A TEACHER-THERAPIST DEALS WITH A HANDICAPPED CHILD

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Occasionally a case turns up which is rich in implications far beyond the specific details which it embodies. Such is the case of Ernest, which is reported in this article. Viewed narrowly, it is the account of the treatment of a handicapped child with a throat constriction, by a psychologically trained therapist who is also his teacher. Viewed broadly, the case has significant implications not only for the child guidance field, but for school teachers and administrators, for case workers and group workers, for therapists working with adults, and especially for workers in the fields of rehabilitation and occupational therapy. It raises many questions regarding therapeutic procedures in each of these fields and provides at least partial answers to some of them. It is because its problems reach into so many areas of specialization and also because it provides a clear picture of skilled therapy that this case is presented.

Since the material is detailed and complex, it seems wise to give at the outset a simple summary of the whole process through which Ernest lives during the seven months covered in the case account. This is not to prejudice the process but to provide a pattern of thinking from which the reader is free to depart as he studies the detailed material. This summary is given in the two following paragraphs.

Ernest, a six-year-old rejected child with a constricted throat, is fearful, infantile, and unsocial. In therapeutic contacts with an understanding teacher he expresses a need for affection from his mother, and takes the initiative in exploring the possibility of living with her. He receives rejecting treatment from his mother, and becomes violently aggressive, turning, however, to his teacher-therapist for emotional support. Gradually he assimilates his disappointment, adopts his foster family as his own and even accepts the fact that his teacher will not substitute as his mother.

Parallel with this development he gains courage to attempt the grownup behavior of eating, and, with many swings between infantile and mature reactions, he gradually pursues the more adult role, leaving behind nursing bottles, rubber tubes, and the neurotic use of his handicap. His new adjustment is severely tested by upsetting periods of illness and hospitalization, but he maintains the more mature way of meeting life which he has achieved.

A similar summary in regard to the therapist's procedure may also be helpful. Detailed comments on the therapeutic process, the techniques used, and the stages of insight and growth are contained in footnotes throughout the report, but a general statement of the therapist's point of view needs to be given at the outset. It will be seen that to an unusual degree this teacher maintains a deep and thoroughgoing respect for the integrity of this six-year-old per-
sonality. She has a clear recognition that even at this age, surrounded as he is with difficult environmental situations, much of the final solution must be found within the boy. There is clear evidence of her basic confidence in the capacities for growth in the individual. There is obvious recognition that the main task of the therapist is to create an atmosphere of freedom and permissiveness in which the child can drop his defenses and come to grips with the problems as they exist within himself.

With this introduction, the case record, as it was kept by the teacher who acted as therapist, is presented for consideration. It has been edited only in the interests of brevity and disguising identities.

THE CASE OF ERNEST

Ernest started to school in September. He was six years, three months of age. He was short for his age, but he had a personal history that was long indeed. When E. was three years old he drank lye and as a result was hospitalized. His father deserted his mother. The mother brought E. to C, placed him in a hospital, and left town. E. became a state ward. The mother went back home—she lived in a small town about 60 miles away from C. E. remained in the hospital for three years. During that time his mother came to see him only twice. Seeing her only once a year, E. forgot his mother and when she paid her last annual visit he did not recognize her. E. underwent a series of operations and throat dilations. This September he was pronounced "surgically cured." However, he still refused to eat and it was necessary to continue to feed him through a tube inserted directly into his stomach.

When E. entered school, he had been out of the hospital for only four months. He did not know how to dress himself. He was enuretic. He had had no association with other children. He had been placed in a boarding home with a very dominating middle-aged woman. The child and the foster mother did not get along. He refused to eat anything. He even refused to drink water. The foster mother felt that it was an attempt to get back at her. The doctors also thought that the problem was entirely psychological.

The first day of school E. was rather awed by the other children, by the size of the building, by the school activities. There were 36 other first-graders in the class. On this first day he watched the other children drinking from the "bubblers." These fountains fascinated all the children and they went through the motions of drinking gallons of water those first few days. E., standing beside his teacher watching the other children, said "It looks like fun." The teacher (T.) responded to the obvious desire on his part to join the others in drinking from the "bubbler." This brief contact went something like this:

E. It looks like fun.
T. You think it would be fun to drink from it, too.
E. (nods agreement) But I can't.
T. You don't think you could drink it.
E. No. It looks like fun.
T. You don't think you could drink it, but still you would like to.
E. I'd like to try.
T. You want to try it.
E. I used to take a drink from one of those things when I was in the hospital. I don't drink now.
E. (grins and goes over to the drinking fountain.)
E. It might not stay down.
T. You think it might not stay down, but you still want to try. (E. nods his head.
He takes the handle and turns it up too high and jumps back.
E. It's a lot of water.
T. It looks like a lot of water to you.
E. I'll drown myself. (He takes a drink, glances at the teacher, grins broadly.) It stayed down!
T. Yes. It stayed down. (He drinks again.)
E. It stays down. (He seems quite delighted.)

He came back into the room and told all the other children that he "drank a drink." They accepted the fact with all the appreciation of the five-year-old. They did not know that E. was "different." They only knew that he was very proud of the fact that he had had a drink from the bubbler and they boasted about their drinks, too. E. had about five hundred drinks that day—or so it seemed. From then on E. had no trouble of drinking water at school and retaining it. However, he still refused to drink at home.

Two days later E. noticed a big red apple on the teacher's desk. It looked very good to him. All the exercise he was getting walking to and from school, and all the school activities, were increasing his appetite. The other children were eating apples and pears and oranges on the school ground at recess time. E. began to entertain the idea of eating like the other children. Late in the afternoon of this second day, he sidled up to T. and said, "If you shared your apple with me after school, I would help you eat it." T. immediately recognized his desire to eat the apple and accepted his invitation to share the apple with him. After school that day T. cut the apple in half and gave part to him. He ate the apple. Part of it he did spit up, but enough of it stayed down to give him the satisfaction of eating it.

The apple eating session went something like this:

E. It is a pretty apple.
T. It is a very pretty apple.
E. It is a beautiful apple.
T. It is a beautiful, red apple.
E. You will share your apple with me. You said you would.
T. You want to share the apple with me.
E. We'll share it together. (T. cut the apple in half. E. picked it up almost with a feeling of reverence.)
E. It may not stay down.
T. You think it might not stay down, but you want to try.
E. I want to try. (E. bit into the apple.)
You eat that part.
T. You want me to eat this part while you eat that part. (E. nods head. So T. did. E. smiled at the teacher. His eyes were shining.)
E. This is a very, very delicious apple.
T. You think the apple is very, very good.

1 Even in this first incident, both E. and T. exhibit significant attitudes. T. shows an accepting, nonargumentative, noncoercive attitude, being just as ready to accept his discouraged and fearful attitudes as his courageous ones. Untrained workers are prone to persuade—"I'm sure you can take a drink"—or to be supportive—"I'll help you and then it won't be so hard"—or to bring pressures to bear—"You want to be a big boy like the others, don't you." It takes restraint and a therapeutic point of view to let the child know that he is accepted for what he is, not for what he is not. E., on his side, shows a willingness to be courageous in spite of fear which is characteristic of the growth impulse. It is as he is sure that T. accepts both of his contradictory attitudes, that he can venture to attempt a drink.

2 This desire to solve his problems is a good prognostic sign. In many instances a client will clearly show, in a first or second contact, whether or not he has sufficient motivation to overcome his difficulties.
T. How can I find out for you?

E. Get someone to give you a test.

T. Do you know what yours is?

E. Oh yes. It’s 119. Some man came over to the hospital and measured it. The nurses told me it was 119. That’s good, too. The nurses said I ought to be proud of it.

T. Did they have one?

E. I guess not. They didn’t know what theirs was, either. And Mrs. S. (the foster mother), hers is terrible.

T. You think hers is terrible. Why?

E. Well, I asked her what hers was when I first went there. She didn’t know. I said “Guess!” She guessed hers was 100. I told her mine was 119 and since it was bigger than hers I didn’t have to pay any attention to her. I was smarter than she.

T. You think you are smarter than she is.

E. (generously) I expect yours is about 89.

T. You think I am about as smart as you are?

E. I really do. (By this time the apple was consumed in spite of the IQ—or because of it. Then T. took him home.)

The next week there was a popcorn fritter sale at school. Everybody was eating popcorn. E. eyed the popcorn with interest. Then after school he asked T. for a piece of popcorn. She gave him one of the fritters and he ate it all and retained every bit of it. At this session he talked all the time about the popcorn and how very good it was. This was a brief session—15 minutes in length. At the conclusion T. took him home in her car and stopped in to see the foster mother. When T. related how he was becoming interested in eating in school, the foster mother expressed quite evident antagonism toward the boy and said that he refused to eat for her. She said, “I just told him the other day, ‘I know you think it hurts me when you don’t eat.’ But I don’t care. You can always run around with a silly rubber tube in your stomach, if you want to. It doesn’t hurt me at all.” Then he looked at me curiously and said “Is that the way you really feel about it?” And I said ‘I don’t care what you do.’ That seemed to get him. It’s the same way with his bed wetting. I am convinced that he just does it to get back at me.4 I tell him so, too. He is a mean one, though. He lies and steals. And he is so stubborn. I stopped the feedings for a while, when the doctor told me there was no real reason why he couldn’t eat. And he refused food until he actually fainted. Then I just started the supplemental feedings again. I don’t know what to do with him. But if he can eat for you, why can’t he eat for me?” T. did not say “You wonder why he won’t eat for you! Well, I’ll tell you, you old so and so!” but certainly wanted to.

Then Mrs. S. related the IQ episode exactly as E. had related it to T. in regard to Mrs. S.’s IQ of 100. She was quite obviously “burned up” about his remarks. When the teacher told her that he had eaten some popcorn and had retained all of it, she said “Well, that is the limit! Popcorn, of all things. Why I wouldn’t even let him have that. Suppose he choked? Suppose he choked on any of the things given him? My God, what would you have done?” T. silently responded, “My God, period.” Audibly she said that the boy’s nurse had said that they were very interested in getting him to eat, that there was no risk of choking—no more risk than with any other child, and that the more he ate or even tried

4 It is interesting to note that the foster mother, too, has some understanding of the attitudes which underlie E.’s behavior. She cannot accept them, however, and hence the situation goes from bad to worse. For T.’s handling of a situation identical in its dynamics, see footnote 20.

8 Here is the first clear evidence of the positive affectional attitude which he is forming toward the teacher. The handling of this relationship as it deepens constitutes one of the most interesting issues of the therapeutic contacts.
to eat, whether it stayed down or not, the better off the child would be. Mrs. S. didn't like that very well. However, she accepted T.'s foolhardiness by commenting acidly "Well, it's your funeral!" A few other minor points were discussed to clear the air before T.'s departure and when T. left E. came out on the porch and called after her, "I wish you would take me with you. I don't like it here." All of which did not help his situation in the foster home.

The following week the boy's state guardian came over to the school and asked the teacher for a conference. T. made an appointment for the following day and went down to his office to discuss the case with him. T.'s opinion more or less confirmed the guardian's suspicions that E. was poorly placed and consequently it was decided that he would be placed in another foster home—in one closer to the school if one was available. The following week he was placed in another home. The guardian came out and told him the afternoon before he was moved. And so there was another adjustment to be made by this youngster. Individual contacts after school were started. So far as possible, feelings and attitudes expressed in school were recognized and accepted.

September 29, 1943

On September 28 E. was moved to Mrs. R.'s, his new foster home. This contact was after school and at E.'s request. He was very much disturbed by the sudden move to the new home. (In this new home the foster mother is in her 60's. Her husband is in his 70's. She has another foster son aged 15. Mrs. R. is an excellent cook, and has specialized in boarding feeding problems. She is soft-spoken, has a very bad heart condition, and is extremely religious. She seemed to be very sympathetic in regard to E. and said, "If I can't help him, then I won't keep him. I'll ask to have him placed in another home. I'm more concerned about his welfare than the boarding money. And I will not stand in his way. But I am confident that Ernest can be cured. I don't know how you feel about this—but I believe God will help this child if we pray to him faithfully.")

In the after-school contact, the day after the move to the new home, E. stood at the "paint table" and idly stirred the paints for a few minutes. T. was sitting at a nearby table. (These contacts were all held in the classroom and all materials used were always available during school time to E. and the other children. There was no marked off area of limitation. He could use anything in the room. The only requirement was that he stay in the room. Materials in the room included clay, paints, all kinds and sizes of paper, work bench, hammers, nails, saws, crayons, cowboy suit, gun, soldiers, airplanes, tanks, building blocks, set of dolls and furniture, and many other games and toys.)

E. looked at T. and then came over and leaned against her.

E. I want to write a letter to my mother. You know she lives away from here, in ----. That's far away. You write what I say.

T. You want to write a letter to your real mother.

E. Yes. Say "Dear Mother." (T. writes it on a piece of E.'s writing paper which he handed her. Remember that E. has not seen his mother for almost a year. He has seen her only four times during the past three years and the last time he saw her he did not recognize her.)

E. Now say "I am getting along all right." I really am, aren't I?

T. You want your mother to know you are getting along all right.
E. Yes. When I get better then I can go home to my real mother.

T. You want to get better so you can go home.

E. Yes. Tell her—(pause). Write "I ate some lima beans last night. I ate some pork chops last night and mashed potatoes and gravy on them. And a glass of milk. This morning I had some cereal and some orange juice. And two pieces of toast." Are you writing all this down? (This is the first meal he ate. Very little, if any, stayed down, according to the foster mother.)

T. I'm writing all of it down.

E. "This noon I had some soup with carrots and onions in it. I had a piece of toast and a graham cracker." (To T.) And it stayed down, purt near—for a while that is—some of it.

T. Part of it stayed down and you were glad it did. You wanted it to stay down.

E. (nods) Yes. And someday it will.

T. Someday it will.

E. I want to write some more letter. Write "I moved last night to Mrs. R.'s house." I really did. And Mrs. R. is a nice lady. She isn't like Mrs. S. I like this Mrs. R. It least, I think I do.

T. You moved last night and you really want to like this new mother.

E. Yes. Only she isn't a mother. I call her grandma R. And I have a grandpa and a brother now. A big brother called—I can't remember his name, but he is nice.

T. You have a whole new family and they are nice people.

E. Write, "How are my sisters?" I have two sisters at home.

T. You have two sisters at home.

E. Write, "How is my puppy? I hope he is getting along all right. I hope I get to go home to your house sometimes." (To T.) I wish I could go home.

T. You want to go home. Moving to a new home yesterday made you think about your own home. You don't know how things will be in this new home and so you wish you were home.

E. (nods) Of course I do. My pigs are down there and my puppy. I want to see my pigs.

T. Would you like to see your puppy and your pigs.

E. Yes. Write, "Dr. B. is on a vacation now. Love for grandpa and mother. Ernest!" E. draws T.'s arm around him and snuggles up.

T. You feel uneasy about your new home. You don't know any of those people yet. E. I only saw them yesterday. Never not once before.

T. Of course I can understand how you feel. Everything is strange.

E. Will you come home with me tonight and meet Mrs. R.?

T. You want me to know Mrs. R. too.

E. Will you? (T. agrees to go home with him.)

On the way home T. and E. stop in a drugstore and T. buys him an ice cream cone. This was according to a pre-

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6 This is an excellent clarification of the attitude which E. has been expressing by his actions, and by such statements as "I like Mrs. R. At least, I think I do." It brings E. to a clear recognition of the attitude in himself, in the next response. It should be remarked that at the outset of the contacts, the therapist's recognition of attitudes is at a relatively superficial level, such as the recognition of his desire to take a drink, along with his fear of it. This is almost invariably true at the beginning of therapy, but as these superficial attitudes are accepted and recognized, the child becomes more free to bring out deeper and more dynamic attitudes. The therapist needs to be alert to understand and follow and clarify these deeper attitudes as they are expressed.

6 In this interview the therapist begins to adopt a supportive mother role rather than the strictly nondirective role which she has played thus far. By befriending him as he goes home, by giving him gifts of food, by reassuring him the next morning about the foster mother, the therapist is definitely saying "I will help you" rather than continuing to say "I will help you to help yourself." There is room here for difference of opinion as to the best technique. E., as we shall see, has been accustomed to a very demonstrative affection on the part of the hospital personnel, and hence would regard this behavior on the part of T. as similar to the adult behavior with which he was familiar. It is also true that a first-grade teacher is necessarily considered a substitute mother by the children, who continually turn to her for approval and support. Consequently it may be thought that T.'s supportive role is only natural and sound. Yet the dependence which is created will need to be handled, as we shall see. Perhaps therapy would proceed just as satisfactorily if here, too, the child had been helped to face his own attitudes, rather than placing responsibility on another. The therapist might have recognized the boy's need by some such statement as, "You would like it if I would stand by
arranged plan with doctors, nurses, guardian, and others involved in this case and according to the theory that every attempt he makes to eat will help his case whether it stays down or not. Very little if any stayed down although he kept right at it and talked about how good it was. T. echoed his comments about how nice it was to eat things. T. met Mrs. R. and talked to her for about an hour after Mrs. R. sent E. out to play. His nurse called for him and took him to the clinic to weigh him and examine him.

The first thing he said to T. the following morning was “Did you like Mrs. R.? Is she a nice woman?” T. responded “You want to know what I think of Mrs. R. Well, I think she is a very nice woman.” E. smiled. Then he became quite serious, “Why last night, you know what? She prayed for me. She asked God to get me better. Now I will get better.” T.: “You are sure you’ll get better now.”

Nothing he ate the following day stayed down, either. He seemed quite bewildered by everything and did not have anything to do with the other children.

The state guardian had told T. that they were trying to establish a better relationship between mother and child so that he could eventually go back home. To date they had not been successful. The mother claimed that she was financially unable to come up and see the child. She lives with her parents about 60 miles away. The state guardian seemed to believe that her long absence was due to low finances. He had said they would continue to try to get her up to see E. Consequently when E. asked to write her a letter T.

thought this might be used as a device to better the mother-child relationship. This was the first letter E. had ever written to her. He got the idea of a letter from the school experience of having the group dictate a letter to a schoolmate. When T. mailed E.’s letter she included one of her own to the mother.

Dear Mrs. B—:

E. received an answer from his mother October 4. He stayed after school. T. gave him a Stanford-Binet (Form L). He immediately recognized the equipment as “IQ material” although “not the same kind” that he had had before. He was quite anxious to be tested, and asked T. if she didn’t think his IQ would be good. T. assured him she thought it would be. Strangely enough, he received a score of 119—the same IQ he had quoted so glibly. After he finished this test T. told him she had a surprise for him. During the test he had been quite relaxed; when T. produced the letter and told him it was from his mother he became quite upset.

E. I know it. I know my mother wrote it. Mrs. R. told me. (Mrs. R. did not know about it and had not mentioned it to him.)
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T. You are so glad you don't know what to do.
E. Read it. (He crawls up on T.'s lap. When E. becomes excited or emotionally upset he spits up mucus. Several times as T. reads the letter he spits up in the receptacle provided for him.)

T. "Dear Little Son:"
E. That is me. I am "dear little Son."
T. You are glad she called you dear little son.
E. I am her little son. It's because I'm a boy she calls me dear little son. (He gets down from T.'s lap and spits up mucus.)
T. You are excited to hear from your mother and so you have to spit up.
E. Read it again—from the beginning.
T. "Dear Little Son: Just a line to answer your letter rec sat sure was pleased to hear from you and to no you was getting along so good—"
E. I am getting along good, aren't I? This letter is to me from my mother.
T. You think you're getting along good, too. You are happy to hear from your mother.
E. When I'm better I'm going home. I have some pigs and a cow, too. And a grandpa.
T. You would like to go home—and when you are better you can go home.

(E. spits up again. T. wondered if she should continue with letter since he was so excited and decided to risk it.)
T. When you get excited it makes you spit up.
E. When I'm better I'm going home.
T. When you can eat all your meals and not spit up then you will be better.
E. What else did she say? How are my pigs and grandpa?
T. (reading letter again) "that sure was a nice letter your sisters are just fine, and—"
E. I've got two sisters. I don't know them. How old are they?
T. I don't know. You wonder about them, don't you?
E. I'm the only boy. I have no brothers.
T. You are the only son.
E. (grins) The only son. (Nods head solemnly. Then pulls at T.'s sleeve.) Go on. Read more.
T. (reading) "and your little puppy is to and your pigs are great big hogs now."
E. (laughs) "I've got great big hogs. My puppy was such a nice dog. Nice little puppy. Little brown puppy."
T. (reading) "We have still got a cow for you too. your oldest sister are going to school. She is in the third grade. I am glad you are learning your books good honey—"
E. She calls me honey.?
T. She calls you honey. You like that.
E. (Leans back against T. and closes eyes.) I got some hogs and a cow.
T. It's nice to know you have some things of your own back home.
E. I'm going to milk the cow when I go home. What else does she say?
T. (reading) "I am glad you are learning your books good honey be a good little boy and go to school and learn to be a school teacher don't you think that would be nice grandmother said tell you she were just fine and for you to be good and learn to eat so you can come home—"
E. I'll learn to eat. And then I'll go home and see my hogs. And the cow.
T. You'll learn to eat because you want to go home and see those hogs and that cow.
E. I'll bet they're big. What color are they? T. She doesn't say. What color do you think?
E. I don't know. (laughs) But not blue
T. Not blue.
E. Are there black hogs?
T. Yes. There are black hogs.
E. Then they're black. (During this talk he becomes very relaxed. -Murmurs:) What else did she say?
T. "Be good and learn to eat so you can come home and be with us honey. I thought your little letter were affel nice and I sure do love to hear from you and it sure was nice you are eating so good I am glad to hear that Mother will be up to see you as soon as I can Ans soon with love from Mother To Ernest goodbye."

The degree of emotional deprivation which this child has suffered is made clear by his responses all through this letter. It is this extreme deprivation which might be thought by some to justify the therapist in carrying a supportive role. Unless the therapist is ready, however, to be a substitute mother, with all that that implies in terms of continuing care, the supportive role will have to be abandoned at some time, with consequent pain.
E. (still very relaxed) Yes. She really is coming up to see me. She said she would.

T. You are glad she said she would come up and see you. (When T. finished reading the letter E. was quite calm.) (T. quickly copied the letter and put it with her notes.)

E. What are you doing? Are you answering the letter?

T. No. I'm copying it down so when you answer the letter, I can read it to you again if you want me to. You can take your letter home and show it to Mrs. R. if you want to.

E. I can take it home? (surprise)

T. Yes. If you want to.

E. I want to. Now let's go get ice cream cones.

**October 11, 1943**

(During this session after school E. rolled a ball of clay around for a few minutes, then suddenly came over to T.)

E. Let's write my mother a letter.

T. You like to get letters from your mother.

E. My mother is skinny.

T. She is?

E. Yes. Skinny as a toothpick. (It is interesting to note the positive way he speaks of his home. In reality he does not know anything about home or relatives.)

E. Ready? Say “Dear Mother. I want to milk a cow when I come home. I hope you get plenty of milk with your cow. I hope I get to butcher my hog when I get home!” (to T.) And I really mean that. I'll take a big knife as sharp as a knife and I'll cut its throat. (E. gets a ruler and whacks on table.) I'll kill the old hog. (Squeals—becomes very aggressive.)

T. You want to kill the hog when you get home.

E. (Nods head, bangs on table and squeals. Suddenly puts down ruler.) Say “How old is my baby sister right now? How are you getting along with your work? I hope grandpa can bring you up to see me soon!” (To T.) Maybe he will, too!

T. You do want to see this mother of yours.

E. Write “Bring me a game when you come to see me.”

T. You want your mother to bring you something.

E. Yes. Any kind of a game. I don't have any games.

T. You want your mother to give you something.

E. Tell her “I have been drinking chocolate milk at school. (Dictated rapidly) I get graham crackers, too. I want you to come up and see how I work sometime. With love to you and Grandpa and Grandmother, Ernest.”

(E. walked over to the table and got out the box of dolls. He arranged the doll furniture and then started to play with it. The mother was getting dinner at the stove. She called the children. The boy came in. The sister came in. E. began to talk for each doll.)

Boy doll. “What will we play?”

Girl doll. “Let's play Ring around the Rosy.” (Makes dolls do this.) (The other sister comes in.)

Sister. “Let's play London Bridge.” (They do. The play is very restrained and proper.) (Father doll comes home.)

Father. “What did you do today?”


Father. “Was it any good?”

Boy. “Oh yes.”

Father. “Where is it?”

Boy. “Over there on the stove.” (Father goes over to stove.)

Boy. “Have some.”

Father. “Yum-yum. Good. Now you go out and play.” (Mother takes sister and goes out. Suddenly E. swoops sister and catches them under it.)

E. (yells) The giant has got you. The giant will eat you up. (E. pretends to be the giant and pretends to eat them.)

T. The giant is going to eat the mother and the little sister.

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8 This is the first time that E. has expressed an aggressive attitude which seems to be directed toward his home. The therapist's response is scarcely adequate to the depth and strength of the destructive urge exhibited. “You'd really like to cut his throat” might have indicated more acceptance and would perhaps have led to further expression of some of the underlying attitudes.

9 A better response would have been, “You like to be the giant and eat them up.” Because E. has shown such a definite desire to see his mother, and to have evidence of her affection, it is easy to overlook the fact that his feeling is ambivalent. He is clearly hostile to his family which has deserted him, as well as being eager to make contact with them.
E. Yes. Just you watch. (Father sends the other brother and the other sister out. Same thing happens to them.) Then the father calls "Ernest!"

E. (to T.) He's hiding. See? He don't want to come.

T. The boy doesn't want to answer his father.

E. No. (Sighs) But he has to. He is well-behaved. (Changes voice to a very sweet tone) "Yes, Father?"

Father. "Go see what happened to your family."

E. "I don't know. The giant ate them, I guess."

F. "The giant? Oh my goodness!" (Father runs out and is caught and eaten, then flung violently into the toy box.)

E. "Even you, little boy!" (And the other boy, identified as Ernest, is also caught, eaten, and flung into the toy box. The flinging is done quite violently. E. walks away from dolls. He comes close to T.)

E. (to T.) Do you suppose some of the lye I drank is still inside me?

T. You think maybe some of the lye is still inside you.

E. Yes. I have such an awful time. I haven't been able to keep all my food down. Yesterday only breakfast and lunch, but not dinner, and this morning my breakfast came up and my lunch— (Pause)

T. It discourages you. (Pause) Do you want to tell me about the lye?

E. I thought it was milk. It was in a glass sitting out in the alley. You see, I thought it was good milk and I drank it. I guess some of it is still down there.

T. You thought it was milk and you drank it. Then it made you sick. Now you think the lye is still down there, because you still get sick.

E. Yes. That's what I think. (Pause. E. stares at T. unhappily—quite dejected.)

T. What does the doctor say?

E. He says it is all out now. He says I can swallow, and I do swallow, but it won't stay down.

T. Sometimes it won't stay down.

E. Yes. And sometimes it does stay down.

T. Sometimes it won't stay down and you don't like that; then sometimes it does stay down and that makes you glad.

E. Yes. Are we going to have ice cream bars tonight?

T. You want an ice cream bar?

E. Yes.

T. Think it will stay down?

E. I think so.

(Went to drug store and got E. an ice cream bar. E. ate all of it—no spitting up at all. T. remarked about this:)

T. You said you thought this one would stay down and it did.

E. (Looks at T. curiously, then very solemnly shakes head in agreement.) I told you it would (very confidently).

October 18

E. has his throat dilated about once every three weeks. He goes to the hospital for this treatment, takes ether, and is in the hospital, or in bed at home for at least a day, usually for several days. The nurse told T. he would probably be absent a few days. His throat is raw and sore following the treatment. The doctor says this treatment will probably have to be continued until E. is 15 years old. T. is notified ahead of time as to what E. is going to have to face. T. usually has to break the news to E. This time, the nurse also told E. The following contact had been arranged to precede by one day the hospital treatment. T. wondered if E. would use therapy time...
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to work out *this* problem. E. certainly lived up to expectations.

E. (Goes to paint table and starts to paint blobs of red on a large paper.) I'm going to the hospital tomorrow. I'm going to have my throat dilated.

T. You're going to the hospital tomorrow.

E. I'll bet you'll miss me.

T. You know I'll miss you.

E. Yes. You will! (Hits paper with paint brush and spatters the paint.) It'll *hurt*! It'll *hurt*! It'll *hurt*!

T. You think it will hurt to have your throat dilated.

E. Sometimes it bleeds! Look! (Points to paper painted red.) Look! Bloody! Like my throat.

T. You think your throat will be bloody like that.

E. Yes. (Puts down brush. Tears up paper.) I'll throw it away. I'll get rid of it.

T. You'll get rid of the blood on the paper.

E. Yes. (E. crams it in wastebasket and gets in and tramps on it. E. gets baby doll and beats it with his fist.) Bad bad baby. I'll beat you up. (Does so. Then gets the hammer and pounds the doll's head—it was a rag doll.) I'll hurt the baby's head. I'll hammer it to pieces. I'll make it bleed. (defiantly)

T. You'll make the baby's head bleed.

E. (Gets gun.) I'll shoot it. Bang! Bang! Bang! There I fixed it. (Aims gun at T.) Bang! Bang! There! I shot you, too.—Not really, though—just pretend. (Comes over and puts T.'s hand.)

T. You just feel like shooting everyone.

E. (Screams) I don't want to go to the hospital.

T. You want to go out for a walk. (T. and E. go out for a walk. E. talks about the hospital. They buy some candy. E. doesn't eat this candy.)

E. I'll save it until later. I don't think it would stay down.

T. You'll wait until *you* think it will *stay down* and then eat it.

October 20

E. was absent only one day. This contact was to obtain E.'s reaction to the hospital experience, if any. E. spends most of the time pounding the workbench, and the baby doll. He laughs all the time.

E. I'm tough, I am. The doctor was surprised when I told him I was eating everything and everything was staying down.

T. You're pretty pleased about that.

E. You bet. He said, "You're telling me tall tales." I said "Oh no. Not me." And it didn't hurt me a bit.

C. The doctor was pleased, too. And it didn't hurt a bit this time.

E. I told the doctor I eat and keep it down because I like it at school—I like the kids—I like my teacher.

Another ordeal, should feel so destructive. The counselor's response is excellent at this point. It should probably be classed as interpretation rather than simple clarification, but it is an interpretation of attitudes already expressed, and hence can be accepted by the child. Note how bringing such attitudes clearly into the open, and showing real acceptance of them, dissolves the need for their expression. The child can almost immediately cease being destructive, now that his attitude is understood and accepted.

E. (grins) Bang! Bang! Bang! (Then he gets the hammer and pounds the workbench.)

T. It makes you feel good to pound the old workbench.

E. (Drops the hammer, kicks it across the room. He comes over and sits down beside T. and puts his head in T.'s lap.) I'm tired now. Let's go walking.

T. You want to go out for a walk. (T. and E. go out for a walk. E. talks about the hospital. They buy some candy. E. doesn't eat this candy.)

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E. I'll save it until later. I don't think it would stay down.

T. You'll wait until *you* think it will *stay down* and then eat it.
I'm living now. (Laughs. Picks up doll and dances it around the table top. Sings.) I like! I like! I like! ( går out in hall to get a drink. T. goes with him. Another teacher is there and speaks to E. E. speaks in a friendly way.) I'm staying tonight. Miss A. and I are going to play.

Other Teacher. (teasingly) Are you staying with her? Why she's no good.

E. (Suddenly becomes a raging fury, butts teacher with his head, hits her with his fists.) Don't you dare say such things! I like her. She likes me. (Other teacher laughs and walks away. They return to the room. E. gets gun.)

E. I'll shoot her. Bang! Bang!

T. You want to shoot her because she said I wasn't any good.

E. Yes. (Runs around the room, pretending to shoot, knocks over chairs, laughs, comes back to table, sits down, throws gun back over head, doesn't look where it goes, sticks his fingers down in the paint jars. Smears the paper.)

E. I'm a messy mess.

T. You like to mess in the paint.

E. (Continues to smear the paint on with his hands. Finally comes over to T.) I'll go wash my hands now. (Goes out and washes hands. Comes back.) I ought to get another letter from my mother, shouldn't I?

T. You want another letter, don't you?

E. Yes. Maybe tomorrow, huh?

T. You hope maybe tomorrow you'll get one.

E. Yes. (Sits down at table. Puts head down and peeks at T. and grins.)

T. It's time to go now.

E. I want an ice cream cone.

(They go and buy the ice cream cone. He eats it all. No spitting.)

October 21

Parents of many of the other children visited the room this afternoon. No one was there to visit E. During the afternoon other children asked E. if his mother was there. E. replied "Yes. She isn't." He wore the cowboy suit all afternoon and kept the holster and gun strapped to side. (T. had a cowboy suit E.'s size in cupboard. E. found it and began wearing it during school time after October 11. This soon became an indicator of his feelings. When he felt very upset and tense he became more aggressive, taking it out in wild cowboy play at recess.) As the parents were leaving he shot each of them. T. responded to this "You'd like to shoot the other mothers because yours is not here." E. agreed. When children talked about their mothers and asked E. about his he pointed to T. and said "She is my mother." Other children said "Is she?" E.—"Yep! So my mother is here, see?"

The visits of other parents—visible evidence of his own deprivation—brings out all of E.'s infantile desires, which are satisfactorily recognized by the therapist. A somewhat deeper, slightly more interpretative response at this point might have been even more helpful. For example, "Seeing all the other children with their mothers makes you feel like being a baby with your mother."

Having expressed his infantile attitudes symbolically, he then expresses them as dependence on the teacher, asking for her protection and care. She continues her supportive role, giving him the care he desires, and using the strength of her relationship to bring about more mature eating behavior.
E. I'd get wet, then I'd get sick, then I'd be sad.
T. You don't want to get sick.
E. I would have to stay home and I don't want to. I want to come to school.
T. Maybe you want to go for a little ride in my car?
E. No doubt I would. (He grins. They go out to car.)
T. I would get you an ice cream cone but if you were in the car you couldn't spit, so—
E. But I wouldn't have to spit.
T. How do you know you wouldn't have to spit?
E. I would see to it that I didn't.
T. What would you do?
E. I would swallow it and see that it stayed swallowed. It's up to me, you know.
T. It's up to you, Ernest.

They buy the cone. He eats it. It stays down. T. takes him home a very round about way. When E. got out of the car he said, "Do you see? It stayed down. I can make up my mind 'stay down there' and it does." Following this contact everything he ate stayed down and he received no supplemental feedings for three weeks—until he went home for Thanksgiving.

October 27

A letter from E.'s mother came. E. stayed in at noon to have this letter read to him. E. made no interruptions—showed no emotional upset. The contact was shorter than the others.

The letter:
Dear Little Boy:
Will answer your letter rec. the other day and glad to hear from you and you are sure doing fine in school you can make good figures you can milk the cow when you come home and help butcher. We have a lot of chickens for you to feed and your baby sister is four years old and your oldest sister is eight. She is going to school every day and in the 3rd grade grandma said that she was just fine and looking for you home Earnest be a good boy and go to school and mother will be up to see you before long. You have an offel nice teacher it is nice for her to write for you so be a good little boy I may be up after you for thanksgiving. I cant think of anything will close ans soon from mother to Ernest

Goodby
With love Mother

E. (Brightens up about going home for Thanksgiving.) She's coming after me for Thanksgiving. I'm going home!
T. You want to go home.
E. I want to kill the chickens. I want to pull off their feathers. I want to chop off their heads. Take their insides out!
T. You really do want to kill those chickens. E. I want to write a letter to my mother. I'll kill off all your chickens. I want to suck the nipple bottle (gets it). See? I'm a baby! (cries like a baby). See how much I can drink!
T. You wish you were a little baby.
E. Let's answer that letter. (He begins to dictate.) "Dear Mother: I want to kill a chicken when I get home and feed my hogs. I'm glad my baby sister is 4 years old. I want to clean the chicken when I get home. That will be a lot of fun. I want to clean up the house."
T. You want to really help your mother when you get home. You want her to know that.
E. (continuing to dictate) "I'm glad my sister is in the third grade. Why doesn't she write me a letter sometime? Tell my grandma I hope she comes up to see me, too. I hope you can have dinner with me on Thanksgiving day. On Christmas day I hope Santa brings me a sled. I hope the family can all come up on Christmas day and eat dinner with me, too."

T. You want to be with your family. You want to know them.

Therapy would have been nearly complete at this point, except for the gradual breaking of the supportive relationship, had it not been for the family complications which followed.

The letter from his mother touches off in E. both his infantile desires and his deeply hostile desires. The latter he does not dare direct toward their real goal. A better response at this point would have been, "You want to go home, and you want to kill things at home." This might have enabled him to express his hostility more openly.
E. (dictating) "I do good work in school. I mind what my teacher says. I have a boy friend now. His name is Robert. (He is 15 years old.) I have a girl friend too. Her name is Miss L. (His Sunday School teacher.) She bought me a painting set two weeks ago."

T. You like Robert and Miss L.

E. (nods) "I want a Mickey Mouse watch for Christmas. I can read a little bit now. My teacher gets me ice cream all the time. My teacher has lots of toys for us to play with. We have a good time in school. I wear a cowboy suit in school sometimes." (E. to T.) Gosh I miss my mother. She is skinny, like a pencil. Write—"I play at school. I wore a funny face on Hallowe'en and a cowboy suit. I paint pictures at school. I have fun at school when I work and play. We are building a playhouse. I drink chocolate milk at school. I eat fine. Love to mother and my family. Ernest."

When E. finished dictating this unusual letter he took the nipple off and drank the water. This time he went home alone. It was noon—he did not ask for ice cream and candy. He was very happy when he left.

E.'s mother came after him for Thanksgiving. The state guardian arranged for the meeting to take place at school. E. was quite anxious for her to come. T. knew she was not to arrive until 2:30. To offset E.'s anxiety T. took the class for a walk to see some live turkeys. He was excited and nervous. Once after returning he went over to his receptacle to spit, happened to catch T.'s eye on him, and walked away saying "No. I won't spit up. I won't do it," and didn't. We got out the rhythm band instruments (which seem to be a good outlet for tensions). E. is an excellent drummer and never misses a beat. We had played one piece when his mother and legal guardian knocked on the door. One of the children answered the door and then called T. back. Mr. S. and E.'s mother were there. T. asked them both in and brought chairs for them. T. did not call E. back, but remained nondirective much to the surprise of Mr. S. and the mother. T. went back to the piano and E. looked back at the couple. He recognized Mr. S. and concluded the stranger must be his mother. He finally put down the drum and went back to the woman, held out his hand to shake hands and said "My mother, I think?" She did not kiss him. She looked quite upset. He stayed beside her for a few minutes. She put her arm around him quite gingerly. Then he came back to the group. He went home with her and stayed for the weekend. According to reports his mother was gone all day Saturday, had a neighbor take him to the bus Sunday, and sent him back alone.

November 29 (First contact after visit home)

E. (bangs on work bench with hammer, pushes box of nails off bench; they scatter all over the floor.) There, nails! That'll learn you. Fall on the floor, damn you. See if I care. (E. kicks the nails.) I won't pick them up. I want the nails there.

T. You're feeling tough now. You want to act mean. Go ahead. Act that way.

E. They are the God-damnedest nails. Itty bitty baby nails. Mamma and papa nails. (Sits down on the floor and runs fingers through the nails. Picks up a bent nail)

18 At no point in the case is the therapist's deep respect for the integrity of this six-year-old personality better shown than in this episode. Most counselors, even though psychologically trained, would be likely at this point to take the matter out of the child's hands. She leaves it up to him, with very constructive—and very dramatic—results. E.'s understatement can only be matched by Stanley's "Dr. Livingstone, I presume?"

19 The recognition of feeling is good. The instructions to "go ahead" are quite unnecessary and could be harmful if continued. Such suggestions might encourage the child to bring out hostility more rapidly than he is ready to assimilate.
and holds it out to T. Grins.) Look at this ole bitch! Son of a bitch if I ever saw one.

T. You've learned some new words that you want to show off.20

E. Mrs. R. has a fit. She says I'll go to hell. They are bad words.

T. Mrs. R. says they are bad words but still you like to use them.

E. Yeah. My mother said Mrs. R. didn't have any kick coming about me. She says Mrs. R. gets paid to take care of me. And you get paid to take care of me. You just do your job. You gotta take care of me.

T. You think Mrs. R. and I just take care of you because it's our job and that makes you feel very unhappy. You want us to take care of you because you belong to us and because we love you.

E. (Picks up a handful of nails and throws them clear across the room. He kicked the box across after them. Then suddenly he flung himself into T.'s lap and cried as hard as he could cry.)

T. Just cry it out, Ernest. You were disappointed in your trip home.21

E. (Cries harder than ever. Then sobs out) Do you love me?

T. Yes. I love you, Ernest.22

E. Mrs. R. says she doesn't love me any more. She says I can't stay with her if I act like I do.

T. You don't think she loves you and doesn't want you to stay.

E. (Nods head vigorously. Then he tries to wipe away his tears.) You told me a lie. T. I told you a lie? What was that?

E. You told me it was wrong to play with matches.

T. Well, it isn't safe. And if it isn't safe it's the wrong thing to do.

E. My mother said it was a lie!

T. (To herself) Dammit your mother! (To Ernest) Tell me some more about it.

E. (climbs up on T.'s lap) Know what I did when I went home?

T. No. What did you do?

E. I played with matches. I even smoked. I lit my mother's cigarettes for her. All day long that's all I did. And I learned how to spit up in the fireplace without getting burned and we had hog all the time and it was so tough I couldn't chew it—Mrs. R. is a better cook—and I went barefooted. Just in the house you know. And grandma couldn't hear me and my sisters wouldn't play with me and my mother went away and left me and I came back all alone on the bus. Mrs. B. took me to the bus. And I— I— I— (Suddenly brightens up) You should see my hogs. Know how to call a hog?

T. I don't know any hogs to call.

E. (laughs) I got hogs and you haven't any hogs.

T. You've got something I haven't got.

E. (Claps hands gleefully) I have my own hogs. Someday I'll kill them and stew their guts all over the damn place. (Laughs again.)

T. That tickles you.23 (E. goes over and gets nursing bottle and chews the nipple.)


T. (Takes out chocolate bar.) Does baby want some candy?

E. (Takes candy bar and lays it back on the
desk. Looks very despondent. Whispers) I can't eat any more. Everything comes up. (Tears come to his eyes.)

T. It makes you feel unhappy because you can't keep it down any more.

E. (Suddenly, with a display of depression that is certainly unusual for such a young child, E. bursts out with a torrent of words. Some of it was lost and unintelligible. The gist of it was:) I don't care what happens to me. I don't care if I never eat again. I don't care if I die. I want to die. I hope I do die. (He started to cry again.) You're the only person I got. I want to go home with you. I want to go live with you. 24 I want to die. I hate Mrs. R. She is a mean woman. I hate her. (And on and on he went, flinging his face in T.'s lap.) If I eat I'll have to go home and I don't want to go home. 25

C. You don't want to go home and so you are not eating.

Finally the storm subsided. T. reassured him that she did love him. Told him that Mrs. R. loved him, too, and didn't mean it when she said she didn't want him any more. When E. repeated "Can I come live with you?" T. explained that she didn't have a home that she could share with him after school but tried to point out that he did live with her five hours every school day. Then, being foolish and unscientific and sentimental about the whole thing, T. offered to take him downtown some day to see Santa Claus. 26 He immediately brightened up, smiled, said he was going to tell Santa to bring him a real machine gun. Then he jumped down on the floor and picked up the nails. T. took him home.

T. had a long talk with Mrs. R. Mrs. R. said she did not intend to keep E. unless his behavior improved. She said he talked "terrible" to her—said she got paid to take care of him and she could just earn her money. She said he swore, and spit in the fireplace. She talked herself out about the terrible habits he had brought back. She said she would not put up with him unless he improved quickly! T. tried to explain his reaction—told Mrs. R. that E. had said she was a better cook than his mother—and begged her to bear with him—to give him time and understanding. 27 Mrs. R. said she would. When T. recognized the feeling that Mrs. R. was disappointed and discouraged because they were right back where they started from she agreed and said that was really the thing that got her. If it was such a temporary thing then it wasn't very important. When T. left she expressed her willingness to try it again.

A few days later in the midst of a reading class:

E. Oh! Oh! It's come out! (Grabs stomach and stomach tube and glares at teacher, who detects a twinkle in his eye.)

T. It has come out?

24 Here he is demanding, with the thorough logic of the child, that the therapist live up to the supportive mother role she has taken. If she loves him, she should be willing to take him to live with her.

25 In this deep expression of all his desperate attitudes, he brings out the most significant insight that he has yet shown. After his disillusioning visit at home, he is clinging to his symptoms and to his disability in order to hold on to the little security which he has.

26 The risk of the supportive role is that the therapist cannot live up to its demands. Having assured him that she loves him, she is (quite naturally) not willing to live up to the full implications of the mother role. She is at least frank in facing the extent to which she is emotionally involved in the situation, which helps to insure a more adequate handling of the problem.

27 Here for the first and only time, the therapist endeavors to alter the child's environment. In this situation it was of great temporary help, and it was possible to carry on a bit of therapy with the foster mother without hurting the relationship with the child. In general, however, it is not easy for one worker to carry on both environmental treatment and individual therapy. It involves taking over responsibility for the individual on one hand, and leaving him responsible for his own choices on the other.
E. Yes! Yes! Oh do something or I'll die!" (very dramatic) 28
T. You want me to get excited. (E. laughs. The other children are definitely alarmed. T. explains to them that E. is only teasing.)
E. It didn't scare you, did it?
T. You wanted to scare me, didn't you?
E. You should have seen my mother. She was scared. I'd yell "Oh! Oh! I'll die!" And she got so scared! (E. laughed heartily. T. guessed he had gotten revenge on his mother a few times.)

He continued to wear the cowboy suit during school. At recess he tore around like mad and shot everybody on the school ground. This aggression gradually wore down.

December 6

T. took him down to see Santa Claus. T. met a friend and the two adults took E. Christmas shopping and Santa-seeing. He seemed almost completely overwhelmed by it all.

When he did get to see Santa he walked up to that old gentleman—looking like a little angel—and said "I want a machine gun—a real one, see?—and a sharp axe—and anything you've got that will kill people. And I ain't kiddin'. See?" 29 Then he stalked away and Santa almost pulled off his beard in astonishment. Seeing how tired he was it was decided to take him home. His remarks were very flippant and sarcastic. When T.'s friend asked him a very ordinary question about some candy T. had given him he replied with a German word, "What does that mean?" she asked. "It means you're damn nosey," he said. "Mrs. R. taught me that answer to people who ask me questions."

During the days that followed his home visit Ernest was sulky, aggressive, defiant, and depressed. He wore the cowboy suit continually. He stamped his feet as he walked around the room. He scribbled his papers. He colored everything a solid blob of color—either black or red. He spent his play time throwing the blocks back into the box. He avoided the other children. When they did come near him he pushed them away. As many of his feelings as possible were recognized. There was no pressure put on him "to make him conform." His school papers were accepted as an expression of his feelings. 30

The record of his milk-drinking was as follows:

November 29—refused to drink the milk.
November 30—drank \( \frac{1}{2} \) bottle. Spit it all up.
December 1—Only took 1 mouthful. Spit that up.
December 2—\( \frac{1}{2} \) bottle. Spit it all up.
December 3—\( \frac{1}{2} \) bottle. Spit it all up.

Every time he was quite obviously discouraged and depressed. His feelings were recognized every time, with such statements as, "It makes you feel badly because you can't keep it down," "You want to keep it down but you can't do it. You are upset about something."

Then December 6—drank \( \frac{1}{3} \) bottle. No spitting up.
December 7—drank \( \frac{1}{2} \) bottle. No spitting up.
December 8—drank \( \frac{1}{4} \) bottle. No spitting up.
December 9, 10—no milk was served. Ernest asked for it. Said he "needed it."

Throughout the therapeutic contacts it is difficult to know how much of the progress stems from the fundamentally accepting attitude of the teacher toward the group, and how much is due to the individual therapeutic hours. Certainly both contribute to the child's development, and the underlying principles are the same.

28 Here we find E. tentatively making another neurotic use of his disability. Again recognition of the underlying attitude resolves the superficial problem, and enables the child to look at the real issue—the satisfaction which he has gained by this means.

29 His hatred for the world and for his rejecting mother is still strong.
December 10

E. asked to stay after school. He was very depressed. Report from Mrs. R. indicated that E. was not retaining any food—was refusing most of it. He was losing weight. His behavior at school was petulant. He complained of being tired. When he stayed after school he sat at the table with his head in his arms.

T. You are tired.

(No response. Silence. Then suddenly he jumped up from the table, went over to the “music box” and got the drum. He brought it back to the table and pounded on the drum with all his might. After 10 minutes of this he pushed the drum away and began to cry.)

T. You are very unhappy.

E. (nods) I don't care what happens to me. Maybe I'll die. I hope I do die.

T. You are discouraged because you haven't been able to eat.

E. (cries harder than ever)

T. Go ahead and cry it out, Ernest. Then you'll feel better.

(Finally E. looks up at T.)

E. I want to come live with you.

T. You are crying because you want to live with me. And you are tired and hungry. (T. offers him some candy. He eats a piece—promptly spits it up. Again he cries.)

T. You are upset like this you can't keep it down. Then you cry because you are so miserable.

(E. goes over to desk and gets a library book—Three Little Pigs. He looks through the book, listlessly. It seems as though he is not paying attention to the book. He stops at the page where the wolf's picture is. He gets up and thrusts the picture at T.)

E. Eat her up. Catch her.

T. You want the wolf to eat me because I can't take you home with me.

E. (Takes T.'s hand and very lightly sets his teeth down on the edge of it.)

T. You would like to bite me.

E. (Grins. Then suddenly kisses T.'s hand.)

T. But you think it would be better to stay friends.

E. Read me this story.

T. reads him the story. He makes noises like a pig and a wolf all through the story. At the conclusion of the story he took the book and flung it clear across the room. He got a piece of chalk and scribbled on the board. When time was up T. took him home.

From December 13 through December 17 he drank all his milk at school and did not spit up any. There was improvement in his attitude and behavior. He started to do some of his work again and he played with the other children.

Christmas vacation came. Ernest did not go home. Then January 3, 4, 5, 6, 7 he had difficulty drinking the milk again. He drank only one half of it, but retained what he drank. He ate candy and ice cream without spitting it up.

January 7

He was absent one half day. He was again very depressed. He said “Maybe I'll die.” T. recognized his feeling of depression, and unhappiness.

E. has faced many of his own problems. Now it becomes necessary to face the problem which has been created by the therapist, the matter of the supportive relationship. The therapist recognized E.'s feeling, but for the first time tries to evade an attitude which he has expressed. The moment we become emotionally involved with a client, the accuracy and helpfulness of our responses tend to decrease. This is one of the strongest arguments for a strictly nondirective approach, in which the attitudes are reflected to the client, rather than the counselor’s becoming involved. In this instance the counselor's attempts to attribute E.'s feeling to weariness, and to placate him with candy, are both unsuccessful.
January 11
Tonsilectomy. He was absent 4 days.
T. called up on Sunday evening to inquire about him. He talked to T. He said he was coming back to school. That he was now “without tonsils and talked like a frog with the croup.” Mrs. R. told T. that when E. was in the hospital she had taken into her home a 21-months-old baby that was a feeding problem. It is another desertion case.

January 17
E. came back to school. He took T. aside and told her he was not wearing the tube. He said, “I went down in the dark. I said I won’t do it again.” He asked to stay after school. He got out the nursing bottle and crawled around on the floor and jabbered. Then he sat down on the floor and said to T., “Mrs. R. got another baby when I was in the hospital. It isn’t much of a baby. It doesn’t amount to much.”

T. You don’t think very much of it.
E. No. It’s got water on the brain. And sores all over it.

T. It must be a pretty sick baby.
E. A sick baby, but not pretty. [He went over to the box of pictures and sorted through them. He picked out all the baby pictures he could find and then tore them up into tiny pieces. (T.’s prize collection!).]

T. You don’t like to have the baby at Mrs. R.’s. You are jealous of the baby.
E. (Turns suddenly and looks at T. Then he tears up the remaining pictures, takes the nursing bottle and sits down with it.)

T. You would like to be the only baby.
E. It’s wrong to be jealous.
T. Someone has told you it is wrong to be jealous; but you feel sort of jealous of that baby.
E. It’s a hateful, foolish baby. Maybe it won’t even live.

34 Life continues to deal this child staggering psychological blows, yet he shows an amazing ability to assimilate them in the therapeutic relationship.

35 The counselor’s handling of this jealousy situation could scarcely be improved upon. Note that when she clarifies both of his contradictory attitudes, that he hates the baby, but feels guilty about it, he is able to reveal his murderous attitude most fully.

An exceedingly significant expression. E. has discovered a new use for his disability, and is using it to hold on to the therapist. Would not this have been partially avoided if the therapist had been less supportive?

Since the issue has arisen, the therapist handles it well, recognizing the boy’s need, and using his attachment to her to bring about mature, rather than immature behavior. From this date on E. had no difficulty eating or retaining what he ate. Perhaps he had been using his disability to hold on to his foster mother, the doctors and nurses, in the same way which he used it to hold on to his therapist.
E. (in class) "I have a baby to care for at home. He is beginning to sit up a little."
Another time, "I'm a big help to Mrs. R. I help her with the baby. I understand it." E.'s feelings of liking to help were recognized.

From January 20—on, E. had no difficulty eating and retaining what he ate.
January 31 to February 14 E. was absent. Measles.
February 14, 15, 16. He was back in school, still eating, but very tired. He had headaches and earaches.
February 17, 18, 21, 22, 23. Absent. Ear infection. Still eating.

February 28
E. received a letter from his mother and sister. He stayed after school. He listened as T. read it.
"Dear Little Son
Will drop you a few lines as thinking of you how are you fine I hope we have all been sick here just about ever since you went back grandma and grandpa had the flu and when they got well me and the girls had the measles and have been offel sick (E. laughs gleefully. 'They had measles, too!') but we are all better now Ernest. We all liked our presents you sent fine how are you eating now do you eat good how are you getting along and be a good boy and mind your teacher. Mother will be up to see just as soon as I can Mother can't come ever time I would like to for I don't have the money to go on but I will come ever time I can the girls said till you hello for them and they would love to see you Ernest we have still got the hogs and chickens and cow and horse for you when you come home Ernest.

E. (shrugged his shoulders) We'll answer it some other day.
T. You don't want to answer it now.
E. No.
T. Here is another letter. This is from your sister.
E. I haven't got a sister. T. You don't remember your sister? E. I haven't got a sister. But read the letter.
T. "Dear Brother
I will write to you how are you fine I hope for myself I am OK Ernest I missed 2 week and 3 days of school with the measles Gloria Jean is sick now."
E. Who is she?
T. Gloria Jean is your other sister.
E. I don't have any sisters. But read the letter.
T. "Ernest how are you getting along in school fine I hope it is raining hear and the wind is blowing Mother is feeling bad tonight Grandma and Grandpa said Hello for them and to be a good boy and mind your teacher how many Valentines did you get. I got 5 valentines so I had better to close ans soon from your sister."
E. She is not my sister!
T. You don't want her to be your sister.
E. I got 37 valentines.
T. You got more valentines than she did.
E. What else does she say.
T. "to Ernest With Love."
E. (very indifferent to the letters) The baby is beginning to walk around the baby pen. Mrs. R. says I am a very good helper.
T. You would rather talk about your baby.
E. We'll answer them some other day. (He went home.)

E. was in school February 29,

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T. You would rather talk about your baby.
E. We'll answer them some other day. (He went home.)

E. was in school February 29,
March 1, 2, 3, and 6. He went to the hospital for a throat dilation on March 7. Complications developed, due to a new anesthetic, and a high fever, followed by pneumonia, resulted. E.’s life was in danger, his temperature as high as 105°, and the oxygen tent as well as sulfa drugs were used in combatting his illness which lasted ten days.

March 14

T. called Mrs. R. to inquire about E. He came to the phone and said he expected to be back in school Monday. “I hope to come back to school long enough to at least get the whooping cough,” he said. Mrs. R. laughed, when she took over the phone again, and said the doctor too thought he would be back again Monday. She said that through all this upheaval he seems a bit fearful. She said she thought the throat dilation was more severe this last time and E. is a bit afraid when he eats, but he is eating. The stomach tube has been out 9 weeks.

April 20

E. settled down to a rather ordinary existence. He became a member of one of the “gangs” in the room and no longer asked to stay after school. His school work was satisfactory and his behavior quite acceptable.

One April day when T. made a home visit to E.’s home he very proudly brought in the baby for T. to see and he displayed a genuine affection for it. Mrs. R. said he was “quite a help in looking after the baby.”

During the later part of April a psychologist asked to give E. a Rorschach Personality Test. It was arranged for T. and an adult friend to take E. to the psychological clinic for the test. As we passed “his hospital” E. asked if it would be possible to go in and see his “old home.”

T. and her friend went into the hospital with E., letting him lead the way. He entered by a back door, went up two flights of stairs, down three corridors, and finally came to the room he had been seeking. The door was open. There was another child in the bed in this room. E. looked in.

“Someone is lying in my bed,” he said, imitating one of the three bears. Then, in a very calm voice, “There is where I used to live.” He led the way down another hall until he came upon some nurses sitting at a table. He stood there and looked at them. One of them turned and recognized him. She held out her arms to him, hugged and kissed him, and called to the other nurses, “Look who is here! How well you look! How much you’ve grown!” When she released him he grinned at her. “You should go and see Mrs. P.—she will want to see you,” said the nurse.

“I intend to,” said E. He led the way down to the medical clinic. The nurse there grabbed him up in her arms and hugged and kissed him, crying, “My baby! Well, well. My baby.” When she held him off to look at him he thanked her for the Easter card she had sent him and told her he had spent the 50 cents she had given him. She asked him how much money he would like for her to send him the next time. He replied, “I think fifty dollars would buy about all I would need.” When she said she didn’t have that much money he said when he grew up and got a job then he would give her some money. As he left the clinic he said, “I want to say hello to Clementine.”

88 Note how real the gains have been. In spite of critical illness, pain, and weakness, he is still reacting on the grownup basis which he has gradually achieved.
Clementine was big and black and shining. E. called a cheery, "Hello, Clementine! How are you?" He smiled and waved. Then he said to T., "Come on. Let's go now." He led the way out of the building. "Well," he said, "that was my home. But it's more fun being out of the hospital." 89

In order to pass the time before the appointment time rolled around they went to the museum. He was quite interested in the things he saw. When he was taken over to the psychological clinic he went quite willingly with the psychologist for the test. Following the test the three went to a cafeteria for lunch. He walked down the line and selected his lunch without any adult suggestions—mashed potatoes and gravy, spinach, chocolate milk, ice cream and cake. He ate his lunch carrying on a very mature conversation with the two adults about the things he had seen. He was completely at ease. At the end of the meal he figured up the cost of the three lunches and counted out the money which T. had put on the table. He got his hat and coat and handed them to T. He smiled. "Here," he said. "Me baby. Help me. Put them on for me."

"You like to act like a baby sometimes," said T., helping him on with his coat. He squared his shoulders and said, "Then sometimes I like to be big. Like now. Let me pay the bill." He took the checks and the money and paid the cashier as they went out. Outside the cafeteria he said quite seriously—"I've had a big day today. When I started to school I couldn't have done this. I couldn't eat then. I had an old rubber tube for a stomach. This was fun. I like this." 40

89 When one deals therapeutically with children, it is often astonishing the use they make of situations to express symbolically the progress they are making. Here E. is obviously saying farewell to his invalid past.

On the way back to his home he stopped at the 5 and 10 so that he could spend the 25 cents his foster mother had given him. He bought a bubble-set.

When he arrived at his home he said to T., "Do you want to come in and talk to Mrs. R.? Or do you want to say goodbye here so I can go in and take a nap? Because I am tired!" T. said "goodbye here" and E. went in the house with his bubble-set.

E. seemed to have used the day to say goodbye to his infantile past, and now appeared to be dismissing his therapist. Since that time he has been a satisfactory member of the school group, but he has shown no need for further individual contacts.

SOME QUESTIONS AND CONCLUSIONS

It was mentioned in the introduction to the case material that the experience with this case raises and partially answers a number of questions regarding therapy. Let us consider several of these questions.

Is it possible for the same person to be both teacher and therapist, in dealing with a maladjusted child? The answer would seem to be affirmative, providing the teacher's role is much the same in both situations—that of an accepting, permissive person who is willing to grant children a large measure of free expression and individual choice. This description would not fit the majority of classroom teachers. If the teacher were more authoritative, a much sharper differentiation would almost certainly have to be made between classroom hours and thera-

40 It should never be overlooked that the motivating force for all therapy is that it is more satisfying, more "fun," to be mature than to be infantile. It is this, and this alone, which makes it basically possible for therapy to take place. E. still likes to point out that he has infantile desires, but the mature impulses are now the definitely dominant ones.
peutic contacts. This arrangement can at times be successful, but the difficulties are real.

Can a maladjusted child be treated in a group situation? Here a combination of therapy in the group and in special contacts has been highly successful. For other examples of this type of procedure see references.

How does a handicapped child use his disability? Ernest exhibits a number of ways. He uses his disability to remain infantile, and to excuse his failure to grow up and take responsibility. He uses it to gain sympathy and affection. He uses it to control others and to control the plans for his own future. We see in this case many of the types of psychological use to which wounded men will put their disabilities. We also see here the beginnings of several neurotic manifestations nipped in the bud by intelligent psychotherapy. With different treatment this boy might already be well on the way to being a permanent invalid.

Why does the individual overcome these beginning neurotic tendencies? What, psychologically, happens within the individual in therapy? These questions will be of utmost importance in rehabilitation work. The answer seems to be, in Ernest's case, that he comes to accept within himself both his infantile needs and his impulses toward maturity. He denies neither, he represses neither. Both aspects are accepted by the therapist, and hence can be accepted by the boy. He no longer denies that he feels at times like a baby. He is under no compulsion to pretend that at all times he feels mature. Accepting both these aspects of himself fully, he is under no necessity of making a concealed choice (a neurosis) but finds that the socially approved adult role has greater satisfactions. Freed from the need of being defensive, and permitted to choose without compulsion, this is the choice of the great majority of maladjusted individuals.

Is an emotionally supportive role sound therapy? Here the case raises a question for thoughtful consideration, but does not answer it. It seems apparent that warm emotional support may give temporary help, but it creates fresh problems which also demand solution. Any attitude on the part of the therapist which creates dependence has the same result of creating a fresh maladjustment which in time must also be solved. Probably one of the most essential differences between therapy with Freudian leanings and nondirective therapy is at this point. The Freudian point of view is that considerable dependence and much emotional involvement (transference) is a necessary condition for therapy, though this problem of the transference must be solved before therapy is complete. Nondirective therapy maintains that such emotional dependence, whether brought on by supportive activities on the part of the therapist or by the taking of responsibility for the client, is a hindrance to therapy, and that improvement takes place much more rapidly if throughout the process the client's need for dependence is handled in the same fashion as all his other needs and attitudes, namely, through assisting him to be conscious of these emotionalized attitudes. The case of Ernest does not give complete support to either of these viewpoints, but does give significant material for discussion.

These are a few of the issues which the case raises. There are others which will occur to each reader. Perhaps the outstanding contribution of the case is that it indicates the results which may be achieved when the therapist's attitude is one of warmth, of acceptance of all attitudes, of permissiveness, of
reliance upon the capacity of the individual to work out an adjustment once he can become consciously accepting of the attitudes within himself.

REFERENCES