The Importance of the Personal, Developmental & Social History in Therapeutic Work

by
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I would like to begin with some thoughts about the importance of the Personal, Developmental & Social History in our therapeutic work with children and adolescents. As a not so recently trained Lowenfeld therapist, I was astonished to hear a psychoanalytically trained colleague say that, "inside the therapy room, the distinction between an event in reality and an event in fantasy is immaterial". I had so taken it for granted that there was an important distinction that this remark started me thinking. I wonder if you have ever thought about this or what thoughts you have about this statement? (**Discussion**)

Now I particularly wish to do this from the Child's point of view.

- I would like to begin by doing a **brief illustrative exercise with you**.

Let us imagine that the present situation of the child is represented by the number 4. A simple and familiar number which we all know something about. Now I would like us to find as many ways as we can of arriving at this number. [**Ask round for examples**]

Now let us narrow this further. Supposing I give you the following numbers with their functions: +5, - 67, +√81, ÷ 3 &1/4, x 12 and ask you to do the same sum, i.e. to arrive at the number 4.

You will immediately see that this has not simplified your problem at all. It has merely alerted you to the fact that there are still innumerable ways of arriving at 4 however much information you have been given.

In a way, this is what we are faced with when we see a child or family: we have been given certain facts about and views of the child and/or family, but *we know very little about the child's thoughts and feelings about these facts or opinions, nor whether these are the facts (an opinion*

becomes a fact & is a factor in the total picture presented to the child) which the child regards as important or pertinent.

Does this mean that perhaps my colleague was right afterall: to understand the child we do not need to refer to his or her external circumstances. Do we mean to say that it makes no difference to our response that thoughts and feelings about an event in reality should be treated exactly the same as though these thoughts and feelings were fantasies which exist only in our own minds, especially if these thoughts and feelings involve imagined actions on the part of other people? If we admit of a necessary distinction, then, how can we not take into account what surrounds the child as well as what the child thinks and feels about these surroundings?

- Lets take an example: I want to describe a very simple World made by a 11 year old child. After moving the wet sand about for sometime a mound emerged in the centre of the tray. A ribbon of blue space surrounded the mound and cut into it for about 1 or 2 inches. A tree was placed at the top of the mound. A man was moved about on the island. It was a desert island and the man is trying to escape. I asked about the blue space ringing the island. Eyes looked at me in astonishment of my ignorance. I was told it was a river. Which way is the river running, I asked. "Its going both ways, round and round." "It's got poison in it. The poison is leaking out." This information was volunteered probably in case my ignorance extended this far.

It took me some minutes before I was able to respond. I said: "I think that perhaps something like this happened to you when you were very very little, maybe even before you were born."

Now, the personal history was this: This child was an only child adopted soon after birth into a loving home. There were no details of the birth mother, but the adoption was said to be straightforward and well managed. The boy had been told he was adopted. There were no other problems except for the daily soiling and at the time of referral, both school and home as well as the

child were concerned that the soiling would cause social problems at secondary school, and schoolwork was already suffering.

Now before I spoke, a thought had suddenly flashed into my mind (remembering the preparation before each session) - the thought was: the birth mother had tried unsuccessfully to ingest something to try to induce a miscarriage or abortion during the pregnancy.

<u>What is important for us today is precisely this</u>: I could not have had that thought if I had not been given any history. That is, the intuition had been grounded in a <u>possible fact</u>. So that the explanation for him would be in reference to a fact in his life.

Furthermore, it must be said that it took the child some time before the World emerged in a form that could be understood by me. And the only reason I say that I did understand was because of the work that followed. It wasn't a miracle. And, the soiling stopped, the schoolwork improved, extracurricula activities began to claim most of the child's sparetime and everyone, but particularly the child, agreed that no further appointments with me were necessary.

<u>From a Lowenfeldian viewpoint</u>, therapy must take into account the total situation of the child. It cannot only concern itself with the child's internal life, because a child's internal life is lived in dynamic interaction with his external life and vice versa. Indeed, I will go so far as to say from my own clinical experience, one cannot make sense of the child's internal world without knowledge of the kind of experiences which have helped to shape this inner world.

<u>So what happens when we begin to assemble a personal history?</u>

- **Firstly**, we need to distinguish the adults' accounts, which are likely to be imbued with their own thoughts and feelings, from the child's experience of its life history.

From the adults' point of view, [even when we are giving the information in chronological order], we are looking retrospectively to the beginnings of the child's life picking out what seemed to the adult as significant behaviours or events. Adult narratives, because they

are couched in words, tend to be sequential and timebound; indeed we encourage this with our developmental profiling.

From the child's point of view, however, its life has been lived prospectively and its response to any given situation is spontaneous, immediate, global and multidimensional. That is experientially, it is the timing that is the key. For the child, the experience is always set in the wider context of what is happening around it, where it is occurring, who is about, what thoughts and feelings are being thought and felt at the time, etc. (Actually, I think this applies to adult experiences as well, but because we usually communicate with words, the recounting tends to emphasize the time sequence of events.)

Thus our necessarily retrospective thinking about life events and issues highlighted by the adults around the child must be taken with that in mind.

- **Secondly**, we need to distinguish between facts and opinions. The adults will most certainly have differing thoughts and feelings amongst themselves. regarding the events or issues surrounding the child, as well as about the child. However, even if the child agrees about which events or issues are important, the child's view of these is likely to be different again from the adults' opinions.

- **Thirdly**, the thoughts and feelings of the important adults in the child's world may become facts of a different kind. Given similar external circumstances, irrespective of the child's personality, a child who lives with an atmosphere of disapproval and resentment is likely to have thoughts and feelings different from one who is accepted for himself.

Thus it is not the mechanics of this gathering of information which is important if you are to make contact with the child's internal world. It is how this information is processed by you which will ultimately be helpful to the child.

- **Fourthly**, who the informants are, is important. eg His teacher's view of the child may not be the same as the Head's or the dinner

ladies. Certainly we can never be sure the mother's view is the same as the father's.

- **Fifthly,** however this information is understood, the point of vital importance is that you should ***discover from the child its view of her/his situation***.

Therapy needs also to take into account the child's personality and temperament: the child's physical, emotional and social endowment. This may form part of your assessment alongside a picture pieced together from your various informants. The personality and temperament of the child may finally be the determinant both for the treatment and the outcome of any treatment.

Now to return to the information itself: you will hope to have information about the child's family background, family beliefs and customs [here, stereotyping can be a danger], the kind of neighbourhood the family live in, and if you are fortunate, you might even learn that she has a sympathetic yearhead at a school which provides a good learning environment for such a child. Thus, the school ethos and playtime culture are also important dimensions of the child's world.

Lets take three commonly given pieces of information and see how some of the elements raised earlier come into the picture:

NAME - this of course identifies the child, but what else can it tell us besides the obvious, that the child is a boy or a girl (sometimes even that isn't clear, especially in cases of names foreign to you). It could, for instance, give you a clue about the kind of expectations or projections at least one of the parents have of the child, like a boy I saw whose name was the same as that of his young mother's pop idol. Or the child who was named after her father's first wife. Or the child from an ostensibly Catholic home who was given a non-Christian personal name. You can see here that the most commonplace information can have other implications.

ADDRESS - What can this tell us about the child? It tells us about the neighbourhood in which he lives, and so indirectly it gives you some idea of the culture in which the child encounters daily, what

to him, are manifestations of universal truths about the world in which he lives and to which he responds. Family beliefs come into this of course; but the neighbourhood in which a child lives maybe as important a dimension as whether the child lives in a culture which is generally alien to its immediate neighbourhood. For instance, a Muslim child in a street with few other Muslim families and a predominantly Anglo British working class community. In this connection, it would of course be important to know how long the family has been at this address and how often they have moved home, including the circumstances under which the move had been made.

The **AGE** of the child and that of its parents is another piece of information which should not be treated as a simple statement. For the child, it should carry with it a host of thoughts about development: physical, emotional and cognitive. For instance, if a parent dies, the response both of the outside world and internally, is different for a child of four than for one aged thirteen. In the case of abuse, whether it be physical, emotional or sexual abuse, knowledge of the age at which the abuse started (as well as how the abuser was related or not related to the child, what the abuser did, the frequency & the length of time it went on) is vital to any treatment strategy. What about the ages of the parents?

- What is of importance is that you look beneath & around each and every piece of information for what other information you might glean from it.

This background information should be **updated** as when necessary during the treatment; the therapist must also be prepared to **liaise and collaborate with other agencies**, like school or family.
But always and most importantly, be prepared to receive the child's view. It is that view you have to work with.

What do you do with all this information?
From the point of view of the child we need to remember that he does not experience himself as a container for bits of information. This information gathering therefore is merely a way to think about **the whole child**.

And the way to do this is to **take a synchronistic view of all the facets of the personal history**. By which I mean, put together **all** the things that happen around the same time. eg Ask "Do you remember when he first started to display this behaviour?", then ask "What sort of things were going on at the same time?" Cast your questing net as wide as possible. You may for instance be told that his younger brother had become seriously ill, or that father became redundant/bankrupt, or that a grandparent had moved in temporarily because of the death of the other grandparent, or that a second baby was born into the family. That is, the surrounding events that you are looking for do not have to be traumatic events, they may well be ordinary family events. Its the child's view of the event which is paramount. And this view can be affected by external as well as matters.

Of course some things take time to come to light, so ultimately you need to take the History as a whole, never forgetting to put yourself in the child's shoes throughout your thinking. I have found that, the quickest way to do this is by referring to all other relationships from the child's point of view. For instance, instead of referring to the child's mother as Chris, either use the word he would use, or the generic term for that relationship, in this case "Mum" or "mother".

A way of looking at information as an aid to asessment: example KM - Informants: Parents. This boy had been the first grandson in either family and as such was much pampered. He was also the first child of his parents who found him a very physical child, quickly mobile and active, but not cuddly so less than rewarding, particularly for his mother, who was a warm, relaxed Mum, not given to rushing about after him. He was fussy with his food and up till his referral would not eat anything with lumps in it.

The family had lived in the same neighbourhood all their married lives and both sets of grandparents lived fairly close so contact was maintained on a fairly regular basis. There were no serious intergenerational disagreements. Nor were there any serious physical health issues in the family reported.

Shortly before he started at school at the age of 5, mother had another baby, a boy who seemed everything that the first boy was not - this baby gurgled contentedly in mother's arms, sleeping and eating with no fuss. The contrast for the mother was stark. After her first boy had started at school, her life became more tranquil whilst the elder boy was at school. Meantime the novelty of boys were wearing off and all the family found the new baby a much more congenial personality.

By the time the elder boy was referred to the local clinic when he was nine, he had run away from school to the airport, because he said: he hated school; they [meaning the other children] played games on his head. He was also said to be very aggressive and fighting at school all the time. He had not yet learnt to read and was generally disruptive at school and miserable and defiant at home. He was also very small for his age. For this, he had been recently medically investigated and a tentative diagnosis of dwarfism was given, hence the referral onto us.

It was noted at the family meeting that the parents were both well built and the two boys were nearly the same height. Whilst his father was over 6ft, his mother was just over 5ft. The younger boy was similar in build to and displayed the placid manner of his parents. The elder boy, the referred child, seemed almost not to belong to the same family: he had a wiry frame, a sullen or resentful look and quickly became restless, from moving his feet and hands to moving his whole person about, joining in the conversation only to say vehemently that he hated school, he hated everybody and everybody hated him.

How does this background history relate to the present status of this boy? Indeed, is there relationship between his temperament, his personal history and his stature and behaviour for which he was referred to the local child mental health service?

Discussion: with description of some clinical material. This case will be used later in a detailed analysis of case material through a treatment series.