

IDEA EXCHANGE COLUMN

Every therapist has a group of therapeutic devices that he finds useful. This column will provide therapists with an avenue of expression and a means of exchanging devices. It is, in effect, a recipe column.

All procedures tend to become stabilized - at times to such an extent that we become rigid in our approach. This is true even in our therapy sessions, which may, therefore, become dull. This occurs even though we lead from trusted principles and are spontaneous, sensitive and versatile in our work. Hence on occasion we are compelled to change tactics or to resort to devices to keep our sessions alive.

Devices differ from methods since they are not permanent procedures but a temporary tactic. In their effects they resemble puns since, like the latter, they present a common idea on a new plane, in a new parallelism or in a new and surprising light. In psychodrama¹ these devices are easily recognized as such--for example: "The Behind Back, The Magic Shop, The Empty Chair, The Double Chair" are among the many in our bag of technical tricks. They are often quite helpful if not used in a wooden or mechanical way.

For the individual interview also, we need such a compendium of tricks which we can use to keep a session from becoming stale. Perhaps through our readers' contributions to this column we may be able to collect some worthwhile techniques.

The following examples are not directives for a specific situation only. They are schemes helpful for keeping an interview from degenerating into mere words, or for starting a session on an unexpected viewpoint or angle for the patient.

(1) In the first interview with children (from the age of seven through adolescence), I insist that one or both parents take part in this session. I open with a question to the parents, as "What do you like about John?" or "Why do you like Johnny?" It is astonishing how many parents thrash about with "Wells" and "Whys" and finally end up, "He's my son, that's why I like him." In such instances I relieve the embarrassment with some comment as "John is neat" or "He had courage to come here to learn something about himself. That's a step in the right direction." The therapist can always observe some essential trait on which he can comment.

To the child, this opening is a complete and pleasant surprise. He had expected criticism, advice and the like. For the parents, it means a re-examination of their own attitudes.

When we have completed this part of our session I ask the child (be he 7 or 17), "What complaints have you about your parents?" Of course, I assure him, he will not be criticized or punished for anything he says.

1. Sacks, James M., Ph.D., "The Judgment Technique in Psychodrama," Group Psychotherapy, Vol. 18, No. 1-2, March-June, 1965.

The patient's answers are revealing, as: "My parents quarrel and I get nervous," "My father is never home," "My mother nags and nags me but she never says anything to my sister," and the like. When a child says that he has no complaints, I congratulate him on having the only perfect parents in the world. Then I ask, "If they are so perfect, how come you seem to be having trouble with them?"

Sometimes as they present incidents or situations, I swing into a simple psychodrama wherein each presents the situation as they see it. Then I ask them to present situations as they would like it to be.

(2) In every interview, the question of acting in baby, big boy or adult fashion, invariably crops up. On one of these occasions, we say, "We can tell how grown up a person is by the way he acts. We can even make a ruler to see how big we are or how grown up we are."

Baby	Big People
:	:
Needs Help	Give Help

After explaining the ruler and after having the interviewee read the words at each end, I ask, "At what end would you place a baby? Make a mark where you'd place your father. Your mother. Your brother. Where would you be on this ruler?"

Thus we can develop a new set of synonyms—baby with helplessness, and adults with helpfulness or usefulness.

I ask questions such as, "When you start a quarrel with your sister, toward which way are you walking—to babyhood or grown-upness, toward helplessness or usefulness?" In later interviews when a temporary relapse sets in, I often turn back to the ruler device as a guide to understanding present or future actions.

In groups I ask, "Show where you are on this ruler." It is surprising to see how accurately even eight year olds measured their siblings, parents and even themselves. In self measurement, their honesty often springs from fear of class comments.

(3) When the patient is apathetic or highly resistant, the therapist can suggest an exchange of roles. Even though the exchange be as short as five minutes, the therapist, while in the role of the patient, should be sure to ask for help with a question such as, "You say 'I always worry about what people will think of me' or 'I always try to impress people.' Then tell me what I must do to change."

These are but a few of the devices I find so useful for illustrating guidelines for thinking and acting.

Conclusions

Devices are tactics, not methods. They are not essential to therapy, but they supply variety, lightness and interest. Often they serve to make the patient more at home and less guarded. For some patients, a device may act as a reminder like the string one ties around his finger to remind himself of an errand or other duty. A child is more likely to remember the "growth ruler" than the idea that maturity means service for the benefit of others; the ruler supplies a concrete guide to this principle so that he remembers both.

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