

NORMAL CHILDREN AS AIDS IN CHILD PSYCHOTHERAPY¹

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Those of us who work with children may often observe that they can establish communication with other children more readily than adults can. Children who have arrived from another country can quickly establish contact with their peers, sometimes upon the first meeting, and manage to make themselves understood in spite of the barrier of a foreign language. They also show considerable skill in interpreting the indistinct utterance of a younger child who has not yet developed articulate speech.

The spontaneity that children show in their interaction with each other is in marked contrast to their reticence and restraint with adults. In their play activity they show an exuberance and uninhibited release of laughter, humor, clowning, giggling and outright silliness which they rarely achieve with their elders. The ease with which children relate to members of their own group is also seen in their readiness to accept direction and help from each other rather than from adults.

In this report I shall describe how my two children, Fred and Judith (then 6 years and 3 months and 4 years and 3 months of age, respectively), through their unsolicited help, were instrumental in accelerating the progress of two children seen in my home as private patients.

A RETARDED PRESCHOOL CHILD

David was a child of three years with a severe communication deficit. Several weeks before I first saw him, he had been briefly hospitalized for diagnosis. A diagnosis of mental retardation and personality disorder was made. An over-all developmental delay of about one year was estimated and a two-year lag in his language development. The chief complaint of the parents was that he did not speak.

Lack of warmth and affection in the family, disagreement between the parents, together with parental overprotection appeared as important elements in the home situation. His sister who was 5 years older was his sole playmate and companion. She too overprotected him. On rare occasions David saw other children at a playground but they did not interest him.

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During my first visit at his home David was hyperactive, irritable, and distractible. He did not remain in the room for more than a few minutes, wandering in and out continuously. He went for a drink, looked for his blanket, picked up a toy. There were a dozen trips during the session. His attention span was limited, he failed to carry out most of the oral requests given him, and he showed evidence of perseveration. Few changes were seen in his facial expression. He seldom smiled or laughed and often stared fixedly. He was not fully toilet-trained and required help with dressing and undressing. Unable to make himself understood, David utilized whining and crying to call attention to his wants. His only intelligible expressions were approximations of the words "bye-bye" and "daddy."

The gains David made after I had been seeing him for one year, when he was 4 years and 2 months, were evident in the following changes: He had become fully toilet-trained and could dress himself, except for tying his shoe laces. His attention span though still variable had markedly increased. There were fewer crying episodes, and they could often be forestalled by verbal explanation. He developed more tolerance for frustration and often sought help when he met with difficulty. There were changes in his facial expression and he often smiled or laughed.

He was clearly making an effort to communicate. These attempts consisted of spontaneous, repetitive syllables and fragments of speech. At times he attempted to repeat words he heard spoken. He was beginning to utter spontaneously short phrases in context, like "come on, let's go," or "hurry up."

At this time I began to see David at my home. I prepared him for this change by having him meet my entire family for lunch, at an art museum. During lunch David took notice of both our children, and they in turn showed an interest in him.

During the first session at my home David appeared to be very much at ease. He acknowledged Fred's and Judith's greetings with a smile and a few unintelligible syllables. Fred showed him one of the toys which David had already begun to explore independently. When Judith came into the play room, David walked over to her and pulled her hair vigorously. "Stop it!" Judith shouted in pain and started to run away. Fred, who looked on said, "David—bad boy." After this mild reprimand Fred showed David how to swing a golf club, and Judith joined them later in the session. There were other such episodes of aggressiveness, but they gradually diminished.

After four sessions the children asked, "Can we help you with

David?" and began to participate in the sessions. Fred played the more active role and at times led the major part of a session.

David was slowly learning to relate to Fred and Judith. His earlier clumsy and aggressive maneuvers, like scratching, pinching, and hitting, were replaced by displays of affection. This is evident in the following example. David sat down at the table with Judy and listened to my reading. At the end of the reading he picked up a male baby doll he had noticed. He removed the doll's shoes, gently placed him on Fred's bed, and covered him with a blanket. Then David walked over to Judith, stroked her cheek several times and said, "Nice nice." He hugged her, then embraced her bearishly and kissed her.

The way the children came to David's aid in developing his speech may be seen in the following illustrations. He had a plastic toy truck with which he was unwilling to part. Fred said: "David, come let's go to the playroom." David readily gave his truck to Fred who started to guide it in the room. David watched, then promptly repeated Fred's signalling, "Toot-toot, toot-toot." Fred was about to eat a banana. He broke off half of it and said, "Here David — do you want it? — banana." David accepted it and said, "Nana." As the next step, Fred modeled a banana in plastilene clay, showed it to David and said, "Banana." David promptly repeated, "Banana." The same procedure was employed on additional objects, and David repeated the words, apple, thimble, bottle, and hammer.

Several weeks later David picked up one of Judith's doll's bottles; he brought it to me and attempted to put it in my ear. I explained, "This is not for the ear, David, it is for the mouth." He brought it to Judith and said, "Open a mouth, open a mouth — ah ah!, ah ah!" Judith complied. Then he came to me and repeated the same directions. This was the first time he had used such mature language spontaneously.

The relationships which David had established with my children probably enabled him later to relate to the adult members of my family, as illustrated in the following excerpts. When Mrs. R., grandmother of Fred and Judith, said, "Hello David, shake hands with me," David took her hand. When Mrs. R. exclaimed, "Oh, you are squeezing my hand so hard!" David smiled roguishly with a broad grin. A month later, when Mrs. R. returned from vacation David greeted her by running toward her, arms outstretched, then embracing and kissing her. Soon after, when the children left for the country, David transferred his attention to Mrs. R., displaying the same affec-

tionate behavior toward her that he had previously shown the children, particularly Judith.

In his play activity David was showing more initiative and resourcefulness. One day he walked into the children's room, fell on the floor and began to shout, "Help, help, help!" with outstretched arms. Judith came to David and said, "All right David, here," offered him a hand, and pulled him up. David grinned, delighted over having been "rescued."

David had not had the opportunity to play with other children in a home setting until he met Fred and Judith. His first school experience was in a summer play school when he was 4 years and 3 months old. His successful integration at the play school led to his admission to a private school.

The children's readiness to help David likely stemmed from the immediacy of rapport and sense of supporting one another, which children have. This was seen in operation when they both accepted David in spite of his severe communication deficit, played with him, and, beyond that, proceeded to help him with his speech as well. Thus Fred and Judith probably played an important role in David's socialization, his development of play techniques, and communication skills.

A CASE OF DELINQUENCY AND SCHOOL FAILURE

Robert is a small, neatly dressed, 14-year-old Negro boy. When first seen by me, he had been held as a juvenile delinquent on a charge of robbery five weeks earlier and was freed pending trial in Juvenile Court. The amount of money involved was small change under one dollar. He was diagnosed as showing personality disorder with his intellectual functioning within normal range.

Robert lived with his parents and four younger brothers in a low-cost housing project. He got along well with his youngest brothers but was keenly competitive with William, 1 year and 2 months younger, who surpassed him scholastically and showed a more rapid rate of growth. Robert was resentful over the actual preferential treatment the parents accorded his brother, and was particularly angered over being punished more often and more severely than William.

His father is a factory worker, and his mother is partly disabled by a progressive neurological disease of 10-years duration.

At the first session in my office he walked in slowly, looking down at the floor. His stooped posture and slow gait made his short stature appear even more conspicuous. He could easily have been taken for

a 10-year-old or at most a 12-year-old. His manner was shy and reticent. He sat in silence for some time, sitting sideways and turning his head to face me only in reply to a direct question. He appeared suspicious, resentful and frightened. During that first session he said little spontaneously. During the next visit he was more affable and talked more freely, but the content remained peripheral.

I felt that he might feel more at ease if I were to see him at my home rather than at my office. To reduce his feeling of pressure about having to speak, I prepared a typewriter for his use. The first sentence which he typed spontaneously was a plea to his teacher which read: "DEAR MISS SYKE I AM A BOY HO WOULD LIKE SOME HELE [HELP]"

While Robert waited for me, he noticed my children and talked with them. They responded warmly to his interest in them. Thereafter he came ahead of his scheduled appointment each time and played with them.

One day he arrived much earlier than his scheduled visit and talked with Fred. He reported this meeting to me as follows: "I was playing checkers with Fred and you know, he won some games from me. Then we started to talk about science and invention, and he told me things I did not even know." Then he added, "I think Fred is bright," explaining, "When he opened the door for me he said, 'Do you want to see my father? He is not home yet but you can go straight ahead and wait for him in the living room.' When he sits and looks at you and then is quiet — you can just see that he is thinking. He smiles and talks to you seriously — and the way he speaks — most six-year olds don't speak that clearly and that well, and they don't have that kind of vocabulary."

Robert brought along books which he thought would interest Fred and also helped him with his coin collection. Both boys exchanged ideas on a variety of scientific topics. Robert was also attentive to Judith. He included her in the games and showed a protective attitude toward her. It was clear that Robert felt accepted by the children. The impact of this experience was evidenced by his rapid progress after a total of 10 sessions spread over two months. His schedule was then reduced to one session every four weeks.

I referred Robert to a research hospital as an outpatient where he was placed on medication to stimulate his physical growth. Within a year his height was average for his chronological age.

His distrust of others, his anger and resentments and feelings of bitterness were replaced by attitudes which were positive and con-

structive. As he began to experience a feeling of trust and acceptance, he began to show the changes described above. The general peripheral content of the earlier sessions was supplanted by a more personal focus. Robert now described his conflicts with his teachers. He talked of his friends, his meetings with girls, and his disagreements at home with his brothers and mother. He referred to his failures in school, his difficulties with reading, and his concern over his short stature.

A non-directive approach was utilized in our sessions. The major aim was to convey to Robert a feeling of respect for his own person and to imbue him with a sense of his own worth. His interest in science was utilized to focus attention upon an area in which he had done well, and to encourage him to communicate.

At the end of a year the sessions were discontinued at Robert's request. He felt that he was now ready to try to cope with his problems by himself.

It would appear that the positive changes in Robert and the speed with which they occurred can in a large measure be attributed to the spontaneous intervention of both children, particularly that of Fred. Perhaps being accepted by a family without question in spite of his past difficulties and deprived status played an important part. His friendly experience with the children probably enhanced his low self-esteem and facilitated his relationships to others.

SUMMARY

Two cases are described in which the approach was a modification of the traditional child psychotherapy involving a therapist and the child-patient in a clinic setting. The child-patients were seen in the therapist's home where they had the opportunity to relate to the therapist's two children. The informal setting of a home provided an environment in which these relationships with accepting, "normal" children could develop freely.

The facilitative aspects of this modified approach appear to be: The patient is stimulated to more verbal communication through contact with other children. The "normal" children provide him with a model, through their response to the tasks presented, and their encouragement and guidance tend to develop his perseverance and skills. His self-esteem is enhanced through the acquisition of these skills and through his acceptance by other children and adult members of a family. The way is opened for further positive relationships with both peers and grown-ups.