CHILD THERAPY

A CASEWORK SYMPOSIUM

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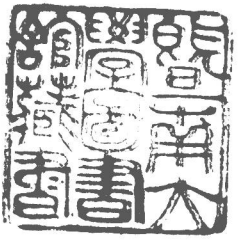

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Introduction

THE CASE ILLUSTRATIONS AND DISCUSSION presented by several members of the staff of the Community Service Society of New York show what is, I believe, a significant trend in family casework. This trend is the practical application of psychoanalytical principles to the everyday problems of family living and behavior which are brought to an agency such as ours. Guidance or counseling, as it has recently been called, is no new function to the family agency; the newer emphasis lies in the fact that counseling for certain cases has been shifting more in the direction of psychotherapy and that children are now taken more fully into treatment.

Traditionally the family agency has concerned itself with the well-being of the child at home, but earlier efforts were largely in the areas of health care, social and environmental programs, and counseling the parent about the child. As the dynamics of family life are better understood, treatment can be offered for problems of parent-child interaction and of family balance and functioning. In their long experience with adults, caseworkers have become skilled in helping them in their role as parents. At the same time, early signs that children are reacting in a disturbed way can now be recognized. When they have already begun to internalize their problems, such children must be directly as well as indirectly treated, and this has brought caseworkers into the practice of therapy with the young child. The central fact of parent-child interaction remains, and parents must be involved if any treatment of children is to be successful, but the depth and nature of the work with either adult or child must be flexibly adjusted.

It will readily be seen from these cases that although principles of psychoanalytic therapy are fully drawn upon, there is no attempt to encroach upon the field of child analysis as such—or of psychiatry, for that matter. It will be obvious that an important aspect of psychotherapy, aside from the fact that both parent and child are involved, lies in the amount of social therapy utilized in the over-all picture. I should say also that, although psychotherapy is

carried on both with child and adult by the *caseworker,* this agency now has a chief psychiatric consultant and a number of other psychiatrists on part time for consultation on individual cases. Psychiatric seminars are a regular feature of the in-service training program. Supervision of the detailed treatment is, however, with few exceptions, a function of the senior casework staff.

Lucille Austin, a former Family Service staff member now with the New York School of Social Work, opens the symposium with an outline of the theoretical structure. Eleanor Clifton shows the use of therapy over five years with a young boy. Although this case covers an unusually long period for a private family agency, the preventive character of the treatment and the outcome may be suggestive for social agencies that carry protracted responsibilities. Patricia Sacks discusses and illustrates the use of diagnostic criteria for the identification and treatment of children showing early or reactive behavior disorders, and Elise de la Fontaine describes and discusses in detail the treatment of a seriously disturbed child and her mother. The staff members whose work provided the case material for these papers are Esther Ellsberg Osterman, formerly of the C.S.S. staff, Gertrude Leyendecker, Lola Bowman, and two of the authors—Eleanor Clifton and Patricia Sacks.

The illustrations, though by no means inclusive, suggest strategic points at which the family agency may offer therapy. The earlier the opportunity for intervention, the more likely is such treatment to be effective. While fully aware of the technical awkwardness and mistakes inevitable whenever a staff is acquiring knowledge and skill in new disciplines, I feel great confidence in the validity of this trend for the family agency as shown in these papers, and a certain pride in being able to introduce them for discussion and criticism.

Special acknowledgment should be made to Eleanor Clifton for extensive editorial work on the manuscript and integration of the papers and, finally, to Florence Hollis, now with the New York School of Social Work and formerly editor of F.S.A.A. publications, for stimulating, encouraging, and assisting the whole project.

ANNA KEMPSHALL, *Director, Family Service*
Community Service Society of New York

I. SOME PSYCHOANALYTIC PRINCIPLES UNDERLYING CASEWORK WITH CHILDREN

Lucille N. Austin

THE CASEWORKER IN A FAMILY AGENCY is increasingly interested in the ways in which family situations and interactions of family members affect the social adjustment of the individual. Underlying our approach to casework with children today is the concept also that the child is a person in his own right and not simply a reflection of his parents. The presence of children in the family affects the balance between husband and wife. Financial problems, illness of father or mother, marital conflict, desertions, and separations introduce conflict situations for children and often necessitate far-reaching changes in the child's life. Even the very young child has reactions and ideas about what is happening and what he would like. Recognition of this awareness creates a new perspective for parents and caseworkers.

Casework with children in family agencies has received varying amounts of attention. Much of the work with adults has been of value not only directly but also as it has improved the family setting of growing children. Often direct contacts have been planned with children in order to arrange for medical care, for camp and recreational opportunities, and for talks about school progress. This individualization sometimes has provided opportunities for observing to what extent the child's development has followed normal lines. But too often, even today, the children are known only as names on the face sheet, with a question mark at the end of the list substituting for the name of the last baby.

The family caseworker is in contact with families because they have problems. In many of these families bad reality conditions

exist. In many, the adults are people who have difficulty in assuming their roles of father or mother, husband or wife, either because of personal inadequacies or emotional imbalance. At times the caseworker's contact makes him a natural resource for the child. If the contact with the parent makes it impossible for the child to feel safe or friendly with the same worker, we may use a second worker, or refer the child to another agency offering appropriate service.

In the last ten years direct contacts with children have increased in the whole field of casework and new treatment methods have been formulated. A teamwork relationship with a psychiatrist, similar in some respects to the pattern developed in the child guidance clinics, is often required. Casework is the central discipline. Responsibility rests on the caseworker for recognizing when psychiatric consultation is needed and for integrating the psychiatric content into casework treatment. Some agencies have built up a panel of psychiatrists who are used either by appointment or through contracts for blocks of time. The psychiatrist sometimes comes to the agency office; at other times, however, consultations are held in his office. In addition to psychiatric consultation on individual cases, seminars given under agency auspices have become a familiar part of staff training.

The treatment methods presented here have been influenced largely by the absorption and integration of psychiatric knowledge built up in American child guidance clinics, by contact with child analysts, many of them Europeans trained under Anna Freud, and by our own day-by-day contact with families. Emphasis in the American child guidance clinic, particularly in its psychiatric social work aspect, has been upon the study of various types of parental relationships as they affect the child's psychological growth. Until recently, the child was viewed as a somewhat passive recipient of these relationships bestowed by fate, who developed responses in the action and reaction sense. This concept remains as a part of diagnosis today but it has been elaborated and extended by further knowledge of the nature of the child's total personality and particularly of ego development.

The child is, from birth, an active participant in the family scene and in his own destiny. He is not only acted upon and the object

of stimuli but is an active agent and a producer of stimuli. The old axiom that a problem child is a sign of a problem parent is not entirely true. Children's problems result from their own success or failure in mastering inner conflicts and integrating environmental situations as these are combined in different constellations throughout the stages of growth and maturation. Personality development is assisted or deterred by constitutional predispositions to strength or weakness—instinctual drives, native equipment of physical health and appearance, adequacy of intellectual endowment—and by the favorability of the environment, including parental support and socializing opportunities. Accidental factors in life's events such as the death of a parent, limited economic welfare resulting in impoverishment of opportunity, or a crippling illness also may jeopardize the child's chance to develop a healthy personality, irrespective of the "goodness" or "badness" of the parents.

The concept of the child as an active participant in his own fate is important not only in diagnosis but in providing the basis upon which direct treatment of the child is built—treatment with the objective of helping him strengthen his capacity to deal with his drives, his environment, and life's events, of helping him become more conscious of the kind of person he wants to be, and of increasing his awareness that he is not a victim but a person who has a choice about what he is and what he will make of his circumstances.

Casework with parents remains of great importance, but it becomes increasingly clear that children, particularly those over six years of age, can best be helped to overcome their problems when they themselves participate in modifying their behavior. This is so because their behavior patterns have already become a part of them, unconsciously motivated and incorporated into their character to greater or less degree. Some experimental work is being done with children under six but, in general, treatment with this group rests to a great extent with the parents.[1] From six years to adolescence casework is appropriately directed to parents and children simultaneously. In adolescence there is still need for casework with parents but emphasis increases on the responsibility of the child for his own self-development and final emancipation from his parents.

[1] For an illustration see Chapter VII.

Psychological Theory

The Freudian theory of the psychosexual development of the child has been traced in many books and articles.[2] New findings, particularly those embodying more knowledge of the development of the child's ego, make it important to recapitulate current theory. Understanding of this development has been the subject of recent research in the fields of psychoanalysis, education, and social work. Anna Freud's account in her book, *The Ego and the Mechanisms of Defence,*[3] in 1937 was the first statement. More recently, Dr. Margaret S. Mahler's papers, "Ego Psychology Applied to Behavior Problems" and "Child Analysis,"[4] and other articles have been published.

The personality structure changes in the successive years of childhood. The ego grows stronger and commands the integrative mechanisms that control anxiety aroused by inner and outer pressures. Primitive impulses are repressed or outmoded as new aims engage the child's energy. The superego is formed as the child incorporates the parental prohibitions. If the parental demands in child training have not aroused too much aggression in the child and if the oedipal wishes have been resolved so that the child is able to identify with the parent of the same sex, then the superego is healthy and a useful regulator.[5] Later, the ego modifies and adapts these early rules to form a suitable code of behavior in line with standards appropriate to the individual's own particular life situation.

The child at first is weak and highly dependent on the mother physically and psychically. Differentiation begins as he is born into the outer world, feels discomfort, privation, or frustration in temperature changes, new feeding methods, and, ultimately, training demands. Nursing helps the child establish confidence in his perceptions of touch and smell as well as satisfy hunger. He feels

[2] See, among others, English and Pearson, *Common Neuroses of Children and Adults,* W. W. Norton & Co., New York, 1937; Florence Hollis, *Social Case Work in Practice,* Family Welfare Association of America, New York, 1939, Chapter VIII.

[3] Hogarth Press, London.

[4] *Modern Trends in Child Psychiatry,* International Universities Press, New York, 1945, pp. 43 and 265.

[5] See Alice Balint, "Identification," *The Year Book of Psychoanalysis,* Vol. I, International Universities Press, New York, 1945, p. 317.

pleasurable sensations, discovers his body, becomes aware of mother, father, siblings. He feels his power as his cries bring his mother to him. As he senses concern about his welfare he becomes aware of his own worth. He learns to stand tension because in due time his needs *are* met.

At first the child likes people for the use they are to him. Gradually he makes concessions as the parents' love makes it pleasant to please them. This egocentric beginning makes the step toward relationship to others in the more social sense slow and uncertain. If the parents give love ambivalently, "I'll do this for you only if you do this for me," the bargaining basis so set up interferes with healthy socialization.

As the child becomes more active he achieves more independence, if this is encouraged. After the first year he increasingly develops his own abilities—walking, talking, dressing himself. When toilet training is wisely handled the child finds pleasure in being clean and gains a sense of achievement without loss of the feeling that bodily processes are natural. If training is imposed too early or too insistently—that is, before physiological or psychological readiness—it arouses resistance and fosters such character traits as obstinacy, hoarding, or too great passivity. Parental consistency, firmness, and warmth in these years make possible a friendly, optimistic personality.

A child gains independence through mastering new experiences when he is psychologically and physically ready to do so and is given the opportunity to learn in a secure atmosphere. A child's sense of himself and of his own individuality gradually becomes real to him. As he gains greater command of his motor activity he becomes increasingly aware of his separate physical being, and as his mind develops he gradually becomes aware of his own reactions and of his perceptions of other people and things in a world that exists outside and beyond him.

In the first four years the child gradually develops relationships to each parent separately. At first these are chiefly of a dependent nature. Between two and four, some beginning elements of identification with the parent of the same sex emerge. Father-son or mother-daughter relationships begin to emphasize differences in the sexes. The child's own observation of physical differences, of

variations in clothing, and of some differences in feminine and masculine interests prepare him for the next important step of establishing his psychological acceptance of his own sex.

The oedipal period (from about three and a half to six years) brings the problem of sexuality to the foreground. The child is bisexual, having both masculine and feminine physical characteristics and developing both feminine and masculine psychological tendencies through his identifications with both parents. Either tendency can be emphasized. As his own sex becomes clearer to him, he feels himself in a new relationship to the parent of the opposite sex. The little boy senses a new element in his relationship to the mother, the girl to the father. Romantic fantasies develop and this is the time that the little girl announces that she will marry daddy. Masturbation increases at this time as a means of discharging tension and sexual feeling about the love object, as well as anger over the frustration caused by the parent who stands between him and his wish. The child's feeling toward the parent of the same sex is fraught with anxiety because he loves that parent too and yet does not know how to integrate the love with the strong negative rivalry feeling. The way he is treated by the parents at this time is of paramount importance. If the rival parent continues to love him and does not get angry, the child is reassured. If the parent who is the love object is neither forbidding nor seductive and helps him see more clearly his place in the family without making him guilty over wanting something he cannot have, he can more readily give up his misplaced aims and move forward from his oedipal attachment to a new identification with the parent of the same sex. He comes to realize that while he cannot take his father's place he can grow up to be a man like him and find a wife for himself with his father's approval. Frustrations cannot be avoided in this period but they can be mastered constructively.

If for any reason the child cannot feel at peace with his own sexuality at this time, he may turn back to an ambivalent dependent relationship on the parent of the same sex, thereby thwarting normal psychosexual development, with resultant adult problems of frigidity, impotence, and other sexual maladjustments. Homosexuality is a problem of distorted parental relationships and is not now regarded as a pathological disease entity. The child's psychological develop-

ment as an adequate adult rests primarily on the successful outcome of this oedipal struggle.

As the oedipal struggle subsides the child enters the latency period (from about six to ten). He then is ready to direct his energies toward his school work and social activities. His instinctual drives are in hand and his superego is functioning so that he can govern his own behavior. Through increased experience with reality situations he is learning what gratification he can have. He is becoming a part of groups of children and beginning to take leadership. School, teachers, and friends begin to displace his close ties to his family. His attention span lengthens and his manners improve. The latency child is strongly moralistic and intolerant of deviations because he has so recently gained control over his own impulses. Games are played to rules and there is an emphasis on fair play. Some ritualistic behavior is normal in this period. Rituals appear in counting games, in jumping rope and bouncing balls in a particular sequence. The superstition "step on a crack, break your mother's back" shows the ego's prohibition against a forbidden impulse and the effort to master it.

In pre-adolescence (from about ten to twelve years) the child typically becomes more hostilely aggressive as the inner drives are stirred up again by bodily growth changes and as social pressures demand more insistently that the child act in a grown-up fashion. Boys and girls nag each other. The girls are tomboys, the boys flaunt their strength because they are not sure of themselves. Dirty words appear and manners disappear. The ego, however, has a new ally in the strength mobilized in the latency period. This is an important factor in helping the child enter the stormy period of adolescence.

Adolescence (from about twelve to sixteen) brings the central problem of emancipation and psychosexual integration.[6] This period involves the reliving of the oedipal struggle and the final working through of the sexual ties to the parent of the opposite sex. Sexual maturation arouses fear. Flippancy covers the adolescent's unsureness about his own worth and whether he is loved and can make a

[6] See especially Helene Deutsch, *Psychology of Women,* Vol. I, Grune and Stratton, New York, 1944; Caroline Zachry, *Emotion and Conduct in Adolescence,* D. Appleton-Century, New York, 1940; Anna Freud, *op. cit.,* Chapters XI and XII.

place for himself. Boys go in for sports to prove their strength and girls work to improve their appearance. The child's need for companions of his own age and sex is great because he needs reassurance about himself and because competition with the parent of the same sex makes it impossible for him to be close to that parent. Masturbation and sometimes sexual intercourse are used as means of discharging tension. Sexual relationships are unsatisfactory because the boys and girls are not ready for mature object love relationships. Not until they achieve this maturity can they enjoy the broad friendships with members of the opposite sex which form the real basis for later courtship and marriage. This maturity comes through a comfortable relationship with the parent of the same sex.

During adolescence, increased intellectualization, interest in causes that defend the underdog, daydreams, reading and writing poetry and romantic stories carry the weight of the ego's efforts to reconcile underlying fantasies with reality channels for expression. When sublimation can be achieved, it is a period rich in imaginative and creative energy. Throughout these years of growth, reality testing, happy experiences with parents, and socializing experiences aid the child's character formation. The ego is being strengthened. The guiding principles of life expressed in the ego ideal—"what I would like to be"—tend to become firm but benevolent, and the underlying drives become sources of constructive energy because they have found a means of acceptable social expression.

Defense Mechanisms

Understanding the "defense mechanisms" is important for the caseworker because these are a clue to diagnosis and because they must become a focal point of treatment as the child is helped to work through his behavior difficulties.[7]

Anna Freud says the term "defense" is the earliest representative of the dynamic standpoint in psychoanalytic theory.[8] It was used

[7] For a fuller discussion of the defenses see Anna Freud, *The Ego and the Mechanisms of Defence*, Hogarth Press, London, 1937; Otto Fenichel, *The Psychoanalytic Theory of Neurosis*, W. W. Norton & Co., New York, 1945, Chapters VII–X. The writer is also indebted to unpublished notes from seminars with Dr. Adelaide Johnson, Chicago; Dr. Margaret S. Mahler, New York; and Dr. Lillian Malcove, New York, for amplification and clarification of theory.

[8] Anna Freud, *op. cit.*, Chapter IV.

by Sigmund Freud in 1894 to describe the ego's struggle against painful or unendurable ideas or affects. The defense mechanisms are behavior responses organized into a definite pattern to meet a specific danger. Neurotic and psychotic symptoms too are defensive measures as are other processes at the disposal of the ego, but these are differentiated from the defense mechanisms. This concept further demonstrates the purposefulness of behavior and indicates possibilities for change which are not inherent in a more static explanation of character traits.

The defense mechanisms are indispensable to the ego and are often the first resource called into operation when danger situations threaten. Their positive usefulness to the personality has led some analysts to prefer the term "adaptive mechanisms" to defense mechanisms. They become abnormal, however, when they are used inappropriately or to too great a degree. A few are almost always viewed as harmful. Others, like denial for instance, are normally used frequently in the early periods of childhood but are less appropriate at a later stage when the ego has been strengthened by increased contact with reality and is able to appreciate discrepancies not apparent to the young child.

In the treatment of children the observation and understanding of the defense mechanisms are important because they give clues to the child's real feelings and the conflicts threatening his ego.

The child who feels jealousy of a sibling is in conflict because the superego says this is a bad feeling but the id reacts primitively with the urge to get rid of the unwelcome intruder. The ego must deal with the anxiety aroused by these conflicting pressures and does so by the use of defense mechanisms. We understand the intensity of the child's feeling of anger when we observe his extreme efforts to convince us he loves the baby more than anything in the world ("reversal") or when he begins to tease the cat ("displacement"). If we did not recognize these defensive responses we could easily be misled and fail to understand the child's need and the danger to the ego. A literal response to such reactions on the part of the child would place a further burden on the ego, driving it to continued and more involved defenses further separating the child from the parents or, in the treatment situation, from the therapist.

The defenses, expressed as behavior reactions, frequently bring the child criticism from adults and may be the reason that treatment is sought. Rationalization and denial are taken for lying, projection as cowardice and failure to take responsibility, identification with the aggressor as unnecessary pugnaciousness, and so on. Some defenses such as rigid repression, altruistic surrender, and reversal bring commendation but we know they often interfere with healthy character development because they are distortions, and energy is consumed in maintaining them.

Many of the defensive operations are relinquished with relative ease by the young child, but if left untouched they become the more fixed character traits of the adult. In treatment of children one of the first areas of work lies in helping the patient see how some of these reactions bring trouble in the long run and are the expressions of his unhappiness and fear rather than well selected methods for dealing with reality.

The type of defense may also be one indication of the kind of neurosis or psychosis, actual or potential, which may be threatening the individual. Repression is most commonly associated with hysteria, isolation and undoing with obsessional neurosis. Recognition of the character and extent of the defenses serves as an important clue in diagnosing the seriousness of the child's problem and in determining the treatment method.

At the risk of oversimplification, I am listing the defense mechanisms and attempting to describe them briefly. Common mechanisms that have been identified are: rationalization, repression, reaction formation, reversal, regression, projection, introjection, sublimation, turning against the self, restriction of the ego or avoidance, denial in fantasy or act, identification with the aggressor, displacement, altruistic surrender, undoing, isolation, wit and humor, daydreams and night dreams.

Rationalization: The ego avoids the truth and makes up an explanation of the behavior that suits the conscience. "I only wanted to show him how to play" wails Mary when mother finds her taking toys away from the baby. This mechanism is used very early and to some degree continuously throughout life when the ego is temporarily unable to perceive and face the true facts.