs, R. & Soltz, V. **"Happy Children — A challenge to Parents"**. Fontana Books. Great Britain (1972).
17. Erikson, E.H. **"Childhood and Society"** Penguin Books, England (1965).