


Existential Child Therapy

A young boy with glasses is looking out a window. The background is slightly blurred, showing window frames and light coming through. The text is overlaid on a semi-transparent white box.

**Just a
Stupid
Little Boy**

Richard C. Kogl

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Just a Stupid Little Boy

Richard C. Kogl

To most adolescents, the world is a jungle and home is a garden. A garden ill prepares one for life in the jungle. There is a hothouse artificiality about home, but there is no such artificiality in the jungle of one's peers. In the jungle, one must test and prove oneself to know one's worth, to feel secure, to grow and live. And so the teenager runs from the safety of the family circle to the demands of his circle of friends. Perhaps, his friends give little warmth or recognition, but they provide the promise of life as it really is, the future as it really will be. Repeatedly, the adolescent comes back to the haven of the garden of his home, only to leave again and return to the jungle of his reality.

However, some teenagers perceive the world as a particularly harsh jungle of competition or, worse, as a sterile wasteland, empty of rewards or nurture. Even more than most adolescents, such a troubled youngster needs an adult to show him how it is possible to survive, grow, and live with dignity in an essentially hostile world. An adult shows this by words and deeds, but especially by being an honest and open person, someone with whom the adolescent can identify.

If the troubled youngster sees the world as a hostile place and if the only adults in his life, smothered in their own self-deception, provide him with empty jargon and false gestures, but not meaning, the young person develops a feeling of helplessness, insignificance, meaninglessness. Out of these feelings may grow a need to deny powerlessness by an act of strength and to express anger at the ungiving world by an act of defiance. These needs are fulfilled by delinquency. Delinquent behavior is defiant and provides a narcotic illusion of power and significance. Delinquent behavior becomes the means of concealing one's vulnerability and meaninglessness.

Traditional treatment often fails with such a person. He distrusts what is thrust upon him by the adult establishment he has come to despise. He is, because of his youth, too bound to the present to deal with such abstractions as past and future. He is not in the mood to talk about troubles if at the present moment he is content. He cannot schedule himself to talk about himself and his feelings at an appointed hour one or two or three times a week. Furthermore, he perceives the silence of noncommittal, nondirective techniques as indicating adult indifference. He cannot grasp the peculiar rules of the traditional psychotherapeutic game.

The Children's Center at the Napa State Hospital in California has attempted to avoid some of the disadvantages of traditional treatment. For the most part, the youngster chooses which adults he wishes to have as

friends, and the youngster moves into these relationships at his own pace, carefully evaluating the staff member from a safe distance before coming close.

Most of the time, the behavior between the adolescents and adults is a casual, friendly bantering. Superficially “no treatment” is taking place. However, such an interpretation of “no treatment” is as much a misreading of significance as saying that nothing is taking place at those times when the analyst is silent during the fifty-minute hour. The apparent chaos of a ward of the Children’s Center contrasts with the apparent decorum of the analyst’s office, but the essential process is not so very different. In both settings, there is an opportunity only a small part of the time for words or actions that have optimal therapeutic impact. The form, content, and timing of those words or actions will depend to a large degree on the alertness, skill, investment, and commitment of the therapist. A therapist may goof off with impunity in either setting, but, in either setting, he has the opportunity for significant beneficial impact.

At the Children’s Center, the peer group has as important an influence on the individual adolescent as elsewhere in the world, but instead of having an effect at cross purposes with adults, the group of patients identifies with the staff. The group of young people has accepted certain of the values of the staff—that it is worthwhile to understand oneself so that one may live a

richer, less self-destructive life. A new patient identifies with the group, including the group's feeling that it is valuable to talk to adults in order to obtain better understanding and meaning, and the new patient also identifies with the trusting and affectionate group feelings toward the staff.

The adults at the Children's Center are aware of the total living situation—the twenty-four-hour life of the young people. If discontinuity, the requirement to play a variety of roles, is an aspect of the sickness of our times, then at least for some young people, office therapy may reinforce the compartmentalization. At the Children's Center, adults are perceived as quasi-family members or friends. Each ward becomes an extended family. There is less need for a variety of roles and masks. At the Children's Center, the peer-group jungle and trustworthy adults exist in the same setting. There is no need for the adolescent to split his world. Strong adults are standing beside him in the jungle, helping to show him how to survive and flourish.

There is no typical patient to exemplify the principles of treatment at the Napa Children's Center. Each young person is unique, and the impact his sojourn at the Center has upon him can fit no pat formula or prediction. A great number of the troubled youngsters who come to Napa are termed juvenile delinquents. That term is a legal label and is essentially meaningless psychiatrically. It seems even more devoid of meaning when one confronts the flesh-and-blood persons who bear the label. Real people don't conform to

a framework of terms and concepts, scaffolding that the mind uses in an attempt to approach a grasp of reality. So it is paradoxical, but not really strange, that the boy to be discussed in this chapter well illustrates the therapeutic impact of Napa upon the delinquent despite the fact that technically he was not a delinquent.

Ron Jennings spent most of 1963 at the Children's Center at Napa. He was fourteen, but his intelligence and a serious demeanor born of depression made him seem years older. His father was an habitual criminal who had never held a steady job. He was a cruel and brutal man. When Ron's mother entered the hospital for the boy's birth, she had a black eye and a broken nose, results of a family altercation.

During his infancy, his parents separated, and when he was five his mother remarried. That marriage ended when Ron was eleven. Divorce resulted after the stepfather broke the mother's arm and struck her with his fist.

In October 1962, Ron was accidentally struck in the head by a baseball. He sustained a concussion; and, one week later, for the first time in his life, he had a convulsion. A brain-wave test performed a few days after the seizure demonstrated an abnormality on the left side. The brain had been damaged. Ron was placed on anticonvulsants.

Five weeks after the head injury, Ron threatened to kill himself with a butcher knife, and later that day he climbed an eighty-foot tree and said he was going to jump. He was placed in the county hospital for a week.

In January of 1963, when Ron returned to school, his teachers noticed that he had changed. He was belligerent with them and with the other students, and at times he was depressed.

On January 15, Ron was found standing in the middle of a highway defiantly daring traffic to hit him. After this incident, he was brought to the Napa State Hospital, where in the admissions suite he said, "I don't care what happens to me."

During the first week on M-6, the adolescent boys' ward, Ron's depression began to lift somewhat, but he was aloof and condescending toward both adults and youngsters. Gradually, he relaxed and became friendly. His intelligence won him the attention of several adults. His enthusiastic description of past antisocial exploits won him the regard of his peers. Although he attended group-psychotherapy sessions regularly and participated actively in them, he showed no desire to talk about any fears or worries. He maintained a pose of defiant bravado. Ron seemed particularly cool toward me in those early months, and, only later, did I recognize that he feared my powers as a headshrinker—I might challenge the illusion of health

that he was attempting to create.

At Ron's case conference in March, it was decided that he should remain in the hospital for a longer period of time. He had improved superficially, but he was too guarded for any of us to feel assured that his depression was gone. In the weeks following that staff decision, his forced cheerfulness dissolved. He became quiet and pensive.

Then one spring morning as I arrived for work at the Children's Center, I found Ron waiting for me at the entrance of the Children's Center Administration Building.

"Can I talk to you, Doc?"

It was not a convenient time for me to talk with him, but it was so unusual for him to make the request that I acquiesced.

We entered my office. Ron's expression was serious, intent, and tense. He was silent for a few moments, apparently deciding how to begin. The May sun had begun to whiten his blond hair. His blue eyes had the coldness they seemed to retain in all ranges of his moods from cheerfulness to sadness. He licked his lips. His voice was strained.

I don't want to go home anymore. *(He stared at me, waiting for my response.)*

Do you mean to be discharged to your home or to go on visits or what?

Both. (*His voice was without emotion.*) You see, Doc, whenever I'm at home, I get such strong thoughts about killing myself. If anything, even the slightest little thing, goes wrong, I think that I'll kill myself, and I'm afraid one of these days I'll do it.

What kinds of things go wrong?

Anything. You name it. An argument with my brother or my mother, not doing my homework right, anything like that. Any mistake I make makes me feel I'm not worth a shit, and I think the world, especially my mother, would be better off without me.

Are these feelings worse lately?

Yeah. (*Ron paused, apparently wanting me to ask the questions.*)

Any idea why the feelings are worse lately?

(*Ron nodded and then started to speak more freely.*) I guess you know my mother is divorced. Well, she's been going with this guy, and he's a pretty nice guy. Well, a couple weeks ago he got married. (*The boy stared at me.*)

You mean, he married someone else?

(*Ron nodded again.*) She had no warning he was going to do a thing like that. It was a surprise, and it's got me shook, Doc. You see, a couple years ago she tried to kill herself, and she would have if my brother and me hadn't been there to stop her. Well, Doc, what if she tries to kill herself now? I'm not around to stop her. (*There was genuine anguish in his voice.*) And another thing, now that my mother's boyfriend has married someone else, I'm afraid my mother will marry some other man who'll be as bad as my real father. I'd kill that bastard. Honest, Doc, I'd kill him—not for anything he did to me but for what he did to my mother.

What was that?

He threatened to kill her.

Ron then explained that another reason he was sad was that his grandparents had recently divorced, and even more important Ron's girl friend Candy had broken up with him at the previous Saturday night dance.

And yesterday she got transferred to the Adult Service because she's sixteen.

Why did she break up with you?

Well, she's a lot like me. She feels that she's no good for people just like I feel I'm no good for people. She told me she wanted to break up with me because she was afraid she might hurt me. Candy thinks she might kill herself someday. If she did, well, she knows that, if I were still in the picture, it would hurt me a lot. (Ron's voice had softened. He swallowed.) Doc, I know if I go home, I'll get all the money I can and run away to someplace like New York, and after the money's gone, if things don't work out, I know I'll get rid of myself.

You mean kill yourself?

Yes.

Then it's important that you not go home—at least not until you're feeling better.

(*Ron nodded agreement.*) You know, Doc, this is the first time

I've been honest about myself and really opened up to anybody.

I think we should talk often—perhaps every day for awhile.

Okay. (*Ron left the room.*)

About a half hour later Ron wanted to see me again.

After I left your office, I went over to school. I started thinking about Candy, and then I started cutting my wrist with a pair of scissors. *(He held out his left hand to show me the fresh red nicks on his wrist. Ron's voice was serious but calm, almost matter of fact.)* Could you put me in a side room, Doc? That way I won't have a chance to do any more of this sort of thing.

Yes, and I think you should be on some medicine to help you feel better.

Arrangements were made for Ron to be transferred to a side room on M-6, a room that could be used for seclusion if necessary. About twenty minutes later, I visited Ron in his room.

I think it would help if I could talk to Candy.

(I thought about this before answering.) I'll see whether it can be arranged with the Adult Service. It may take a day or two.

Later Jean Ammon, the M-6 psychologist, and I discussed this and decided that it would be desirable for Ron to visit Candy. Jean agreed to speak with Candy first and then take Ron to the ward to visit the girl.

On the day following our conversation, which Ron characterized as the first time he had really opened up to anybody, the boy looked more relaxed and less depressed, but he asked to remain on heavy sedation. He made no overture for a long talk with me, and I decided it would be best to wait. In the afternoon, Jean Ammon took him to see Candy. Jean told me that after the

visit he looked less sad, but he complained of feeling worse.

A weekend passed, and on Monday Ron cut his wrists with a piece of broken glass. The cuts were not deep, and he was cooperative in having the wounds dressed.

I saw Ron in his side room. He was half reclining in the bed, staring ahead with a sullen, stubborn expression. He immediately showed me his newly acquired superficial lacerations.

I'm going to do it again, Doc. *(This was said between a threat and a boast.)*

What are you trying to prove? *(Ron looked at me blankly.)* Are you trying to hurt Candy?

(His answer was soft, without insolence.) Not consciously.

What are you trying to say to people by cutting your wrists? To me it says you feel very sad, very unhappy, but there must be more you're saying.

Candy thinks I'm a little boy. She said I was just a stupid little boy. *(His eyes filled with tears.)*

And by cutting your wrists or killing yourself, you can prove you're a man?

(He began to cry.) I'm not just a stupid little boy, but that's what Candy says I am.

After our talk, Ron relaxed, but at five o'clock in the afternoon, as I was preparing to leave for the day, he smashed his hand through a window. I returned to the ward and found him seated in the treatment room. A

technician was holding a gauze dressing on the injured hand. I removed the dressing. Blood flowed freely. The boy had incised his index finger to the bone and into the knuckle. The white of the joint cartilage glistened in contrast to the surrounding red.

So I'm just a little boy. She thinks I'm just a little boy.

Ron's injured hand was repaired in surgery, and he was kept overnight on the surgical ward. When he returned to M-6 on the following day, he was heavily sedated. There was danger that if he further damaged his hand or if the wound became infected, he would lose the use of his index finger or it would have to be amputated.

He slept for most of the next forty-eight hours. When he awakened, he spoke with me in the ward doctor's office.

I still feel like killing myself. I'm afraid I'm going to do it, Doc, and nobody can stop me. *(He looked at me with an expression in part challenging, in part appealing to me to prevent his suicide.)*

If these feelings continue, Ron, we'll have to put you in restraints and perhaps start shock treatment. I'm not going to let you die.

I don't want shock treatment. I want to see Candy. I've got to see her. *(There was a pleading note in his voice, yet there was a certain falseness about his emotion.)*

Why do you have to see her?

So she won't kill herself.

The other day, you were angry at her for saying you were just a little boy.

I still am angry. (*Ron slurred somewhat drunkenly.*) But I want to see her.

When you're in better shape and in better control of yourself, I'll try to arrange for you to visit her again.

Ron moved slowly, somewhat unsteadily. As we left the M-6 doctor's office, he again asked if he could see Candy immediately. I said no. Ron turned away from me and started pounding his injured hand against a cracked window. The technicians stopped him. I ordered Ron put in restraints. In part, I felt he had called my bluff.

He struggled as the restraints were applied, but as soon as he was in bed, he relaxed and said he was going to take a nap. He asked me to please awaken him when his favorite technician, Mrs. Campbell, from Ward M-5, came to visit him. He closed his eyes and fell asleep, looking very much the small child, blond, almost angelic.

In the afternoon I visited Ron again. He was awake, and he smiled wanly. As I took his arms out of restraints, he cried softly. These were not the earlier tears of anger and frustration. He was a little boy, and yet he cried adult tears of weariness with life.

There's something I don't understand, Ron. Candy says you're just a little boy, but

she confides suicide thoughts to you. People don't confide suicidal thoughts to people they think of as children.

I don't know. (*Quietly.*)

Ron required restraints during much of the following weekend. At times he jumped on his bed to reach the ceiling light fixture, hoping to electrocute himself. Unknown to him, that was not possible, but there was danger that he would fall and hit his head. When in restraints, he pulled his hands tight in the cuffs until both his injured and uninjured hand turned purple.

Ron refused to eat until his best friend on Ward M-6, Keith Thomas, offered to spoon feed him. Keith kidded Ron about his being drunk, and both boys were comfortable with this justification for Ron's dependence. Keith commented with pride to the staff and the boys, "I'm the only one Ron will eat for."

Ron was no longer the tough, sophisticated teenager. He was too proud and fearful to depend on adults, to accept the nurture he deeply craved, except when he was drugged or depressed.

But Ron's behavior consisted of much more than a plea for nurture. He seemed to be saying a great many conflicting and contradictory things all at once. He wanted to be helpless. He wanted to be all powerful. He wanted to die. He wanted to control through intimidation. I was confused. There were

many manipulative elements in his behavior, and I was reluctant to be taken in or be conned. I didn't know to which aspect of his complex behavioral message I should respond. So I did the safe thing. I maintained distance. I was reluctant to make a mistake, so I avoided becoming actively engaged. My pride as a therapist, my reluctance to risk, interfered with my being a therapist.

On the following Monday, while he was being returned from surgery clinic, Ron tried to smash his head through the window of the ambulance. On the ward, he refused to eat for the psychiatric technician who was assigned to stay with him. He threw his food at her. However, he did continue to allow Keith Thomas to feed him. He made repeated suicidal gestures and was again placed in restraints, and again he pulled his hands in the restraints, cutting off the circulation. His hands were swollen and purple.

The chief technician of M-6 complained to me that the ward was not equipped to handle a patient like Ron. Because of the physical makeup of the ward, there was too much danger of successful suicide. I agreed with him and was relieved to have reason and justification for transferring Ron off M-6 to an adult ward designed to reduce suicidal risk.

Mike O'Connor, the director of the Children's Center, concurred in the decision, and Ron was transferred away from M-6, but after he was gone and

our anxieties had subsided, I began to doubt the wisdom of my action. I visited Ron on the adult ward. He was in belt restraints, but his arms were free. He was happy that I visited him, and he wept out of loneliness for M-6.

All my friends are there. It's the first place in my life where I've had any friends.

I assured him I would try to return him to M-6 soon.

Later in the day I spoke with Mike O'Connor. "I feel very strongly that I was reacting to the general anxiety of the Children's Center about Ron Jennings when I decided he should be transferred. Suddenly, it seemed as if a great number of different people were worried about the fact he wasn't getting better, if anything, was getting worse. It seemed as if rather quickly the feeling on M-6 changed from seeing Ron as a challenge, in the good sense of challenge, to an attitude of defeat."

Mike nodded. "Those aren't forces one can fight. It's better to go along with them. Once the attitude had changed, M-6 probably couldn't do any more for Jennings. Wisdom consists of knowing when to drift with the dominant forces in your environment and when not to."

I wanted to believe Mike's reassuring words, but I couldn't. The chief technician of M-6 had stated that the physical makeup of the ward has been the critical issue making Ron's transfer necessary, but it had not been. The

issue had been the psychological makeup of the ward. I had been unable to commit myself to the total involvement Ron's behavior demanded, and my reluctance and indecision led to a loss of direction, a loss of confidence in their own abilities on the part of the M-6 technicians.

I was troubled and confused. I had played it safe and lost. But why? A therapist's pride, reluctance to make a mistake? Yes, this, and also the fact that my thinking had been hobbled by having labeled Ron "brain damaged." A baseball hit his skull in October. One week later he had a convulsion. The electroencephalogram proved his brain had been damaged. I had labeled Ron brain damaged with some kind of superimposed depression. I tried to fit his behavior into the theoretical framework such labeling provides, and this framework limited my freedom of response. I quibbled with myself about whether his behavior was organic or psychological, and while I had split academic hairs at a safe distance from the boy, the situation had deteriorated. I had missed the complex metaphorical question that he was asking me. I had responded with silence. I had played it safe and lost an opportunity.

On the first Sunday in June, five days after he left M-6, I visited Ron on the adult ward for a second time. He was rather cheerful, out of restraints, strolling around the ward. He grinned.

I feel back to usual, Doc. Can I go back to M-6 tomorrow?

Soon, but I can't promise it will be tomorrow.

It was almost two weeks later that he returned to M-6. His smile was broad.

Boy, I sure missed M-6. Don't get me wrong, Doc. The people on the other ward treated me real good, but here is where my friends are.

While Ron was on the Adult Service, I arranged for one of the psychology graduate students to see him. Mr. LaFollette's first interviews with the boy were successful, and this pleased me. Knowing something was being done for Ron helped assuage the vague feelings of guilt I had. However, within a few days of Ron's return to M-6, Mr. LaFollette complained that the boy wasn't volunteering much anymore. He showed progressively less desire to speak with Mr. LaFollette. I talked with Ron about this.

I don't have any problems now, Doc. I've got nothing to talk about. Anyway, it makes me feel sort of like a freak, being called off the ward to go over to see Mr. LaFollette. Most of the other guys don't get called off the ward. And another thing, he talks so slow and quiet, and he's so polite to me and so careful what he says to me. He treats me like I'm some sort of nut.

Mr. LaFollette said he was disappointed at Ron's lack of motivation. "Dr. Kogl, Ron told me he has nothing to talk about. I told him I wouldn't set up any more appointments. I said he should contact you if he wants to see me any more." The student shook his head in discouragement. "It would be easier if he were ten or twenty. Past and future problems don't have much significance for him. They would for an adult. It's very difficult to do therapy with adolescents."

“It’s true that a teenager usually reaches out for help only at times of immediate distress, but there are other times as well. The trouble is that the opportunities are rare and fleeting and can’t be forced into a schedule. Being on the ward, being available to them as much of the time as possible makes it more likely that a significant encounter will occur, but even then one misses many, many opportunities. You see, with these kids, sustained contact doesn’t occur. They come and go, set their own pace, choose when they want an adult’s help.” Rather sadly, recalling my own behavior a few weeks earlier, I added, “And then finally when they do ask for something meaningful from you, you may not hear them.”

“But how can I cut down his negative feelings about being a patient in need of treatment? How can I make it a high-prestige rather than a low-prestige situation?”

“The more you can avoid the conventional therapist’s role, the better. Most teenagers see that as a pretty phony role, and perhaps it is. Many of the boys consider it a special treat to go for rides. You might drive him to the lake on the grounds or go for a walk with him.”

“Yes, maybe I’ll try that.” The student sat silently for a few moments. “I’ve never met a kid quite like him. He’s so adult acting in many ways.”

“That’s part of the problem. He’s afraid to let his guard down and

become dependent on you. To him that would mean becoming babyish, in other words vulnerable. That's something that scares him."

As I spoke the words, I recognized that not only Ron was afraid of being vulnerable, but also Mr. LaFollette was afraid of being vulnerable, just as I had been. I wanted to say something to the student to help him, to drive the fear away, but there were no comforting words. I still possessed the fear myself, as does every therapist. The events in May had sharpened my awareness of that fact. But each therapist has to choose for himself whether he will run from frightening vulnerability or whether he will find courage to stand and expose his soul to another human being for that is what an honest encounter involves. I could not make such a choice for Mr. LaFollette. I could not even recommend.

Mr. LaFollette did not continue seeing Ron, and Ron did not ask to see him. I was disappointed. Ron was in need of help. Although he was passing through a period of calm, the explosive self-destructive potential remained. I was sad that despite Mr. LaFollette's sincere interest in helping Ron, I could not enable the student to depart from conventional notions of therapy enough to demonstrate a commitment to Ron rather than to a role.

For the next two months Ron was relaxed and cheerful, enjoying his many friendships at the Children's Center. He spoke a little about himself,

tentatively, to his favorite technician Nadine Campbell, but his conversations with me and the rest of the staff were guarded despite the surface appearance of casualness.

On the second weekend in August, a few days before his next scheduled case conference, Ron had a fist fight with a new, tall, fifteen-year-old patient. After the fight Ron smashed his fist into a window, acquiring a collection of superficial cuts. He spoke of suicide and complained to the technicians that he was losing all of his friends. I spoke to him on the Monday morning following the incident, and he asked about his case conference, which was scheduled for Thursday.

What's going to happen to me, Doc?

It depends a lot on you, Ron. Do you feel ready to be discharged?

No. *(He held up his bandaged hand.)* And maybe this will convince 'em I should stay in the hospital.

I think you could have convinced us with words. You didn't have to do that.

Ron shrugged.

Keith Thomas, Ron's best friend, was scheduled to be picked up by his family that evening. He was being discharged from the hospital. I imagined that Ron had Keith in mind when he complained that he was losing all of his friends.

That evening, a few hours before he was to be discharged, Keith left the weekly Children's Center dance and sat on a bench on the grounds and cried. He didn't want to go away from the Children's Center. Earlier in the week, he had threatened to get in trouble purposely so he could be sent back to M-6, and now he announced to his friends that he was going to run away.

Ron was worried. He was certain Keith would steal a car and perhaps get in serious trouble. After nervously waiting for ten or fifteen minutes, Ron left the hospital grounds in the hope of finding Keith and inducing him to return. He searched without success. Unknown to him, Keith had changed his mind and instead of running away had walked to Ward M-5 to say goodbye to the technicians.

By the time Ron Jennings returned to M-6 in the middle of the night, Keith had been gone for hours. His family had picked him up as scheduled.

Ron's concern and devotion were not surprising. It had been Keith who had spoon fed Ron two months earlier, when Ron refused to eat for anyone else.

Ron sadly reported the events of the evening to me on the following day. He also told me more about why he had been upset during the weekend. His new girl friend, Debbie, called him a stupid little boy.

With some surprise I said, “That’s exactly what Candy said last spring!”

Yes. *(Ron sighed.)* A while back, I told Debbie how shook I got last spring when Candy said that. So this weekend when Debbie got mad at me, she said the same damned thing—the same damned thing! *(He pounded his fist on the desk for emphasis.)* And it was just after that that McNellis and I got into a fight, and that’s why I got mad and smashed the window.

On the following morning as I drove up to M-6, Ron Jennings met me at the car and started to ask for something. Then he stopped and said, “Forget it.”

What were you going to ask?

I was going to ask you to drive me to the canteen.

Ron rarely asked favors of me, so to his surprise I replied, “I’ll take you.” In the car I asked him how long it would be.

About five minutes.

Well, I’ll drop you off at the canteen, and you can walk back.

(He was silent for a few moments.) If you’d do me another favor it would only take one minute instead of five.

What favor is that?

Buy a pack of cigarettes for me.

(I pondered this a bit. It was irrational, but my impulse was that I should.) Okay, I’ll do it.

On the ride back to the ward after purchasing the cigarettes Ron said, “You could get in twice as much trouble for doing that.”

How do you mean—twice as much trouble?

Well, not only are you an adult buying cigarettes for a minor, but you’re an employee.

I guess you’re right.

Then Ron asked if the two M-4 girls who had run away on the same evening Keith had been discharged had been found.

I don’t know. I don’t believe so.

What’ll happen to them when they’re found and brought back?

I don’t know.

You see, Doc, the reason I’m kind of specially curious is that I helped them get away.

You did?

Yeah, you know when I was leaving to look for Keith? Well, I ran into them, and I helped them.

He volunteered no more information, and I said nothing.

Group therapy began as soon as Ron and I arrived on M-6. He again brought up the topic of the M-4 girls and wondered what would be done to

him for his part in helping them run away.

I don't know.

Harvey Bernstein, a small, querulous patient, was irritated by this.

Tell the truth, Dr. Kogl. What will happen to Ron?

I'm really not sure—I don't recall anything quite like this coming up before. There isn't any standard punishment.

(Ron stared at me seriously and spoke quietly.) You let us do anything, don't you?

I don't think so. Why do you say that?

He answered by holding up the cigarettes I'd purchased for him.

In the afternoon Ron wanted to speak to me alone. The two M-4 girls had been returned to the ward. As punishment for their runaway they were to be restricted to their ward for one week and were to go to bed at 7 p.m.

Now just hypothetically what if an M-6 boy went over to M-4 between 7 and 8 p.m. and got caught talking to one of the girls through the window? What would happen to him?

He'd probably be put on restriction himself—maybe for a week—which reminds me, you seemed somewhat disappointed this morning that I didn't have any punishment for you for your having helped the girls run away. Maybe you should be restricted to the ward at 7 p.m. every evening this week.

I wasn't disappointed there was no punishment.

But you said I let you boys get away with anything.

I really didn't help them much. I just told them to duck when I saw the security patrol car coming, but after the girls left I started worrying. (*Ron's mood had changed from cockiness to seriousness.*) I figured what if something happened to them or what might happen to them when they come back—I had heard about some of the girls I knew here who are now on the Adult Service—I heard they ran away and when they came back they were pregnant.

It sounds to me as if your worrying has already punished you for what you did Monday evening.

Yeah. (*His face was sad.*) That's right.

Well, you know Bernstein asked this morning what your punishment would be. I think discipline and punishment are mainly for kids. Being disciplined is an easy way of paying for having made a mistake. But as an adult, when you make a mistake, you worry and feel sorry, and that's a lot harder. It probably would have been easier for you if there'd been some punishment for helping the runaway rather than having to worry about it.

That's true. (*He nodded.*) Well, what if I do go over and talk to the girls on M-4 tonight?

(*I stared at him and smiled slightly.*) Ron, it seems to me you're setting up a kind of trap for me.

Why? (*His eyes were wide. He had an innocent expression on his face. At such moments, Ron could manage to look cherubic.*)

You've been saying I'm too easy on you, and now you tell me something wrong you intend to do. It seems in a way that you're asking me to prevent you from doing it. If I do prevent you from doing it, by restricting you to the ward this evening, you'll holler at my being unreasonable—unfair for taking advantage of something you told me in confidence. But if I don't restrict you, you'll think, "That bastard doesn't care what I do or care anything about

me.”

No, I . . . (Ron *paused, swallowed, stared at me intently, was silent for a few moments, and then spoke.*) You’ve got me dead to rights. (*He stared at me longer.*) That’s how I did have it set up.

And which way did you want me to react?

I think . . . (*He looked down at the floor and slowly returned his gaze to mine.*) the way you did—that you saw through it and understood. (*He smiled slightly.*) You know I thought that if you didn’t stop me from going to M-4 and if I got caught and if it fouled up my conference by my getting in trouble, I’d have thought “that son-of-a-bitch wrecked everything.” (*He stared ahead, pensive and serious.*) Was that pretty juvenile of me to set a trap like that?

No. It’s not juvenile. It’s actually more what adults do. A child is interested in being loved and accepted. If he has that, he’s happy; but an adult wants respect from someone whom he respects. If someone is nice to you but you feel he’s weak or a pushover, it doesn’t mean much—the kindness doesn’t have much value. You were testing me to see whether I was worth respecting and whether I cared about you. Teenagers do a lot of this because they hope to find honest, strong adults who can help guide them, help make sense of the world and sense of life. A child isn’t aware of the kind of confusion and contradiction in the world that makes an adolescent test an adult the way you did. What you did was decidedly not childish.

(*Ron nodded rather gravely. Then his manner brightened.*)

You know, Doc, we’ve been good friends now for about seven months, but I really don’t talk much about myself to you. I’ve been wondering if maybe I’m making a mistake in putting all my feelings in my new girl friend. I’m afraid it’ll be just like it was with Candy. Maybe I’ll lose everything again.

I don’t think it’s exactly the same as it was last spring because this time, in addition to having a girl you love, you’ve got friends you trust and rely on. You didn’t have that much before. So now the risk of losing everything isn’t as great.

There wasn't really anybody else in my life but Candy then, but that is different now. (Ron *smiled.*) What about my going over to M-4?

Do you still need me to take some action about it?

No, not really—I don't plan to go over there. Say, Doc, you don't have to answer this because it has to do with another patient, but what's Tom Richards' diagnosis? Is he brain damaged or what?

I'm sure Tom wouldn't object. Yes. He's brain damaged— that's the basic problem, but his brain damage interferes with learning. Yours is much milder and doesn't have any effect on your learning.

Why does Richards act so goofy?

When people are brain damaged at seven or at seventy, they feel they've lost something or lack something, and that makes them sad.

Yeah, but Richards is joking and kidding all the time.

That's a good way of covering up feeling sad or feeling you're lacking something. For example, if you ask a seventy-year-old person whose memory is getting poor, "How long have you lived in this town?" he may just joke and kid around and give you no straight answer. Then if you say, "Well, that's all very funny, but I really want to know how long you've lived here," he may become cross and irritable. Then if you insist he tell you, he may burst into tears and say, "I can't remember." People like Richards need to cover up feelings of being inadequate—hiding them from themselves and others. Silly behavior is a good way to cover up.

(Ron *stared at me seriously.*) That's what I did when I was in the hospital before I came to Napa. I talked funny and acted nutty and silly around people, but when I was alone, I'd cry.

It had been a valuable conversation with Ron. It had been a significant

encounter. He tested me, thought he found me to be weak, then found me to be strong—a strong person who was concerned about him and committed to his well being.

In individual outpatient therapy, it would have been considerably less likely that I would have been forced into this sort of crisis. I would have had less to say about discipline, less to say about the mundane considerations of everyday life.

It takes a long period of seemingly doing nothing in order to build to the point where a highly significant encounter of the kind I had with Ron Jennings in mid-August becomes possible. Such an encounter may occur at any time, and one must always be ready for it. It is more than merely the timing of an interpretation. Instead, it is being aware that a significant confrontation is occurring and then responding to that confrontation not with technique and gimmicks, but with honesty—the honesty that grows out of one's struggle for self-knowledge and out of one's struggle to find meaning in life.

In the following weeks, Ron showed a warmth toward me that I had not previously seen. His friendliness for the most part took the form of good-natured teasing of me. He avoided long talks about himself.

During the first week of September, apparently for no reason other than to prove his toughness, Ron Jennings beat up Bob Cavanaugh, another M-6

patient. They were the same age, but Ron was taller and heavier and more muscular. Usually they were on good terms. After the fight Cavanaugh sobbed. Jennings listened to the admonitions of the technicians with disdain.

On the following day, Ron talked to Jean Ammon. He complained about the classes to which he had been assigned in the hospital school.

I don't want to go to this school. I'd rather do my regular school work on the ward, and if you guys don't let me drop school, I'll fix it so you have no choice.

What do you mean?

I'll get out of the kids' unit and back on the Adult Service.

How will you do that?

By attempting suicide.

It sounds as though you feel you can manipulate everyone in order to have your own way.

That's right.

Later, at five in the afternoon, Ron asked me to drive him to the canteen to buy cigarettes. I refused because I had a very different feeling about the significance of his request than I had about the similar request in August. In August, he had wanted evidence that I was concerned about him, concerned enough to break a rule for him. Now it seemed he was not asking for evidence of my concern. Instead, I felt he was testing me to see whether I were

spineless and weak, someone whom he could intimidate and control.

On the next day, I received a phone call from the school. Ron refused to attend his classes. I discussed the problem with the chief technician of M-6, the psychologist, and the social worker. The social worker commented that Ron's forthcoming visit with his mother might be the reason for his increasing irritability.

As the four of us were discussing Ron and how best to cope with his negativism, the ward called me. Ron had just smashed a window and had run his forearm along the jagged glass acquiring a three-inch gaping laceration. Before I returned to the ward to suture the wound, the four of us agreed that Ron was out to test us to the limit. I suggested that he be placed on tranquilizers and restrictions. If this were not adequate, we would use restraints and seclusion. I felt no conflict, no confusion about the emphatic stand I was taking.

I closed his wound with six sutures. He was contrite and friendly, expressing concern about his mother's reaction when she would come to pick him up and would discover his injury. I was pleasant to him but noncommittal. The appropriate time to talk about significances was not while the boy's blood dripped. I didn't reprimand him, but I sutured without procaine. He didn't complain, but at one point, he said he was afraid he would

faint. Later he told me he had been shaking throughout the procedure. Perhaps it was cruel to avoid the use of local anesthesia, but I did not wish to blur the reality of his act. Some would have anesthetized and scolded. I chose to allow Ron to feel the pain. The consequences of his behavior in terms of reality were more pertinent than any sermonizing from me.

I left Ron in order to attend the weekly meeting of the M-6 technicians, explaining that I would see him as soon as it was over. At the meeting, the technician Joan Elgin described how Ron had told her, while they were waiting for me, that he wished to telephone his mother so that she wouldn't be surprised by his injury when she came to visit. Mrs. Elgin blandly replied, "Oh, I don't think she'd be too surprised that you would do a thing like this. Anyway, hearing it by phone, she would probably think it was more serious than it is." Ron continued to want to phone. Mrs. Elgin rather impulsively asked, "Ron, do you want to hurt your mother?" He answered quickly, "Yes, maybe I do."

"Did he say why he might be angry with her?" I asked Mrs. Elgin.

"No, he didn't, but Mrs. Jennings has taken him on very few visits, and when she does, she doesn't take him home. They go on camping trips. Ron, his brother, and Mrs. Jennings. Ron says he believes this is because his dog is blind or perhaps dead and that his mother doesn't want him to find out."

I glanced at the social worker. “Is there anything to this?”

She shrugged. “I think that the more basic issue is that Mrs. Jennings fears that if Ron comes home on visits, it will be hard to explain to the neighbors. You see, she has told everyone he’s visiting relatives out of state, but she hasn’t wanted to tell Ron this because he might feel stigmatized.”

“My God. Isn’t all this lying worse?”

I told the technicians that we should be firm and decisive in our handling of Ron because if we seemed indecisive, he would be confused and feel a need to test us more. “However, I don’t mean to say that all of his behavior is manipulative. It starts out that way, but once the process is under way, it becomes a frenzy. He can no longer simply choose to stop.”

Jean Ammon agreed. “Basically Ron feels helpless. Much of his behavior of trying to control and manipulate is to cover such feelings. Yesterday he told me that when he has to go along with rules and decisions that he has had no part in making, he feels like a puppet on a string.”

I discovered that not only were my reactions and the staff’s reactions to Ron’s self-mutilation different from the confused impotent response we had made in May, but that the boys on M-6 had a different attitude also. One of them asked in regard to Ron’s cutting himself, “Why would a guy do a nutty

thing like that?"

After the intershift meeting, I found Ron sitting solemnly in the day hall of the South Wing watching a television panel show. He bounced up brightly in response to my invitation to talk, and he came along readily, almost eagerly. In the office he stretched himself on the examining table.

Now you can psychoanalyze me.

(I didn't join in the light-hearted mood. My attitude was firm.) What's getting you so upset?

I think it might be my mother's visit this coming weekend. I'm getting more and more excited about it. *(His answer was in a serious tone.)*

I've noticed you've been more excited—beating up Cavanaugh, things like that.

Yeah.

What about this school issue—not wanting to go to classes here? Is that bugging you a little or a lot or what?

Well, it's about equal in importance to my mother's visit.

As far as school is concerned, at conference the staff felt you should attend our school plus doing extra work. Evidently there was some misunderstanding, and you thought you wouldn't have to attend classes.

That's right.

I personally don't care one way or another. You can discuss this with the teachers. Actually I'd be willing to suggest you not go to class if I were sure your reaction was merely anger about this misunderstanding, but I'm not at all

sure it's just that.

What do you mean?

Sometimes a kid makes an issue out of things as an excuse to rebel.

(Ron looked at me with curiosity.) Sometimes a kid wants to test who is stronger— he or the adults around him. If that's what you're doing, getting you out of classes may just mean you'd have to find something else to make an issue about, continuing to test us, trying to find whether we're a bunch of weak pushovers or if we're stronger than you.

I think what's important to me is that other people are playing fair with me.

Yes, I know that's very important to you, but whether adults are strong or weak is important to you, too. That's what puts people like Mrs. Campbell or Dr. Ammon or me on the spot. If we try to play fair, you may think we're weak. If we act strong, you feel we're not playing fair.

Most of the time, I feel people are playing fair, and I play fair with them, but then what happens?

What do you mean?

Why do I start getting concerned about whether adults are strong or weak?

I'm not sure. Sometimes when a kid has too much responsibility too early in life, he develops this kind of a problem. Part of him is afraid he isn't strong enough, isn't enough of an adult, so he needs to convince himself he's stronger than others, stronger than adults.

That's probably why I get such a kick out of conning adults. It makes me feel stronger than them.

Then you don't have to feel scared. The only trouble is that there's another part of you that would like to feel there are adults around whom you could trust

and who are stronger than you. When you con people, you feel good at first because it makes you feel strong, but down deep I think you feel disappointed in them. You cross them off your list because you can't turn to them for help when you need it. Conning is like taking heroin: it gives a pleasant kick at first, but the long-range effect is bad—a letdown.

So in a way, I'm addicted to conning. *(Ron smiled.)*

In a way. You keep trying time and time again to find out whether adults are weak and worthless or strong.

There are only two people in my life who ever caught me at conning them—and that was Mrs. Campbell and you. Do you think that means you are the only two I could turn to when I need help?

I don't know.

I think maybe so. Ever since I was eight, when my parents got divorced and my mother went to work, I've had to take care of myself and my younger brother and sister, but I don't remember feeling I wasn't adult enough. I always felt I could do anything. Could this other feeling be unconscious?

Yes, very often it is. What makes me suspect it's there, even though you don't feel it, is that your behavior says two things at once. When you smash windows, threaten suicide, and get everyone to cater to you, on the one hand, you're saying, "Look how strong I am, I can run the show"; but you're also saying, "Look at me. I'm running wild. I'm out of control. I need someone to stop me. I need someone to control me."

Do you think there's some kind of pattern—something that sets it off when I act this way? Could we go over my chart and see what seems to cause it?

We could. Perhaps we should, but I think we already have some clues about what sets this off. When you're playing fair with people and trusting and depending more and more and then someone does something to hurt—like with Candy . . .

When she called me a baby, a little boy?

Yes, that hurt, and perhaps it hurt you more than it would the next guy because it came close to what your own fears are about yourself. It was too close . . .

To the mark?

Yes.

And then I broke windows and cut my hand to prove I was important.

(I nodded.) And with this recent school issue . . .

You know what I thought when I found out I was assigned to those classes? I thought those bastards all ganged up and did this to bug me.

No, it wasn't like that. We didn't all gang up on you, but maybe it was something almost as bad. There was a mix-up—a breakdown in communication—and that shouldn't happen. Being lost in the shuffle is about as bad as being ganged up on.

But I shouldn't have jumped to conclusions. *(He sat and stared ahead, deep in thought.)* You know my mother is supposed to visit me every two weeks, but it comes out to every six weeks. *(He was silent again.)* I don't like it.

I understand that, when she does visit, she doesn't take you home.

Well, you see, Doc, I think my dog is blind or maybe dead and she doesn't want me to find out and get upset. You know whenever she had bad news for me she'd always say, "Ron, I've got something bad to tell you and something good to tell you," then she'd maybe say that my pet mice had died but that she'd bought me something special I'd been hoping for. She was always good to me. I love her, but in a way, it was wrong for her to buy me things when something bad happened.

Why? What was wrong about it?

Because it wasn't her fault the mice died or whatever the bad thing was that happened.

I think you're right. She meant to be kind, but in trying to cancel out the unhappy things in life that way, she was setting up a sort of false promise.

I don't get you, Doc.

I mean there was bound to come a time when something bad would happen that she couldn't make up for.

You know, a few years ago my stepfather's family tried to turn me against her. They told me I was adopted, that my stepfather wasn't my real father, and they got me to spy on her, to check on where she went and who she saw, and I phoned them and told them. Then as a reward for all of that spying, after saying all those bad things about her to me, they gave me a shotgun and shells. You know, maybe they were trying to set it up so I'd shoot her. I didn't feel it at the time, but now I think they used me all that time. They just used me.

It sounds as if they did use you.

Like playing with me, like a cat with a mouse. Later my mother told me that my stepfather hadn't been my real father, but I already knew.

How did you feel about her not having told you?

Not good. It was sort of as if she were just playing with me, too.

I can understand after the way your stepfather's family used you that you would have a fear that adults can't be trusted, that you have to be stronger than they are.

I wanted to be independent. I still do, but I want to have some people I can trust and rely on.

I think you should be independent and also have some people you can trust.

If there's nobody you can trust, you're all alone in the world.

Afterward Ron spoke excitedly with the technicians about our talk, and he repeated much of the content of the conversation. The next day, Ron was in good spirits. He said that we had identified his basic problems and, therefore, he had no need for the tranquilizers I had started.

I think you know yourself better than anyone else does. If you say you feel O.K. and don't need medicine, I'll cancel the orders.

I'd like to phone my mother today so she'll know about my arm before she comes tomorrow. I'll explain it's just a minor cut so she won't worry.

I don't think it's such a good idea to call her. No matter what you say, she's likely to exaggerate it hearing about it by phone.

Yeah, I guess you're right. Say, Doc, could you explain something? When I took psychological tests when I first talked to a psychiatrist, they asked me to draw a picture, anything, so I drew a picture of two guys cutting down a tree. What does that mean? What can you tell from that?

What do you think it might mean?

Well, I'm not sure who the two guys are supposed to be. Maybe they could be my father and my stepfather. *(Ron paused and thought about this.)* And maybe I'm the tree. Does that make any sense?

I think so. Does it make sense to you?

Sort of. I guess I've always been afraid of being cut down. That's why I try to be smarter than adults. *(Ron lit a cigarette and exhaled slowly.)* But, Doc, can you see any reason why I should be afraid? I can't even remember my

father, and my stepfather was never rough with me. He didn't especially have much of anything to do with me. Why should I be scared of them?

Who ended up living with your mother?

Neither of them. She divorced them both. My mother lives with my brother and me and my sister.

When you first described the drawing of the tree and the two guys cutting it down, I wondered whether it might represent you and your brother cutting down your father or cutting down your stepfather.

Maybe. You mean because both of them are gone, and we remained?

Yes. Possibly the drawing represents a question: Are you going to chop down Father or is Father going to chop down you?

(He stared at me with special interest.) What do you think I should be when I grow up?

(I recalled questions about chemistry he had asked me in recent weeks.) A doctor.

You mean it?

Yes. You could easily handle the course work.

I know I could in a way, but sometimes I think I'd fail at anything I'd try. Then at other times I think I'll be—well— someone outstanding, like a genius.

Only those two extremes?

Usually. Sometimes it's not so extreme. I would like to be a doctor.

Well, that's in the middle. You don't have to be a genius to be a doctor.

Why do I usually go to extremes like thinking I'll be a failure or a genius?

What do you think?

I don't know.

Yesterday we talked about how you resented feeling used. Maybe it's tied in with that.

How?

Your mother never had a very successful marriage. Sometimes, a mother whose marriage isn't successful has a lot of daydreams and wishes about her son. Maybe it isn't you who feel the need to be a great man. Maybe it's your mother's need.

And if it's her wish not mine, then I might feel used by her if I work to try to be a great man? Say, Doc, do you think maybe that's why I'm always wrecking up my hands?

Why?

Well, if my hands are all goofed up, there are a lot of things I can't do.

Ron and I spoke frequently after that interview. Soon after it, he announced that he was ready to leave the hospital, and I agreed. He went on a two-week home visit, and he returned feeling cheerful and content. Arrangements were made for his discharge. Approximately one month after the conversations in which Ron had talked of feeling used by adults and had talked of the possible significance of damaging his hands, he left M-6 for home.

It had taken a long period of observing me before Ron dared to test me,

and although I hadn't responded well to his efforts to involve me in May, I hadn't failed entirely. He tried again. In August and September, I understood his metaphorical language, and I responded to him in ways which told him that a strong adult who knew the realities of life was his honest ally committed to his well being. He had discovered someone upon whom he could rely, someone whose support was not contingent upon his remaining a perpetual child or upon his becoming an adult too soon. I agreed with him that the world was a jungle not a garden, but I showed him that I was not overwhelmed with fear of the jungle. One can grow and live a life of dignity in the jungle. This I believe, and this faith I was able to impart to Ron.

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