PLAY THERAPY TECHNIQUE:

An Examination of a Childrens Aid Society Experimental Project for Disturbed Children, 1948 to 1951.

by

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Abstract

This study has been made to evaluate the benefits of play therapy in the treatment of disturbed children, and specifically to consider the particular technique used at the Childrens Aid Society in Vancouver. The term "treatment" is a nebulous one in this age of multiple treatment methods; however, the therapy technique, as illustrated in this thesis, lends itself to comparatively concise evaluation.

The play therapy project was initiated at the Childrens Aid Society in July of 1948, under the auspices of the Junior League of Vancouver. For the first few months, only one child received treatment, but the project has broadened to include a total of thirteen children who have received treatment and are receiving treatment at the present time. These children are carefully selected with regard to the degree of their disturbance rather than whether they are wards or non-wards. Such a selection of the children is necessary because the therapy project is limited and the resources must be used to the greatest advantage.

The thesis first describes the technical aspects of the play therapy technique in general. A second chapter then sets forth the practical issues involved. Detailed cases are next examined of children receiving treatment for (a) conduct disorders, (b) habit disorders, and (c) neurotic traits. For each of these groupings, three cases were selected to exemplify the characteristics commonly associated with these disorders. The first of these cases illustrates the therapy given to a child who showed a marked conduct disorder; the second case showed a child with a habit disorder; and the third case described a child with neurotic traits. With each of these cases, the therapy is described through actual therapy excerpts, pointing out at the same time the meaning of the movement taking place. Additionally, for each of these three chapters, two further cases were used, as an illustration of instances in which therapy might be beneficial, and also to bring out related casework concepts in the environmental situation. An attempt is made to group the cases in such a way that similar traits were shown in those children receiving treatment and those who are not.

It is found that the therapy at the Childrens Aid Society is, for the most part, conducted on a 'play-interviewing' basis, and the conclusion from this fact is that there is a real need for specially trained therapists so that treatment may be given on a more intensive level. In addition, the case records used in the study seem to indicate a lack of adequate casework with parents and foster parents, as well as a need for better placement policies with these children.

Accordingly, an attempt is made in this study to show both the strengths and weaknesses of a project which is the first of its kind in the city. The positive values are very clear where treatment can be given consistently. At the same time it emphasizes the great need for treatment resources towards which such a method can only offer a partial contribution.
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Chapter I

Theories of Play Therapy

During the second decade of the twentieth century child care was in a period of transition. Psychiatrists suddenly realized that, although there could be no better starting point in the mental hygiene movement than an understanding of the earliest signs of misbehaviour in the formative years of childhood, very little was known of this period. This realization resulted in the beginning of serious, scientific efforts to study, comprehend, and treat personal disorders experienced or presented by young human beings.

The third decade of the twentieth century brought with it a broadened horizon in understanding of the child. The first child guidance clinics opened their doors in the United States in 1921. A "team" composed of psychiatrist, psychologist, and social worker formed the nucleus of each clinic to which parents, schools, and child-caring agencies were encouraged to bring or refer children with disturbing or otherwise puzzling behaviour. Behaviour which had been previously regarded as 'bad', unexplained, and incomprehensible, came to be recognized as a child's reaction to adult oversolicitude, perfectionism, disapproval, and overt or concealed hostility.

The fourth decade of the twentieth century saw
the development of special ways of working with children. Prior to this time, the children themselves had been generally disregarded as far as therapeutic procedures were concerned. But child psychiatrists, searching for means of giving children opportunities for self-expression, were directed by Anna Freud toward the utilization of play as the most natural and promising instrument. This method gave the observer significant knowledge of a child's feelings, and at the same time provided curative emotional releases for the child himself.

A variety of initial concepts have been formed as to the nature of play. The "surplus energy" theory assumed that in play a child 'blows off steam'. The "instinct-practice" theory assumes that man does not play because he is young, but is made by Nature to go through a period of childhood in order that he may play and thus prepare himself for adult activities. The "recreation" theory held that play is the satisfaction of a physiological need for relaxation. The "recapitulation" theory of play saw the growing child as passing through a series of stages which recapitulate the 'culture epochs' in the evolution of the race, animal, savage, nomad, agricultural, and tribal. The 'catharsis' theory considers play as a 'safety valve' for pent-up emotions; the child plays out his conflicts. The 'self-expression' theory maintains that children find in play the medium for the satisfaction of the great majority of their motives. But in any case,

play is the natural and most readily available outlet for a child's needs and feelings, which cannot, as in the adult, be worked out verbally, vocationally, or in other ways not accessible to the child. "Play" is, after all, the name given to a great deal of ordinary child behaviour.

What is interesting in a review of the various schools of thought in the use of the play therapy technique is that, as one school after another is examined, the similarities rather than the differences appear more evident in each of them. An objective may be reached in many ways. It is the sureness of the approach that determines the success or failure. Throughout the varying uses of the technique, the unverbalized parts of the process become quite apparent. Results attained were similar; approaches to the therapy were different. The common unmentioned factor influencing the results of therapy was the personality of the individual therapist.

Accordingly, one definition of the term 'play therapy', adopted for the present study is as follows: Play therapy is the use of play as a medium through which the child, in the process of playing, may convey to the therapist symbolically and in verbal form his conscious and unconscious feelings about his environment, himself, and the relationship he feels to those about him.

2 Ibid., p. 228.
Dr. Frederick Allen describes play therapy as a process of helping the child to help himself. He says "the therapeutic process occurs as a unique growth experience created by one person seeking and needing help, from another who accepts the responsibility of offering it". The relationship set up in the play therapy situation provides a medium for making conscious the unconscious trends and drives, and for recreating the past, in order to release anxiety bound up with these earlier experiences. However, in this connection, although the medium is provided for making conscious these trends and drives, it is important to remember that the therapist's real responsibility lies in helping a child to do what he is free or ready to do, without trying to force him into any particular channel of expression.

The helping process, as has been pointed out previously, is carried out in various ways according to the school of thought under review. There are, however, basic similarities in all schools which it appears are the most important items to be considered.

The initial procedure under consideration in the present study consists of studying all the pertinent aspects of the child and his situation, formulating a plan for the relief or resolution of the difficulties, and putting the plan into action. Parents, in this conception of the scheme of things, were originally the receivers of scientific advice.

on the basis of which it was hoped they would "do something directly for their offspring and more indirectly work on themselves in his behalf." This concept eventually developed to a point where the lives of parents and children were seen to be emotionally intertwined. The feelings and attitudes of parents, which were regarded as the chief determinants of children's difficulties, were in turn seen to be dependent upon the parent's own early emotional experiences.

It seemed to follow that work with parents should be directed toward resolving some of their own emotional conflicts, for otherwise it was thought they would continue to act towards their children in their accustomed manner, no matter how clearly they were told they must alter their behavior. From this theory, a procedure developed by which social workers, under the guidance of psychiatrists, tried to help parents discover the emotional origin of their adverse feelings towards their children.

The above procedure has modified to a point where most child guidance social workers now take as their task the fostering and enhancing of the strength that a parent displays when he decides to do something about an unpleasant situation. They try to prepare the child for psychotherapy by discussing with the parent, in the intake interview, how he will present to the child the plan of coming to the clinic. This

is the basic first step towards initiating the play therapy situation.

The type of child likely to find help by the play therapy technique is chiefly the child whose difficulties are largely attributable to maladjustments in the parent-child relationship and whose parents want assistance with these problems. Thus most cases of feeble-mindedness and neurological disorder and those which show gross social pathology, must be excluded. It is commonly found that the children dealt with through play therapy show a great variety of symptoms including: aggressiveness, uncontrolled behaviour, nervousness, sensitivity, fears, excessive shyness, other difficulties relating to people, various kinds of school maladjustment, physical disorders without discoverable organic bases, delinquencies of various kinds, marked peculiarities of behaviour and personality.

An attempt at classifying these symptoms is difficult, but there seems to be substantial agreement that in some cases the behaviour is symptomatic of a neurosis, while in others it is a direct reaction to the adverse circumstances under which the child lives.

"The conscious use of a relationship characterizes dynamic child psychiatry and distinguishes it from the work of psychiatrists who rely upon other therapeutic agents".
By means of relationships with other human beings the biological drives of individuals are turned to social ends. It is believed that the original basis for an individual's ability to form relations, social or personal, lies in the infant's physiological sensitivity to his mother's moods and desires. In the attempt to retain the sense of harmony and warmth which is provided in the normal mother-child relationship, the infant makes his first efforts to conform to his mother's desires and thenceforth to society. The limitations set up in the cultural system to which they belong assign certain roles to various individuals. The adjustment of the particular child is proportionate to his ability to relate himself in prescribed ways to these various individuals and to play his assigned role with them.

Events which disturb the child's sense of security in his parents' love and esteem set up an emotional 'climate' in which deviations in adjustment may easily be generated. The basic attitude prescribed for the therapist includes genuine friendliness and warmth, interest in the child and his problems, tolerance for his opinions and feelings, and a deep sensitivity to his needs and desires. These prerequisites are, of course, the requirements for any form of social casework, whether it deals with the child or the adult. To this must be added the requirement that the therapist be aware and in control of the impulses, aims, and sentiments in himself that might hinder the child in the full expression of his thoughts and wishes.
Two separate viewpoints as to the method of operation are found in the remedy proposed by Anna Freud as compared with American child psychiatrists. Anna Freud says that an affectionate attachment, with an accompanying faith in the therapist, admission of illness, and desire for recovery, must be secured from the child. So she suggests that the therapist strive for the child's love, stress the seriousness of his disability, and then insinuate himself into his confidence. American child psychiatrists put less emphasis on 'winning' the child and more on the child's own interest in being helped. An example of this latter tenet is shown in Dr. Frederick Allen's basic belief of helping the child to help himself. However, regardless of the specific approach made to the problem, the therapist's role is especially designed to foster the development of feelings of security in the child.

These feelings of security are constructed, as mentioned previously, in the permeating friendliness and sensitivity to the child's moods, actions, and words. His doubts and fears may be anticipated; or, more likely, by implication, the child is given to realize that his ideas will receive full attention. The therapist is very careful to be non-judgmental, neither condemning nor praising, but receiving all information in an accepting manner and permitting a free expression of feeling and opinion, even if accompanying behaviour has to be forbidden. A very important step in the initial contact with

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the child is to define for him what therapy is to consist of, and from that point on to allow him freedom of choice, even if he chooses to be totally non-communicative.

These devices are technical ones. They would be cold and abortive without the individual personality of the therapist himself. Dr. Jessie Taft says: "In my opinion the basis of therapy finally lies in the therapist himself, in his capacity to permit the use of self which the therapeutic relationship implies, as well as his psychological insight and technical skill. To practice therapeutic casework, one must be a therapist.

The definition of what the therapy is to consist of varies among the different schools. There is, however, considerable agreement among them about the nature of the therapy situation. "It is a 'unique situation', unique in the sense that no other social relationships are conducted in accordance with the same conventions. The setting, for the child, is not merely that of a play period with an unusually tolerant adult. The directing of an interview along lines profitable to the child without obstructing the spontaneity of the child's actions is a skill which is peculiarly a part of the individual therapist's own personality. The therapist must insert enough of his own particular self into the situation to provide the medium, and yet restrain any element of that self which might induce a judgmental emotional tone.


Secondly, the therapist utilizes his skill to direct the type of material produced, if he is to evolve a beneficial approach to the child's problem. The open expression of all feelings and desires, in fact all subject matter, is the purpose of the situation, with the stipulation that it bears on the child's problem. The prohibitions in the play therapy situation occur in the realm of action. The play room situation is one in which the worker stresses the fact to the child that here, within the realm of reason, hostile emotions may be released in a reasonably destructive fashion as long as there is no physical impairment of the individuals concerned. The second limitation lies in the time element. The feelings and emotions in the particular span of time encompassed by the interview hour are feelings and emotions which belong specifically to that hour. By way of illustration, the child is seldom allowed to keep any of the objects he plays with during the hour. Those objects are his within the area of that hour, and similarly the free expression of his feelings is an opportunity which is a part of that hour.

Once the relationship is established, the second step may be initiated. This step consists in helping the child to develop insight into the reasons for his difficulties, which may mean aiding him to clear up the misconceptions that confuse him. The social worker in the role of therapist does not deal with the emotional tones that lie buried in the subconscious, but rather with the repressed material that comes into consciousness as a result of the
permissive atmosphere of the therapy situation. This latter statement is relative and must be considered in the context of the particular child concerned, his particular problem, and the degree of his disturbance.

A quotation from Helen Witmer best sums up the unique features of the play therapy situation: "Here (the child) may be afraid without having efforts made immediately to remove his fears. Here he has met with a person who understands and accepts both his need and his right to be afraid without melting before it. He finds that he can be aggressive and hostile, and, at the same time, finds a person who can both accept the feeling and give limits to its expression. He finds a person who is interested in what he says, in what he is, and is not trying to squeeze him into a preconceived mould. He can have his own power, without having it overwhelmed by the greater power of another. He comes expecting to be changed and finds a person interested and related to what he is now. Truly, this is a unique experience which is started with (the child) in the centre of it".

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10 Ibid., p. 44.
Chapter II

Play Therapy Research Aspects

Conduct disturbances form a part of the large group of primary behaviour disorders. The name, primary, is given because these disorders are not secondary to any other pathological condition. They develop in reaction to environmental influences in the form of persisting behaviour patterns. It is customary to speak of a conduct disorder whenever there is a deviation from the accepted code of morals. Thus lying, truanting, stealing, disobedience, running away, destructiveness, fighting, and sexual activities, along with other similar deviations are considered to be disorders of a conduct variety.

Children with this type of disorder show little response to punishment nor indicate any sign of guilt, although it must be remembered that a certain degree of negativism is a normal reaction around the age of three years. It is often found, however, that such a disturbance has started at an early age, at three years or even younger. At the point that such a child makes his first entry in the social group when he starts school the behaviour may become markedly worse. If he is taken to an expert at this point the complaints about his behaviour are found to be

very realistic. Usually the parents feel that they have a child who is "strictly bad" and their whole attitude is one of an accusative nature and a bewildered wondering as to how they could have produced a child so completely devoid of what they consider normal actions.

The constant conflict with the environment and the absence of guilt which characterize each case provide a dual nature to the problem. This two-fold abnormality leads to a consideration of the early period in which a child adjusts his aggressive instincts both to society and to himself. Outwardly, the child with a conduct disturbance, when he reaches the rebellious three year old period, shows an inordinate aggressive instinct towards society. Inwardly, there is little aggression in the form of criticism of self. Instead, the examiner finds a narcissistic self-evaluation as though the child felt himself above the demands of society and immune to the punishments laid down to protect society. Again and again he must act out and attempt to prove his invulnerability.

Abnormal aggressiveness, absence or defective development of guilt feeling, and narcissistic self-evaluation, form the triad that characterizes the child with a conduct disturbance. Although there are degrees of intensity, varying from the abnormally disobedient child to the full-blown gangster type, the above mentioned triad is always recognizable.
In addition to conduct traits, habit disturbances are often present, or the history reveals that they have been in the past. Much less frequent in case records, is the combination with neurotic traits. As a consequence of the overlapping so often found between the conduct and habit disorders, and also the habit and neurotic traits disorders, it is difficult to predicate a really distinct separation in the three groups to be discussed in this study.

Cases have been chosen which seemed predominantly of one particular group, but throughout it is necessary to remember that generally speaking one group does not exclude the other. The particular case of Tommy Snyder, used as an example of a conduct disorder contains elements of both a conduct and habit disorder. His poor adjustment in all social relationships, hysterical screaming tantrums and extreme sexual activities suggested most strongly the typical conduct disorder. However, his excessive masturbation of such long standing is highly suggestive of a habit disturbance. Similarly the case of Dennis Green used in the same chapter, illustrated the running away, lying and stealing combined with the lack of guilt so often found in the conduct disorder. Ronnie Trenton, also discussed in the chapter is enuretic and masturbates which suggest a habit disorder of long standing as he is now eleven years old. However, predominant in Ronnie's case were his stealing, lying and aggressive sexual activities accompanied by an almost complete lack of guilt about his behaviour. For this
reason his case was felt to properly belong in the conduct disorder chapter.

Habit disorders are often described as being the first manifestations of faulty ego development and may occur in early years around the ages of two, three, or four. Clinical data prove that obstinate and severe primary habit disorders are due to early traumatization and sudden disruption at a very early age of the most important normal habits connected with the functions of food intake, excretion, early mobility functions, when concurring with the disruption of smooth relationship with the mother.

Prolonged thumb-sucking, nail-biting, enuresis, masturbation, trichotolomania (the habitual pulling out of hair) and the psychogenic tic are common examples of the primary habit disorders. These symptoms may be related, as well as the symptoms shown in conduct disturbances, to the economy of aggression, as a stubborn defense, rather than an offensive rebellion.

In order to understand the nature of the habit disorder, which is the earliest deviation, it is necessary to examine the dynamics of infancy. Constitutional factors which may have started the child with a strong or weak structure, prenatal influences, and the relation of birth to anxiety are all matters which must be taken into consideration when estimating the cause of a habit disturbance.


The instinctual satisfactions of the oral nursing period, which make for growth and later full adjustment, play a large role in whether the child makes an adequate adjustment or becomes victim of a primary behaviour disorder. The child develops self-dependence through increasing mastery of physical and social experience in a warmly supportive atmosphere. Thus deviations in the earliest stage of the self-hood express themselves as habit disorders.

If the baby does not get enough mothering he is forced back upon himself for pleasure and attention, and ordinary thumb-sucking, masturbation, along with other body play may be prolonged or intensified. The child who is thus forced to love himself and prolongs his infancy, does not outgrow infantile habits, which if not treated, become a part of the permanent personality structure.

As habit disorders stem from the earliest years as reactions to inadequate mothering, the length of time over which they have been formed serve as a warning in so far as the degree of obduracy in prognosis is concerned. Inappropriately prolonged childish habits or those which are unusual in quantity or quality are the ones which, by reason of their intensity are considered disorders. It is commonly accepted that the child with a marked habit disorder is usually a passive child, preoccupied with self.

The case of Jennie Morton, considered in this

study as a child with a habit disorder is quite typical of this group. The neurotic foster mother who raised her was unable to permit Jennie to develop as an individual. She over-emphasized the pleasures of dependency by refusing to let Jennie become independent, thus keeping the child tied to her. To be noted in this case are the early thumbsucking, consistent enuresis, and extreme passivity which are found in the child's personality. The tendency to withdrawal, noted in the psychiatrist's diagnosis, indicate an intensification of the passive trends and suggest one of the traits common to the habit disorder.

There is a very close relationship between the disorders called habit disorders and those which result in a degree of neurosis. It has often been pointed out that interest in the body and excretions are normal for all infants. However, during the early period when through bowel training and other restrictions, the child makes his first adaptation to society there is a certain channelling of the aggressive impulses.

When the child conforms only because of fear of punishment, neurotic traits may result. The super-ego development originates because of parental prohibitions especially in the area of toilet training. The child represses his crude impulses following the example set by his parent, and thus gradually internalizes parental prohibitions.

Gradually the child is helped by his parents to make the proper identification, learns to accept as reality
the interrelatedness between his parents, and represses his impulses to gain the greater satisfaction of their love and approval. In neurosis, however, these problems are not solved; there is insufficient or incomplete repression for there is a lack of reason to give up the impulses so that when they are acted out there is a feeling of guilt accompanying them. With normal super-ego development the child's aggression is turned against his own censured impulses and acts. In the deviations, the child who has had an unsatisfactory parental experience does not resolve his problem. He regresses to avoid anxiety and becomes quite dependent or he throws up a defensive structure of anxiety. In this case he is able to function as long as the anxiety holds.

A differentiation is made in the behaviour disorders described as neurotic traits, between preoedipal and oedipal. The case of Teddy Lawson, described in the chapter under neurotic traits is typical of the preoedipal type of disorder because his whole early picture was one of deprivation, and the period of identification with the parent of the same sex is so obviously incomplete.

Teddy showed a great ambivalence between his desires for masculinity and femininity. He had a very poor concept of self due to early deprivations, and the whole pattern of his development into a normal male child was hindered by a fixation in the preoedipal level of development. Teddy's conflict is brought to the surface, and as he begins to identify

15 Ibid., p. 30
with the male worker it is quite evident that he has both a fear of and a desire for feminine attributes.

Unless the greater part of Teddy's conflict can be resolved through the therapy and positive life experiences it seems likely that the strong impulses attendant on the adolescent phase will prove disastrous. The boy is not yet sure of himself as a male and the tendency to homosexuality will be accentuated by the adolescent drives.

Gordon Hamilton points out that the child with a neurotic conflict is the child whose life energies are blocked and distorted because they are partially fixated in infantile wishes and impulses which the ego rejects. The interview in Chapter Five which describes Teddy's difficulties in school around soiling his clothes would be an illustration of this situation. Teddy comes into the playroom during Interview Sixty-Two smelling very strongly of urine, although he is a boy nine years of age. When asked why he didn't use the little pot which had been purposefully placed in a handy place he refused saying, "I'm not a baby anymore". The infantile desire to soil was realized in his poor bladder control but the child's ego rejected the idea that he was being infantile and should use what he considered a baby's pot.

Deeply disguised anxiety, another symptom of the child with a neurosis, is illustrated in the expression of Teddy's compulsive fears shown in his horror of ghosts and a hostile world. The deficiency of super-ego in the child with a neurosis leads him to project his own hostility onto the outer world and thus he fears continually that other people
are going to attack him rather than that the attack will come from within himself. The psycho-neurotic child, on the other hand, suffers from a too severe super-ego and feels that his danger comes from within, that is from his own primitive desires.

The Purpose of the Study

Treatment of disturbed children by means of play therapy is a relatively new method in Vancouver. The technique of the therapy has been evolved over a considerable period of time, but it is comparatively recently that the project now underway at the Childrens Aid Society was initiated.

Thus, because of the newness of the enterprise, and a keen general interest in the results obtained through the application of this particular treatment, it was decided that this study should be made. The focus of the study is to evaluate the actual therapy project with a view to determining its value.

A necessary prerequisite to the evaluation of play therapy as a treatment method is an understanding of the resources available, both in terms of finances and trained personnel. This project was started in 1948 on a very small scale, one child for several months being used as a test case. Finances were limited, those available being supplied by the courtesy of the Junior League of Vancouver. Trained therapists were completely lacking so that it was first necessary
to initiate a training programme.

Such a programme was started by Dr. Ella Lindenfeld, psychiatrist, and a specially trained social worker who had learned her skill under child psychiatrists in London, England. For long months several of the staff at the Childrens Aid Society were given the opportunity of studying the therapy process through the weekly conferences held. However, even with such training it was natural that only a few of the select group would possess the particular intuitive skill that characterizes a true child therapist.

It is therefore the purpose of this study to evaluate the actual therapy carried on, and by assessing its strengths and weaknesses assess the value of the project. The purpose is also to emphasize the tremendous need for specialized help in dealing with disturbed children.

These children represent part of the next generation and their numbers seem to increase with great rapidity. Some answer must be found to the problem, for as each child grows through life carrying with him the burden of an unhappy, disturbed childhood, in the same measure the problems of the modern world are increased.

As most of these children in Vancouver are under the care of the Childrens Aid Society, there is a tendency that their problems be dismissed by the general public, the impersonal agency setting providing a blanket effect which shields a more personal approach. It is the contention in this study that the public should be more informed of what
is happening to children who are without the normal protection of their own parents. Consequently, it is believed that a study completed on this particular subject should be a relatively non-technical description of the actual work done in the agency project.

The objective is to describe each child's background, illustrate through the therapy how he reveals his reactions to that background, and show how the relationship created in the playroom can in a certain measure compensate for early deprivations.

Every child has a right to two parents who love and care for him, but many children have neither parents who build their strengths nor help them with their weaknesses. Such a building and helping are the aims of therapy.

The case records presented will provide at least a part of the answer in regard to realization of these aims.

On the other hand, as well, the whole process of treatment will be seen as a part of the total environmental situation. No child can be treated in a vacuum. Consequently, a further purpose of the study will be to illustrate the importance of skill in selecting the proper homes for these children, and of good casework with their parents and foster parents, so that the therapy may be accompanied by an adequate environmental medium.

The Method used in selecting cases

The study is divided into three main groups,
namely, the chapters describing children who show a large proportion of the conduct disorders, habit disorders, and those having neurotic traits. It seemed desirable to choose cases which were definitely significant, so that movement could be traced from a hazardous beginning to a more adjusted termination or levelling point. For reasons of clarity and interest, the cases were chosen to illustrate the various disorders, and within this division to bring out concepts related to the whole treatment process.

The case chosen as an example of a conduct disorder was one in which the treatment was carried on by a skilled therapist. This was the first child given therapy under the agency project and, for this reason, plus the fact that it provides a clear illustration of treatment at a high level, the case was selected as study material. The other two cases used in the chapter on conduct disturbances, namely, that of Ronnie Trenton and Dennis Green, were cases discussed in the class given by Dr. Lindenfeld entitled 'Behaviour Problems of Children', in the year 1951. The presentation of these cases in this study is based on the interpretation given by Dr. Lindenfeld in the course of class discussion.

The illustration of a child with a habit disorder is provided by the case history of Jennie Morton. This situation also supplies an opportunity to emphasize the fact that a child cannot be fully helped when the environment which contributed to the disorder remains stationary. The other two cases used in this chapter are further examples of
the part therapy plays in helping children whose disturbances stem from early years.

The child with neurotic traits is illustrated by the case of Teddy Lawson whose difficulties started at an early preoedipal level, where most of this type of disturbance originates. The case of Carol Peters, whose emotional relationships were of such a superficial variety, was used to bring out the interrelationship between therapy and good casework with parents. Although the therapy in this case was of a short term variety, it was possible, through the excellent casework carried on with Mrs. Peters, to effect a much happier existence for Carol. The neurotic ties which bound her to a rejecting mother were gradually loosened as the mother was given a strong supportive relationship.

The third case described in this chapter was another case which was discussed in Dr. Lindenfeld's class at the University. This case was chosen as an illustration of inadequate placements, made without sufficient understanding of the child's needs, the result being that her personality may be irrevocably damaged. In addition, this case represents a tremendous challenge to therapy and also shows the long time and labour involved in working with such a child in the play therapy medium.

Summarizing, the method of choosing material in this study is one which permitted flexibility in selecting cases so that varying degrees in treatment might be illustrated, while at the same time the necessary complements of
Practical Issues involved in Play Therapy

The opening chapter in this study was concerned with the actual techniques used in play therapy which included a description of the personal qualities of the therapist, and an explanation of the reasons that the medium of play was particularly suitable to the young child. The conclusion was that in this specialized setting, which provides for the child his natural means of expression, the framework was initiated for expression of innermost feelings.

If the child is to express himself by play, there is, however, a very practical issue involved; namely, that adequate play materials be provided to offer the outlet. Therefore, in the play room a great variety of toys are essential.

Such toys as guns, hammers, and pounding boards, are provided in the Childrens Aid Society playroom to provide the aggressive child with a means for expressing his hostile feelings. On the other hand, the repressed child may be gently urged towards unleashing some of his restricted feelings through the use of this type of toy.

Finger paints are provided so that children who have difficulties which are residues of urethral and anal phases, may gradually express their desire to soil and in addition, bring out anxieties which may be symbolized by
the choice of particular colors. To be noted in the sym-
bolism of colors is the fact that the significance of such
choices must be considered in relation to the individual
child, his mood at the moment, as well as his whole back-
ground of personality.

A variety of plasticine and clay are placed in the
playroom so that the children may model or carve such objects
as they want. At the same time, these materials have value
in work with children showing anal tendencies, as the consist-
tency of the materials will, in all probability, revive ear-
lier memories.

Dolls of all shapes and sizes are part of the equip-
ment. These dolls are often used to act out family relation-
ships, confusions in the sexual area, and through playing
with the baby dolls the children many times express their own
unsatisfied infantile needs. The doll that wets when water
is placed in its mouth provides the child with the opport-
unity to act out his earlier emotions in the oral and anal
phases of development.

Games of many kinds are a part of the playroom
equipment. Competitive games allow the child to learn the
meaning of a relationship where people have the same goal.
The therapist can guage the strengths and weaknesses of a
child's reactions in a competitive situation.

Constructive toys such as building materials, saws
and mechano sets, allow for the building of ego when other
toys such as the pounding board have been used destructively.
The measurement of the child's personality can be facilitated
by his manner of using this type of toy. Additionally, a child who is unsure of his own sex, may be encouraged towards masculine pursuits.

Similarly, the playroom is equipped with cosmetics and cooking materials so that the girl child may be assisted in identification with her own sex and, through the use of toys conventionally feminine, become accepting of her own role. The conventionally feminine as well as masculine toys are used interchangeably so that children of both sexes may play out feelings of ambivalence in regard to their male or female role.

Crayons and colouring books are provided for the retiring child, as well as all the children who desire them, so that these materials may be used when the relationship is too threatening to the defences, or when they wish to express themselves in this manner.

The Childrens Aid Society playroom is equipped to handle nearly every play requirement that a child may have. However, play materials are expensive, and when an estimation of therapy equipment is to be made, the practical issue of toys, which may be continually broken and replaced, must be considered.

The playroom setting must be of a sturdy nature. Furniture gets broken, and walls become defaced, during the course of working with disturbed children. The room must be of a type which allows for a certain amount of destruction and hard wear.
Another practical consideration in regard to play therapy is the treatment time involved in working with a child. Ordinarily each case requires one hour weekly. In addition to the hour spent in the play interview, the therapist usually has to count on a half hour after the session, during which time she makes notes on the proceedings. It is found that the taking of notes during an interview tends to inhibit the child's activities, for a large part of the process is dependent on the therapist's participation in the proceedings.

Following the time spent in notetaking, the therapist must record the interview, the time involved in this recording probably amounting to half an hour. Thus, the total time adds up to approximately two hours for each weekly session, plus the three hour consultation period held once a week with the supervising psychiatrist. It may be noted, however, that such an investment of time is not generally the case where therapists are especially skilled. Such extremely detailed recording is not used, nor is so much consultation time spent with the psychiatrist.

Adequate skill in this type of treatment is acquired through additional training after the normal six year education in social work. Therefore, as a specialized person, the therapist should receive a higher remuneration commensurate with the time involved in training, for few social workers are prepared to invest the time and extra
study connected with perfecting this specialization. Un­
fortunately, due to the newness of the project, and the lack of public awareness in regard to the benefits to be accrued from it, very few agencies are prepared to engage real spec­
ialists. On the other hand, it must be pointed out that the lack of adequate facilities in Canada for training play therapists, makes the whole situation more difficult. The practical issue then, lies in the training and hiring of specialists and in being prepared to pay sufficient salaries for the therapists hired.

As an additional means of illustrating the detailed nature of the whole treatment process, the matter of record­
ing should be described. Play therapy recording is process recording in the most minute sense of the word, until such time as the therapist is sure of his skill. Then, at this point a briefer form of recording should be possible.

The case of Teddy Lawson, the child with deep­
seated neurotic traits, provides an excellent example. The length of each interview is about four typewritten pages, single-spaced. There are, to date, some seventy interviews or a total case record of two hundred and eighty pages. In order to evaluate the therapy, it was necessary to read the two hundred and eighty pages previously mentioned, the child's personal file involving a lengthy summary record, and the family file made up of a further ten to twenty pages. There­
fore, the reading on a lengthy case may involve over three hundred pages. For the purpose of this study, by way of
illustration, it was necessary to read several cases of around three hundred pages as well as additional records pertaining to the personal and family file of the child selected.

The practical issues in carrying on a play therapy project are numerous. In explaining some of the most significant ones, the object is to provide an understanding of the problems involved in the process as a whole.
Chapter III

The Child with a Conduct Disorder

The case of Tommy Snyder was opened in March, 1942, when the child was a year and a half old. A complaint had been laid that Tommy and his four-months-old brother were being neglected by their mother. It was her custom to go out and leave the children for long hours by themselves. Although an investigation was made, no definite neglect was established. Three months later, the mother and two children moved to Vancouver Island to be with the father, a sergeant in the army, and the case was closed. It was opened again in December, 1945, when it was revealed that an illegitimate child had been born to the mother, and the parents were now separated. The two boys remained with the father for the next two years, and during this period only a spasmodic contact was maintained with the agency. The records do not indicate what kind of care the children received during this interval. However, although the mother and father lived together periodically, each interval terminated with the mother's decision that she could no longer live with her husband. There were also a series of other men in the picture during the two year period.

In the first part of 1947, both parents had decided that placement for adoption was the only solution for
the children. But two months later the parents had changed their minds about this. They planned on a divorce and Mrs. Snyder intended to ask for custody of the children. Three months later, letters of complaint were received, indicating that Mrs. Snyder was neglecting the children. It appeared that she thought the Society would apprehend them if she neglected them, and for this reason was deliberately trying to force the issue. Further information pertaining to this mother indicated that she had been twice named as a contact for venereal disease, while a Child Guidance evaluation stated that Mrs. Snyder had a schizoid personality, with definite trends toward becoming a marked schizophrenic.

Visits with the family during this time indicated that Tommy seemed more aware of his lack of security than the younger child. However, the only specific comment made in the records at this time was that he appeared to be starved for affection. No other symptoms were particularly mentioned.

Shortly after the children were apprehended in December, 1947, the father demanded their return. At this point it was suggested that if the parents could make a home together and show evidence of stability and permanence, the children could be returned to them. Despite this suggestion, it was during the next two months that Mrs. Snyder made another unsuccessful attempt to live with her husband.

At a court hearing, Mr. Snyder's request for a six months adjournment of custody proceedings was granted. Later
on, in January, 1948, however, a committal order was made. In February, Mrs. Snyder, who had rejoined her husband again, desired to re-apply for the children. She left him again in July, 1948, until January, 1949, when she returned once more. However, by June, 1950, Mrs. Snyder was living with another man and said she would sign consent for adoption of the children if her husband would sign it first.

The family background has been described so that it will be possible to understand the difficulties Tommy had to contend with in his early background. He was six and a half years old at the time he was taken into the care of the agency, in December, 1947. Along with his brother, he spent a few weeks in the Receiving Home, until they were both placed in February, 1948, in a boarding home.

A month later the foster mother complained that Tommy was engaged in sexual activities with other children in the neighborhood. A conversation with Tommy disclosed the fact that he had been in the habit of playing with his younger sister and with another older girl in the neighborhood. It was found that he masturbated continually, and also played with fire.

When Tommy was examined at the Child Guidance Clinic, it was estimated that he had average intelligence, with an I. Q. of 107. He was found to have strong feelings of inferiority and hostility. His adjustment was poor at home, at school, and in all social relationships. The Clinic personnel recommended that he was urgently in need of
psychiatric treatment.

In the foster home Tommy's behaviour became worse. He screamed when reprimanded, until he was hysterical; and masturbated regularly every night. He was ostracized in the neighborhood for his sexual activities, and was unable to concentrate at school.

During May, 1948, Tommy was moved to the Receiving Home again. At first he seemed to adjust quite well, but he was jealous of all the other children in the home and was constantly seeking affection from the adults.

It is obvious from the information provided that this child was seriously disturbed. Although the records do not provide detailed indications, the unsettled state of his early life suggests a very emotionally deprived child. Tommy had had a very difficult start in life and, in order to help him with his problems it was decided to give him play therapy treatment.

**Play Therapy Treatment**

The play interviews with Tommy started on July 3, 1948. There were forty-three sessions in all, the last one being held on May 7, 1949.

A restatement of Tommy's symptoms of disturbance will indicate reasons for the direction of treatment initiated in the play therapy. (1) Strong feelings of inferiority and hostility. (2) Poor adjustment in all social relationships - at home, at school, and outside. (3) Hysterical screaming tantrums. (4) Extreme sexual activities,
including sex play with other children and excessive masturbation on a compulsive level.

The basic causes of these symptoms, as diagnosed by the psychiatrist in charge, were: (1) A great disturbance in family relationships accompanied by distorted fantasies. This primary disturbance was illustrated by: (a) Hate for the mother figure, and fear of men, as they seemed always, from his experience, to be the ones who got hurt. (b) Due to this fear of men's vulnerability, a fear of his own male role. Women were dangerous and powerful; to survive, he had to destroy them. This led to (c) Aggressive sexual exhibitionism, which presented itself to Tommy as the only way he could 'overcome' women.

The first few play therapy interviews with Tommy were met with great resistance on his part towards the therapist. At every turn he attempted to control the situation. The therapist was completely permissive and rather seductive, but at the same time imposed very slight limits in the matter of terminating the play room sessions in reasonable time. Tommy's hostility was indicated openly in the fourth interview:

He went to the cupboard and fetched the gun. He first had me hold out my hand for him to shoot, then went to the far end of the room, ordered me to hold my hands up and shot energetically at my hands and face. I said quite often people felt like shooting, and wondered if he could think of anyone else he would like to shoot if he had the chance.
The therapist's remark when she said that she "wondered if he could think of anyone else he would like to shoot if he had a chance" offered Tommy a chance to go further in expressing his hostility, but did not urge him to do so.

Tommy expressed direct curiosity as to why he was coming to the play room. The therapist responded:

I began to talk of the fact that children sometimes had a lot of difficulties which the grownups did not always understand. For instance, people often had feelings about wanting to shoot people and be mad at them, and to do different things which were called bad. Children might have feelings like this, but grownups would always be telling them that they were bad feelings and want them to be good all the time, and this might be very difficult for children.

..... Later on, in the same interview:

I then wondered if he ever thought what he would like to do when he grew up to be a man? He announced, "then I wouldn't have to come here, would I? Nobody would have to bring me, would they? I should be able to find my own way". I said I thought he would, and that he would certainly grow up to be a man - all boys did - just the same as all girls grew up to be women.

Here, in this excerpt, are the first decisive steps of the therapist's part in promoting Tommy's male role.

The fifth interview showed an instance where Tommy was made aware of himself in relation to other people.

Close to him was a very tied up and knotted chain belonging presumably to an unused swing. He suddenly remarked "Its all tied up". I agreed that it was, and said it
would probably be difficult to undo, possibly it would take two people to do it - there were some things that needed two people. I then remarked that sometimes people get tied up inside too. They might feel tangled up just like that chain, and perhaps they would need someone else to help them get untied again.

Tommy's aggression towards women and his concomitant fear of them had begun imperceptibly to lessen through the therapist's continual acceptance of his hostility, without retaliation of any sort. An instance of this is observable in an excerpt from Interview Six.

He decided to fill the gun with red paint and shot at me. As the damage to my clothes threatened to be considerable, I said I knew he would like to shoot me all over but that he was only to shoot at my arms or other parts I could easily wash. He seemed not at all abashed, and no longer appeared to feel afraid of my reactions to his aggression.

In the same interview Tommy is again helped to accept the differentiation in the sexes, and encouraged to assume his own male role.

He used mainly purple, asking "isn't it a pretty colour", and painted various parts of the doll. Then he decided he would take off its diaper. He needed some help with the second pin and then when he had it off asked me "which the doll was". I wondered in turn, and he said definitely, "It's a girl". I said it certainly seemed more like a girl than a boy since it did not have a boy's little penis. Tommy said nothing, but did not seem especially disturbed now, and carried on, thickly painting the doll's legs, saying he would paint it all over.

Tommy's lack of confidence in himself as a male, and his hostility to women is shown clearly in Interview Eight.
Before he had come upon the money in my purse, Tommy had found my lipstick, had put a little on his lips, then hurriedly wiped it off and asked suddenly if I had any scissors. Asked what he wanted them for, he said he would cut my hair. I wondered what sort of a cut he would give me, just a little bit, or was he going to cut it very short? He said emphatically "Very short!" I said "like a boy?", and he nodded and said "yes". I wondered if he liked boys better than ladies and he again nodded and looked down. I said that perhaps sometimes children didn't like ladies so much if they didn't always do the things they wanted. Children, for instance, quite often felt angry with their mothers when they did not give them the things they asked for, and perhaps they might feel that ladies weren't so nice.

With repeated experiences of this kind, Tommy began to accept the therapist. Through acceptance of her, moreover, he began to move towards liking mother people, as Interview Nine showed. For example,

He said goodbye quite normally, and a little later got the worker who was looking after him to bring him back into the room where I was clearing up. He pretended to be a sack of coal and wanted the worker to ask me if I wanted a sack of coal. I smiled, and wondered out loud if the sack of coal wanted to be delivered here. We all smiled, and the worker said he thought it was time for them to go.

In this instance, the therapist both accepts Tommy's asking if she wants him, and is permissive and non-aggressive in saying she wants 'the sack of coal', if it wants to come.

Tommy's urgent need to be the dominant male still remained, and it is aptly demonstrated in Interview Ten. The therapist's calm acceptance of his demonstration is to be noted.
At the foot of the stairs he said, "Where's the bathroom? I know where it is. Take these, and wait for me there" - pointing towards the top of the stairs. I assured him I would wait. As he came out of the door I heard him say "It's heavy, isn't it?", and when he came into view saw that he was showing me his penis with a half triumphant, half shy smile. I smiled in a friendly way and said "Yes, it's a nice big one". He put it back with a little laugh and then rushed up the stairs in a domineering sort of way, ordering me to give him the lacrosse stick and to come outside, adding "You have to do what I say". I wondered if he felt that I must do what he told me because he had a big strong penis, and he said "yes". I said a moment later that I thought people could be strong in other ways, too - they could be strong in their arms or legs or other parts of them.

Tommy's desire to be a baby and also his desire to possess the mother person, which represent respectively the wish to regress to the infant state and the start of oedipal development, are shown clearly in Interview Eleven.

He then said he wanted to play, that he was my baby and wanted to come and sit on my lap and see my breasts. I said I would like to play that he was my baby, but I was afraid I could not show my breasts so we would just pretend that I was doing so. However, he looked very put out and would not come round from the other side of the table. He became very loud and domineering, ordering me to take everything out of the cupboard and bring it to him. A moment later, when I had told him I could not show him my breasts because my husband would not like me to do this, Tommy announced that he was my husband - he was going to marry me.

Part of the therapy with Tommy related to his intense desire for money, which to him symbolized both power and love. Small amounts of money were given to him from time
to time in the play room, but each time an effort was made
towards having him take less than was available. It was
pointed out on each occasion that though the therapist might
not be able to give him all the money he wanted, it was not
because she did not love him. His resistance to this idea
was demonstrated in Interview Thirteen, after the therapist
had refused to give him the money he wanted.

After playing with the water a few
moments and piling pots inside the big
jar until it over-flowed, Tommy poured
as much water as he could into the card-
board box which holds the paint pot.
He drew in breaths of joy as the water
splashed messily around, and then said
that he was flooding my house. I ex-
pressed interest, and wondered what would
happen to me in that case? He replied
that I would be killed. I smiled and
said we often did feel for a time that
we would like to kill someone off when
they did not give us what we were want-
ing, but usually, after a while, we
found a lot of things that were nice
about them and we felt differently.

In the next interview an excerpt is given which
illustrates both an interest in the excretory functions,
and a start towards being able to part with money and share
with others.

I brought him the wetting doll and
he received it with pleasure, saying this
was something he always liked - the doll
which drank and then wetted (demonstrating
the acts with gestures upon the doll).
He wanted me to fetch the feeding bottle,
and then became interested in my handbag.
There were just four cents in it this
time and he took them out, almost immed-
ately handing me two of the cents, saying
"Here are two for you and I have two".
I thanked him and said I thought this was
nice that we were sharing equally.
A conversation in this same interview, about babies, enabled the therapist to express understanding of early unsatisfied needs in Tommy.

I suggested that babies would feel "very awful inside" if their mothers did not give them the things that they were wanting, and that some mothers were not very good at this. I said I knew some children when they were little had mothers who did not know how to give them what they were needing, and that often they went on feeling badly when they were older. They felt there were a lot of things they wanted and that people would not give them to them.

The therapist has an opportunity, while Tommy is modelling a male figure out of plasticine to bring out some of his sexual fantasies connected with scenes he actually witnessed in his parental home.

He rolled quite an enormous sausage of plasticine, which he fitted onto the plasticine male figure he had made. I wondered if this would be very comfortable for the man since it would be difficult for him to wear clothes and would probably get in his way a lot. Tommy assured me that the man would be quite all right as he would keep it bent up. (He demonstrated with the figure). He then put the figure on the floor to stand up and said there was a lady coming, and she would say "Whee-ee!" (Talking as if she were thrilled and amazed). I wondered if ladies liked men to have very big penises, and he said they did. They would say "Hubba-hubba---ding-ding-- because their husbands had one, "and my mother said that when she saw it, when he was going to the bathroom in his mouth".

The therapist followed up this conversation with a simple description of how babies were conceived and born, and how God had made men and women this way so that they could have children in the sexual way. After this discussion
she followed up by saying that men seemed to be able to make babies just as well with small penises, as with big ones.

The play therapy process is vividly illustrated as the above excerpt is examined. First of all there was the drawing out of Tommy's fantasy around the plasticine penis, and the part it played in his imagination. When the fantasy was brought to verbal form, the therapist was able to offer realistic interpretation as to the nature of the sexual act, and the fact that male power was not dependent on the size of the penis.

This interview represented a turning point in getting closer to the real conflicts behind Tommy's problems. The talk and play about babies and the discussion of sex were used to dispel the fantasies. Tommy's talk about the penis, as though it were less an instrument of aggression, and more a means of obtaining applause and flattery (e. g. "hubba-hubba" etc.), marked a small step forward in his development - the beginning of a concept of love and positive selfhood.

Interview Nineteen contains shows further evidence of Tommy's need to dominate; however, the therapist permits him to order her around, but at the same time makes him continually aware of what he is doing and why.

While he was being 'boss', I made him aware of it continuously, and pressed inquiries about 'bosses'. I wondered if people sometimes felt that it would be safer to be a big strong boss, because then you would not have to do what others
told you or be afraid of them. You would be in command. I said I thought children might feel like that if they met rather a lot of people who were unkind to them. They might feel that they must become big and strong to be safe. I said I knew there were some bad people about, though not very many, and some who were unkind to children. Some children did meet these people and perhaps they might feel they wanted to be big strong bosses because of this.

Tommy's need to be the only child, and his feeling about siblings, was illustrated in Interview Twenty-One.

I wondered again why he was breaking so many things today, and said perhaps he did not want there to be things for others to play with. He immediately nodded his head and said "That's right". I said I thought he did not like me having other children besides him. He again said "That's right". He did not look unhappy or anxious, but remarkably aware of himself. I said I knew how hard this was for him and I thought a lot of people felt that way. They would like to be the only one to be loved, but really no one was able to have this. In most families there were more than one child and mother did love other people too. However, we could find people could like us a lot, even though they did things for others also. I added that I liked him very much indeed.

Tommy's preoccupation with sexual matters is illustrated in Interview Twenty-Two, during a conversation which ensued when he was playing with the wetting doll. The therapist's realistic interpretations and warm understanding of his feelings helped him to express his curiosity about sex. Her remark that her husband would not wish other people to see her body was directed towards helping Tommy give up his drive towards sexual possession of the mother person.
I felt moved to remark that I knew some children, who, when they saw how ladies and girls were made down below, and found that they did not have a penis, thought perhaps they had had an accident. (I felt that I had hit the right spot with this remark). I went on to say that of course this was not so, that all girls and ladies were made this way and that men had the penis to put in the women's holes. Tommy nodded and said "I know". Then he said, "I'll tell you what, we'll go to the toilet - when you want to go, that is - and I'll come and look down there" (pointing to his own genitals). I said he meant he would like to look at how I was made there, and he nodded. I said that this was like the time he had wanted to look at my breasts. I knew how he felt about it actually, but supposing I drew a very big picture just like I would look? I also put in the remark about my husband not wishing other people to see my body, just as I had in that earlier interview.

In the next interview, Tommy's need to dominate is shown as lessening. He is beginning to comprehend a situation where one does not need to be 'boss' all the time.

He called me 'Servants' and told me to fetch him a small box. He explained spontaneously that 'Servants' meant I had to do everything he told me. I noted this in the usual way, and then wondered if I would call him 'Master' in this case? He understood this at once and said "Yes", but a few moments later said sometimes he would call me 'Master' too. I said that we would take turns being the one who ordered, and that it was like being boss. He agreed and I felt it was quite plain to him.

The fact that Tommy still retains many of the feelings common to children during the toilet training period,
is illustrated in Interview Twenty-Five, when he and the therapist are in the bathroom. At this point Tommy expressed an urgent desire to defecate on the floor rather than in the toilet.

He then suddenly said could he do it on the floor? Just this once? He seemed most anxious for me to agree and pleaded again. I thought for a moment and said "What about getting it off the floor again?" He said he could do that easily, so I agreed. He thereupon proceeded to move his bowels on the floor with quite a lot of concentration and an appearance of great satisfaction.

The confidence which Tommy now feels in the therapist as a mother person, as well as his unconscious desire to be a baby, is shown in Interview Twenty-Six. The therapist made him aware of his feelings, while at the same time accepting them.

Right at the beginning of the interview, while he was still wandering around examining the changes in the room, Tommy went to the half-open drawer into which he climbed, asking me to help him. I agreed, and he had me shut it up with him curled up inside, and then immediately opened again, himself lifted out at the same time. He seemed to take pleasure in having me lift him. I made him aware and commented that he was having himself tucked away in the drawer, shut up inside, and I wondered if he felt that was fun to do? He did not reply.

Interview Thirty contains further illustrations of Tommy's need to be a baby.

Early in the interview, when he was preparing a drink for me, he asked if I would like some warm milk. I said that milk was something that babies needed a lot, and as I said this, Tommy began
making a funny little wailing noise, and said in an aside "What is it, baby?"
He did not answer my query when I asked him about this, so I said babies needed milk very much when they were tiny, and sometimes if their mothers did not give them enough they would feel hungry and unhappy all the time. Sometimes when this happened a lot to a tiny baby, they got into the way of feeling as if they were hungry for something all the time, even when they grew bigger. They might really have plenty to eat, but somehow right inside they would feel as though there were something they wanted all the time. Really what they felt came because they remembered, way down inside, the hungry feeling they had when they were tiny. A tiny baby could not get what it needed for itself; it could only cry and wait for its mother. As we grew older, however, we were able to get things for ourselves and to ask people for what we needed.

At this point in the therapy, it was decided that Tommy had improved sufficiently to warrant being moved to a new foster home. He was fearful and did not want to talk about the move. The therapist, in reassuring Tommy, again made use of media chosen by the child.

I said I wondered what he felt about going to a new home, and what it might be like. He looked agitated and told me not to talk - we should play something. He thrust the harp into my hands, and said "You play - play something you know, not what I know, something you used to play when you were a little baby". He curled up close beside me on the table where I was sitting. He had an air of great need, and I found myself searching frantically for the right inspiration.

I strummed the harp gently for a moment or two, and then I started quietly - "Once upon a time - that's the way all stories begin, isn't it? Once upon a time there was a little boy.....he was not always very happy, in fact he was often very
unhappy....and then by and by he came to a place where he was happy, and he found friends who were nice to him.....and then the time came when he had to go somewhere new again, and he was very frightened.....because he thought if he went anywhere different it would be like it was before and he would be very unhappy.....but this was not so because he would be happy in new places too.....there were other people who would be friends and he would still see some of the friends he knew now....and wherever he went it would never be as it was before....and he himself was older and understood more things and would know better how to be happy.....he would never again be as unhappy as when he was little."

I strummed as I said this, giving as closely as possible the feeling of a song narrative, so that my hesitation as I went along fitted quite well, I think, into the general atmosphere. As I searched for further words, Tommy took the instrument from me and said "Very good - that was very good."

The therapist constantly emphasizes Tommy's feelings about people, separating his angry reactions from his affectional reactions, while accepting both.

Towards the end of the session, I patted Tommy on the shoulder in a friendly way. He said "Don't do that!" I said he didn't want me to touch him and wondered why - did he think it was 'sissy' or something? He said "Yes" - he did think it was 'sissy'. I said it was a thing grownups did to each other when they were friends, however, and that I would do it to a grownup whom I liked. Tommy said "I know that, but I don't like it". I thought a moment, and then said perhaps it might give him a funny feeling? He said "That's right, it makes me feel funny inside - I don't like it". I said quietly that I thought being friends with people could give you
a funny feeling, just as being angry
with people could also do - but they
were different sorts of funny feeling.

Throughout the therapy, Tommy plays out little
stories of his own improvisation. In Interview Thirty-
Four, for example, Tommy tells a story about a group of
horses in a field, and the therapist uses this to help
him understand the process of growing up.

One little horse (a foal) ranaround
whinnying for someone to carry him on
their back as he could not swim in the
depth water alone. After trying several
of the horses for a good size, Tommy
eventually got the little one fixed on-
to the back of a slightly large horse,
and he was left there during the game.
I commented that the little one felt it
needed help, because it was too small
to swim by itself, and that the bigger
horse was carrying it. So little ones
did get helped in different ways by
stronger ones, and later they would be
able to manage for themselves.

The therapist, in Interview Thirty-Six commences
a deeper interpretation to Tommy. By now, through the ther-
apy, he has accepted the therapist as a loving mother figure.
A great deal of his hostility has disappeared. The mother
is no longer a hostile person, but rather, a giving person.
It is necessary now to 'wean' Tommy, so that he is able to
differentiate between the amount of love a child needs when
it is so helpless, and the compensating strengths that a
person acquires through growth. The therapist is paving the
way for the fact that, from now on, she will not be giving
Tommy as many little gifts of money, as had been her custom.

Sometimes when people had been un-
happy when they were little, they had a
feeling inside that a real Mum would be someone who gave them all they wanted and would never say no, and they thought perhaps somewhere they could meet one like that. I said really nobody was like that - even the nicest Mums could not give all the time - that was the way people were. And I said everyone I had ever known got mad at their Mums sometimes because they did not give them just what they wanted, or wanted them to do things they didn't like. This was quite natural, and people got along together just the same. As Tommy pocketted his twenty cents, I remarked that it was a lot and I was giving it to him today, but that I should not always be giving him something from now on. I said we were friends and I did not give my friends presents every time we met. I repeated that I had been glad to give things to him because I liked him very much and he seemed to need them. Now, however, he was growing older and he would be able to understand why he was wanting something all the time.

Tommy's need to express himself in an aggressive fashion is interpreted by the therapist quite directly now.

I started to speak about his feeling that he wanted to be very strong when he was feeling unhappy inside about something. He said "I'm strong too", and proceeded to demonstrate it by climbing up the shelves. I said I thought he was quite strong - just as strong as any boy of his age - but that I didn't think it mattered so much either way. I said I did not think people liked others chiefly because they were big or strong, but for other things - their friendliness, and the way they liked to be together, and do and share things. I said "I like you very much, Tommy, and I should not like you more if you were a lot stronger or bigger". A little later when he was walking on top of the cupboard, I wondered if he had been thinking when he 'peed' in the doll's mouth, of the way in which men put their penises in women's holes to make babies? I said of course
it was the doll's mouth he had used but they were both holes, and I wondered if he had been thinking inside that he wanted to be a big man. Tommy did not say anything and I went on with further remarks about it being all right to be his own age and that I did not think he needed to be so much bigger.

The therapist has been preparing Tommy for the fact that she is leaving. In Interview Forty-Two, she tries to express the idea that, although she is leaving, she does not want him to feel rejected.

Then he went back to the drawers and I had a chance to remark that I wanted him to know that I did not want to go away from him at all - that I liked him very much and enjoyed coming to play with him, but that as he knew, I had a husband, and he had got a job in a distant place - so we had to move there. Tommy nodded, and then when I said again that I was sorry not to be able to see him anymore, he looked up, and said in a very friendly way "And I'm sorry not to be seeing you anymore." His tone was very sincere and mature.

In the last interview, that is Interview Forty-Three, Tommy seizes his final opportunity to be a baby.

Once established in the shade, Tommy settled down to a comfortable baby play. He adopted a very babyish voice with baby words and began by calling "Mummy, - ditty, ditty". He gestured to the water and then asked in an ordinary tone if I knew what he meant? I said I thought he was the baby asking for the 'titty' for the feeding bottle. He said that was right, so I prepared at once to fetch the little bottles from indoors. He was very pleased that I had everything filled and ready. I said I had them all filled for the baby - mummy would want to have a feed for the baby when he was hungry. Tommy began sucking hungrily and turned out to be a voracious baby, quickly getting through one bottle and wanting more and more. I commented on how
hungry the baby was and how the mother was seeing that it got as much as it wanted to eat. At different places I threw in remarks about how almost all mothers were kind and loving like this and gave their babies what they needed. Sometimes they might be a bit cross or stop the babies doing something, but mostly they wanted to do a lot for them and make them happy and comfortable. Tommy played with some of the other toys while he lay in a blanket, smiling happily and talking in baby language.

After this phase of expressing himself as a baby was over, Tommy made a last effort to act out his sexual fantasies.

I asked if he would tell me about this thing he wanted to do, so that I would know whether it was something we could do outside here? Tommy accepted this suggestion and proceeded to play out an intercourse scene with the two dolls. He repeated the scene several times - the man doll was placed on top once, but mostly it was the woman doll. I made just a few factual observations at first, and then by and by I said I thought this was something grown-up men and women did together - it was something Tommy had seen fathers and mothers do. He said "yes" outright to this, and then began to look a little self-conscious. I said in a very matter of fact and friendly way that people who were married and lived together did play games of this sort quite often - they did act just as he had shown me with the dolls. This had to do with their making babies and also because they loved each other.

In this last interview, the therapist makes a last interpretation to Tommy.

I said that we had done many things together over a long time and that I knew sometimes he got frightened, and felt that people were being mean to him or did not understand, and it was when he got frightened
that he acted in ways which people outside did not approve of. I said that it would be better if he could tell some of his friends when he felt unhappy, and ask them to help him in some way, and that if he could do that I was sure he would find they did something for him.

Tommy was finally moved, August, 1949, to a foster home which provided an understanding mother and a particularly sympathetic father, who spent considerable time with him. Here, Tommy's sex play has ceased, and he seems happy and secure in the home. The foster parents are anxious to adopt Tommy, but to this date have not been able to contact his father, whose consent is necessary. Had this problem been worked through earlier with the parents, Tommy's future would be more secure. However, Tommy is now a fairly well adjusted eleven-year-old boy, doing well in school, and making considerable strides forward in his adjustment with other children.

A Review of the Treatment Process in this Case

It is possible to observe in this therapy situation, both the general technique, which is used with all children, and the particular technique used to help Tommy with his specific problems. The therapist, during the whole treatment period, builds up his strengths and seeks to guide him towards an acceptance of himself and outside relationships.

The first few interviews were concerned with developing the relationship. Through being permissive to the child, yet setting such limits as were necessary to keep the play within bounds, Tommy was eventually able to accept the therapist
as a mother person. Remembering that one of Tommy's basic difficulties was hate for mother figures, it is possible to see that once the relationship has been established, the therapist has set the stage for future healthy development. Tommy's second disturbance being in the realm of his sexual fantasies, the ameliorating treatment is shown quite clearly. Again and again, Tommy plays out his intense preoccupations with sex. On each occasion, the therapist makes him aware of what he is feeling and explains to him in simple terms the exact nature of his sexual fantasies. Through continual acceptance of his display of his penis, she diminishes its importance, constantly stressing the fact that he can gain recognition in other ways.

Play therapy rules include the general tenet that a child is not allowed to keep any of the objects he plays with in the play room. It must be remembered, however, that the method is not an inflexible one, and may be varied with the particular child concerned. Tommy's problems were deep ones, and in order to develop a mother relationship it was necessary to vary the rule in his case, and allow him to take some toys from the play room to provide him with a carry-over to outside relationships. With another child, not so emotionally deprived, the rule of not retaining play room articles would have been appropriate. In Tommy's case, however, the early relationships had been so unsatisfactory that a certain amount of seduction, through gifts, was necessary.

In his case, too, he was permitted to regress to an early level of development - to a phase where he was
completely the baby, in an effort to satisfy the initial, deeply-felt insecurity feelings. The therapist, however, made him completely aware of what he was doing and, while giving him satisfaction on that level, emphasized his growth and lessening need for such pleasures.

At the present time, Tommy is by no means a completely normal child. He still has difficulties in mixing and playing with other children. On the other hand, his sexual preoccupation has decreased in intensity. The sex play and masturbation has discontinued. Tommy is now entering into puberty and into a phase when the sexual instincts are heightened. He has been given a base of understanding of sex which will prove invaluable to him. At the same time, he has been given an awareness of his own feelings, and of his relationship to the world about him, which will act as stabilizing agents in the awakened turmoil of puberty.

The whole treatment process with Tommy approximates Dr. Frederick Allen's method of helping the child to help himself. The relationship, as used in this case, provided the medium for making conscious, Tommy's unconscious trends and drives, for recreating the past, and generally releasing the anxiety bound up with his earlier experiences.

Such a child required highly skilled treatment. The therapist who conducted the treatment given to Tommy was a woman who had studied the process intensively in England. The process as shown in this case is of very high calibre - at a level towards which subsequent therapy has been aimed, and for this reason it has been described in considerable detail.
Two Cases which may benefit by Play Therapy

Many children are deprived in their early relationships, just as Tommy was deprived. What happens to them? Ronnie Trenton is another little boy who needs help very badly, but for whom therapy has only just been initiated. His example is illustrative because it shows the great amount of work it will take to help him.

Ronnie was completely neglected during his early years. He was left alone for long hours, and both his father and mother were very strict in his early training. Now twelve years of age, he is enuretic, masturbates, and engages in sex play with his brother and sister, as well as other children in the neighborhood. In addition, he lies, steals, and is cruel to those smaller or weaker than himself.

Physically, Ronnie is an attractive boy, with an ability to 'win' people; but once he has secured what he wants, he has no particular feeling for them. There is no doubt that Ronnie is a child whose personality is damaged. Having had no early experience of warmth and love, now as he grows up, he does not really know the meaning of affection. The child who has not been "given to" has no standard of what love means. How can he be expected to give, when he has never received?

Perhaps the therapy relationship may be able to reverse the trend his development is taking, but it is quite possible that it is too late. The super-ego structure is almost completely absent. Without treatment, this boy
will probably join the ranks of the psychopathic criminals, to be a burden on society for the rest of his life. With treatment, there is a possibility that he will improve. It is because, in Ronnie's case, the consultant psychiatrist thinks there is a 'fifty-fifty' chance, that treatment is being initiated.

There are, however, many children with personality deficiencies similar to Ronnie's, who are not receiving treatment. The facilities for treatment are insufficient, and the expense and time involved render extensive therapy an impossibility. An observation centre would be helpful in these cases so that a reasonably accurate diagnosis might be made. Secondly, the need is great for a treatment centre for these children so that they may be given the opportunity to become useful citizens, rather than deprived creatures who are prey to every whim of uncontrollable impulse.

Dennis Green, who came into the care of the Children's Aid Society three years ago, is another example. Now ten years old, Dennis has been running away since he was a very small boy. He lies consistently about his running away, and begs from strangers. Mrs. Green, Dennis' mother, does not care about him. She married his father because Dennis was on the way, and has always resented the boy's place in her life. Mrs. Green is a person who was very closely tied to her mother. She has considerable unconscious feelings about being a woman and also about the fact that, through motherhood, she was forced into a female role. She has always preferred to work and finds that Dennis hampers her in
earning her living.

When Dennis does run home to her, Mrs. Green is quite indifferent as to his welfare, and will not make the slightest effort to look after him. The child, however, has not given up his mother. She represents his first and only strong, if negative, relationship, and he goes back to her time and again, seeking what he has never really had.

The records indicate that Mrs. Green was extremely vague about Dennis' early development. It appears that her mother cared for Dennis at times during his first three years, and after her death he attended a foster-day-care home irregularly. For the past two years, he has been in a foster home which has not provided him with the emotional warmth he needs. It was January, 1951, when the foster family demanded his removal. The stated reasons were that the Childrens Aid Society had failed to do anything for him - and were, in effect, neglecting him.

Dennis was moved back to the Receiving Home. He asked to go to a home where he had previously spent a short time. During his stay in this home, Dennis had trouble with a new school principal, who was determined to reform him in a few weeks. Shortly after this difficulty, the child refused to return to school and ran away downtown instead, riding the elevators in the stores by the hour.

When Dennis was returned to the Receiving Home again, he showed overt anger. He struck back at other children and the Receiving Home staff, as well as his worker. He said no one liked him, and he liked only his mother.
Dennis' mother, however, thinks differently. As far as she is concerned, he is the cause of much of her unhappiness. She desires freedom as she thinks a man has freedom. Her anger is transmitted to her male child, who is a representative of the sex she believes is more privileged.

Dennis' father, a relatively stable person, could help in this case. Although he is living in a common-law relationship at present, he will marry as soon as his wife will give him a divorce. The danger is, however, that Dennis might try to find both a father and mother person in Mr. Green. He could move into homosexuality, if the father regarded him as a child too long, and it is probable, as well, that he would reject his stepmother unless he was given a great deal of help in this connection.

Dennis has an intense emotional involvement with his mother, and wants a satisfying mother person who meets his every need. Thus, it is believed that his development is arrested in the oral phase. Although he represses his hostility to his mother, feeling safer thereby, he displaces his hostile feelings onto his worker and other people. His needs are acted out impulsively; and he is not able to "take" a frustrating situation. Instinctively knowing that he meant very little to his mother, he feels very inferior, rejected, and powerless. People, in his life have meaning only in regard to his feelings for his mother, so that he has little real relationship with anyone.

Prognosis, even on treatment, would be guarded, for such a youngster would likely use people, be anti-social, and
continue to operate on the pleasure principle. Treatment, in his case, would probably have to last two or three years, and in addition, there is the problem of his care during this period unless a treatment centre were available.

Dennis has been in the care of the Society for nearly three years. Had it been possible to institute therapy for him at an earlier date, much of the initial work might have been now complete. The play therapy project, however, was barely initiated in 1948, and scarcity of facilities for carrying out the work are realistic limits in the situation. Three years could have made a great difference in Dennis' future, had there been an observation centre to provide the means for a diagnosis in his case at the time he was taken into care. A more careful selection of foster homes suited to his particular needs could have been made, and casework help, though less intensive than therapy, given to him on a 'play-interviewing' basis.

Perhaps Dennis will now receive treatment, but there may not be room for him. The project is a limited one, and skilled therapists are scarce. Expert casework is required also, so that Dennis' mother may be helped to understand his needs. Actually, such an understanding may be impossible for Mrs. Green. Emotionally, she is a child herself. The record provides ample evidence of her particular difficulties. A skilled caseworker, with sufficient time at her disposal, might have contributed greatly towards her development, either in assuming her maternal role, or in helping to cut the neurotic ties with which she binds Dennis to her. The records do not indicate that a sufficient attempt has been made.
Play therapy is not carried on in a vacuum. Work with parents is the supportive medium. Before play therapy, however, is used as a treatment plan, it is necessary to remember the invaluable nature of good casework with children and parents. The difficulty with problem children, it is said, often originates in parental disturbances. Treatment may not be necessary where adequate casework is done. Thus, where treatment facilities are limited, as in the project being studied, the importance of casework cannot be too strongly emphasized.

Although casework with parents, foster parents, and adoptive parents, may include work around personal problems when required, the major difference in dealing with these three groups lies in the parents' feelings of guilt. The real father and mother may feel that they are the cause of the child's problem. However, this point is only one example of things that must be considered in a casework relationship. There are many other concepts, an understanding of which is included in the particular skills so necessary for workers dealing with child placement and parental difficulties. For instance, placement of a child with Dennis Green's problems, could not possibly be successful unless the worker formed a strong positive "bridge" relationship with him, and prepared a carefully selected foster family to accept his regression, while at the same time giving him sustaining affection without expecting a return for some time. Such a preparation is an essential in all good casework related to the particular field of child placement.
Chapter IV

The Child with a Habit Disorder

Jennie Morton was born December 15, 1938, and admitted to the care of the Childrens Aid Society on non-ward basis December, 1939. On the surface this little girl seemed to have received all of the care requisite for normal development, yet symptoms formed which are commonly associated with a habit disorder. The background of this child, including that of her mother and foster mother, will be examined so that an estimate may be made of the factors leading up to her problem.

Dorothy Morton, Jennie's mother, was first interviewed by a worker of the Childrens Aid Society on the occasion that she was brought to the United Church Home by her father, for medical care and confinement. The story she told was that she had always lived with her parents who ran a rooming house in a small city near Vancouver. When the worker asked her for information, she named a putative father; but she finally admitted that she had been having intercourse with her own father and brother over a period of years. Although it was impossible to corroborate the evidence, there seemed little doubt that Jennie was the result of an incestuous contact between her mother and grandfather.

Four weeks after her birth, Jennie's mother dropped out of the picture, and was not heard of until twelve years
later, when an attempt was made to contact her so that permanent plans might be made for Jennie in the form of wardship by the Childrens Aid Society. It was found that in the intervening years, the mother had married, made a new life for herself and what seemed to be an adequate adjustment. Through a long and difficult contact with the mother, Jennie was eventually made a ward. The reason for this action was that she appeared to be a very disturbed girl who had developed a most withdrawn personality.

The years between the time that Jennie was first placed in the care of her foster mother, when she was four weeks old, will provide a part of the answer to the total disturbance picture. The records do not provide sufficient details regarding the child's early development, but suggest that during the first few months in the home the child seemed to adjust quite normally with no particular feeding difficulties. She was fully toilet trained in the daytime at fifteen months, for the foster mother was a rather rigid person in regard to toilet training. Although the comment was made at this time that she did not play with other children and seemed quite lost when they came to her house, such behaviour would be relatively normal at this age. Insofar as her sleeping habits were concerned, it was stated that she was inclined to be 'fussy'. Considered altogether, the comments that were made regarding Jennie's early habits, suggested a quite normal child. The concern that the foster mother showed in regard to normal development of the child might well have been the focus of the problem at this point.
When she was just over two years old, her tonsils and adenoids were removed, as she had been subject to several colds and a very sore throat. Three months later Jennie was troubled with a very sore eye, but when she was brought to the clinic nothing was prescribed as the eye seemed to be in normal condition.

At two and a half years of age the child ran a persistently high temperature and coughed a great deal. The foster mother commented at this time on the trouble she was having in overcoming Jennie's desire to suck her thumb. The worker accentuated this difficulty when she suggested that the foster mother should stiffen the elbow joint so that Jennie could not get her hand to her mouth. A few months later when she was brought to the clinic, Jennie was found to be in good condition. She had stopped sucking her finger and foster mother said this had been accomplished by keeping gloves on her hands.

An examination, when she was nearly four years old, indicated that development seemed normal. In fact, progress seemed satisfactory until Jennie was nearly five when the foster mother, for the first time, indicated a concern over the child's frequent enuresis and wondered if there were anything wrong with her. Jennie had become very self-conscious about her enuresis, for she wet her panties when at school and had to come home at noon for a clean pair. The foster mother stated that she did not punish Jennie for her failure to control herself.
A medical examination stated that the enuresis was "organic" and a prescription was provided. There seemed to be some improvement in the situation organically; however, at school her rating in Grade II showed behaviour as 'good' but retarded her to this grade because of immaturity.

At the time when Jennie was nearly nine years old the first real contact was made with the foster mother. It seems obvious that although contact was maintained over the years, the degree of the problem was not brought out. The records dated October 22, 1947, state that "worker took the time on this occasion to sit down and really listen to the foster mother. She is a young woman inclined to be a worrier and excitable, worker thought ..... she talks very fast and jumps from subject to subject, and worker felt that in her conversation she gave the impression of favoring the other foster child in the home ..... who she said seemed to "act more normally than Jennie". As an instance of this she mentioned that she could have candy in the cupboard for months on end and Jennie would never mention it or ask for any, whereas Johnnie, the other child, would pester the life out of her until the last bit of candy was gone". A Child Guidance Clinic examination was discussed with the mother at this time and she brought out the idea that children who went there must be either dull or queer.

The worker felt that the foster mother was inclined to identify herself with the children, as she talked at some length about "the poor little things, and she knew how they
must feel as she had been out of her own home when eight years old.

Jennie's lack of adjustment at school was accelerated when the child became quite anxious over an incident that occurred a month later. She came home to her mother and stated that the teacher had told her in front of the class that she was using the toilet as an excuse to leave the room, that she was no 'good', and would never be any good. A visit to the school did not substantiate the accuracy of these remarks, but the teacher was quite defensive on the subject of Jennie's adjustment and mentioned the fact that the child seemed to expect special privileges. "The teacher remarked that she could not see why there was so much fuss being made over one child, and worker had to explain considerably so that she might understand the agency's desire to help both Jennie and the school". The teacher became more affable towards the end of the conversation and expressed a desire to cooperate.

Jennie's case was reviewed by the consultant psychiatrist in January, 1948, and the significant phases of her development were considered, in an effort to understand the present lack of adjustment. Firstly, it was believed that undue stress had been laid on her thumb-sucking. Secondly, the matter of toilet training was evaluated and it was decided that too much importance had been placed on proper functioning, so that the child might unconsciously be blaming the person who trained her, or it might be a
turning in of the blame on herself. Thirdly, in regard to the school problem, "it was felt that this child still had some unsolved problem between herself and her foster mother, so that the school situation added to it. The history would indicate that she is not happy or independent. She is only independent in a negative way. She really wants to be with other children but cannot hold her own. She needs love and gets management. In her foster home there appears to be efficiency combined with a tenseness of atmosphere. Because the foster mother is worried and anxious the child feels she cannot depend on her".

The comment was made that this child was not being helped to grow up and general discussion around this point was to the effect that such children often grow up hating the parent who puts them in the position of not being able to stand on their own, and that they had a need to remain a baby because only as such do they receive the attention they want. It was mentioned in addition that the foster mother's own problems were still unsolved and that she was using this child to try to solve them.

There was considerable discussion about how to work with this foster mother, and it was felt that considerable use could be made of her intense interest in health, to the extent that suggestions could be made to encourage her to be conscious of mental health.

The fourth area of difficulty hinged on Jennie's sleeping difficulties, and it was suggested that this child showed fear of the world in this symptom, and should be
helped to realize that it was not such a threatening world.

Jennie's behavior showed a new development at this period. Although the bed-wetting almost ceased she insisted that she must have her panties very tight-fitting so that they were moulded into all the creases of her body. She was most unhappy if they were not tight and would stand up and fidget around. At this time "worker told mother that there was a danger in concentrating too much on this habit and tried to help her relax, be less tense, and not constantly on the lookout for such behaviour".

In June, 1948, the foster mother became very concerned again, regarding Jennie's enuresis, as it had grown steadily worse, both diurnal and nocturnal. During the interview in which the enuresis was discussed, full attention was given to the foster mother's own problems. Apparently she had considerable anxiety because of the fact that her mother was committed to a mental institution with the diagnosis of schizophrenia. The worker was able to offer some reassurance in this matter, and the foster mother appeared to gain security through the discussion.

The interview as a whole, however, proved unsatisfactory. The worker's comment on November 26, 1948, indicated that "worker had a very unsatisfied feeling about the interview. Whenever worker suggested something to foster mother, foster mother had always tried it, or was trying it, and the fundamental question of the relationship between the mother and Jennie was untouched".
During a further interview on February 23, 1949:

Worker said once more that Jennie seemed to be a restless child, the sort that one must never be impatient with. The foster mother said rather rudely, that she was not always as patient as she might be and then Jennie got confused and lost her head, so to speak. Worker said that it was very difficult to be patient at all times and she could understand how foster mother felt. At the same time, she felt that if foster mother was impatient with Jennie, she was in danger of just making the whole situation worse.

Foster mother stated that Jennie's absent-mindedness has also continued. For instance, foster mother said, she is asked to wash her hands before she sets the table and she always forgets to do this, which irritates foster mother. Worker wondered if perhaps foster mother was telling her to do things too often, and that therefore, Jennie was turning from doing them at all. Foster mother said this could be, and certainly seemed to have a consciousness of her own rather nervous personality. Foster mother admitted she found day-dreaming extremely irritating and hard to understand, saying that she had never been this sort of person herself. She and worker laughed over this, both of them agreeing that it was no good trying to turn Jennie into another kind of child.

Foster mother said she did not think that Jennie would 'get very far'. Foster mother seemed to be seeing the children as they would be in the future instead of as they are now and getting enjoyment out of them now .... Foster mother also spoke of how hard it was to get Jennie interested in anything. She is not nearly as interested in dancing as she was at first .... The interview ended on the same friendly basis. Worker again had the feeling that the problem had been skirted and not touched.

In December of the same year the foster mother became intensely interested in the religious group known
as Jehovah Witnesses. She said "that Jehovah Witnesses gave so much meaning to life", indicating that she had at last found the answer to a lot of things. But, despite this newly-found concept, the adjustment between the foster mother and Jennie became more precarious and, November 24, 1949, she telephoned the agency and informed the worker that Jennie had been home from school several days, and had been suffering from crying spells. Jennie refused to go to school, saying that she did not want to leave her foster mother. These crying spells continued, and when the nurse visited the home, it was noted that the foster mother kept saying how upset Jennie was, but all of her comments were made in the presence of the child.

Apparently foster mother had given Jennie the idea that she could accompany her to school, and Jennie had asked her if she would go right into the school room and stay in the class with her. Foster mother telephoned the principal to see if this was possible, and of course the principal refused.

Very minor description is given in the records of the foster father. Any mention made of him, merely indicated that he played a rather 'neutral' role in the whole situation.

December 9, 1949, when Jennie was almost eleven years old, a Child Guidance Clinic was held to confer on her case. The Clinic took a very serious view of Jennie and said of her: "She appeared so very disturbed emotionally that it
was strongly recommended she should have private intensive psychiatric treatment". Jennie displayed a fear of growing up, a shallow superficial reaction to people lacking sincerity, and a marked decrease in her outside interests.

Jennie's case has been described in considerable detail for two particular reasons. Firstly, this child, in her early problems of thumb-sucking and enuresis displayed the typical habit disturbance symptoms. Secondly, as habit disturbances are intertwined with an early dislocation of the proper mother-child relationship, a description of the early background was essential so that formation of the disorder might be followed to some extent. Details of the full development of this pattern are, however, lacking in the records.

This case, then, illustrates how habit formation may be accelerated by inadequate environment and parental relationships, to a point where neurotic traits emerge. The symptoms having developed over the period of eleven years, it is possible to understand how treatment of such a child would be slow and exacting.

Play Therapy Treatment

The treatment commenced January 26, 1950, and has continued until the present, a total of thirty-four interviews. Previous description of the case has indicated that Jennie was a child who was particularly rigid in the area of toilet training and soiling. First definite indications of her difficulties in this area are illustrated in Interview
Three when she is engaged in finger painting.

She then painted pink into the roof, carefully trying at first to fill each square and saying that she did not seem to be able to do this well. I remarked, as I had before, that she seemed to want to make it exact, perhaps it was quite important to her? She immediately painted over several lines at once. She gave me a brush and stick and asked me to clean these. When I turned from the sink she was looking at me in rather an excited way, and had painted a big sun in yellow with about four rays from it. I said that she had done that quickly and she burst into excited laughter and said it was a mess, and began adding more rays to it with a rather unsteady hand.

I said it was a big sun and was interested because it made it look like a hot day. She seemed to calm down at this and added one or two more rays in a calmer manner. She remarked at this point about the sun, saying she did not know why she did that. She then took blue and began painting in the sky with sweeping gestures.

When some paint ran over the red roof she made as if to wipe it off and then decided to let it go. She left the sky for a bit and said she was going to finish the house, and put her brush with blue paint into the brown and began to paint squares on the walls, making an attempt to keep the paint in the squares, but painting so quickly that she went over the edges and missed a lot. She remarked that this wasn't a house anymore. I said that was interesting. She said she was making a mess of it. I repeated that she was making a mess of it so it was no longer a house.

The above excerpt is interesting from the point of view that it illustrates both Jennie's deeply repressed feelings around messing, and the therapist's understanding of what the finger painting means to the child. The therapist's comment "she was making a mess of it so it was no longer
a house" would tend to reinforce Jennie's early training insofar as 'messing' was concerned. Perhaps it would have been wiser for the therapist to have said "so you think it is no longer a house", and in this way an attempt would have been made to draw out her feelings about the house.

The therapist's comments on this interview suggested that Jennie was actually testing the situation a bit; that for her, painting a messy picture and mixing the colours was the equivalent of a much more active testing on the part of another child. She seemed unable to do any exploring, and the therapist deliberately gave her a lot of help, in some cases anticipating her needs so as to give her a feeling of warmth and interest.

The first seven interviews showed little advance in the relationship with the therapist. Jennie was very conforming and quite agreeable to any play that happened to be suggested in the sessions. Between the seventh and eighth interviews there was a lapse of three weeks. On the occasion of the eighth interview the therapist initiates a discussion of why Jennie is coming into the play room. Such a discussion would have been more appropriate at an earlier date, as is customary in play therapy treatment, but in this case it may have been felt that Jennie was too insecure to permit an earlier focus on her problems.

I sat on the edge of the table where I could watch, and then said to her that this was now the eighth time she had come here to see me and I felt that she might not be altogether clear on the purpose of these visits so I would like to discuss this with her. She put down
her spoon, smiled brightly, and said that would be fine. I went on to say that we all had difficulties one way or another, and there are always times when everybody felt badly or confused or angry, without understanding why they felt this way, and sometimes they could feel unhappy. I understood that Jennie too, might have some of these feelings and I wanted to help her by being her friend.

Here, we could do as we liked, or say anything we liked, and sometimes if we had feelings inside us that we did not know how to handle, we could come here and use the room to try to understand what these feelings were, and in that way could sometimes get rid of them.

Jennie said, "Oh, is that all! Can I have a cocoanut in this too? (She was playing at making a cake, while this conversation was taking place) I said she could have as much cocoanut as she needed and could either use it in or on the cake. She said "I can do anything I want here?" I said "yes, practically anything within reasonable limits. Often there may be things we can't really do somewhere else, but this room is different from school or anywhere else, where we have to follow a lot more rules. However, in coming here and doing almost anything, we can maybe understand ourselves a bit better, and if we are unhappy, find out a little about what is making us unhappy and whether we can do anything to make ourselves stop feeling that way". Jennie said "I wasn't happy last fall", and then quickly turned to mixing the cake. I felt that she had been very venturesome in saying this and it would be wiser simply to smile at her and let the matter go for the present.

This excerpt represents an excellent piece of interpretation in explaining to a child the reason for play therapy interviews. The therapist showed understanding of the situation when she wisely refrained from commenting on
Jennie's outburst about not having been happy last fall. The child's comment, in this instance, was the first verbal indication of the difficulties that lay underneath her outwardly conforming personality.

The security that Jennie is beginning to feel with the therapist, as the relationship deepens, is illustrated in the Ninth Interview. Jennie is again playing at cooking, and the therapist makes additional comments about why she is coming to the playroom. The child does not pick up these comments immediately, but after a time has passed,

She offered a comment about babies, saying she loved babies and the only thing that was wrong was that she wanted to grow up very fast, so she could have babies herself. I said "You want to grow up right away do you?" She said "yes", if she only could, she loved babies. In a moment she amended this by saying she did not like boy babies, just girls. I repeated this and she agreed, and went on to say that she had a lot of trouble with her brother. Her manner was a bit tense and she was smiling rather anxiously at me throughout the conversation, and I thought she was a little afraid of my judging her in anyway. I said that often boys and girls don't get along too well, and I wondered what particular difficulties she had with her brother? She said "Oh, you know, he's bossy and he wants everything". I said I could understand she would find it difficult if he was like that; it would make it very hard for her. This seemed as far as she was able to go at the time, and there was no further discussion in this interview about her personal problems.

Jennie became a little more aggressive in the Eleventh Interview, and indicated her inability to compete and her need to excel. The therapist makes no comments at this point, on her obvious desire to favour herself, as it
was felt the relationship was not secure enough to venture any remarks that might be considered criticism by the child.

She was very pleased each time she caught a ball and was ready with excuses about it being too far from her when she missed it. The play was quite active, and after a short while she decided she wanted to play ball and took the bat, having me act as pitcher. She wanted me to throw the ball right at the tip of the bat, and for a time had me standing rather far back, so that in order to get the ball high I had to throw rather hard. After quite a long period of my pitching to her, but with no counter strikes, she said it was now my turn. I said "You feel I should have a turn at that?" She said "yes, of course". I said that would be fine, but if she preferred to be batter, I would enjoy that too, and she was to do as she wanted. However, I had a turn and hit two or three balls, but missed a number. She seemed very pleased to have me miss the balls, and a little accusing once or twice when I hit it fairly hard. She then said it was her turn again, but after a few minutes of that decided she would play baseball.... She then had a long turn at bat, and the rules she laid down proved to be very elastic. If I got to home base with the ball when she was still at the step, then she could return home to start batting, but if I could tag her while she was between bases she would be out. She contrived to put the blame on me when she ran up to five strikes - this was obviously because I did not throw the ball well.

During interviews twelve, thirteen, and fourteen, Jennie played out a school situation in which she was the prim, fussy teacher, who insisted on exercises being just right. The psychiatrist felt at this point that in her play Jennie tended to inhibit everything inside herself. Figuratively speaking, she made "a magic circle, and sat in it doing nothing but being good - in spite of her mother".
The stronger her need to develop became, the harder she held it down inside, so that the greater the tension, the more the vicious circle expanded in a direction which could mean mental illness.

There was an interval from June 3, 1950, to July 14, 1950, during which period the therapist left on holidays. Jennie expressed some anxiety in this connection, but apart from the fact that the therapist prepared her two weeks in advance, there was no alternative to the temporary halt of the therapy.

Some new toys had been added to the play room equipment when Jennie arrived back some five weeks later. One of these toys was a black, plastic camera which squirted water. Jennie played with the camera for a few moments and then the following comments were made in Interview Fifteen.

She then said she would take some pictures. She said at first she would take a picture of me and then exclaimed, "Oh, no, I couldn't, because then you would be squirted with water". I remarked that I had the smock on and possibly a bit of squirting wouldn't hurt very much, so if she wanted to take a picture of me it would be alright. (The psychiatrist suggested that at this point the therapist might have said "You feel if you squirt me you will be bad", thus bringing out Jennie's real desires) She rejected the idea, however, and squirted at some of the pipes, commenting each time that she wasn't very good at aiming. She very carefully held it up to her eye to look through the hole and very solemnly squirted various parts of the room, bit by bit, getting closer to me, finally squirting a bit of water on my shoulder. This evidently made her nervous, and I remarked that I had gotten into a corner of one of the pictures and then told her
not to worry, that I realized she wondered if it was alright to squirt at me.

This play illustrated the deep inhibitions operating in Jennie's unconscious, and it was felt that her methodical attempt to squirt the water was so restrained, as to indicate extremely unhealthy restriction of impulse.

After this interview, school was out for the summer, and the foster mother resisted the idea of bringing her in during the holidays. The result was that there were no interviews from July 14, 1950, until November 30, 1950. Jennie expressed interest in coming to the play room again, during Interview Sixteen. There was, however, considerable doubt as to whether the interviews would be continued.

Two weeks later during Interview Seventeen, Jennie entered into play with the Wettums doll. Her repressions in the area of toilet training are expressed quite clearly. The therapist points out the fact that she associates being dirty with badness. In addition, the psychiatrist suggested that the therapist might have reassured Jennie that soiling wasn't a permanent thing and might be corrected by cleansing in the same way that people were not bad all the way through, and might be helped by releasing some of the feelings they thought were bad.

She then noticed the doll clothing (a dainty white voile dress, a light blue silk slip, and panties) on the table, and we examined them. She held them up against her doll, which was too small, and then, at her request, we rummaged in the basket, finally finding a Wettums doll about the right size.
She thought this was too dirty and she'd wash it. She began scrubbing it vigorously and said something about it being bad. I said "Bad, because it's dirty?" She said "yes" with some vigor and rubbed its bottom especially hard, giggled and glanced at me and rubbed some more. I remarked she was washing its bottom extra hard and she agreed that was dirtiest, giggling.

Some of Jennie's feelings around mother people began to emerge in the same interview. The therapist accepts her reaction to the rubber cow with no comment. For Jennie, such an action is unusual and quite significant.

She again roamed about without at once focussing on any one thing. She noted the table tennis balls and bounced one, intrigued at the sound it made, and then bounced it repeatedly .... She abandoned the ball briefly when she saw the rubber cow. Instead of seeing it as a charming toy, she handled it roughly, saying critically that it was a soft rubber thing and wouldn't stand up. (I took this to mean, it wouldn't last well). She punched it, I think on the udders, certainly on the stomach, with some emphasis, then slammed it back on the shelf. I made no comment on her activity here.

The therapist could have made a comment to the effect that "we all feel like punching people sometimes" in a general sort of way, so that Jennie would feel no guilt about her action.

During the course of Interview Twenty, the therapist refers again to the reason for Jennie coming to the play room.

I took this opportunity to go on to say that we hadn't talked so much lately about why she was coming, and I thought perhaps she understood in part, that it was because often people were unhappy about things - but often their unhappiness was sort of inside them and they needed a good friend to whom they could talk and with
whom they could relax in order to help them see their way out of their difficulties. I spoke in very simple terms and Jennie listened quietly. When I had finished, she said "Do I have to keep coming?" I asked her just what she meant by this and she said, well, her mother and dad didn't feel that she ought to be still coming, and they wondered if she had to keep on coming? I asked her how she felt about it, and she said that she wanted very badly to come. I told her that I felt she should keep on coming and I did hope that she would.

The parental pressures that are operating in Jennie's case, are quite obvious from this excerpt. Jennie's foster mother is threatened by the play room sessions, and unless the conflict between the two situations could be resolved, the treatment was being given at an extreme disadvantage. It is suggested that further efforts to overcome the foster mother's resistance to the therapy, should have been made at an earlier date.

Further instances, in the Twenty-First interview, indicate the neurotic relationship which the foster mother has with the child. Jennie shows a realization of the ties, and tries to express her feelings in this regard, at the point where she is experimenting with some finger nail polish.

She said her mother didn't like any one to use nail polish. However, she could put on the pink, since it wasn't so dark and she would be able to wear that at home, as her mother had come to realize that people do wear nail polish and she may as well accept it. She didn't quite use these words but that was the import of what she said. I made a quiet remark to the effect that her mother was making some necessary adjustments to Jennie growing up and Jennie said "Well, some", and then added very quickly, "sometimes I think she doesn't
like to", and then quickly went on to point out what the nail polish was looking like. I hesitated to pick this up, as I felt it had been rather hard for Jennie to say. I smiled sympathetically at her and said "yes, that was so" in a general sort of way, hoping that she would know I was agreeing with what she had said.

Jennie's early deprivations, in terms of emotional response from her foster mother are brought out later in the same interview. It becomes quite clear that the child has been insufficiently loved in a warm responsive way.

She didn't say anything for a few minutes, and then said something about her mother which I didn't quite catch. She went on more clearly, saying that her mommy didn't like her hugging her. "She hates to have anyone handle her. Sometimes she pushes me away, when I put my arms around her", Jennie said. She amended this by saying "She always does this. Once, recently I put my arm around her, and she said "go away!" I said this must be quite difficult for Jennie. Had her mother always done this? She said "oh, yes. When I was smaller, she'd slap me, but now that I'm bigger, she just pushes me. She doesn't like anybody to touch her", Jennie repeated. I said that I supposed some people were like that, but I didn't think most people were. Jennie said "I like to hug people". I said that was a natural way to feel. It might make a child rather unhappy not to have someone who meant as much as mother does, not wanting to be hugged. Jennie didn't respond directly to this but repeated "I do like to hug someone".

In this situation, when the child was expressing a direct desire to show affectionate feelings, the therapist might have given her permission in a general sort of way by saying something to the effect that "well, Jennie, here in the play room is the place where we can show all sorts of
feelings. There are always times when people want to show how much they like another person".

As the above excerpt is examined, it becomes quite evident that the greater part of Jennie's problem is based on the neurotic and rejecting response of her foster mother. The Christmas holidays, 1950, intervened before the child was expected for the next interview. The therapist presents a gift to Jennie in the last part of the interview.

I had brought her a small gift wrapped in Christmas wrappings, and she said she was going to keep this and place it under the tree. It was still in the wrappings when she left. She carried it quite carefully, and when I was bidding goodbye to her, and saying that probably I wouldn't see her until after New Year's, I added that I would miss her in the meantime, and would be thinking of her, she held out the gift and said, "Well, I'll have something to remember you by in the meantime".

Jennie carried a part of the play room relationship with her, as a symbol of the warmth so denied her in her own home. This was the last interview with the child before the holidays. After the holidays, during Interview Twenty-Three, Jennie is discussing her foster brother, a child slightly younger than herself, who is proving a problem child in the home. She dislikes the brother very much, as he makes many demands on her. As she talks about her brother, she describes the way in which she often makes up stories to amuse and pacify him. While she was talking about telling the stories, she became quite agitated.

She slid quite far down in her chair, finally ending up almost out of it, with
one arm wrapped around the back of
the chair, and the other moving around
rather aimlessly. She said that she
wanted to tell me a story that she'd
thought about fairly recently ....... It
had to do with three cars. There had
been three thieves who took the three
cars. (Jennie was apparently with them
in some capacity.) The thieves had
taken two of the cars right away and
had taken the brake off the third car.
It was this third car that Jennie was
left with ..... The car was equipped
with some sort of button whereby, if you
pressed the button up, the car would
take to the air; if you pressed it down
the car would land, and this car could
drive through anything. She had been
in it, and had been driving along and
had gone right through a barn, in the
process acquiring a horse on the roof,
which remained on the roof of the car
throughout the rest of the adventure.
They drove or broke into an ice cream
factory, and ended up with cases of ice
cream stuck all over the car and they
were eating this. The police chased
them, and they came to a river and
Jennie pressed the button so that the
car flew over the river, and the police
were very surprised and completely
helpless. She went on talking about it
a bit and while she was doing so, she
wiggled around in her seat. I wondered
where the car was going. Jennie looked
a little surprised at this and said
"Away, just away", and when I said "Oh,
it wasn't going anywhere, just away", she
said "Oh, yes" and became a little ag-
itated at this point again. She said
she just loved having these mental ad-
ventures, and she'd like to tell me about
some more of them next time.

Prior to the point where Jennie told this story,
there had been a considerable amount of play with dolls. The
psychiatrist felt that the manner in which the therapist had
played with the dolls, so that the doll children were permitted
to be naughty and dirty had released Jennie sufficiently to
tell her fantasy.
An interpretation of Jennie's fantasy provided by the psychiatrist, indicated that when she "flew away in the car without brakes", leaving the police helpless on the river bank, she was, in fantasy, removing her restraints with no way of helping herself (no brakes). However, it was noticed that in the fantasy she was not really responsible, for 'a thief' had fixed the car so that the brakes were missing. Once the brake was gone, she had a kind of magic control, which might symbolize the idea that if she could escape her mother's control, her own control would make anything possible.

However, the next few interviews showed little movement. Comments included in the introduction to Interview Twenty-Eight were as follows:

Jennie's general case was reviewed at the consultation period on April 6. It was felt that things must come to a head very shortly; that either we leave Jennie where she is, and abandon the play therapy, because she cannot progress on it as long as she is in the foster home, or else we decide to move her.

Visits over a period of three weeks were made to the foster home to evaluate the situation and discuss the matter with the parents. The visiting worker found that the foster mother and father were resisting the play therapy, feeling that there was no problem. It was decided that the foster mother would never accept the idea that Jennie was disturbed and that therefore, she would have to be informed that such was the case, and that Jennie would carry a serious problem into adulthood. The foster mother listened but would not accept this.
Since this time there have been six additional interviews, a total of Thirty-Four to the present time. These have been purposefully carried on at a superficial level so that too much material would not be produced at this critical point in the therapy. It has been decided to move Jennie to the Receiving Home for a trial period of six months, during which the therapy will continue. The case will be reviewed at the end of that time, and plans for the future made.

This is a case, which illustrates the interrelationship between the home situation and therapy. The therapeutic process cannot be adequately carried on, where the environment which created the difficulty remains stationary. A considerable amount of casework was done with Jennie's foster mother, although on a rather intermittent basis, but it was found in the final analysis, that any change in her attitude to the child was highly improbable. The encouragement given in the play room, in contrast to the restrictions at home tended to increase the conflict Jennie already had in her adjustment to society.

This situation is an excellent example of the assistance provided by legal guardianship, in permitting removal of a child from an unpromising reality situation. The right of the child to an emotionally secure future is being protected by the Society in the action taken.

The therapy given in Jennie's case, where the environmental handicaps were so great, indicates the way in which a supportive relationship can be used. It is necessary
also, to point out the importance of moving a child as early as possible from an environment of this kind. This child was exceedingly inhibited; yet through the warm, understanding bond established in the play room she grew to the point where she could make use of the situation to express her inner-most feelings.

Jennie had suffered from early emotional deprivations, so that a disorder including enuresis and a tendency to neurotic withdrawal formed. Little mention is made of these symptoms during the latter part of the case, but it is unlikely they would disappear, except over a long period of time. The habit disorders are formed at a very early age, and in Jennie's case, the situation which created them remained unchanged. As a new environment is provided which makes fewer demands on the child, the therapy may be a means of relaxing the overly strict super-ego, rather than as it is in the situation at present, acting as a conflicting influence. If a treatment centre were available, in which Jennie might be placed during the therapy, the help given by the trained personnel in such a centre, would be invaluable.

The ability of the therapist, in being able to form a relationship with this inhibited and insecure child, whose contacts with society were formerly of such a superficial variety, is illustrated throughout the interviews. The art of making the proper response to a child in a therapy session, is a skilled one. The intangible quality of good therapy, however, lies in the intuitiveness of the therapist, in her manner, and in her expression as she talks to the child.
These qualities cannot be recorded, but in this case the results obtained in breaking through the shell of Jennie's inhibitions, are ample evidence of the therapist's ability.

Two Cases which may benefit by Play Therapy

First information on the case of Janis Cooper, was provided in a social history outline prepared for the Child Guidance Clinic by the Family Welfare Bureau of Vancouver. The opening date was February, 1941, at which time Janis' mother wished to place her two-months-old child for adoption. The mother had decided that neither she nor the child would have a fair chance unless Janis was adopted.

This plan was abandoned, however, and from March, 1941, until five years later Janis was placed in the home of family friends. At the age of five, the child returned to live with her mother, who had in the meantime married. The tentative plan was to adopt her. Two years later, in 1949, the case was opened at the Childrens Aid Society. Janis had become quite disturbed, was lying, stealing, and running away from home, as well as becoming a problem in the schoolroom. At this point the symptoms seemed to be of a conduct disorder. Attendance at school was discontinued and, as the record states, Janis was told she was being kept home as a punishment for her behaviour.

Early history of the child, during the five years she lived with the family friends, is lacking. The assumption is, however, that early traumatic experiences, in all probability provided the basis for the increase in disturbance.
Six months later, further information was prepared for the Clinic.

Janis' running away had increased; she was found to have a number of self-inflicted sores on her face, which she picked with her finger nails or jabbed with any available sharp object; and considerable difficulty was had with regard to elimination. Janis did not soil herself, but moved her bowels in her bedroom and then tried to hide the evidence. There was also some history of masturbation, but the child did not appear to have this habit at the present time.

No action was taken until May, 1951. At this time, a further report was prepared for the Child Guidance Clinic which described a whole new set of disturbances, to which Janis had become subject. It appeared that, following the Clinic consultation held in September, 1948, the mother had again sent Janis to the home where she spent the first five years of her life. A year later the mother requested the agency's help in facilitating Janis' return. A medical examination, given in the foster home, provided no explanation for the fact that the child had disjointed thumbs, although a later statement from Janis indicated that "her mummy kicked her in the basement and pulled her thumbs". The foster mother maintained that it was because of statements of this nature that she had kept Janis, rather than returning her to her mother.

However, Janis was returned to her own home in
July, 1950, much against her will. At this point, her mother stated Janis did not seem to "fit into the family", and she had only brought her back because she "felt guilty" at having sent her away. Her mother stated that she wanted to give Janis more affection, as she had not given her enough before, but she now realized it was of no use. She stated that she had lost her love for Janis.

In the Child Guidance history prepared on May 25, 1951:

The mother said that she had become aware of the patient's masturbation only since moving to their present home about October, 1950. Patient had told mother of her experiences with a fourteen-year-old boy at her foster home. Patient told of sleeping with this boy and of having sexual relations with him. Patient, who used to state that she did not know why she ran away, now told mother that she ran away because she wanted to sleep with the boy. Patient stated that she liked having sexual relations with him because 'it felt so nice'.

Janis is now eleven years old. The school nurse reported that she did good work in school, although she is behind, due to so many absences. She does neat work, and although she tends to be a 'dreamer' there is no evidence of masturbation, or other disturbances in school. However, the mother found it necessary to keep Janis at home. The above report continued with the statement that "mother has kept patient, who is in Grade II, out of school for the last month as she has run away after school quite often recently. She does not eat while she is away, and stays in empty houses and in garages. Patient tells her mother that she goes away to
masturbate, as mother will not let her do it at home."

"In regard to the masturbation, the mother reported that she cannot allow patient to have pencils, rulers, or any similar objects, as she uses them in the act of masturbation. Patient's mother has been encouraging her to keep up with her school work, but cannot continue, as she cannot allow her to have pencils."

Janis is confined to bed, which is an upper bunk, for if she is around the house she will pick up various objects for sexual use. She tends to withhold elimination, and requests to go to the bathroom about every half hour. She has a large scratch on her nose, which she continually picks, and also is continuing to bite her nails.

Very little detail is provided of the stepfather and three brothers. It would seem that the stepfather, though not completely negative in his reaction to Janis, provides little help in the situation.

The mother's plan, if there is no alternative suggestion made, is to either send Janis back to the previous foster home, or to arrange with a couple of doctors to have the child committed to a mental home, although she prefers the latter plan, as she feels Janis' trouble started in the foster home.

This case is difficult to evaluate. Nearly every symptom of the three groups of behaviour disorders are indicated. Lying, stealing, running away, extreme sexual activities, masturbation, nail-biting, skin scratching, and day-dreaming are the symptoms listed. It would be difficult
to find a more disturbed child.

The answer to the formation of these problems would, in all likelihood, be found in the first five years of Janis' life during which time she lived in the foster home. In addition to this, it would probably be found that the time spent with her own mother has aggravated the disturbance. This case has been described, as an illustration of a child who is disturbed in almost every possible way. The most prominent symptoms, at the present time, are masturbation, nail-biting and skin scratching, which may be regarded as indicative of a typical habit disorder. However, in addition, both conduct and neurotic traits are in full evidence, suggesting a multiplicity of causes.

When Janis was eight years old, a conduct disturbance was indicated in the history presented. No steps were taken to help in the situation. Three years later, Janis had become such a disturbed child, that in all probability very little can be done to help her. It is possible that play therapy may be recommended; but at this late date a favourable prognosis is dubious.

The probable sequel to Janis' problem will be in a mental institution or complete sexual delinquency, most likely of a psychopathic nature. This case illustrates the past, the present, and the future need for a treatment centre to deal with children of her kind, so that complete destruction of personality is prevented.

The second child to be described in this chapter, as one who might benefit from play therapy treatment, is
Roy Chadden, born March, 1948. He was made a ward of the Children's Aid Society in August, 1948. The history indicates that he was the third illegitimate child of a working mother.

At birth Roy was small, underweight, and had a very poor colour. He seemed to adjust fairly well in the foster home, in which he was placed, although there was some evidence of excessive screaming. June, 1949, when Roy was a year old, he was placed in a new foster home, due to the instability of the first foster parents. It seems that the foster mother in the first home decided to leave her husband, and made an abrupt departure.

Four months later Roy was admitted to the hospital, with a diagnosis of phimosis, and was circumcised. Following this, there is no significant information in the records until March, 1950, when the foster father said "Roy was like an adult sexually". Apparently the child was masturbating with his wool blankets; he did not use his hands at all. Sometimes, several days in a row, he would have an erection. The foster mother felt Roy's genitals were as developed as a thirteen year old, and that "he seemed to know more than was natural!" It was noted that on each occasion Roy was taken in for an examination, the masturbation ceased for several days. He was admitted to the Children's Hospital July, 1950 when he was two years old.

Work with the parents brought out the fact that there was a considerable amount of marital tension in the home. It appeared that foster father blamed the mother for not being able to have a child of their own, and she blamed him. A more thorough foster home investigation should have revealed a
great many of these details, and the importance of investigating the question of sterility in substitute homes, is suggested.

In connection with Roy's behaviour, the foster mother said "he seemed unnatural in his desire for gratification and satisfaction when he played with her breasts any time he was put in bed with her". Such a statement from a foster mother indicated the need for an interpretation to her regarding the normalcy of such actions in a child.

During the period in the hospital, Roy did not masturbate to any visible extent. A month later, he was placed in a third foster home. A certain amount of masturbation took place in the new home, but to a limited degree. However, at this time Roy began to mistreat animals, and had temper tantrums over minor things, as well as biting neighborhood children. His attention span was short, although the foster parents attempted to encourage his interest in other people. The records indicate that the foster mother gave Roy a great deal of attention, and really attempted to help him with his problems.

Early in 1951, Roy developed a severe case of influenza. During this period, he was very sick and received every attention from the foster mother. However, it was felt that his difficulties lay in a particularly strong need for mothering. Although physically a three-year-old, he was emotionally only nine to eleven months. For this reason, it was believed he should be indulged with a great deal of nursing care, even to the extent of permitting him to go back to
the bottle.

However, during the course of the next three months, Roy's behaviour seemed to become too much for the foster mother. Although, on the occasion of each complaint made about the child, an attempt was made to reassure the foster mother, there does not seem to have been sufficient interpretation given to her so that she might reach a real understanding of Roy's problems. It was May, 1951, that the foster parents decided that they would never be able to trust Roy. His strong sexual impulses were more than they could contend with adequately. The foster mother verbalized her wish for a replacement and requested that a six-year-old child of whom she had previous knowledge, be considered for their home, in Roy's place.

A replacement for Roy, will represent his fourth foster home. He is now three years old and the record indicates that he is well on his way to a disorder which will mould his personality to an undetermined extent in the following years.

What will be done about this child? The pattern for future difficulties is well set. A great deal of serious attention is required to avert a habit disorder which will probably develop into a definite neurosis, if not a psycho-neurosis.

The answer will lie in the availability of an adequate home for him, with foster parents who understand his needs for love and have the patience to cope with his uninhibited impulses. Play therapy with such a young child is quite
tenable, and should prove interesting from the point of view that he is so young. Roy can be helped now. Later on perhaps that help cannot be used.

Resources for his treatment are essential. A desirable foster home and treatment by a skilled therapist are the two main requisites. The case of this child is a real challenge. A three-year-old has travelled a comparatively short journey in life. The next few years are very important. He is entering the phase in his development when the attachment to a mother person will become intensified. Thus, great care must be taken in the choice of a foster father, as well as a warm mother. Otherwise this child may, because of his unsatisfied oral needs, identify with the mother and retain his sexual play on a fixated narcissistic level.

Right now is the time that Roy needs help. The tendency may be to think that a three-year-old will 'grow out of' behaviour difficulties. Such is not likely to be the case. His present difficulties clearly illustrate the need for immediate assistance, and the utilization of every available resource in terms of casework skill and a high level of therapy treatment.
Chapter V

The Child with Neurotic Traits

The cases considered in this chapter are mainly those in which the behaviour disorder is predominantly of a neurotic variety. The classification of 'neurotic' has been discussed in Chapter II, and it has been pointed out that this category does not exclude symptoms which appear also in other groupings, particularly in the habit grouping. However, to facilitate this study, it has been found desirable to concentrate on the characteristics which seem to confine the various cases to the three specific groups.

The first case, in the group of children showing neurotic traits, is that of Teddy Lawson, who received prolonged play therapy treatment. It is not surprising that he should have developed into a child having a disorder of this nature. Teddy's mother had no particular desire to have a baby, so when he was born little preparation had been made to provide him with the kind of attention he needed for normal development. Probably his mother could not have given him the right kind of attention, in any case, for she was young, and needed a great deal of help herself.

When Viola White (Teddy's mother) was eighteen years old, she asked for police protection, and was placed in the Childrens Aid Society subsidized boarding home. She told the worker who interviewed her that there had been incestuous relationships between herself and her father and
brother, before she left home four years previously to join her mother in Vancouver. Since coming to the city, she had been forced into immoral relationships with more than one man on her mother's instigation.

Viola remained in the boarding home for about three months and then it was decided that she should return to her father and stepmother in another province. Considering the girl's statement regarding her former home situation, it is difficult to understand why such arrangements were made. However, the feeling seemed to be that the home with her father offered more in the way of security than anything else available.

When the case was re-opened several years later, Viola had three children, the eldest being Teddy, at that time nearly five years of age. It appeared that Viola had been living with a Mr. Lawson for the past few years and had maintained a common-law relationship with him since shortly after her return to her father's home. Within a brief period after Teddy was made a ward of the Childrens Aid Society, in the year 1948, his mother left Mr. Lawson and entered into another relationship with a different man. Teddy was six years old at this time.

He was made a ward of the Childrens Aid Society because it was believed that he had been completely rejected by both his mother and putative father. No one had ever cared very much about Teddy, and, at the time he was first placed temporarily in the Fifty-Ninth Avenue Receiving home, he was a very confused little boy.
During this placement, it was found that Teddy did not play well with other children, as he was inclined to be 'bossy'. He was quite a 'show-off' with everyone, although he seemed to adjust more adequately with adults than with children. Within his own age group he proved to be a little 'imp', stirring up trouble whenever he could.

After a month, Teddy was placed in a foster home. His mother left a short note for him at the place where his new foster parents went to pick up his clothes. In the note his mother had said "Teddy, be a good boy. I might see you again when you grow up".

With this rather abrupt and disinterested dismissal, Teddy took up his new abode, but not for long. Unfortunately the new foster parents with whom he was placed, had little understanding of his needs, and casework help was not given to build this understanding.

Teddy's behaviour did not help to improve the situation. While he was in this home he regressed quite definitely, for he talked like a small child and seemed unable to follow the simplest instructions. He seemed to be asking for the motherly attention he had never received. The foster parents had not been prepared for regression, and one month later asked that he be removed. The following day he was returned to the Receiving Home, and although he expressed considerable reluctance at having to give up his new home, he had no choice in the matter. The worker pointed out to him that he had had a nice visit, and the foster mother suggested that perhaps he could return again. It is to be questioned
whether such an attitude would be particularly satisfying to a small child who was undergoing his second major rejection by an adult world.

On his return to the Receiving Home, it was found that he was still a disturbing influence, constantly mischievous and disobedient. The records indicate that the matron at the Home found Teddy a difficult child to work with, but it was recognized that she had little understanding of his needs. Although she gradually accepted the fact that corporal punishment should not be used with this child, she found it very difficult to discipline him in any other fashion. His background was discussed with her, but the special skill necessary to deal with such a child was lacking.

Three months later the worker felt that Teddy should be moved, as the Receiving Home was not meeting his needs. It had been brought to the worker's attention that the matron was still using corporal punishment to a great degree in disciplining the boy, and there seemed to be an obvious discrimination against him in the Home.

At this time he was moved to a new foster home, in which the foster mother was a very patient person who seemed to realize that one of the boy's greatest needs was for a mother person. Teddy's way of expressing his deep feeling was to cry a great deal and demand a lot of attention. The foster father did not like having a boy who cried so much. Teddy's continued tearfulness grated on the foster father, a staunch Englishment of the type that believed in keeping "a stiff upper lip". As was to be expected, the
equilibrium of the second home was maintained for a brief time only. It was two months later that the strain became too great and Teddy was sent to the Alma Road Receiving Home. This move constituted the third rejection in Teddy's attempts to adjust to the world about him.

Although this was a different Receiving Home than the former, Teddy's difficulties were of a similar nature. The matron found that looking after this six-year-old child involved a great deal of responsibility. She was constantly having to send people to look for him, and always had to arrange to have someone walk home with him. He wandered along the streets, stopping whenever he met other children, becoming absorbed in their play or whatever attracted his attention momentarily. At school, his teacher found that whatever she was doing, part of her attention had to be given to Teddy alone, in order to control him and keep him from upsetting the whole class. He talked out continually and wiggled around in his seat, annoying the other children, and trying to get as much attention from them as he could.

For these reasons he was not adjusting well at school. The principal was at a point where he was using corporal punishment with the boy, and he felt Teddy was getting more and more delinquent. It was not possible to convince the principal that this child needed another kind of treatment, rather than physical punishment, for he felt that it was more desirable to sacrifice one child for the sake of the group, rather than jeopardize the whole class. In addition
to these difficulties, several times during this period Teddy was found playing with matches, and lighting fires in the basement of the Receiving Home. As these actions, combined with the complete misadjustment throughout the rest of his life became increasingly apparent, treatment was initiated, and October 14, 1949, when Teddy was seven years old, he had his first play therapy interview.

Play Therapy Treatment

This child was very disturbed in all areas, and for this reason no immediate attempt was made to focus the treatment in any particular area. Eventually, however, the pattern which emerged was found to be of an exceedingly deep nature. Very strong paranoidal trends were shown; these trends, being indicated in Teddy's fear that there were unknown forces which were going to hurt him, and that people were going to do something to hurt him, if they knew he was strong. The psychiatrist felt that Teddy seemed to see the world in terms of superior and inferior people and, being so consumed by fear, was unable to recognize the falsity of this concept. In order to get him to accept the fact that it was safe to live in a world where people are equal, it was necessary for him to understand his overwhelming fear and examine the reasons behind it.

A secondary feature of Teddy's problem was related to his fearfulness around sex. It was felt that there was a great need for interpretation in the area of sex, and a general diminution of his castration anxieties.
The diagnosis described him as a child who had suffered in every area through early deprivations. Specific symptoms, apart from temper tantrums did not stand out, the main apparent misadjustment showing in his inability to live with people. This child was not 'at home' in the world, and there was no one able to meet his needs sufficiently to fill the vast gaps created by his early loss of love and the pain received from powerful adults. The initial deprivations had created in Teddy a terrific need to dominate, which served as a defence against his repressed guilt and fear of punishment.

A child with this particular pattern presents a very great challenge to a therapist. There is no particular area in which the therapist can concentrate, for the neurotic traits are formed through deep repression, which extends into all phases of the personality. In Teddy's case there were exceedingly great frustrations. He had no understanding of what a mother was, and in view of this total lack of a mother concept, it was felt that a different sort of a picture should be created. Rather than making an attempt to give Teddy an experience of mother love that had been completely missing, and perhaps encourage what could be a complete regression, the process was directed towards providing an adult 'friendship'.

This choice of friendship, rather than a mother-child relationship in working with the boy, represented an effort to build his ego strength from the point where he
was, rather than taking a chance in developing a transference which might cause too difficult regression. The hostile elements in Teddy's personality were close to the surface, and it was necessary for the therapist to be constantly on guard to forestall any untoward move on her part which might be interpreted by the child as rejection.

In the initial interviews, Teddy exhibited great passion. He picked up knives and stabbed about the room with them, ignoring the therapist for the greater part of the time, and was quite unable to include her in his play or his problems. Because of his need to be superior, he could not admit that he needed any help. He felt that the room was surrounded with ghosts, and that the world was a hostile place, full of vague and undefined horrors. Everytime the therapist approached him, he was irritated and angry.

Interview Three provides an early indication of Teddy's feelings about the people around him. Projection of his own suspiciousness are shown quite clearly. The therapist's response consisted of a gentle drawing out of Teddy's feelings, with a simple interpretation of his dependency needs in suggesting that maybe he would want to be liked by the other children. A discussion of the Receiving Home had been initiated by the therapist, about which Teddy made the following comments.

He said "The kids in the Receiving Home are jealous of me". I wondered why this was so. Teddy explained that they didn't have as many toys as he did, and that they were jealous of him because he had lots of toys. I wondered
which kids he meant, and he indicated that it was all the children in the Receiving Home who were jealous. I asked how he felt about their being jealous and he said he didn't like it. I said that I guessed he wanted to be liked by the other kids in the Home, but Teddy did not reply to this.

The same interview contains evidence of Teddy's sadistic feelings. By means of a toy soldier, the boy shows his hostile feelings, and also his enjoyment of the aggression.

He then went on to the figure of the man with his arms in the air and said he was going to hit off one of the man's arms. However, he hit off the man's head instead and said to me "the man's head came off instead!" I asked what had happened to the man, and Teddy said that he died. I asked if he was killed or had he died and Teddy replied "He died, but he begged for mercy".

The therapist's inquiry, when she asked Teddy if the man had been killed or if he had died may have been too threatening to the boy. In asking this question, she was actually coming very close to his destructive impulses. It might have been wiser to have accepted the fact that Teddy had 'killed' the man and to say "Yes, it is true that we feel quite angry at people sometimes". By asking the question instead, the therapist was asking the child whether he felt like killing, rather than accepting the fact that he did.

Teddy's desire to be the master of all things, which is a part of the paranoid pattern, is exemplified in an excerpt from Interview Three. The therapist accepts his need for expression of an all-conquering self.
He then picked up his jar of water and poised it over a page of the book he was reading. He looked up at me, obviously wondering what my reaction to this would be, and I said, "You do that if you want Teddy, with which he began pouring water onto the pages of the book. He said, "This is going to be the way I want it", stressing the word, "I". I said that was fine. He could do what he wished with the book, and that often outside the room we could not do what we felt like doing and let our feelings out, and sometimes we wanted to do things. This was a room, however, where we could do what we felt like doing and let our feelings out and sometimes we felt better afterwards. Teddy became more courageous and began dumping a lot of water on various pages of the book.

After the first few interviews, Teddy begins to throw off his superficial politeness and good nature. He was no longer pretending a compliance with the rules. Instead, he began to show his feelings about leaving the toys in the room, and about other children being in the room, or in the more general sense, his feelings about the world and the people in it. He also began to display a great deal of hostility to the therapist, as a representative of what was to him a punitive world.

Interview Six showed Teddy's towering rage towards an environment he could not control. The play, at this point, consisted of working with finger paints.

Teddy then moved away from the table and suddenly his anger seemed to seize hold of him, and he again began to smash things. He picked up little glass jars and hurled them with great force against the wall, so that they frequently bounced back. After throwing a red jar, his hand was covered with red.
I asked had he cut himself? "No", he said, "This is red paint". Then he picked up another jar to throw and put his index finger into it. "Different coloured blood", he said, and proceeded to dip his fingers into the jars before throwing them. He got down and looked at the paint on the wall, and said "It's a bleeding wall, isn't it?" I agreed that it certainly looked like that, and he went to the sink and washed his hands.

Teddy's aggression and destructive impulses were extreme. In dealing with such passion in a child, one of the best techniques is to deflect the hostility which the child desires to expend on the therapist, towards a likeness which represents her. As an example of this technique, a few interviews later Teddy is expressing his rage towards the therapist by pelting her with snow. She suggests that while he cannot continue to wreak his anger at her in such fashion, he may draw a picture of her, and direct his feelings towards the paper image.

I had my hand on his shoulders as I said this to him, and I felt that he was relieved that I had stopped the snowballing. Under his direction, I drew a face on the drawing board and gave it some hair, eyes, a nose, and a mouth. Teddy now came up and squished snow on it. "Oh" I said, "you got me on the nose". Then he got the idea of getting some red paint, and mixing it with some snow so that it looked as if I had a bleeding nose. He continued to hammer at my poor nose, and then at my head and announced that I had a bleeding nose and a bleeding head. Then he indicated that I was finished with. "What happens to me now", I asked, and Tedd said "You go home to your mother. You have to go to bed for two hundred years. I'm going to smash this drawing
frame". So, with some force and anger he grabbed the frame, and began banging out the board, until just the frame was left. He dragged it to the window. He said "I'm going to throw this out the window, and then you will freeze when you go out to get it.

Teddy's deeper fears begin to emerge in Interview Eleven. His expressions of hostility have become quite intense, but the relationship with the therapist becomes more tangible, as he invites her to share in his fantasies.

He said, "Did you hear that noise outside the playroom? It was a ghost". He went to the door and opened it and looked around. He had the waterguns. "Here", he said, "you take the other water gun and we'll look for the ghost". I took the water gun and said "I'm searching with you today. "Today you are letting me fight the ghosts with you". We went around to the various rooms looking for the ghost. There was a certain compulsive nature to this as Teddy had to look into every nook and cranny.

The next interview illustrated the child's desire for a closer relationship with the therapist, and the budding of a confidence in her, as a mother person. The therapist had tried to participate in the play, but in the role of an affectionate friend, rather than encouraging Teddy to think of her as a mother person. It will be remembered that an important phase of Teddy's treatment plan hinged on building his relationship to adults without encouraging too much of a regression to an oral dependency level.

"Now", said Teddy, after he had crawled into the drawer, "you put the drawers in again". I said "You want me to push the drawer in, while you are still inside?" He said "yes", so I
began to do this. He said "don't push it too far", and I said "no", that I certainly wouldn't. I began to push the drawer in, and of course it meant that Teddy was in a very confined space. However, when I stopped shoving the drawer, he climbed out and repeated the experience with the next drawer. I expressed interest in this and said that each of the drawers had been a sort of a house. He arranged his house as he wanted it to be. Then he wanted to go to the bathroom.

Teddy's anxiety is apparent in the desire to go to the bathroom, for the experimenting with houses was probably symbolic of mother figures, and represented his first real acceptance of the therapist as a sympathetic, rather than a hostile adult. He put himself in her power, becoming wholly dependent. The therapist met his need to have his regression accepted, when she allowed him to use her as a mother person.

At this point in the therapy, an evaluation was made of Teddy's aggressive actions, and it was felt that he associated being angry with power. As the play therapy experience represented his first feelings of real power, the decision was made that he needed a chance to feel success and power, before an attempt was made to show him that such power had to be limited, and that it was not necessary to feel totally powerful in order to be accepted by other people.

Interview Fifteen contains an expression of the violent pent-up feelings, typical of Teddy's personality.

When he had finished this activity, one of his hostile spells overcame him
again, and he threw all the cartons across the room so that they hit the wall and splashed. He then threw his coffee mixture which he had wanted to keep, onto the floor. He said "Oh, vomit!", and it certainly looked rather like that. He also threw the little toilet pot on the floor and then became very hostile and began smashing it to bits. I asked him what the pot had done but he did not make any answer. He just continued, and said "I'm going to get it! I'm going to get it!", and kicking it away from him, "It will have to leave the room now". Then he said "I'll have to wash this bloody coffee pot too", and he slammed the pot across the sink. Then his violent feelings seemed to die down, as quickly as they had come, and he began to wash the articles in a soothing way.

Teddy was a difficult child to work with through the play therapy process. Progress was infinitesimal, and as the next fifteen interviews proceeded, a certain pattern of behaviour became apparent. Each time he came in to see the therapist, he demanded that the room be prepared in advance. Preparation would consist of putting the baby basket up on the table and filling it with blankets and cushions, with a board placed across it, on which were all his favourite toys. It was necessary to have a baby bottle ready to be filled with cocoa, brown sugar, and water, which he would suck while he played with the toys and made baby noises. He became more and more open in his desire for these activities, although often displaying an ambivalence about them.

As he became more able to acknowledge his fundamental desires, he began to feel that his trouble must be due to himself, and that the things that happened came from within himself, rather than from the outside world. This
indicated a very gradual decrease of the paranoidal trends, in that the paranoid person is unable to realize that the hostility he feels in the world about him is a reflection of his own hostility. The whole emotional mechanism in this being actually in reverse of the normal, the treatment in this case is of a less spectacular, but more laboursome in nature than with Tommy Snyder, as was described in the third chapter.

The climax, as far as the relationship with the therapist was concerned, came in Interview Thirty. During this interview he seemed able to accept the fact that the therapist was his friend. At first he was very anxious to do everything for himself. The therapist spoke about feelings of dependence and independence, and then at the end of the interview Teddy said, in reference to the boat that he had constructed out of wood, "We both made it". This move is an indication of the normal phase for, after dependency, comes the 'doing-together' in the parent-child relationship.

In connection with Teddy's problems there was the secondary symptom previously mentioned - that of his problems in the sexual area. Unsure of himself as a male child, he had great trouble in relating to males, and the antagonism he felt towards the whole world was intensified in his approach to men. During interviews thirty to thirty-five, he became much happier during the therapy period, more confident, and showed a desire to express himself as a male. He took great pleasure in the saw, the hammer and the nails,
and constructed various things of wood which he was allowed
to take home.

The taking home of articles, which was also per-
mitt ed in Tommy Snyder's case, represented another special
deivation from the general rule that articles should not
be removed from the playroom. It was felt in Teddy's treat-
ment, that the taking home of articles created in a conven-
tionally male occupation, that of carpentering, would be
symbolic to Teddy of carrying his newly-found masculinity
with him, to the outside world. Through a continuing in-
terest, during the play room sessions in darts, guns, and
other articles having a male significance, which he had
initially rejected, he indicated a lessening fear of, and
a desire for, masculinity.

However, Teddy's paranoidal trend was still very
evident. He feared that there were unknown forces going
to hurt him, and that people were going to do something to
hurt him if they knew that he was strong. Although he
trusted the therapist, he had to be in control of the inter-
view. The therapist had prepared the room as usual for his
arrival, in play session number forty-four. Teddy super-
vised the making of the cocoa, and in the play that followed,
showed both his need to satisfy himself on an oral level,
and his need to control the situation.

He said, "I'll show you how I
want it mixed so you'll know for next
time. I said that would be just fine.
I did want to do it the way that would
make him happy. He made the cocoa quite
liquid, and then filled the baby bottle.
He sucked on the baby bottle. He had tried very hard to put the nipple on the bottle, and I suggested that I help him. He did not seem to wish me to help him at first, but I said "Sometimes there are things that other people can do, and sometimes we like to do things ourselves, and perhaps this is a job that we can share. This seemed to appeal to him, and he let me put the nipple on the bottle.

Instead of sucking from the bottle as most of the children do, Teddy chewed very hard on the nipple. He chewed and chewed, and as he had no front teeth, he got the nipple twisted around to his back teeth. Finally he bit a good big hole in it.

The therapist who had worked with Teddy for the first forty interviews had to leave the agency, and it was necessary to try to reassure the child about her departure, and also to accustom him to a new treatment person. The fortieth interview occurred August 2, 1950, and four weeks from this time represented the time of her departure. It is unfortunate that Teddy was not prepared further in advance. The relationship had been built up with such difficulty, that a longer preparation would have been preferable to avoid any chance of jeopardizing the treatment situation.

During the interview in which Teddy is to be introduced to the new therapist, he reverts to an earlier pattern of fantasy. A discussion of his parents arouses his hostile instincts, and he imagines their death in a car accident. It would seem that the therapist's imminent departure roused his intense feelings of rejection by an adult world, and he is unable to see her leaving the agency as other than a blow at himself. At the same moment that he expresses death wishes
for his parents,

Teddy suddenly said "Oh look! A ghost!", and turned to his fantasy of early interviews. He went to the window, and showed me a reflection. He looked outside to the door. I said "Was there a ghost there, did you think?" and he said, "Oh, did you see that one?" I said "Maybe you are feeling a little worried just now?", but he denied this suggestion.

Teddy was transferred to another female worker. He made the transition from one worker to another surprisingly well, the fact that he was able to do so, being a great credit to the departing therapist, for it is often found that a change of workers in the treatment of a child as disturbed as Teddy, creates a set-back in the relationship.

A few weeks later, it was decided that he should have a male therapist. Because of the improvement that had been made in the boy's emotional development, towards accepting his male role, a further identification with masculine feelings was deemed important. Through identification with a non-threatening male, it was anticipated that he might move still further in the direction of masculinity.

At this point in the therapy, psychiatric comments indicated that many paranoidal trends were still shown in Teddy's behaviour. He seemed to be at a stage where he wanted to 'grow up', but there was considerable blocking. His development towards masculinity appeared to be hindered, because of his interest in women. It was felt that he should be assured that "mother wants to see boys grow up and none were going to stand in his way". The suggestion was made
that more cooperative play should be introduced, in which Teddy would learn to participate in activities on an equal footing with an adult person.

The therapy was continued with a male worker, and it was shortly after the new therapist commenced working with Teddy that he made his next move in foster home placement. The largest number of Teddy's placements had been made before the therapy commenced, but it is possible to understand how detrimental so many placements were in the emotional adjustment of a child who had had a minimum of security during the eight years of his life. Had he received treatment from the point he first came into care, these abortive replacements could have been avoided; and if the foster parents had participated through being given help in understanding his problems, fewer moves might have been necessary. During the treatment process, he should have remained in the Receiving Home. Ideally, the Receiving Home should have been staffed with a personnel trained to understand the behaviour problems of a disturbed child. Each replacement representing a further blow to the inner security of the boy, placement should not have been made until such time as the ego was strong enough, and the home in which he was to be placed suitable to meet his emotional needs.

Continuing with the therapy, Interview Fifty-Three illustrates clearly the conflict that is going on between Teddy's masculine and feminine desires. The therapist encourages Teddy's male interests by suggesting play that is
constructive, and of a conventionally masculine type, such as working with a saw and some wood. As they enter the play room in this interview, the therapist and Teddy find some face powder and nail polish lying on the table. The discussion that follows is quite indicative of Teddy's ambivalent feelings towards masculine and feminine pursuits.

We then went into the play room and Teddy said, "Oh, this stuff" (referring to the face powder and nail polish lying on the table). The worker wondered whether they should put it away and get something to build? "No", said Teddy, "I'm going to throw it out". He then took the nail polish remover and went over to the sink and poured it all out. He came back to the table and took the red nail polish which he emptied in the same manner. "Looks like blood", he commented. "But it's only nail polish", the worker said, and added "Now the girls who come down here will not be able to use the set". Teddy made no comment. The nail polish had made a red blotch on the top of the sink. Teddy then dumped the face powder into the sink and commented "This is girlish stuff. It shouldn't be here".

The therapist's response in the matter of the nail polish, and Teddy's reaction to the feminine articles, might have been handled differently. At the point where Teddy dumped out the nail polish, the therapist might have commented that "sometimes boys didn't like girls at all, but other times there was something about the things they used that was a lot of fun. That was alright, and sometimes boys and girls enjoyed games that involved both girls and boys toys". The therapist's suggestion that Teddy was destroying articles which belonged to the opposite sex might have been less
threatening, had he added that it was alright for Teddy to destroy the polish, and it would be possible to replace it. Such a remark would have accepted the boy's hostility and fear of the opposite sex, without making him overly conscious of his action to the point where he might become anxious.

There was a month's interval in the therapy over the Christmas holidays, and when Teddy returned to the agency, another male therapist took over the treatment. This change of workers represented the third transfer in a space of five months. The fact that little progress was made during this period, would be partially due to the shifting of therapists. The handicap in the whole situation was that there was little consistent treatment and a shortage of trained therapists. While the experience of adjusting to new people, and probable feelings of being deserted by friends, may have been a hazard in the treatment situation, it is possible that the addition of positive relationships with several adults would be valuable, in terms of reality experience. If Teddy had had the security of being accepted in a treatment centre or specialized foster home with the same people, his feeling of complete loss would have been less.

The new therapist had difficulty in establishing a relationship. Teddy is not sure of his acceptance by the therapist, and his insecurity is shown at the end of the Fifty-Sixth interview.

It was now near the end of our hour,
and I suggested that we put the toys away and have them to play with next time. Teddy kept on working at the spurs, and seemed to be in no way ready to leave. He avoided me several times when I suggested that there was another boy waiting. Finally I suggested that the other boy was really anxious to get in, and we had better put the things away.

Teddy continued to resist the idea of leaving.

The boy wanted to take some of the materials with him. The therapist refused to permit this, and Teddy finally said "no, leave them all here for the other boy to play with", as he rushed out of the room.

This excerpt is an example of poor play therapy technique in dealing with a child. Teddy undoubtedly felt quite insecure in the whole situation. The therapist was new, and the boy was very unsure of whether he was accepted. The therapist might have said, when Teddy showed anxiety and did not want to leave, "I know how much you are enjoying the play, Teddy. I am enjoying being here with you, for I like you very much but our time is up and we'll have to continue next time. There is another child coming in, and it is his turn now, but that does not mean that we won't have lots of fun next time in the hour that is especially yours". As Teddy showed such a strong desire to take some of the toys with him, on this particular occasion when the boy's need for acceptance and a show of warmth from the therapist was so great, some relaxation of the rule might have been made.

Permission to take some small article from the play room at this particular point where so much anxiety was
shown, might well have been granted. Instead, Teddy's real
grief and feeling that he is being rejected is indicated by
his comment "No, leave them all here for the other boy to
play with".

The psychiatric comments on this interview indicated
that every effort should be made to have Teddy feel that
he was the only boy in the scene, and that any reference to
other children should be minimized. The therapist makes an
effort to win Teddy's approval through a small gift of candy
and the child reacted to this by accepting the gift rather
greedily, showing his need for a gesture of warmth and love
from the worker.

In Interview Fifty-Eight, Teddy brings out additional
feelings about the little girls who come to the playroom.
This expression follows an interview in which he becomes more
secure with the therapist.

He put the bag of candy in his
pocket, and walked over to the shelf
where he suddenly discovered some of
the cosmetics that were used by the
girls. "I don't want the girls to have
these", he said in quite an indignant
voice, and immediately proceeded to
dump them out. The therapist enquired
why he did not want the girls to have
them. Teddy replied, "Oh, I don't want
them around. They try to make themselves
look pretty. They are ugly. I don't
want them to be able to do that".

He thereupon took a bit of lipstick
and threw it on the floor, grinding it
into the cement quite viciously. He
discovered a bottle of toilet water and
proceeded to pour it out. "Don't you
think some of the girls would like to
have that? It belongs to them". "I
don't care", he said, "they're ugly and
they're not going to have a chance to fix themselves up". He brought the toilet water over to me, and also a little jar. He poured some of it in there and said "You smell it". I did and said "My, it smells quite nice". He said "Smell it again", and then he took the little jar and put it down saying, "I'm going to give this to them. They can have some of this".

The inter-play of feeling in this passage was quite significant. As the therapist expressed approval of Teddy through the gift of candy, the boy was able to direct his hostility towards the opposite sex in the matter of the cosmetics. An acceptance of the hostility and the suggestion that perhaps the perfume really was quite nice, permitted Teddy to relax his hostile feelings, and be more permissive of the feminine articles.

It was reported at this point, that Teddy had been having some severe disturbances at school around the question of bowel movements and toilet training. The psychiatrist felt that these were indicative of his protest against masculinity and also his struggle to prove himself. The therapist arranged to have a small chamber in the play room when he arrived, and also a baby's stool with an opening in the seat.

When Teddy arrived, he rushed right into the play room and seemed to be in very good spirits. It was noticed that he smelled very strongly of urine, and soon the room was quite over-powered with it. It did not seem to worry him. He put the gun belt on, and then suddenly said, "I've got to go to the toilet. Come with me". As we walked down the hall I said "Why didn't you use the little pot?" "Oh, that's for babies",
he said, "and I'm not a baby any more. It's too small".

Teddy's hesitancy in identifying with the masculine sex, as well as his desire to make a relationship with boys, is illustrated in Interview Sixty-Three. The therapist has complimented Teddy on the nice hair-cut he has just had.

"It's a pretty good haircut, Teddy, and you certainly look pretty nice today. You look pretty happy too". "Oh," he said, "it's alright, but we still don't play together. I play by myself and I won't play with those other boys".

Teddy continues, however, to show a great interest in baseball, and is able to express many of his frustrated feelings, as his interest in boys' games is encouraged.

"Let's play ball", he said and proceeded to hunt around until he had found a baseball. "Strike One!" he cried. Then he went to Strike Two and Strike Three. "Now it's your turn", he said, and we changed. We played quite an active little game back and forth, and then finally he said "I'm going to eat my chocolate Easter rabbit", and went back into the play room. As he was eating his rabbit, he discovered the wooden mallet of the croquet set, and then dug out the iron drums. He had a grand time beating it very ferociously until the head of the wooden mallet flew off. He was greatly pleased at this, and laughed heartily, saying "I didn't think I could break this". He then proceeded to finish up his chocolate egg.

The psychiatrist felt that Teddy was making a great effort to show himself as a male and was therefore trying to control the play room situation. He was ordering the therapist around a great deal, so that he might feel himself to be a big boy. It was believed that as these games were played,
Teddy should be encouraged to express his feelings about them.

At the same time that the therapist encouraged Teddy towards masculine pursuits, the transference becomes deeper, and the boy shows signs of an awakening identification with the therapist. This is indicated in Interview Sixty-Five when Teddy says, in the course of the play,

"You're my daddy. You've come to visit me. Do you like cocoa? Anyway, our play time is nearly up. Now I'm going to visit my Mum".

The therapy with Teddy is still underway. The male therapist is gradually establishing a relationship with the child, and he is becoming more confident in his approach to the male sex. Teddy is still living in the Receiving Home, and there are no immediate plans for placement. He is, however, adjusting to a much better degree in his relationships at the Home, and is showing improvement in his ability to play more comfortably with the other boys. It is quite possible that Teddy will never make a normal adjustment to society, but he has received a sufficient amount of security through the therapy relationship to carry him over an average amount of life frustrations.

The prognosis in this case is a doubtful one, for the child was in a near-psychotic state when treatment was undertaken. The therapy will be continued for an indefinite period, probably at least until such point where it is possible to place him in an adequate foster home. The difficulty with this boy, insofar as the therapy was concerned, lay in
a proper evaluation of his progress. The degree of improvement shown in the child from the time he commenced therapy, produced an overly optimistic attitude in regard to placement. Quite possibly, also, the type of foster homes were not given enough consideration. The result of the optimism was that Teddy was placed in foster homes too hastily, and in each instance, the resultant failure in placement had a negative effect on the gains effected through the therapeutic process. The records do not provide sufficient information regarding the foster homes, but it is quite possible that the process of 'masculine identification' could have been carried on with greater success in an 'accepting' foster home with understanding parents.

The conclusion from this particular situation seems to be quite obvious. As a child with strong paranoidal trends, Teddy required the most careful selection of foster parents capable of meeting his needs. Furthermore, although the records are not too concise in this regard, there was an unexplored background of homosexual seduction in Teddy's early history. Such a combination of deep projected hostility, and experiences of a homosexual nature would require both an exceptionally warm mother person, and a particularly kind and understanding father.

The institutional setting is quite inadequate for Teddy, and the main support he receives is through the therapy relationship. Few, if any, foster parents would have the skill to deal with a child who has suffered such early
deprivations, as Teddy had received by the time he was first accepted into care. Therefore, the answer, for initial care, lies in another area, that of an institutional setting, staffed with trained people capable of providing the supportive medium so essential to such a child's progress.

In addition, there is a great need for consistency in the treatment of a disturbed child. The therapy records indicate a far too 'hit-and-miss' selection of therapists. Teddy's treatment was carried on from October 14, 1949, to the date of writing, which represents a period of approximately a year and a half. During this period, he has had four therapists. It is questionable, when the second and third therapists were introduced, whether the boy was ready to enlarge his number of relationships. Each change, when a new therapist was introduced, would constitute to Teddy a further rejection by an adult world, of which he already had a deep suspicion.

The reasons for the large turnover in therapists were undoubtedly realistic, from the point of view of availability of trained people. However, as no project can go beyond the skills of the personnel operating it, there is an obvious conclusion to be made; that is, when a disturbed child is to be given treatment through a special technique, that technique to be effective, must be consistent in method and administration. The criticism involved in this last statement does not lie in the fact that Teddy was transferred from a female to a male worker, for this was deemed essential in the phase of his development, where male identification
was so necessary. It lies rather in the choice of the third therapist who was selected to work with Teddy. This therapist was an experienced person in the field, but completely lacking in therapy training. The risk taken in this selection was too great, and directly opposed to the principle that a therapy specialist should be thoroughly trained, and particularly skilled in direct treatment work with children. In undertaking therapy as a specialty, too, workers assume a responsibility for continuing practice and proper timing of treatment so that no treatment process is abruptly cut off.

After the change of therapists this child seemed to have regressed to an earlier stage of development. Thus, the constant change of therapists in this case is an illustration of poor therapy practice. Because of the shortage of trained personnel, play therapy in the agency is carried on in a too intermittent fashion, a fact of which the staff is fully aware. This awareness of necessary limitations in the technique, is a positive factor in the whole situation. However, within these limitations there is scope for improvement. When a particular skill such as therapy must be limited, and administered on a supportive rather than truly therapeutic level, special attention must be given to utilization of other principles.

Although the operation of treatment may be held to a supportive level, such treatment should be consistent insofar as choice and skills of therapists is concerned. Therefore, the whole of this discussion centers on firstly,
the need for extensive training of therapists to improve the treatment process, and secondly, where the level of treatment cannot be raised, due to the realistic shortage of personnel, within this limitation, strict attention should be given to provide the most consistent skill available. The child in this case, should not have been transferred from one therapist who showed considerable understanding of his needs to a therapist who had no training in therapy, particularly at a point where the factor of relationship was so important.

Very positive results were shown in Teddy's case. From a point at the beginning of treatment, when he was a confused little boy, full of bitterness and hate towards what he conceived to be a hostile world, he moved, through the supportive relationship provided in the therapy, towards a far more normal adjustment. The movement in this case was slow, but this was to be expected. The important thing in this instance was the method used. There was actually a minimum of interpretation on a play therapy level, but considerable reliving of early feelings in this more accepting environment. Rather, the method encompassed what is considered to be more of a 'play-interviewing' skill. The child was able to make such tremendous advances through this more superficial method of therapy that the conclusion is obvious. That is, when such advance can be made on the supportive level of 'play-interviewing', the advance could be greatly facilitated were other resources more fully utilized. These resources would include the use of potential casework skill
in the agency to make adequate environmental arrangements. It is believed that if the casework staff of the agency were in closer contact with the therapy project, and had a deeper understanding of the interaction of casework and therapy, more positive results could be attained. Potential casework skill in the agency is undeniable, but until there is an attempt made to coordinate good therapy with efficient home-finding, and continuous help given to foster and own parents so that they may understand and accept the therapy step by step, play therapy is being carried on 'in a vacuum'.

A Case illustrating the Results of Casework with a Parent

An outstanding example of the proper interplay between therapy and casework practice is illustrated in a case which first came to the agency in June, 1948. Such a combination of play therapy and excellent casework with the parents of the child, is highly desirable and points up the important role played by each.

Mrs. Peters first requested placement of her daughter, Carol, aged six years, on the above date. Emergency financial help was given through referral to another agency, and the case was closed until January, 1949, when Mrs. Peters again asked help in planning for Carol, who she stated, was a behaviour problem beyond her ability to handle.

A description of the reasons for admission of the child to agency care stated that Carol was an illegitimate child whose mother was severely neurotic. She had lived with
her mother for only four months during the last seven years. She had been placed in numerous private boarding homes where the people refused to keep her more than a couple of months, because of her behaviour. It was believed that Carol was completely rejected by her mother whose guilt would not allow her to give up the child completely.

Carol was placed in non-ward care, March, 1949. The worker, in a series of interviews with Mrs. Peters, the boarding home mother, and the school teacher, gathered detailed information regarding the situation.

It was found that Carol's relationships with people were of a superficial nature. From her history and her manner, it was gathered that she was a child who had always been made to conform to rules, and had at the same time in a subtle way, been rejected by her mother, and indifferently treated in the various private boarding homes in which she had been placed. As a result, she had come to view the adult world as being composed of adults who, for reasons of their own, imposed rules to which children must conform, not out of wish but out of necessity. She showed an exaggerated interest in her health, but a neurotic need to do things which endangered it. Altogether, she alternated between disobeying and feeling great guilt for her disobedience. The psychiatrist diagnosed Carol as suffering from what is known as a compulsive adjustment.

The mother identified with Carol on a distinctly neurotic level. Mrs. Peters' history indicated a fixation on a severe, harsh father, which was intensified in her marriage
to a drug-addict, some twelve years older than herself. The marriage collapsed after a short time, and it was during the next four years that Carol was conceived as the result of a common-law relationship.

The caseworker maintained contact with both the mother and child, during the two years which followed and to the date of writing. The mother has been able, through the casework relationship established with the worker, to verbalize many of her problems. She has been able to express her deep hatred of all men, and also her ambivalent feelings towards Carol. The worker's acceptance of her deep-rooted hostilities has provided a supportive base, through which she has taken some initial steps towards an acceptance of her feminine role, and her responsibilities as a mother.

The casework process has emphasized Mrs. Peters' own needs, and the approach has been to concentrate on building her ego to a point where she can give up Carol, by stressing the real courage it would take to do this.

Throughout the therapy with Carol, the method has been one of counteracting Carol's deep sense of inadequacy, and helping her discover her own worthwhileness as an individual. It was realized that Mrs. Peters would never be able to provide Carol with a sense of her own worth, and that the child must obtain the acceptance so essential to her personal development from other sources. As long, however, as the neurotic tie with the mother remains, any
planning is difficult.

Through the supporting relationship provided, Mrs. Peters has moved to a point where there was a lapse of some seven months in her desire to see Carol. The child, similarly, expressed no desire to visit the mother, and has been living in a good foster home where the parents wish to adopt her. The casework process is still underway, but it is hoped eventually to bring Mrs. Peters to a point of signing the consent to adoption.

The therapy with Carol lasted from September, 1949, to June, 1950, during which time she grew considerably in capacity for relationships, and in her confidence in the adult world. Had Carol remained with her mother, despite all benefits that therapy might have offered her, such an improvement would have been doubtful. Thus, it is possible to see through this example, how closely interwoven are the parts played by the therapy in developing and helping a child, and the casework process in providing the environment in which results produced by the therapy may best be maintained.

The need for casework in all instances is equally essential to the effective movement of the play therapy technique. Whether it be a case which involves institutional care or foster parents, one of the most important factors lies in the casework approach to the total situation. In the case of institutions, the staff of the institution should be chosen for their acceptance of children, and their ability to be warm as well as firm. They should be trained to the
full extent of their capacity to assimilate such training, so that they provide the proper background for treatment. Similarly, in the instance where a child is being placed in a home, it is absolutely essential that efficient casework be done so that the needs of the child are made clear to the parents, and at the same time an accurate evaluation is made of the particular strengths and weaknesses of the parents to ascertain the suitableness of the placement for both.

A Case illustrating the Results of Inadequate Casework

An example of insufficient casework planning for a child is found in the case of Joan Brown. This girl was made a ward of the Childrens Aid Society August 18, 1947, when she was six years old.

Very little is known of the birth and early development of Joan, except that she was the illegitimate child of a thirty-four-year-old woman who was badly crippled with arthritis. For the first four and a half years of her life, Joan and her mother lived with her maternal grandparents, who were both in their middle seventies. The child seemed to have had a very close relationship with her mother during this period.

The following year, Joan's mother married a seventy-five-year-old man who was described as being rather eccentric. Later information regarding this man, revealed that there had been some incidents in which he was accused of molesting children. Although the records in this connection are indefinite, there was some doubt as to what extent Joan might
have been affected.

The pattern of rejection commences, insofar as the records are concerned, from the point of Joan's mother's marriage, for the stepfather had no interest in the child and completely ignored her after her mother's death August, 1947. Following her mother's death, Joan was placed for varying periods in three different foster homes, and then in the present home where she is still living, during the month of March, 1949.

During placement in the first three homes, Joan's reaction pattern proved to be the same. Initially, in each home she seemed to settle down quite well. Once, however, she felt herself to be accepted in the home, the same behaviour, namely, crying spells, commenced. The foster parents in all the homes, found Joan to be a very sensitive child who cried for no apparent reason. In the case of each placement, the foster parents are described in the records as being warm, accepting people, interested in having Joan and anxious to help her towards becoming more outgoing. It would seem, however, that they were not prepared for a period of regression, a phase during which Joan 'tried them out', after an initial period of 'good behaviour'.

These first three placements showed situations in which Joan was subject to many colds, and required a great deal of attention. There would seem to have been insufficient preparation of the prospective foster parents for the fact that here was a child who would, for a considerable period of time, represent a great strain on their ability to give.
Of these three placements, two were situations in which there was another child in the home several years older than Joan, and in both of these homes, the comparison between the two children placed Joan at a disadvantage. The parents seemed unable to understand that Joan was a younger child, tied emotionally to her own mother, with a great need for a strong mother relationship.

The inadequacy of casework with the foster parents left them unprepared for Joan's reactions. Thus, three times the child was moved from one home to another, showing less outward feeling with each move, and becoming more conforming at first, in each situation. Her one outlet was her crying spells, which became more and more intensive during the repeated placements until the fourth move was anticipated.

The last move placed Joan in the home of a kindly, middle-age couple. By this time, Joan was a very subdued child, eight years of age. The foster mother approved of this type of child, for she said she did not like a 'bold' child. This danger signal should have been evident as this placement was contemplated. Shortly after Joan was placed in the home the worker made a visit.

During this visit, foster mother told the worker that there had been difficulties at first with Joan's crying, but now everything was fine. Foster mother said she had asked Joan if she had a mommy and daddy, and when she replied "no", they had told her they were her mommy and daddy now, and that since she had nowhere else to go she might as well learn to 'obey' their
wishes, one of which was that she did not cry without a reason. Foster mother stated that this had seemed to solve the problem.

The foster mother was quite satisfied with the result of her ultimatum, but it is hard to estimate the effect of the added strain on Joan's personality when she was deprived of her only remaining outlet for feelings, by the threat of being wholly cast out.

The psychiatrist has considered Joan's case from all points of view. The interpretation given, describes Joan as a very disturbed child with an obsessive-compulsive pattern, and a deep, neurotic fixation on her dead mother. As the various placements were considered, a psychiatric explanation was offered for Joan's behaviour. The normal drive to be loved and accepted showed in her flexible behaviour at the beginning of each successive placement. Once she felt she was accepted, her neurotic tie to her mother began to operate, and she felt unable to accept the warmth and love that were hers for the taking. She reacted by crying and an exhibition of deep dependency, which did not show itself in affectionate responses to the foster parents, but as an unhappy clinging frigidity.

The parents reacted to the lack of response in the child by feeling themselves burdened by a personality that did not show feelings, but instead seemed like a clinging milestone around their necks. With each replacement then, Joan suffered a punishment for her own desire to relate, and became more deeply fixated on her own mother who had also deserted her through dying.
Unfortunately, there was little initial attempt to draw Joan out at the time her mother died, and with each repetitious experience of rejection by a mother person, the first guilt reaction became more deeply imbedded. Through casework treatment, Joan might have been helped to give up her neurotic tie to her mother and accept the affection of foster parents who had been helped through casework, to understand her need to 'cling', to regress, and to try out their love before accepting it.

Joan will, in all probability, grow up to be an inhibited woman, unsure of the boundaries of her own personality, and unable to form a normal relationship with other people. Completely lacking in her background, is an adequate father relationship. An interesting incident that took place during the present placement, concerns Joan's reaction to an ear infection suffered by her foster father. The father received a great deal of attention during this illness, and shortly afterwards Joan complained of a similar disability and insisted on being given similar attention, despite the fact that there was no organic basis.

Joan complies completely with her foster mother's dictates and rarely shows the slightest interest in an aggressive impulse. During puberty, when the sexual conflicts are reactivated, it is probable that this child will react by an even deeper repression of her aggressive instincts.

There would have been a good chance for Joan's adjustment, had her personality been really examined after her mother's death. At this time, and even during the first
and second placement, her personality rating was found to be within the normal range when examined at the Child Guidance Clinic. Now, however, grave damage has been done, and the psychiatrist's analysis of the case indicates a very poor prognosis.

Joan could be treated through play therapy. It would, however, be a long slow process, and one for which she would have to be moved from the present rigid, uncompromising home. Where is a home for a child such as she is now, to be found? Possibly it does not exist. She is being well-cared-for physically in the home where she now lives, but her emotional reactions are becoming more limited as the months go by.

An institutional setting, where the staff were trained to understand Joan's need to comply, could provide the medium for play therapy treatment. The therapy would be long and tiring, but through a process of complete acceptance from a mother person, the deep repressions which so long have existed in the child's inflexible little psyche, might be gradually released.

This case indicates how greatly treatment is needed. Unfortunately, however, the responsibility for Joan's present disturbance could have been avoided to a considerable degree. If there had been a diagnostic centre, where Joan's problems could have been evaluated at the time of her mother's death, an attempt would have been made to understand her needs, and to plan to meet them. Even without such a
centre, thorough diagnostic study and specific diagnosis and planning can, and should be done, when a child is admitted to care. It is unfortunate that many placements of children are made on an emergency basis, by personnel hampered both by heavy caseloads and lack of specialized diagnostic skill.

In this chapter, Teddy's case, where play therapy was used, illustrated the great progress that can be made with a disturbed child, while Carol's case was an example of the results to be obtained from excellent casework with a parent, so that the proper medium for treatment may be provided. Joan's case, however, is somewhat different. The damage has been done to a great extent, and there are inadequate resources to counteract it. The play therapy project is necessarily limited, for there are few funds available, and fewer skilled therapists to carry out the intensive supportive relationship needed to help her.

What will happen to Joan? How can the resources be obtained to provide environmental treatment for her, during the long and time-consuming period that play therapy will be necessary? It is so important that she be offered a reality of constant, warm relationship, with adults prepared to meet her needs, when therapy has helped her become able and ready to accept it.
Chapter VI

The Play Therapy Project in Review

Play therapy has been defined earlier in this study as beginning with the use of play as a medium, through which the child in the process of playing, may convey to the therapist symbolically and in verbal form, his conscious and unconscious feelings about his environment, himself, and the relationship he feels to those about him. The relationship set up by this process provides a medium for making conscious the unconscious trends and drives, and for recreating the past, in order to release anxiety bound up with these earlier experiences. However, to be always remembered is that the therapist's real responsibility lies in helping a child to do what he is free or ready to do, without trying to force him into any particular channel of expression.

The therapy project at the Childrens Aid Society represents a pioneer attempt to initiate this type of treatment in Vancouver. Therefore, a brief discussion of the therapy cases used in this study will be made from a theoretical aspect, in order to determine the measure in which this process coincides with the basic concepts of the technique.

The case of Tommy Snyder, chosen as an illustration of a child with an extreme conduct disorder presents a significant example of excellent technique. In Chapter I, a quotation from Jessie Taft indicated that "to practice therapeutic casework, one must be a therapist". The therapist
who worked with Tommy exhibited the utmost skill in her capacity to permit the use of herself, as well as the use of psychological insight and technical skill. Initially, this child showed extreme sexual activities and generally a poor adjustment to his environment. Through the relationship established in the therapy medium, Tommy became secure enough to express his innermost feelings about sexual matters. As these unconscious trends and drives were acted out in the playroom setting the therapist was able, through her intuitiveness and technical skill, to correct many of the misconceptions which were the basis of Tommy's difficulties. This technique is illustrated over and over again throughout the therapy and, as the child is encouraged to express his aggressive sexual feelings in a relationship which is permissive and warm, he becomes less threatened by anxiety in this area. The therapist was able to direct the play interviews along lines profitable to Tommy without obstructing his spontaneity. Although at all times the therapist indicated an awareness of unconscious material, she dealt only with the repressed material that came into consciousness as a result of the permissive atmosphere of the therapy situation.

The past, with Tommy, was recreated to the extent that his early oral deprivations were dealt with on a realistic, satisfying basis. He was permitted to regress to a level in which he received oral satisfactions through actually being fed with a bottle like a small baby. The purpose of this activity was to endeavour to give him pleasures
which had quite evidently been insufficient in earlier years. As he satisfied himself at this level, he was more emotionally free to move on towards a maturer phase.

Tommy was allowed to feel powerful in the playroom setting. He was permitted to express his destructive impulses, the only limit being situations which might represent bodily harm to himself and the therapist. As he found that he was not being overwhelmed in the relationship, he was more able to conceive of a world in which he did not have to be all-powerful to survive. The limits that were set were ones which gave the child the security to be aggressive and hostile, and yet maintained enough equilibrium so that he need not be fearful of his own destructive urges.

As there was no controlled environment for Tommy outside of the playroom, in this case the child was permitted to carry gifts and toys out of the room so that he would be given an extension of the relationship to carry him through day-to-day experience. Ordinarily such a procedure is not considered to be good therapy technique, for an attempt is made to confine the activities connected with the playroom to the interview hour.

Summarizing the techniques used in this case, it is found that the therapist used her own particular personality to the fullest extent, directed the type of material produced in a beneficial manner, set up only such prohibitions as were necessary, and most important of all, helped Tommy to develop insight into the reasons for his difficulties,
thus aiding him to clear up the misconceptions that con­fused him. Noteworthy, too, was the therapist's freedom from fear of accepting Tommy's primitive impulses.

The type of techniques used by this therapist have been described initially in this study as requisite to good play therapy practice. It is evident then, that this case fulfills in large measure the tenets that are extremely de­sirable in a treatment process designed to help disturbed children. This case, it will be remembered, was handled by a thoroughly trained therapist and the other therapy cases are evaluated from the point of view that subsequent workers had less opportunity to acquire the same degree of skill.

In this connection, the case of Jennie Morton was carried on by a worker who learned the technique after the project had started. For this reason, the movement is less forceful, as working with disturbed children is a precarious matter, and the less technical training possessed by the therapist, the more caution must be employed.

Quite rightfully, the treatment was very closely supervised by the consultant psychiatrist, and until the point in therapy training is reached that permits a greater flex­ibility, it is necessary for the process to be closer to 'play interviewing'. Logically, as therapy skill in the ag­ency is more developed, the therapy would be directed to a level nearer to actual 'play therapy'.

However, as the case of Jennie Morton was unfolded during the thirty-four interviews which have taken place to
the present time, it became quite evident, through the therapist's ability to make a relationship with this withdrawn child, that basically the therapist possessed those intangible qualities of intuition and sensitivity. Without these qualities, no therapist can fulfill the deepest therapeutic function. Thus, as repressed little Jennie Morton was able to express her realization that her foster mother did not really care for her, she was releasing at least a part of the anxiety that had hemmed her in for so long.

The overly rigid training which the child had received could not be handled within the play room. Consequently, the agency's action in firstly obtaining guardianship, and secondly preparing to remove her from the home, represented a most economical move, in terms of efficient use of therapy resources. This action points out the necessarily close working relationship between therapy and casework with parents. The tendency in this age of concentrated treatment, is to neglect adjacent areas from which resources may be drawn. The family situation represents such an area, and where the conflict within a home is destructive to the therapeutic process, there is a wastage of resources. Hence, a decision must be made as to the most logical method of procedure.

Jennie Morton received a great deal of supportive help through the therapy. As the psychiatric comments indicated from time to time during the interviews, a deeper concentration on her problems is advisable. Such an intensification of treatment will be possible as she is given the
less personally threatening background of the Receiving Home. The process, in future, should be designed to bring out more of her fantasies, and gradually to interpret the meaning of her fears in such a way that she becomes more aware of her own feelings and of what other people really feel for her. The relationship which the therapist now has with Jennie, should permit the child an emotional freedom in which she can slowly focus on the present situation and free herself from the frustrations of the past.

The therapy process, with Jennie, is just underway. Through the play room medium, the unconscious trends and drives are coming closer to the surface. The child's expression of feeling in regard to her foster mother's cold, unaffectionate response, represents the start of recreating the past. However, the second phase of therapy, in which, through real life experience, some of the early deprivations are satisfied, is yet to come. This can be accomplished through the warm emotional experience Jennie receives in her play therapy treatment which should enable her to accept real life emotional exchange in a carefully chosen foster home.

The difficulties involved in dealing with a child of this type have been described earlier, as ones which go back to a very early level and which have to a great extent, affected the whole pattern of her early development. The main point to be brought out is the fact that a definite start has been made in helping a child whose experiences have not been of a strikingly traumatic nature, but rather of the
variety that warps through consistent and monotonous day to day living.

The therapy which was carried on with Teddy Lawson represented an equally slow moving type, but the development of this child had taken a more spectacular nature due partly to the persistency with which the adult world seemed to have rejected him.

Teddy was a child who showed distinctly paranoidal trends. As a part of this pattern, he was deeply suspicious of all adults and anticipated harm from outside forces. His hostility towards people was of such a deep nature that he was unable to face the destructive urges within himself, and hence had to project his unhappiness on other people as the cause of his trouble. The diagnosis, as stated in the chapter describing Teddy as a child possessing deeply neurotic traits, stated that in order to get him to accept the fact that it was safe to live in a world where people were equal, it was necessary for him to understand his overwhelming fear and examine the reasons behind it. This was a large order, calling for a great deal of skilful therapy.

The therapist worked very carefully with Teddy. His hostile impulses knew few bounds, and time and again he became exceedingly disturbed as the therapy progressed. His fury expressed itself in the continual smashing and destruction of play room equipment. As these forces were unleashed, and he found the therapist able to accept them and yet retain sufficient control so that the situation did not overwhelm
him, some of the fury within him subsided. It is possible
to trace this process throughout the therapy records described.

This procedure required considerable skill, in manipu-
lating the situation to permit sufficient draining of im-
ulses to be beneficial, while at the same time estimating
the degree to which the action would be harmful to the child.
As the pressure within him subsided, and the relationship
deepened, Teddy became secure enough to bring out some of his
fantasies about the unknown forces which he believed were
threatening him. Symbolically, these fears were expressed in
the interviews during which he imagined there were ghosts
hovering around the playroom. Significant in these interviews
was the fact that Teddy was able to include the therapist in
the search for the ghosts, an action which he would not have
taken had he not had confidence in her as a warm and accepting
person.

The next stage in his development came during the
time in which the first therapist was scheduled to leave the
agency. At this point Teddy showed considerable insecurity
in his role as a male child. As has been stated in the chap-
ter describing the therapy with Teddy, it was unfortunate
that a worker with no training in therapy should have contin-
ued the treatment. Furthermore, the comment was made that
such a transfer of workers to the extent of four people dur-
ing a treatment situation, is ordinarily considered to be
poor therapy practice.

Through the sound base of therapy set up by the
first therapist, however, the change of workers was made more smoothly than ordinarily would be expected. In this case, as in the case of Jennie Morton, many of the deeper implications were left untouched insofar as the actual therapy was concerned. The therapists in both cases, were accepting of the fantasies and actions of the children, without becoming involved in responses which would have placed the therapy on a deeper level.

The treatment process was closely supervised by the psychiatrist in charge, and the therapists were urged to make responses only as they felt able to make them naturally, for without the spontaneity in therapy which comes through training and practice, the procedure can be harmful to the children concerned. The cases describing Jennie Morton who had a habit disorder, and Teddy Lawson, the neur-otic child, were actually carried on with a maximum of psychiatric control. The process would, in all probability, have been speeded up to a considerable extent, had it been possible to carry on the interviews at a deeper level. Despite this fact, however, the cases described show in general, a high level of play-interviewing technique, which in many instances, depending on the skill of the particular therapist, entered into the realm of play therapy.

These instances, during which the therapists quite obviously caught the full emotions of the children, and responded to them on an intuitive and skilful level, represent the type of therapy carried on by a fully trained specialist in this field. It is to be expected, as the training of
therapists is carried on, that the cases will show a con­tinually increasing level of the technical skill involved in the technique. It will be important that those chosen for training remain in this work so that their skills may increase.

To this point, the evaluation of the therapy has been given solely on the basis of technical skill displayed. Such skill, however, is a matter of training and natural capacity for development in the specialization of therapy. The most important aspect in the matter is the actual results produced through the treatment, regardless of the actual depth of the work.

The Results obtained from Play Therapy treatment

The records indicate, in the case of Tommy Snyder, that this child had been subjected to a particularly unsettled existence during the first eight years of his life. His mother and father were immature adults incapable of adjusting to any form of responsible living. The child was shunted back and forth between the parents and exposed to every form of unstable life, emotional and material. It is not surprising that Tommy should have acquired a disorder connected with sexual aggression, for his family background, through the promiscuity of his mother, provided him with a suggestive example.

When Tommy commenced therapy in July 1948, he had already experienced failure in one foster home. His progress in treatment seemed to be good, but when he was again placed
in a foster home during February of 1949, after a year in the Receiving Home, it was found that the move had been made too soon. However, by August of the same year, sufficient advance had been made so that he could be placed in the home where he still is. Through the therapy, Tommy advanced to a point where he was able to adjust to a pair of foster parents carefully selected to meet his needs.

The difficulties involved in estimating a child's progress in treatment are illustrated by the second placement. Nevertheless, the fact that a few months later it was possible to place him satisfactorily suggests the narrow line between a child making a social adjustment and failing to measure up to normal requirements. This line was quite evidently bridged by the treatment carried on during the few months that intervened between the second and third placement. The records do not indicate that any great amount of casework was carried on with either the second or third set of foster parents. A point to be emphasized then, is that had sufficient preparatory casework been instituted with the second foster parents, it is quite possible that the third placement might not have been necessary.

Tommy has made a satisfactory adjustment to life in his third and last home. By this fact, as evidence of the benefits he received through the treatment, it may be pointed out that the play therapy process was successful. It is, however, necessary to emphasize again that therapy time in the project is valuable, and must be used economically by utilizing casework skill in choosing and helping foster
parents, where their understanding is sufficient to bridge the gap between the needs of the comparatively normal and the disturbed child.

Again, in the case of Jennie Morton, there is an example of the importance of good casework with parents as well as therapy treatment for the child. Although the case had been in the hands of the agency from the time of Jennie's birth, it was not until she was nearly nine years old that, as the records state, the first real contact was made with the foster mother. Rejection of the home as a foster home, or recognition of beginning problems with either resultant casework help to the foster parent, or removal of the child to a more favourable environment, might have saved the great expense of this later treatment. The records show that a second child was also exposed to the warping influences of this foster home.

By the time she was nine years old, Jennie had become a child with a strongly marked habit disorder. It was still later, when she was twelve years old, that play therapy was instituted.

The conclusion to be drawn from these facts is two-fold. Firstly, through the detail provided in the records, pertaining to the information supplied by the foster mother, it was obvious that the child was making a poor adjustment, and question as to the use of this home as a foster home at all, is pertinent. However, as the therapy project was not started in the agency until July of 1948, it would not have been possible to have given play therapy treatment before that date.
Casework with the foster mother should have been carried on at a more intensive level long before the time Jennie was nine years old, and it is possible that removal to a more suitable foster home would have been indicated. Secondly, the problem with Jennie becoming increasingly obvious, three years should not have elapsed before an effort was made to correct it. This lapse of time, though indeed regrettable as it involved a greater degree of disturbance, was unavoidable, for a very realistic fact was that there were no trained therapists available to carry the number of cases requiring treatment. These facts are pointed out with the idea that children like Jennie have needed treatment for a long time before the project started, and even after it started could not be given therapy, because of lack of resources. What therapy treatment can do for these children has been described in this study. The next step, then, is to provide the means to treat them. A child like Jennie can be helped. The relationship created in the play room illustrated that the tensions in this girl were many; but she showed signs of being able to express her feelings in an atmosphere that was conducive to expression.

Similarly, the case of Teddy Lawson showed the tremendous benefit that could be given to a child in building up his confidence in himself and other people. The circumstances of Teddy's birth started him off with initial handicaps - the most basic of which was the fact that at the time he was six years old his mother had so little feeling for him that she could say on parting, "be a good boy and you
may see me again when you grow up". The following two foster homes in which he was placed had little to offer in the way of compensation for this early rejection. It may be that no foster parents could be capable of filling the insatiable needs of this child. However, the importance of casework with potential foster parents to help them understand and accept this boy's needs and probable behaviour, so that he suffer no further rejections, is obvious.

It takes particular skills to determine the qualities that substitute parents should have in order to meet the needs of disturbed children. A considerable amount of experience and understanding of personality is required, in order to determine whether certain parents possess these qualities. On the other hand, foster home resources may be limited. Thus, it is felt that some sort of balance needs to be attained between selection of adequate parents and the maintenance of foster home resources. In the case of an agency like the Childrens Aid Society, where great numbers of children require foster parents, an active search, made by trained personnel, is necessary to have available enough high quality homes. However, although all children have the right to parents capable of giving them the basic needs of childhood, some children in particular, through greater than average deprivations, have more urgent demands for special understanding and care.

The difficulty in this area comes in guaging which
children need more specialized attention. There should be some means of determining, before or shortly after a child is taken into care, precisely what contributions or limitations his early background has provided towards the development of personality. In this way, through a careful examination of all the factors which have affected the child, there is a better chance of supplying an environment that will strengthen him and provide a guide into adult maturity. Where it is obvious that a child has been seriously rejected in the pre-school years, problems of behaviour can be expected.

The conclusion to be drawn in this study is that there should be an observation centre in connection with the placement of children, staffed by a trained personnel possessing special qualifications to understand and diagnose childhood problems. Although no such method would be infallible, the elements would be provided to eliminate a great deal of the personality deterioration that takes place, through inept placement of children in unsuitable homes. Often by the time a child comes to the attention of the specialists, the damage has already been done. Several instances of this type of damage were illustrated earlier in the study. The case of Ronnie Trenton, who will require long and expensive treatment, which may still prove valueless at this late date, and the case of Joan Brown, subjected to one inadequate placement after the other, are both striking examples of children for whom treatment will be provided with difficulty.
because of shortage of resources, and in addition may prove useless due to the length of time their problems have been present. Such children are probably not the exception at the Childrens Aid Society, since the need for foster care usually implies a lack of previous full parental care.

An observation centre is a great help in an agency that carries the responsibility for so many young lives. Short of such a centre, a specific diagnostic study, culminating in a plan, should be an invariable first step before permanent placement, and can be carried on while the child is in a temporary receiving home. Somewhere the resources must be found to help carry out the basic principle under which the Society was organized, which was enunciated in their motto "We protect the little ones".

Some children are going to require therapy despite all that may be provided for them in the way of initial observation, diagnosis, and other treatment. For this group a treatment centre is required. The play therapy project carried on at the Childrens Aid Society since 1948, represents a pioneer attempt to meet this need. Handicapped by inadequate numbers of trained staff and financial resources, both of which are essential to the development of such an undertaking, the project has maintained itself and produced results which augur well for the future of the attempt. The fact that a treatment process which is pushed
forward through the persistency and determination of a few people, can assist a small group of children towards a much better adjustment to society, points out the great benefits to be obtained from an enlargement of the project. A treatment centre maintained by a group of professional people skilled in play therapy techniques could provide for the emotional development of children who otherwise may spend their lives crippled by personality difficulties.

A further observation in this study concerns the development of foster home resources. Placement with loving and mature foster parents, for the child who is less emotionally disturbed, can prevent the need for therapy, since severe disturbances can be caused by placement with poorly assessed foster parents. Despite all treatment which is available to children, and even though a treatment centre were accessible in which they might be placed during treatment, there will also always be a need for foster parents. Especially, there will always be a call for foster parents who are ready to accept the affectional and other interchange which is the basis of emotional health and growth for children.

However, no treatment method offers complete coverage. There must always be the accompaniment of an environmental situation which supplements and strengthens it, for any therapeutic practice can be rendered null and void if conflicting influences surround the child treated. Thus,
in addition to strengthening foster homes by competent case-work practices, in this area a way is open for a further step. Earlier it has been said that some children require particular care. This care must be given, even in foster homes, by parents especially qualified to give it. Just as therapists in the play therapy situation must possess the qualities of natural intuitiveness and sensitivity, so must foster parents dealing with disturbed children, have within them the same potential abilities.

In the first place, great care has to be taken in the selection of such a group. Their particular skill and ability would require careful evaluation. This evaluation could be accomplished, however, by a competent psychiatric social worker, with the help of psychiatric consultation. It is proposed that a special training program be initiated for this select group. The suggestion is that a seminar discussion group be carried on for a two hour period weekly, as a maximum, during a six month trial. This seminar would most logically be given and supervised by the consultant psychiatrist to the Childrens Aid Society. Her professional reputation would carry a great weight in a project of this kind. She would be able to present material concerning the emotional development and needs of various types of children showing behaviour disorders, in such a way that potentially skilled foster parents would derive large benefits. There would have to be, as well, work by individual caseworkers in helping
foster parents around specific cases.

Such a group of foster parents would provide a reservoir of homes in which children with behaviour problems could be maintained and helped. Provision of homes through a project of this kind, would lighten the responsibility carried by the agency in planning for children who do not have access to the normal advantages possessed by those who have their own parents. A training program, as described in these paragraphs, would represent a forceful advance in the right direction. Other suggestions include: (1) Giving training to a select group of workers in the field of specialized foster placement for disturbed children, and (2) Group discussion of these special placements so that there would be a close integration of knowledge with all of the staff.

The conclusions to be drawn as a result of the evaluation in this study are five in all. They are associated with a development of the project with which this study is primarily concerned and also a development of related fields. Specifically the final conclusions are:

(1) An enlargement of the present therapy project at the Childrens Aid Society, to the point where specially trained therapists are utilized so that the treatment may be carried on at a maximum level of intensity.

(2) The provision of an observation centre, or specific plan for early diagnosis, so that the problems of children may be evaluated with maximum efficiency, at an early date, thus avoiding the danger that treatment may be
attempted too late.

(3) The setting up of a treatment centre in which children may be maintained during treatment, in a situation which provides a background of skilled personnel capable of understanding and working with disturbed children while they are receiving help.

(4) A foster parent, finding, selecting, and training program, which would provide a group of homes where special children might receive the kind of acceptance and help indispensable to their reorientation to life. Such a program should use and integrate casework and psychiatric skills. It would also develop the special skills essential in the placement-treatment program, for it would be necessary for caseworkers to be in very close contact with the project.

(5) Integration of the total agency program, so that all the staff are brought closer to the causes and nature of psychiatric disturbances in childhood, and how they can be helped.

These conclusions represent the ideal treatment situation. They are considered to be a standard towards which it is the responsibility of any agency dealing with children to direct itself. Additional funds are required to initiate any part of such a program, but funds can usually be found when the needs are great enough. This study attempts to portray the help that has been given, and also emphasizes the work still to be done. The contribution made
by the play therapy project at the Childrens Aid Society is unquestionable. However, it is just a start in the benefits that can be provided for all children. Play therapy treatment applies only in special cases, whereas an emphasis on developing related skills in casework and interpretation to the staff generally, would give impetus to the whole agency program.

It is the responsibility of every professional social worker to make a contribution in any area which deals with the problems of children. Not every one can contribute in terms of skill, but all social workers can maintain a constant interest in the field of child welfare so that no opportunity is lost to publicize and interpret the work to be done. Each child that is helped to grow up towards adult maturity, represents a step in solving the problems of the present civilization. The child welfare agencies of Canada have too many children whose hope for maturity is all too slight, unless they benefit from professional help.
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