

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

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

by Eleanor Redwin and Georgia Greven

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

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

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

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

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

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

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

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

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

After several sessions with Ruth, Mrs. Greven reported as follows:

Ruth took complete charge of our first session. As she entered the room she would examine the therapist's equipment: musical instruments, art materials, dolls and games. She flitted from one thing to the other and asked, "Is this all?..don't you have more things?" She was always in control of the situation.

"First we will play the bongo drums...I will show you how," said Ruth. As she worked with rhythms on the drums Ruth appeared interested only in playing faster, louder, or slower than the therapist, in order to break down established rhythm patterns.

As we took up different activities she never appeared to enjoy what she was doing. She always seemed to be searching for something else. Any attempt of the therapist to win her confidence was met only by sullenness. Then, she screamed, "I'm fine, I have millions of friends; how many friends do you have?"

Every week she would try to shove the therapist out of her chair, sit down, and then mimic her by saying, "And now, Mrs. Greven, how did things go with you this week?" She would refuse to answer any questions but counteract with questions of her own.

In six sessions, the only indication of any rapport was that in a moment of silence she put her head on the therapist's shoulder. Then she became very quiet; but Ruth still refused to communicate any of her inner feelings.

At this point Mrs. L. volunteered a great deal of material. She felt fat, unloved, and rebelled against her life at home. Many sessions were used to bring out her earliest memories. It became apparent that she had a very strong masculine protest. She tried to win men only in order to control them. Like many unhappy, dissatisfied women, she overcompensated by overeating. She disliked herself for it even more.

It was hard for her to accept fat little Ruth. "She is a chip off the old block," as she put it. We worked on the importance of self-acceptance. Once in a while Mrs. L. was able to see Ruth in a better light, but Ruth not trusting her mother yet, tested her again and again. Once in a while mother found the right track to Ruth, but anger and bitterness caused a detour away from her reluctant daughter.

Therapist and co-therapist discussed the developments frequently and planned their next steps. They were both continuously amazed at the similarity of the problems of mother and daughter.

Mrs. Greven reports further developments in her work with Ruth as follows:

As her mother began to accept her more, Ruth felt less threatened by therapy. From time to time she was able to relinquish her control of the scene. Our work projects were no longer so impersonal. She began to communicate at a non-verbal level in music activities and art.

During one session, the therapist played background music on the phonograph and asked Ruth to draw a picture of the story the music told her. Ruth drew, as she later explained, a picture of the family. Father and mother were large, strong figures. Near them

stood sister and brother, almost as large. In the farthest corner from the family group was a scraggly trapezium which she said was Ruth!

Later, as we worked on rhythmic patterns with maracas and rhythm sticks, she started to express some inner feelings for the first time verbally. She chanted mournfully, in minor key, first quietly, then rapidly changing into shrill screams:

"There was a little girl
She was fat, fat, fat
She cried
She didn't have anybody.
There was nobody loved her,
Nobody loved her!
NOBODY LOVED HER!
NOBODY LOVED HER!"

After this Ruth began putting on extravagant dramas with dolls. For her productions she carefully selected dolls and named them to correspond with members of her family and children at school.

The plays were full of violence. Each character met with some horrible end: decapitation, car wrecks, falling from heights, electrocution, and bodies frozen in cakes of ice. All of the deceased were rushed to the hospital. With the tender care of Ruth and the doctor, each corpse was resurrected. Everyone went home and lived happily ever after.

In addition to these projective activities, Ruth now could talk about some of her relationships at home and at school. She adopted a nickname for herself, "Miss Bossy Britches," which the therapist at one time had used on her. "No one likes to play with a big boss, I don't," she said. In her vigorous way, she was attempting improvements.

Mrs. L., too, was gaining insight. At a later session she said, "The sister next to me acted toward me as Mary acts toward Ruth. She pushes her down. My heart goes out to Ruth. I think my feelings have changed towards Ruth."

But the therapist was not yet convinced. There would be many more battles ahead between mother and daughter.

Mrs. L.'s dreams were becoming less violent; she became more peaceful. Other symptoms disappeared, but her helplessness towards Ruth was the last hurdle for the mother to overcome.

At that time Ruth staged her last, strong attention-getting mechanism. The family purchased a puppy dog. Ruth would not go near the dog. Claiming she was petrified, she created a terrific storm. The indulgent father fell for Ruth's act, but mother was able to ignore her continuous outbursts. This seemed to mark a turning point in their relationship.

Now Mrs. Greven reported as follows about her work with Ruth:

Ruth now recognized the fact that she was a complete tyrant in her desire to control everyone and everything.

She also recognized her jealousy as a second born and middle child in the family constellation. She wanted all of the attention, not just her share.

She tried very hard to improve, but then slipped back in her

struggle. The family purchased a tiny puppy. It received a great deal of attention from everyone except Ruth. For two whole days she refused to take a bite of food, saying she was terrified of the dog. The dog was kept in the kitchen and Ruth would not go near that area of the house.

In relating her story to the therapist, Ruth expected sympathy. Instead, the therapist laughed and Ruth then joined her in the laughter. The therapist pointed out how improved her figure was and how with a little more effort she could change from her special "chubby," somewhat matronly clothes, to dresses like those the other girls wore.

Ruth now started to diet. She slowly lost 20 lbs. bringing her down to a normal weight. During her diet Ruth decided to do something about her hair. She had the habit of making tangles in strands of her long hair. She would then pull these strands over her face and peek out at the world through this dense covering. Her mother bought her attractive, new dresses and took her to a hair stylist. When the therapist complimented her on how nice she looked, Ruth replied, "I'm really getting to be a pretty girl!"

Mother and daughter had now, both, gained considerable insight. Ruth could not only relate better to her mother, but began to express herself freely about her problems at home. The RELUCTANT CHILD was thawing out.

Mrs. Greven then reports further:

At another session Ruth complained of her older sister's beauty and popularity, "She has so many friends." Moreover it appeared that at this time her younger brother was developing and getting more attention.

Ruth, herself, was able to supply the answer.

"I'm not so pretty as my sister, but I'm more honest and lots more fun. I can't ever be a boy like Jim. I want lots more attention."

Ruth is now able to cooperate more at home and with her friends.

At this time the family moved to a new home and under pressure the mother had some recurring anxieties. Ruth, sensing this, took a few steps backward. She was not completely sure of her mother yet; she fell back into some of her old ways. However, this lapse was short lived.

The therapist and co-therapist then made the following evaluation:

Now mother and daughter are closer to acceptance of themselves and of each other. They are more aware of the significance of their actions. From here on they will be better equipped to handle their problems.

A major stumbling block had been that the RELUCTANT CHILD in her antagonism towards her mother could not be reached directly. She had always been on guard and on the defensive. Her resentments had generally grown strong against all adults and children. She was helped by projective techniques in music, art and play.

"When I accepted myself more, I was able to accept my daughter. Only then did she begin to lose weight. She did not have to fight me anymore." These words expressed by the mother show the development which took place.

Through their cooperative work, both therapists were able to obtain deeper insights into the family climate.

This study has attempted to show that team work and close cooperation between therapist and co-therapist, each working with different members of the family - mother and child - was basic to therapeutic improvements.

THE ROLE OF DANCE THERAPY IN ADLERIAN PSYCHOLOGY

Abstract of a Paper Delivered by Miss Liljan Espenak at the
10th International Congress of Individual Psychology
Salzburg, Austria, September 1, 1966

The principles of Dance Therapy as a reliable basis for practical use in the treatment of emotionally disturbed children and adults was discussed. Miss Espenak outlined the early uses of Dance Therapy throughout history in describing the existing areas where-in it functions. She explained the applications of historical dance forms in Dance Therapy. The four basic emotions inherent in man--anger, gladness, calm and fear, or any subdivision of these feelings--are contained within four fundamental areas of Dance Therapy known in history:

1. Ecstatic dance of primitive man--expresses anger and aggression, exaltation and frenzy.
2. Greek dance--stimulates gladness.
3. Trance and Hypnotic Circular Dances of the Indian and Hindu--is conducive to calm.
4. Mimic Dances, as in the Mask Dances of the Commedia del Arte, Carnival and all Theatrical Dance--afford the possibility for hiding and an outlet for fear.

Thus, past history and experience offer the dance therapist a wealth of material to draw from, to aid in his treatment of an individual's situation.

The speaker described the advantage of demonstrating in physical terms, a "spineless" personality as against one with "backbone," and that these movement patterns correspond to a patient's psychological problems and thus reveal his life-style. She pointed to the sayings, "to be weak-kneed," "chin-up," "to be on the ball," as descriptive of physical expressions and that these and other similar sayings indicate that one's outer physical form goes parallel with the inner makings of the individual, either of his basic character or his emotional state. Mood and emotion find their expressions in movements and gestures. She cited Alfred Adler's, *Problems of Neurosis*: "The bodily postures and attitudes always indicate the manner in which an individual approaches his goal. A person who goes straight on shows courage, whereas an adult who is anxious usually moves so as to prohibit direct action, and something of a detour appears in every action. We can detect by the way in which an individual gives his hand whether he has social feeling and likes to be connected with others." Reading the meaning of these movements and gestures, then, has given the dance therapist a depend-