

INDIVIDUAL PSYCHOLOGY IN ACTIVITY GROUP THERAPY

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by Regine Seidler

Some eighteen years ago one of my co-workers at the Des Moines Child Guidance Center and I discussed the possible merit in child psychotherapy of having the patient "produce" something. Naturally all psychotherapy has to be productive, but what we had in mind was the creation of a concrete object using arts and crafts as a tool. We were keenly aware that the therapist could easily be tempted to lose himself in participating in creative activity, instead of carefully pursuing his therapeutic goal. We avoided this danger by using a qualified instructor in arts and crafts. The instructor would be sensitive to the child's need to express himself creatively, to his ability to do so, and would assist him. The psychotherapist was left free to play his own role. With two adults present, it seemed natural to include several children in the experiment, and an "activity therapy group" was born.

I decided to group the children according to age, and to work with three groups: a youngest, roughly five to seven years old; a middle group, about eight to eleven; and the oldest ones, up to fifteen years of age. We met in a room equipped with work tables, basic tools and a great variety of arts and crafts materials.

As in most Mental Health Clinics, the child had undergone psychological and psychiatric examinations. The parents had been interviewed by psychiatric social workers to acquaint us with the developmental history and the environment of the child. Their attitude toward the child and his problems had been evaluated. A physician's report on the child's physical condition, and a report of his school teachers and of the school psychologist were sent to the clinic on our request. All this information had been collected, recorded and it furnished the basis for the staff conference. After discussion and consideration of suggested diagnosis and recommendations, they decided on activity group therapy.

I attempt initially to understand the specific unique life style of the new patient entering the group. Though I study the chart before I see the child, I do not pay very much attention to the diagnostic category. Keeping in mind that Adler always attempted to test his tentative diagnosis, I try, after formulating my own interpretations, to test it by careful observation of the child's initial behavior toward the group, and toward the chosen activity. Of course, there should be a fairly reliable established group atmosphere. It is only natural that the behavior of the therapist will be the most decisive factor for the group atmosphere. I feel it is important that each child know his problem, and that he is coming in order to work on it with all our assistance. This is considered a serious matter, and it is understood that it is not the purpose of the group to have only fun. Attendance must be regular and punctual. I believe in promoting an atmosphere of warmth, sincerity and mutual interest. While children should be aware that something is expected of them, they must also

know that they are accepted, whatever might happen, and that they are reliably protected.

I do not pretend that my interpretation of the child's life style is validly established after our first contact. Diagnosis is a continuous matter and accompanies psychotherapy.

Following Adler's method of therapy, I help the child to understand his self-created pattern of behavior, and the errors that led him into difficulties. I will have to assist him to develop the courage to give up the faulty attitude that might still seem to him his only possibility of existence. I have to detect his resources for social interest and help him to mobilize them.

The child who starts group therapy has some idea that he will have to face a group of children, and that he will be expected to produce something. Some--especially the younger children--prefer not to come into the room. Their resistance is much more dramatically demonstrated when it is directed toward a group. If in the end the youngster runs to me, clings to me and hides his face to avoid facing the other children, I gain from this quick behavior much more than I could have learned in an individual session. At the same time it is very helpful to me to see how the other children react. They in turn are testing my reaction. There are, certainly, children in the group who strongly identify with the very child who fears them, and by my dealing with him, they receive treatment, too. I could give an infinite number of behavior samples: the angry, the aggressive, the violent, the arrogant child, the withdrawn, the isolated, the confused child, and so on. In every case, the group will react and in many cases the group response is so correct and so valuable that I can stay in the background. In the majority of the cases the initial steps are very similar: the new member of the group introduces himself, learns the names of the other children and very often tries to give a very good impression. He realizes quickly that he is expected to be himself, since he is continuously exposed to the behavior of group members who are way beyond the initial phase. They make use of the therapist and the group members very well when they feel a need for assistance or for some clarification.

A boy in the oldest group appears somewhat depressed and angry. He is busy with some woodwork and, without looking up from his project, remarks, "I walked out of school this week." (We have found most children find it easier to talk while they are working on something.) Most of the other children are shocked. One asks, "Why?" Another remarks, "You are in trouble!" The boy explains that when one of his enemies didn't stop pestering him, he got so mad that he didn't know what to do. He just ran home. In individual therapy I probably would have made some interpretative remark. With the other children around, I had no chance. They were too anxious to know what had happened. When his mother ordered the boy back to school, he refused. She phoned his father at work and he came home. At this point I interrupted, "Your father left work?! That's really something." The other children know that the boy lives in conflict with his nervous, nagging father who is really well-meaning and wants to be helpful. The boy, who obviously had been angry at his father's interference, is confused. Another child remarks, "Your father

is really interested in helping you, if he came home from work," and turning to the others he says, "My father would have done the same." Another child murmurs, "My old man would have been home anyway; he would have been drunk." The boy who presented the problem gives him a long look. There is a moment of quiet. Then the boy tells how the father handled the problem. He phoned the counselor of the school and had the boy report to the latter what had happened. He then was able to return to school and meet the counselor in his office. This was the most important part of the story. The group continued for some time to talk about the father and tried to convince their confused friend that his father must have a great deal of interest in him.

Naturally, I do not assume that such instances of group participation are sufficient. They deal however--and often very effectively--with highly important aspects of the whole problem, and they are a good demonstration of, and a good exercise in, social interest.

Let us consider the therapeutic role and value of the creative activity. That it provides success experiences the best method of encouragement is obvious. We are interested in detecting, in the child's creation, the reflection of his personality, as well as observing and interpreting his attitude toward work and achievements. For example, one child "accidentally" destroys his creations. I do not hesitate to make him aware of the meaning of his accidents, and how he shows the same mistrust of his ability in his behavior in other areas. Not all children present will understand what we are talking about, but they all soon realize that what they say and what they do is meaningful and can assist them to handle their difficulties in a better way. Some children experience, for the first time in their life the satisfaction of helping others. Their own problems make them sensitive toward the problems of others.

Another example: two children are both working on copper pictures. One, a stutterer, enjoys his project, works with pleasure and skill, doing an almost expert job. The other one, fairly new in the group, tries this kind of project for the first time. He is anxious and competitive, tries to hurry his work, but observes with dismay the skills of his co-worker. One can see he feels, "This is hopeless! How is it possible that this guy does so much better?" Suddenly I hear my stutterer say, without the slightest hesitation in his speech, "You know I am coming here for a long time; I have done this before; when I did it for the first time, it took me very long. I had no idea how to go about it." My little therapist not only put the anxious fellow at ease; in a calm, friendly and effective way, he made him aware of his needless competition. He gave him a feeling of understanding and warmth, of social interest in the best sense of the word. I always feel, when my patients become "therapists," it is a good indication that they will soon be able to carry on by themselves.

Dr. Shulman's comment:

Group therapy, and specifically activity group therapy, provides a therapeutic experience for the child, and diagnostic clues for the

therapist. Acceptance, warmth, peer education and success experiences are often found more easily in the activity group. The therapist benefits from the opportunity to observe the child's response to peer groups and to achievement itself.

COUNSELING THE RELUCTANT CHILD AND HER MOTHER (A Case Study by Therapist and Co-Therapist)

by Eleanor Redwin and Georgia Greven

This study describes how therapist and co-therapist worked together as a team with a mother and her daughter.

The problems of mother and daughter, though similar, were expressed quite differently. The mother was willing to cooperate with the therapist but she was handicapped in her progress by the destructive and belligerent attitude of her daughter, Ruth, six years old.

Ruth was adamant in her refusal to talk to the therapist. She lived as Alfred Adler called it, "in a world of enemies." She was an angry, reluctant child who needed help.

Mrs. L. came for help because she found herself in a very difficult situation. She neither accepted her husband nor her function as a mother. The only person who pleased her was her oldest daughter, Mary. Mary was the sweet, good little girl, and also was very pretty, slender and graceful. She personified everything the mother wanted to be. Ruth constantly reminded mother of herself when she was a little girl.

"I was always fat, just like Ruth, my six year old."

Mrs. L. had been an unhappy child. Being the youngest of a family of five she remembered her mother saying, "I did not expect you...you were an accident...another girl." Three of the siblings were girls, one was a boy. She had had to fight hard for her place in the world. She became aggressive and rebellious. The sister next to her was the most sophisticated one. She saw her daughter, Mary, develop in that direction, and did not realize how she herself was encouraging it.

When Ruth was 2 1/2 years old, a boy was born, pushing Ruth into the role of a typical middle child. Ruth's behavior became unbearable to the distressed mother. They fed each other's neurosis with their negative, belligerent attitudes.

Mrs. L. was rebellious toward her whole family, but her anger at Ruth was fierce. There had to be a way to help both mother and child particularly as Mrs. L. began to understand her own life style.

The therapist discussed this problem with Mrs. L. They thought about possible ways to approach the child. After many sessions the mother and the therapist agreed upon the necessity of direct and separate help for Ruth. The therapist felt that a medium of non-verbal communication might succeed with the child. For this work Mrs. Greven, a trained music therapist and Adlerian, was recommended.