

FAMILY COUNSELING: A DEMONSTRATION^{1, 2}

RUDOLF DREIKURS, M.D.

The participants are: the father (Mr. F.), the mother (Mrs. F.), the 17-year-old daughter (Sally), the 11-year-old son (Mike), and the co-counselor, Mr. Robert L. Powers (Mr. P.).

We often have 2 counselors in our guidance centers. It was the original development in Vienna where we usually had a physician and a psychologist co-counseling. The whole method of co-counseling began in Vienna under Adler in the 20's, and we do it very often here too. Today Bob Powers is helping me out as much as might be necessary. We have limited time, and we have to go pretty fast.

DR. D.: Now I should like to ask you, Sally, with whom should we talk first, with your parents or with you?

SALLY: With my parents.

DR. D.: Is this all right? (*General nodding. The children leave the room. Dr. D. turning to the parents.*) Will you tell us please what your problems are and why you came?

MR. F.: Why we came here today? Well, actually we didn't know what we were coming into when we came here today.

DR. D.: Huh! Didn't people tell you anything?

MR. F.: We were told we were coming to a family counseling service. We did not know we were going to be a demonstration group. It's a little bit of a disappointment in that respect.

DR. D.: So would you like to go home? (*Mrs. F. whispers, "Yes."*)

MR. F.: For myself I can take it, for my wife and my family, I don't know.

DR. D.: If you don't want to be here you can go home.

MRS. F.: We felt that if this could help our son we would be glad to participate.

DR. D.: Ah, you see, this is a demonstration. It's a class. Most of the counseling which I do is a demonstration. You learn something, and they learn. So if you don't mind, I shall explain what goes on to the audience, and have a discussion with them, while I talk with you. Is this alright?

You see there are a number of these little things which are very effective and in which we train our students. Here you have something which is characteristic of this new technology of which I spoke earlier. In our child-guidance work with parents we bring a new

¹Demonstration at the Fourth Brief Psychotherapy Conference, Chicago Medical School, Chicago, March 24-25, 1972.

²Comments addressed to the audience are in large type; the interview proper is in small type.

psychology, a new technology, into the family. And its main point is to replace the traditional form of argument, of pressuring and so on, with stimulation from within.

I just did something which is extremely important. I don't know whether any of you realize the significance of what I did. I told Mrs. F. she could go home. Instead of saying to yourself, "I have to calm her or pressure her," you must give her a chance to leave. Hardly ever will a mother leave, once she has come, because she realizes there is something that might benefit her family. I have seen it time and again. In one particular case there was a large hall of 500 people. The mother didn't want to come, but she didn't want to let the father go alone either. So she came with him and sat there quietly. And after about ten minutes she began to talk—and couldn't be shut up. (*Some laughter.*) These are the kinds of arrangements where you achieve stimulation from within, instead of pressure from without.

DR. D.: Now what is the problem? Are you ready to discuss the problem with me?

MRS. F.: (*Not audible.*)

DR. D.: Yes, but you must talk loud enough that one can hear you. What is the problem?

MRS. F.: (*Whispering*) . . . I guess.

MR. F.: Well, our son has a behavior problem in school, although that's just a small part of it. The behavior problem developed into a situation where he would go into a rage, and he would be uncontrollable. This has never happened in my presence so I haven't really seen. . . .

DR. D.: Well where is he uncontrollable? At school?

MR. F.: At home mostly, although at school he has been so disruptive in class for the past three years that he has been in what is called an ERA class, an Early Remedial Assistance class. This year for the first time he has been put into a regular class. I don't know if it's the pressure from the regular class or pressures at home or what.

DR. D.: I'm interested in that you said, you yourself have never seen him in a rage.

MR. F.: Well I've seen him wild, but never in these actual rages where he has in one or two instances threatened to take pills . . .

MRS. F.: . . . and kill himself. He's also threatened to kill himself by drowning.

DR. D.: Did he tell you so? And what is your answer?

MRS. F.: Well, at first I used to fight him and then I told him to go ahead and do it.

DR. D.: Has he diminished his threat?

MRS. F.: Well, when he first started threatening, there was a point when I didn't know what to do. The first time he did it, he took most of his clothes off—we have an upstairs and down—threw them down the stairs at me, and said, "I don't want anything you gave me, and I'm going to kill myself." And I told

him not to be funny. But he locked himself in the bathroom and said he's going to drown himself. So he filled the sink with water and stuck his head in it. But he couldn't because he happens to be a terrific swimmer. And he came out and laughed and said: "I couldn't do it if I wanted to, because I couldn't keep my head under the water." And I said okay.

DR. D.: Good.

MRS. F.: I hope he can't hear me. The door is open. But he came out soaking wet, and finally when I did get him calmed down, he had taken . . . I don't remember if this was the same time he took his bottle of medication, which then was Ritalin, and threatened to take the whole thing. I chased him all over the house to take it away from him. But after a while I realized that I would just stop chasing him and tell him to go ahead and take it and I'll take him to the hospital and have his stomach pumped out. So he quit doing that.

Now, here you have the whole situation. We are always accused of improper procedure because we immediately jump to conclusions. When I see a patient or a client, after the first few sentences I know what goes on. This is only possible when you accept that behavior is purposive. Whatever a child does is for a purpose. We described the four goals of the disturbing behavior of a child. The child wants to belong, but gets the wrong idea about how he can belong, and then he switches from the useful way of belonging to the useless side and disturbs. Without knowing the four goals, neither parents nor teachers are a match for him. They don't know what goes on. They fall for him. They do exactly what he wants them to do. And so the child manages the parents and the teachers.

The first goal is, he wants special attention. He prefers the attention in a nice way but if he can't get it, he disturbs. He would rather be scolded, threatened, and punished than be ignored.

When the fight becomes more intensive, the child moves to Goal 2, power. He will show you, "If you don't let me do what I want, you don't love me. I will see to it that you do what I want, but I don't do what you want." We are raising in America a whole generation of tyrants. Tell them what to do and they don't do it. Tell them what not to do and they feel honor-bound to do it.

When the fight becomes more intense, the child is no longer interested merely in attention and power. He wants revenge, Goal 3. He thinks he can have a place only when he can hurt you back as much as he believes he was hurt.

And then we find Goal 4, where the child is so discouraged that he wants to be left alone because he doesn't think anything can be done.

Now one of the ways by which we train parents and teachers to recognize the goal of the child, is by showing them that not merely by observing what the child does can they see in which direction he moves, but also by their responses to his actions. This is actually the best way to recognize the child's goal, namely to watch your immediate reaction to his provocation. When you get annoyed, the chances are he wanted attention. When you feel defeated, he wanted power. When you feel humiliated, hurt, he wanted revenge. And when you feel like throwing up your hands and saying, "I don't know what to do with you," you do exactly what the child wants you to do—"Leave me alone, you can't do anything with me." And thus most adults trying to correct the child's behavior do in their immediate reaction the worst possible thing: They reinforce the mistaken goal of the child.

It is quite obvious from the description we heard that this boy has the power over his mother. "I will show you, you either do what I want, or else." So my first impression is that the mother and the one who does it most often, the teacher, get into a power conflict with the child. Whenever you fight with a child you have lost before you even start. The child is a much better fighter, he can do all kinds of things, endangering himself and so on, to force you to give in.

The new technology means, there is no sense in fighting, there is no sense in forcing. You have to learn to stimulate from within. No temper tantrum has any meaning if there is no audience. And it is the teacher and the parent who provide the audience for such "uncontrollable" behavior. But it is uncontrollable only for them. It is not uncontrollable for him; he can stop any tantrum immediately. You see this in adults. They suffer from a temper tantrum to make people do what they want. But in the midst of the worst tantrum, as soon as the door opens and the neighbor comes in, they are completely quiet—only to continue the temper after the neighbor leaves. You must realize that all this is not conscious, yet well designed. You are dealing here with a tyrant.

DR. D.: You and so many parents and teachers must learn how to cope with a tyrant. You can cope with him neither by fighting nor by giving in. But there are various things you can do and which we recommend. One of them you apparently found out for yourself. Right? The moment you said, "Go ahead kill yourself," he lost the power over you. The moment you stop being frightened by a tyrant, there is no sense any more in being a tyrant. What do you think about this?

MR. F.: Well, I guess I don't know what to say really. It's just because he's never done this to me. I guess I'm the mean old dad and I . . .

DR. D.: You know why he has not done it to you? Because you don't fall for it.

MR. F.: Well, I tell him. I'm not asking him what to do, I'm telling him and insist that he does what I tell him. If he goes too far . . .

DR. D.: In general we don't believe in any overpowering and so on. But with this power of children, to show them that they won't get anywhere and that you can cope with them, deprives them of their methods. Do you beat him up?

MR. F.: I've hit him, not very often. I mean it's a rare occasion if I will hit him. But . . .

DR. D.: Does it have any good effect?

MR. F.: Well, I think it helps a little.

DR. D.: But not for very long.

MR. F.: Well, for very long? I mean if you achieve your objective then I would say it helps.

DR. D.: You don't achieve your objective if the same thing happens afterwards again. Your objective would be to help him to stop it altogether. But if he only heeds at the moment you punish him, then you only teach him the lesson that power is all that counts. You play right into his hands. He tries to overpower others and you try to overpower him. But we have to help the children to learn that overpowering is not the best way of finding one's place in life.

Now let's perhaps go through a typical day to see what the problems are. Very often when one goes through a day, one runs into all kinds of situations which the parents didn't realize were problems about which they can do something.

Now is there anything further that you want to tell us about him in general that upsets you, before we go through the average day?

MRS. F.: He doesn't like to do his homework.

DR. D.: Please, here is a technique which we use. From the assumption that everything the child does has a purpose we come to the conclusion that the crucial question is, what does mother or father do about it? When I train counselors, they have to learn this first lesson. Whenever the mother says what the child does, you come with the question, "And what did you do about it?" Because what you did about it reveals the purpose of what the child had done. Everything a child does is well designed, well calculated to get results, although the child is not aware of this. No child will continue any misbehavior if he doesn't get results. That is already present in infants when they size up the situation. Whatever gets results, they will continue. In our present situation parents and teachers are unable to help children because they do not know techniques of a democratic type. They therefore make it all the worse by actually satisfying the child's intentions. So, is the temper still going on?

MRS. F.: Oh yes. It's still going on.

DR. D.: Can you give us a recent example? Everything has to be concrete.

MR. F.: Well the most recent example I would say happened—unfortunately my wife lost her father just recently. Her parents lived in Florida, and she had been down there for three weeks. Then they brought him back here, put him in

a hospital, and he passed away a couple of days later. After the funeral and everything, the following day, I had gone back to work and my wife's mother was with us.

Grandmother. In our families you must always look for the grandmother. The influence of the grandmother is in many cases pernicious. She stands up for the child's right, because the grandparents and the child have a common enemy. (*Laughter.*) This is not necessarily so, but always watch for it. For instance even in juvenile delinquents, who are understood as being neglected, having a tyrannical father, and all kinds of bad living conditions, you find that the real culprit is the one who felt sorry for them and encouraged them in their desire, "I can do whatever I want." The grandparents have a tendency to spoil children. And spoiling means to teach them, "I can do what I want, and I don't care what you or society want." It isn't in all cases like that, but you always watch for it.

DR. D.: Now what happened?

MR. F.: Well, I'd gone back to school with him that day, because the day that my father-in-law passed away there had been a note from the teacher that she wanted to see one of the parents.

DR. D.: Let's stop here, because I like always to discuss everything as it comes up; it clarifies the situation. Why does the teacher want to talk with the parents?

MR. F.: Well, because he was disturbing the class.

DR. D.: Right. And do you know what I advise parents to do? When the teacher asks them to come and tells them what the child is doing wrong, I advise the parents to ask the teacher what she proposes to do. Because it is her job, and only if she does not know how to do her job does she blame the parents. How many of you are teachers? I can tell you a secret about teachers. Teachers send "love letters" home, because the child is tardy, does not study, and so on. Why? Do they really expect the parents can do something? It is the teachers' way of getting even with the child. They feel defeated by him in class and want to make it out on him at home, in which they usually succeed.

MR. F.: Except that in this case he is so disruptive that he keeps the whole class from learning.

DR. D.: That is the job of the teacher. The teacher has to learn how to deal with a class with a disruptive child. And the teacher who knows how to do it can actually succeed. The teacher has a group to work with. She has a whole room of children to help her. But the teachers are not prepared to deal with any child who doesn't want to learn, who doesn't want to behave.

MR. F.: What the teacher . . .

DR. D.: But wait. So she called you.

MR. F.: She called me. So I went in and talked to the teacher. Mike wasn't doing his work, and is always trying to get the whole attention of the teacher. As long as he's the center of attention, that's fine. But once the teacher has to pay attention to the other 30 some children in the class that creates a problem.

DR. D.: No, only if the teacher doesn't know what to do about it.

MRS. F.: I used to get a call from the school a couple of times a week—to take him, and keep him home at lunchtime, because he was creating problems and they couldn't handle him. And I would be keeping him home until I went to see the principal. I told him I felt he belonged in school. And he told me that if he was going to continue to create problems, I would have to keep him home.

DR. D.: You must keep in mind that at the start of this pathology of our situation is that we did not learn the new ways of coping with each other. We have a law according to which everybody who prevents a child from going to school is punishable. And this law is mostly violated by principals and teachers. (*Laughter.*) But that is a sad situation and we have to cope with it. Now I want an example of a temper tantrum.

MR. F.: Well as I started to say before, I had gone to school with him on the morning and then I went on to work and I got a call that there was a problem at home, and I should come home immediately. He was sent home from school. The school psychologist had been at school that morning and said that she felt that he was on the verge of a nervous breakdown.

DR. D.: Who, the psychologist? (*Laughter.*)

MR. F.: He was quite disruptive in class. The principal sent the boy home, and he refused to go. So he called my wife. Considering the circumstances, she having just buried her father the day before, this created quite a turmoil between my wife, my mother-in-law, and my son. I didn't know who was worst off at the moment.

DR. D.: Here we have to come to a first important suggestion. If you want to learn how to cope with your child, you have to let the school and him fight it out with each other. You can't do anything about it.

MRS. F.: But the school doesn't want to be bothered fighting it out, and they keep constantly telling me I have to keep him home. They cannot keep him in school because he created too much of a disturbance.

MR. F.: There is a feeling among many of the parents in our school that our school is interested in the above average and the achieving child, and takes much less interest in the child that's average and below. And this has created a problem. In fact the fourth grade he was in, had two classes and he was in the class in which the principal double-promoted all the children except three.

DR. D.: Let's stop right now because we don't get anywhere. I can not help you in dealing with the school. I have to help you to deal with him at home; so let's forget about the school because there's nothing you and I can do about it at the present moment. Right? But you can learn to cope with him at home. And mother is beginning already to extricate herself from the affects of his tyranny. Now what are the problems at home?

MRS. F.: Well, they put him on a new medication, and so far I don't know if it's having the effect that it should have or not, because he hasn't been in school since he started. He was out of school three weeks this past time because of the problem. He just went back the other day. I took him to school Wednesday, no, Tuesday, and the principal was out.

DR. D.: Please, do me one favor, let's leave the school out. We can not do anything about the school right now. You have to learn to cope with the problems which you have with him at home. That's the only thing that we can do now.

MR. F.: Well since he has been going back to school now, at the moment, there has not been any problem; but he is getting medication and tranquilizers.³

DR. D.: That's all right, there's a whole history about that; but we can't go into this at this point. When we started our guidance centers we were accused by social workers that in this superficial form of counseling we could only deal with very mildly disturbed children. And my answer was, they are wrong. When a child is brain-damaged, or has anything else wrong, the parents still have to learn how to cope with him. And that is what we are trying to do, regardless of how difficult the situation may be, to see how we can improve the situation and have a different relationship at home. This is what I would like to discuss with you. What bothers you at home?

MRS. F.: Nothing at the moment, really.

DR. D.: You mean as long as it's outside it doesn't bother you?

MRS. F.: No, I don't mean that at all.

DR. D.: Now let's start with this morning. How does the morning begin?

MRS. F.: Well, I get him up for school.

DR. D.: You are upset right now. Did I upset you?

MRS. F.: No, I have a slight migraine that I got yesterday and I still have it. So that's what is upsetting me.

DR. D.: Boy, school, migraine, what can we do with all this? Do you know that the whole relationship between child and parents is decided in the morning? That is usually the crucial mistake and the first improvement: How do you wake him up?

MRS. F.: I usually go up and sort of shake the bed a little bit.

DR. D.: How many times do you have to wake him up?

MRS. F.: Well, he usually gets up pretty good when he's in the mood.

DR. D.: And if he is not?

MRS. F.: Well, then it takes a little longer, but he gets up far easier than my daughter does.

DR. D.: They both have the same idea, to put mother in their service.

MRS. F.: Well, Mike doesn't bother me as much getting up in the morning as Sally does.

DR. D.: That's right. She has you in her service.

MRS. F.: Don't they both?

DR. D.: They both do. Would you like to improve the situation?

MRS. F.: I'd love it.

DR. D.: The first step is to help the parents to extricate themselves from the demands and tyranny of the children. If you really want to have a new relationship you have to start in the morning. Whose responsibility is this to get up? Whose responsibility?

MRS. F.: Well, I would say theirs, because they have things that have to be done.

DR. D.: Yes, but who is taking on the responsibility?

MRS. F.: I guess I am.

DR. D.: That's right. And you cannot teach children responsibility, you can only give it to them. I will make a number of recommendations. We have a

³The case record shows that in a recent EEG examination Mike had 6 per second spike discharges. He has been taking medication for dysrhythmia.

limited amount of time and I want to talk with the boy too. The first thing is that you declare your independence in the morning. You tell them: "Whether you get up or not is your problem; it has nothing to do with me." Could you do that?

Mrs. F.: I'll try.

Dr. D.: First, you have to be sure that you want to extricate yourself. What else happens? How about eating?

Mrs. F.: No problem, Mike is a big eater. Sally doesn't eat any breakfast.

Dr. D.: How do you feel about your daughter not eating any breakfast.

Mrs. F.: It used to bother me but I told her if she doesn't want to, it's her stomach.

Dr. D.: But you see, it bothered you a great deal.

Mrs. F.: At first. But it doesn't any more.

Dr. D.: When the parents are bothered, it is an invitation for the child to do it. The children are very adept to find out what the parents can't stand, and then they do it.

Mrs. F.: I guess we were the same when we were kids.

Dr. D.: Yes. Do they fight with each other?

Mr. F.: Yes.

Dr. D.: What do you do about that?

Mrs. F.: What do I do? I try to stop it, but it doesn't always work, and the rest of the time I let them fight until Frank comes home, and stops them.

Dr. D.: When father comes home what do they do then?

Mrs. F.: They usually go to their own corner.

Dr. D.: You see we have such a tremendous amount of ground to cover in a very limited time. So I have to make this very short and merely indicate in which direction you will have to move. The fighting of the children is for the benefit of the parents. The one who provokes is usually the one who wants mother to come to his rescue. One tries to get special attention by fighting, the other tries to fight this. And the parents have to stand it. Now I will give you some ideas of the direction in which you can operate eventually, so that you have an idea of what can be done. Do you have somebody to work with, a counselor or somebody?

Mrs. F.: Well, we are going to the doctor.

Dr. D.: Well then he has to work it out with you. The first thing is, whenever mother gets upset, which means the children go after her, she has to retreat, and the best place to retreat is the bathroom.

Mrs. F.: That's exactly what Dr. Rosenberg says.⁴

Dr. D.: That's right. One has to understand the purpose of behavior or otherwise people think you give in to the child, when you go to the bathroom. In the bathroom the mother can find her independence. (*Laughter.*) But she has to know how to do it. If you don't do it properly it doesn't work. You have to know how to use the bathroom. Essential is a transistor radio, so that you can't hear what goes on outside. And you will be surprised how the family stops fighting and how much harmony you can have in a family from this one step of mother going to the bathroom. But you must be willing to extricate yourself. What

⁴Dr. Bina Rosenberg is an associate of Dr. Dreikurs. Mike had been brought to her by his parents five weeks prior to the present demonstration.

prevents mother from being effective, is her tremendous sense of responsibility—"I have to see that they don't hurt each other; I have to see that they get up on time, I have to do it." The mother takes on the responsibility and the children have none.

The next important thing is the so-called family council. Once a week you get together to discuss everything that goes on, not dictating to them, but listening to them. In the family council everybody has the right to say what he thinks and the obligation to listen to what the other one thinks. We are right now writing a textbook on this, because so many parents do not know how to be democratic. We have to train parents to be democratic leaders and to become effective in this way. Instead of the personal battles which go on, all problems are brought up on one day of the week, and we will see what can we do to understand each other and to help each other. There is something for you to develop. Right? Now what is your reaction to this?

MR. F.: Well, it should work out. But it is not that easy.

DR. D.: The difficult step is only one: to be determined, "I want to do it." When you do it halfway, the child will call your bluff. These things are effective only when you really sincerely say, this is their job, they have to take care of it.

MR. F.: Well I'm all for giving him responsibility.

DR. D.: Do you agree in general with what I have suggested?

MR. F.: Well, how can I disagree?

DR. D.: You can, you are the boss.

MR. F.: Well, you are the expert.

DR. D.: (*Turning to Mrs. F.*) What is your reaction?

Mrs. F.: Well I've tried this bathroom bit once, because I had one occasion to try it since I had spoken to the doctor. I went in, locked the door, and started to read a book, and Mike stood there pounding on the door, and I just ignored it as long as I could.

DR. D.: And after you could no longer endure it, what did you do?

Mrs. F.: I went out and scrubbed the bathroom floor, I scrubbed the basement.

DR. D.: But you must keep in mind that most parents make one mistake with the bathroom; the bathroom technique works only when you have the radio in the bathroom.

Mrs. F.: I can see where it would.

DR. D.: You see, no recommendation will have any effect unless you do it properly, and these are things to discuss and to learn. I can only make this broad outline today. Regardless of how disturbed the child is, you can learn to cope with him.

MR. P.: May I make a comment on that, Dr. Dreikurs?

DR. D.: Yes, please.

MR. P.: A lot of people have read about Dr. Dreikurs and the "bathroom technique" because it was reported in the daily papers. One of the questions that comes up about it very often is whether it is not just one more tactic for mothers to use in fighting with their children. And if, *after* she has gotten into a conflict with a child, mother suddenly withdraws to the bathroom, it *is* a fighting tactic, and probably an unfair one. Once you are in a fight, it is very difficult to withdraw and then to expect not to be part of the fight.

It is when the fighting starts, when the children begin provoking her, that mother must decide to go to the bathroom, *instead* of fighting. "Excuse me, I have to go to the bathroom," is an unarguable declaration. This is a *substitute* for fighting, not a better *way* of fighting.

If this recommendation is followed, the mother is not nearly as likely to have the child pounding on the door. But when, as a form of fighting, mother's part is to go into the bathroom, then the child's part is, understandably, to pound on the door. Do you agree with me, Dr. Dreikurs?

DR. D.: Yes, fully.

MR. F.: But this is not both children fighting with each other.

MR. P.: No, I mean with you.

MR. F.: It is just the one fighting with me.

DR. D.: It doesn't make any difference with whom he fights. You can not succeed in fighting with the child. You see for 8000 years in our civilization we have had a technology of relationships, where one had to be the boss and have the power for drastic punishment, and one could subdue people. Today one can't anymore. Try to subdue a child and you will see what will happen. He subdues you.

Now how is the relationship between the children? How is the girl? Do you have any problems with her?

MR. F.: Well, her big problem is that she's not the least bit interested in school, which has us quite worried. She puts no effort out at all. If she graduates I feel it's a major miracle.

DR. D.: And what do you do about it?

MR. F.: I don't feel there is anything we can do about it.

DR. D.: Do you do anything about homework and so on?

MR. F.: I try and talk to her about the importance of getting an education, that she'll be able to do something when she grows up. But it just doesn't seem to . . .

DR. D.: You see, neither parents nor teachers know the psychodynamics. Our children lose more and more interest in school thanks to the work of the teachers who don't know how to stimulate learning and only know how to fight and to discourage. I guess from what you said that she is probably overambitious, and overambition leads to underachievement. "If I can't be on top, then I don't want to be anything else."

MR. F.: She's never been that good a student really.

DR. D.: That is a consequence of never having been interested in studying. Is there anything in life that she can do well?

MRS. F.: She likes animals, she loves animals. If she didn't have to go to school any longer to become a vet, she would have done it, because she loves to be with animals.

DR. D.: And why? You see every one of these statements is fraught with meaning, which one has to explore. Very often when people like animals it is because they can control them. They have the situation under control. But with people it doesn't go.

MR. F.: But she has liked animals since she has been an infant, really.

MRS. F.: She would walk out the door and chase the dogs down the street. She was this type.

DR. D.: Yes. We can't go into all of these aspects, there is a lot of material

to cover. But apparently she's not interested in doing the average thing. She wants to do something special. Does she have friends?

MR. F.: Yes.

DR. D.: What kind of friends does she have?

MR. F.: Well, I think she's a sensible girl, she has sensible friends. To my knowledge she has never experimented with drugs, which I have to give her a lot of credit for, because in high school today drugs can be a serious problem. And I feel she hasn't experimented with sex, which can also be a serious problem.

DR. D.: I would be careful not to let her know that you would count it as a serious problem, because then she might be stimulated to do it. So be careful. Anyhow I can see that there is no deeper problem. I don't know whether we should go into any more today. But I would suggest to you the same as what I said about your boy. The problem of learning is a problem of the school. And it's up to her how she wants to deal with the school and what to learn. And since she has the motivation to become a veterinarian she will have enough motivation to just pass. But she's not interested in school. Is there another problem which bothers you about her?

MRS. F.: Not really.

MR. F.: One problem that bothers me quite a bit is the matter of religion. I came from a very religious family; we are of the Jewish faith. I was brought up in the orthodox tradition, although I'm not quite orthodox right now.

DR. D.: Now please, time is very short.

MR. F.: The problem there is, that I feel that she doesn't hang around with children of the same faith and I'm quite concerned about the possibility of intermarriage in the future.

DR. D.: Of course the problem is that we lose influence over our children. We have our own ideas and are not willing to give in. But did you so far get much out of our discussion?

MR. F.: Definitely.

DR. D.: I would like to talk with the children. (*The children are called in.*)

You can see from what even the limited circumstances permit that we are really working on brief therapy. From the first moment of diagnosis we show people what they can do differently. I maintain, and that is what I try to imbue in my students, if a client comes to me and leaves my office the same as when he came in, I have failed him. In every interview I try to explore all possibilities. A very important man in Israel pointed out, "Professor Dreikurs talks with each client as if it were the last time he had a chance to talk with him, not wasting time with relationship investigations, and immediately starting with the therapeutic, corrective effort." And I think that came out pretty well in our discussion.

DR. D.: (*To the boy, who in the meanwhile had taken his seat next to him.*) Now would you mind to be open with me and to talk with me?

MIKE: No.

DR. D.: Good. Now, why are you here?

MIKE: I don't know.

DR. D.: Do you want me to believe that you don't know?

MIKE: I don't.

DR. D.: How many of you believe that he doesn't know why he is here?
(*Laughter.*) Now why don't you tell me what you think why you are?

This is what we do. We confront the child with his goal in a very well defined technique. You ask: "Do you do that? Is it true?" Yes. "Why do you do it?" The child never knows. He will either say, "I don't know," or he will give you a rationalization. Then comes the next important question, "Would you mind if I tell you why you are doing it"? And then you come with the confrontation, always introduced with the words: "Could it be that . . ." "Could it be that you want to keep mother busy?" "Could it be that you want to show your power?" I think I am traveling internationally quite a bit, and it has come about that at various conferences in various places, people recognized immediately who were my students by these words "Could it be"? You don't reproach anybody. You don't accuse them. You try to reveal.

DR. D.: So you think you don't know why you are here?

MIKE: Right.

DR. D.: And that is the reason you don't want to tell me?

MIKE: Yes.

DR. D.: Now could I tell you what *I* think is the reason why you don't want to tell me?

MIKE: Yes.

DR. D.: Could it be you don't want to do what people tell you?

MIKE: I guess so.

Recognition reflex. (*Laughter.*) When you guess what he does, he begins to see.

DR. D.: I think that is part of your troubles. Your mother and your father don't know what to do with you. Am I right?

MIKE: Right.

DR. D.: Do you know what to do with them? Honest.

MIKE: I don't know.

DR. D.: Do you think he knows what to do with father and mother?

MRS. F.: No.

MIKE: Yes, he does.

DR. D.: Now into what kind of troubles do you get? Do you get into troubles?

MIKE: (*Inaudible.*)

DR. D.: Can you hear him? Now into what kind of troubles do you get? Why did you not take your microphone when I told you to take it? Your first reaction is, "No." When I tell you to speak in the microphone, you don't want to. Am I right?

MIKE: Right.

DR. D.: Now I can imagine what kind of troubles you get into in this way. With whom do you get into troubles?

MIKE: My teacher.

DR. D.: Now what kind of troubles do you have with your teacher?

MIKE: Well, I want to do my work.

DR. D.: Yes, and she doesn't let you do your work? Now what kind of troubles do you have with the teacher?

MIKE: Well, like one time she wanted me to do my spelling during a different class, and I wasn't there that day, so I refused.

DR. D.: Did you refuse at other times too when the teacher told you to do something.

MIKE: No.

DR. D.: Come on.

MIKE: Not all the time.

DR. D.: Not all the time, but most of the time?

MIKE: About half.

DR. D.: And do you know why you are doing this?

MIKE: To get at the teacher.

DR. D.: No. May I tell you what I think?

MIKE: What?

DR. D.: Could it be that you want to show the teacher that you are strong enough and she can't make you do anything?

MIKE: Yes.

DR. D.: You see, you have the power. You know how to manage mother, you threaten her with doing things, to kill yourself, whatever it is, apparently because you want everyone to do what you want. (*Very slowly:*) And what do you do if people don't do what you want?

MIKE: I try to get my way.

DR. D.: And you get mad.

MIKE: Uh huh.

DR. D.: Do you have temper tantrums?

MIKE: Yes.

DR. D.: Why do you think you have temper tantrums?

MIKE: I don't know.

DR. D.: Could it be the same, you want to show your power?

MIKE: Yes.

DR. D.: What would happen if you would have a temper tantrum in the classroom and the teacher would have stopped screaming?

It is very effective to let the child have his temper tantrum and to tell the class we can not do anything we have to wait until he's through and he doesn't go on with the temper tantrum very long. But our teachers do the reverse: "Stop it," and then they become completely defeated.

DR. D.: Could it be that you wanted to show everybody "I can do what I want?"

MIKE: Yes.

DR. D.: You think that is a good idea?

MIKE: No.

DR. D.: Ah yes, you think it's a wonderful idea, you enjoy it. (*Laughter.*) You see, every child knows what he should do, he just decides not to do it. Now I hope you will work with somebody to help you. You see you are a nice boy if you want to, but if you don't want, you're a tiger. The principal doesn't know what to do with you, the teacher doesn't know what to do with you, nobody knows what to do with you. Isn't that wonderful?

MIKE: No.

DR. D.: How can you say no? It's an achievement. You should get an A on how to defeat grown-ups. Shouldn't you?

MIKE: No.

DR. D.: Well anyhow (*turning to Sally*), do you have any problems with your parents?

SALLY: No.

DR. D.: No?

SALLY: Well, yes at times.

DR. D.: Like what?

SALLY: At times I want to go out and they won't let me.

DR. D.: You want to go out. Do you have any other problems with them?

SALLY: The car.

DR. D.: The car. That is a typical juvenile problem. The war between the generations, the gap: the car, and dates. All the way through, until the poor parents are really thrown in every direction, the kids support each other, and each family tries for itself to solve the problem, which they can't. How about getting up in the morning?

SALLY: Well, I can't do it.

DR. D.: You can't do it. Why not?

SALLY: I just can't wake up.

DR. D.: You can't wake up?

SALLY: Too tired.

DR. D.: Too tired? You see that is a typical rationalization. May I tell you what *I* think is why you don't get up?

SALLY: Yes.

DR. D.: Could it be that you want your mother to come to your service and get you up?

SALLY: No, I get up when I'm not tired.

DR. D.: At times. Couldn't you get up every time?

SALLY: Not if I'm too tired.

DR. D.: You will be surprised how you could get up, once you realize why you don't get up. It is your way of putting your mother in your service. If mother would declare her independence and refuse to be an alarm clock, do you think you could get up by yourself?

SALLY: Oh, I get up all right, she doesn't wake me up.

DR. D.: She doesn't wake you up?

SALLY: No.

DR. D.: But she says she does because you don't get up unless she comes several times.

SALLY: She comes up and tells me to get up, and if I get up, I get up.

DR. D.: And if you don't get up, what does she do?

SALLY: I wait a few minutes and then I get up.

DR. D.: And doesn't she come afterwards again to remind you?

SALLY: No.

DR. D.: I might be wrong, but I have the feeling that you use her very much as a servant for you to get up. I might be wrong about that.

SALLY: Sometimes.

DR. D.: And sometimes you are fighting also for your rights that you can do what you want? Right?

SALLY: Yes.

DR. D.: This is part of the generation problem. Now we can only briefly outline what I feel that the problems are. And I would like to help mother to become independent. For instance, do you fight with each other?

SALLY: Sometimes.

DR. D.: Why?

SALLY: He gives my mother a hard time.

DR. D.: Now why are you saying that?

SALLY: Because of the tantrums.

DR. D.: Now may I explain to you? He wants to show mother and the rest of the world, "I can do what I want, and when I want to fight, I will fight." This is his way of defeating her. Mother can not stand it. So I have suggested to mother to become independent. About your getting up, that is your problem, about fighting; about many other things which you could not talk about. And I told her whenever she gets upset with anyone of you, to go to the bathroom, and to wait there until it's over. What do you think about that? Do you like that?

MIKE: She always does that.

DR. D.: Do you like it?

MIKE: No. Well I don't mind.

DR. D.: You don't mind. You try to get her out of the bathroom as quickly as possible. Don't you?

MIKE: Yes.

DR. D.: Because she hasn't used the radio yet, you see? When she has the radio, she will learn to become independent and then you will have to take care of yourself. What do you think about it? Is it a good idea?

MIKE: Yes.

DR. D.: Now do you want to say something? Not a word.

So I think and hope you have gotten at least some idea about our technique. I don't maintain that we really have solved the problem but we indicated the way in which it can be solved. Thank you very much.⁵

⁵The week following the demonstration Mike and his parents were seen by Mr. Sherwood Perman, psychologist and associate of Dr. Rosenberg. He reports: "Mrs. F. felt that she had learned a great deal and attempted to put what she learned into practice during subsequent weeks. Mike felt that the session was not useful to him but that Dr. Dreikurs had understood him. Mr. F. stated that he did not learn anything at the session."

In reference to this comment by Mr. F., it is interesting that Dr. Garner (see p. 252 below), singled out the remark by Mr. F., "You are the expert" (p. 216) as an example of a response which is merely compliant, wanting to please the therapist, rather than problem-solving.—Ed. note.