WHAT MADE ALLEN RUN?

The Process of Communication in Residential Treatment

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Residential treatment means many things to many people. The past decade has seen this term applied to a wide variety of settings, treatment philosophies, and therapeutic methodologies, ranging from the minimal ward programs of custodial institutions to the intensive therapeutic practices of various child care centers. In this paper we shall be discussing a setting in which residential treatment is interpreted in a particular way, as milieu therapy.

The Residential Treatment Center of the Convalescent Hospital for Children is an open cottage setting located five miles from Rochester, New York, on 45 acres of woods and fields. School, psychotherapy, and recreational facilities are located on the grounds. At present there are three cottages, each of which contains quarters for eight children in single and double rooms. There are nineteen boys and five girls, ranging in age from five to twelve years. Each cottage is staffed by at least two sociotherapists (usually a male and female) every hour of the day except for the time when the children are asleep, when there is only one adult in each cottage. The professional staff consists

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of psychologists, psychiatrists, social workers, and schoolteachers, all under the direction of a clinical psychologist.

Milieu therapy, as we conceptualize it, means the planned creation of a very special and unique life space for each child, an environment delicately and constantly tuned to adapt to the child's ever-shifting needs. Our treatment philosophy assumes that the essence of the therapeutic experience for the child is residence in an environment which emphasizes growth, change, and adaptation—dynamic, constructive processes diametrically opposed to the static, destructive ones which characterized his previous world. We therefore attempt to create, through regular reassessment of the child's current emotional needs, a wide variety of new learning contexts. The creation and maintenance of these positively reinforcing situations require constant communication between the various staff members and the vigilant awareness of a coordinator, most frequently the child's psychotherapist.

In our view, the psychotherapist is to the milieu of the child as a thermostat is to the heating system of a house. First of all, both are geared to accumulate information concerning the surrounding environment. And secondly, both can then effect a change in this environment by relaying the information gathered to an intervening apparatus (furnace, child care staff) which takes action to modify the situation in accord with these communications. Thus, the therapist is the heart of the feedback mechanism which governs the milieu, gaining his information in part from direct psychotherapy with the child and in part from other significant people in the child's current life.

In an environment so dedicated to sensitive corrective processes in the face of perceived changes, the child is presented at every turn with some person or activity designed to be therapeutic, re-educative, and psychologically protective. He finds himself at the confluence of countless influences—his peers, the professional staff, the child care workers (or sociotherapists, as they are called at this Center), and the many others who are necessary for the maintenance of a total treatment plan.

The child, however, as our interactive approach would suggest, is more than the passive recipient of these influences. At the center of this complex network of forces, his every move sets off a chain of

events reverberating throughout his environment. For example, his therapeutic improvement, as Ekstein et al. (1959) have shown, may be accompanied by acting out intolerable to the staff, who in turn act out to destroy treatment. Their acting out may be directed toward the child himself, other children, or other staff members, thus breaking down or distorting the communication so vital to this kind of treatment.

If one is not careful in evaluating the impact of residential treatment on a child, these ups and downs may be lumped together as part of the "natural rhythm" of treatment, the inevitable concomitant of the milieu's complexity. The over-all change in a child's behavior, during a prescribed period of treatment time, is the focus of the usual evaluation. But an emphasis on these "outcome" results tends to lose sight of the more important developments in the process of residential treatment of which the participants may not even be aware.

In order to sort out the effects of the many therapeutic threads which form the fabric of the milieu, it is sometimes necessary to focus on a single, well-defined incident, the detailed analysis of which should clarify the over-all process. We have chosen for such an analysis a runaway. This was an incident common to residential treatment, but which initially appeared inexplicable. We hope to illustrate through this description of the behavior of child and staff some of the vital dimensions of residential treatment: the overweening importance of every aspect of the child's life space for the maintenance of the child's stability, the "snowballing" effect of a lapse in the milieu's vigilance, and the vital role of communication in planning and executing treatment. The picture will imply, but not describe, the child's deeper inner dynamics. These are the particular foci of psychotherapy, only one part of the present story.

Case Presentation

Allen ran away on Wednesday, November 29. It was not unusual behavior for him; his referral symptoms read in part, "wandering away from home since age two"; and he had run away from the Center before. He himself said, "I ran away because I wanted to be alone. You adults were staying too close to me and didn't let me play." And,

so, it was easy to explain Allen's misadventure as another incident in the natural rhythm of treatment. However, interviewing the people directly involved with Allen gave us a different picture. Allen's runaway came to be seen as a last, desperate signal of his loneliness, feelings of abandonment, and plea for understanding. Let us examine the chronology of this event and see the process of residential treatment in operation.

Daily notes, written by the sociotherapists after each shift, are kept on all children. In addition, weekly conferences, chaired by the director, are held to review and plan the child's treatment. These are attended by all personnel connected with the child's treatment. Each child is thus reviewed approximately once a month in this way, although smaller and more informal conferences may be called at any time by any member of the treatment team.

November 17: Allen was told by his psychotherapist that she was taking a vacation the following week, to which he reacted by breaking a window in the psychotherapy room. Later Allen walked out of the main kitchen where he worked and felt close to the motherly cook, and heaved an egg at a delivery truck. The staff knew nothing of this for it was not reported until much later. Allen's nocturnal enuresis, his first in quite some time, was simply noted by the sociotherapist in his cottage. Allen gave three signals of his distress in one day, but received no response to the feelings behind his actions.

November 18-21: The ensuing week was one of apparent inner struggle for Allen. Reports about him vary from comments on his helpfulness and responsiveness to routines to tales of his intense teasing. It was told how he warmly embraced one of the sociotherapists and told her that he loved her, following this up with questions reflecting his bewilderment about his own relatedness and concern over his mother's two marriages and what this meant.

There were moments of upset following squabbles with the other boys and meals picked at and left, *but the notes about Allen during this week seemed to leave much undisclosed.* They tended to fall back on stereotyped comments about his behavior, reflecting, it appears, a lack of sensitivity to Allen at this crucial point when staff communication was so necessary.

November 22: On this day before Thanksgiving, the four-day

quiescence gave way to a disturbing sequence of events, further evidence of Allen's inner turmoil. It is important to note that at this point there was still no staff recognition of Allen's plight, no coordinated understanding of Allen's stream of messages.

His psychotherapy, on this day, was marked by his angry outburst at the therapist, reflecting his feelings about her proposed absence, and followed by an infantile, demanding posture, as he sought for some succorance from her. The head cook also began an absence due to sickness.

The vascillating sequence of agitation and adjustment continued through the evening activities. At supper, Allen again ate nothing, an event given no more than passing recognition. Then, however, he played a spirited game of basketball in the recreation hall until bedtime. While he readily prepared himself for bed, he talked to the sociotherapist about missing his sister. More and more, Allen's messages seemed to be focusing on his concerns about those people who were missing and those who were leaving. Significantly, that same night he cried out in his sleep, to what or to whom is uncertain, but without awakening.

November 23: When Allen came to us, he was seen as a boy swinging violently from psychotic behavior to affectless, impulse-ridden acting out. He was without feeling and without meaningful relationships with peers. After a year at the Center, there seemed to be some depth in Allen's relatedness, some trust and belief in others, and a marked lessening of his uncontrollable behavior. Both his stealing and his feces smearing activities had markedly decreased.

So it seemed to us that Allen's controls were quite adequate, and his cooperative, cheerful, affectionate mood, this Thanksgiving day, appeared to corroborate this impression. But what was not reported until later was that Allen's inner feelings of control were loosening, as exemplified by his asking a sociotherapist, some time late in the day, to keep a close watch on him and control him if he should seem upset and excited because he was afraid of hurting someone or breaking something. Nor was there a report of his locking himself in the Center's jeep to keep himself from being taken to the movies with the other boys. Nevertheless, at the end of the day, Allen said, "This was the best Thanksgiving I ever had," and vividly described his anticipation of the Christmas season.

November 24: After this stimulating and meaningful Thanksgiving Day Allen seemed to have become an "invisible man" for the next day, as reports of his activities dwindled to a few meager and noninformative lines. If he appeared integrated during this time, it may be speculated that his momentary reaction to the supportive and nurturant effects of Thanksgiving misled us.

November 25: The uneventful yesterday made today's events appear even more unexpected and incoherent. For what had been rumbling beneath the surface in Allen's behavior the past week began to erupt.

Allen arose excitedly, immediately expressing defiance and negativism, as he refused to do anything and ran in and out of the cottage. His moods were fleeting and unpredictable; e.g., first he adamantly refused to go to the movies, running off to hide, then suddenly decided to go, and acted like a model child. While at the movies, however, he spoke to one of the sociotherapists about how easy it would be to run away while the group was downtown and go home to his mother.

That afternoon was visiting time. Allen's mother had always maintained contact with her son, and it had been noted that the visits were becoming increasingly satisfying for both of them. Their time on that afternoon was spent quietly talking and walking, and it seemed mutually satisfactory. Yet at dinner Allen toyed with his food and ate only dessert, later passing up even his evening snack. Generally, the reports about him seemed to portray a restless, uncertain boy who was relating best this day to a single cottage mate of his, a severely psychotic little boy on whom Allen lavished some unexpected attention. With the rest of his peers and the staff, he was distant.

November 26: As soon as Allen awoke, he began to tease and appeared hard to control. He seemed to be thrashing about for something, and even his movements were darting and squirrellike.

Now Allen began to resort to more blatant and obvious signals of his distress. That same morning he ran off the property, clearly a violation of rules, but although he stayed close by where he could be seen, no one went after him. This move of Allen's seemed to be a last-ditch attempt to get somebody to notice him and be concerned. He could in a very real sense no longer contain himself, and he seemed to be testing whether the Center would do the job for him.

That afternoon came the first of Allen's runaways. He had gone to the limits of the grounds and returned. He sought refuge in the cottage, but suddenly he left. As was later reported, "Allen didn't seem to really want to run away, but suddenly he was gone." He was not gone for long, however, being picked up several hours later by a sociotherapist who found him wandering on a downtown street. The reports of his being found and returned to the Center are both clear on one point: Allen's relief that he was found and brought back. Allen's comments when he was found were that he wanted to be alone, that the adults stayed too close to him, that he wasn't allowed to play, and that he thought he would run away. His delight in returning however, was demonstrated by the huge supper he ate and his "snuggling" contentment as he sat and watched the evening TV programs.

November 27: In the morning, Allen, already grappling with the continued absences of his psychotherapist and his favorite cook, was told that one of the social workers would soon be leaving. This woman had been an original member of the staff and a mainstay of its life and activities. Her leaving was to Allen, as to all the boys, a threat to the Center's continuity and stability.

Interestingly enough, Allen's immediate reaction was unknown. Here again, at a crucial time when the closest watch and communication were necessary to grasp his messages, there seemed to be a gap in the reporting. However, we do know that that afternoon Allen went to see a student whose office adjoined that of his psychotherapist. Allen chatted a while and then asked where his psychotherapist was, although he knew that she was never at the Center on that day of the week. He was told where she was and when she would be back, but Allen only looked at the desk clock and commented that it had stopped and that this "darn clock doesn't work."

A few hours later, Allen returned to the cottage holding his stomach and complaining of severe lower abdominal cramps. He ate only a little supper in his room and lay in bed. However, when he came to the living room after supper, the pains had disappeared.

November 28: On this day yet another relationship was rent asunder for Allen. After a restless night, Allen awoke complaining of a stomach ache and headache. He had no temperature but appeared quite distressed and uncomfortable. Sitting and picking at his food

at lunch, Allen was confronted by a new loss: the head sociotherapist of his cottage, who was also his arts and crafts instructor, was going on vacation to be married. He was particularly important to Allen because he, both personally and through arts and crafts, represented functionally and symbolically support for Allen's tenuous controls. Allen's first reaction was to shout, "If you do go, I'll ruin the arts and crafts room and steal all the tools."

For the rest of the day he moped around, refusing to go to scheduled activities, apparently choked with loneliness and anger. At supper it was discovered that he was missing. He was brought back to the cottage a little while later by a psychologist who was staying late in the administration building. Allen had made his way there after closing time and had systematically and deliberately smashed every piece of an arts and crafts display in the lobby, save for one which he himself had made. Even this he threatened to destroy, taking it into the kitchen and dropping it on the floor, but in such a way as to make certain it would not break. He then, in what was described as an "unreachable manner," tried to get hold of a carving knife. At the same time he commented on a large can of beans on the table. The psychologist switched the discussion to Allen's desire to be given this food. With permission, Allen took the beans to the cottage where he heated them and ate them ravenously.

This psychological first-aid did seem to provide temporary relief for Allen, because when he returned to the cottage he appeared calm and quite in control. However, he had difficulty settling down in bed and his sleep was fitful that night.

November 29: This morning saw the culmination of Allen's distress, so long unheeded and unassuaged. Buffeted at every turn by the departure, real or threatened, of the stable figures in his environment, it seemed evident in retrospect that any single threat would now suffice to make Allen run.

This day was "Y" day: swimming, gymnastics, and general, but organized, roughhousing. At the "Y" there was a driven quality to Allen's work on the ropes as he repeatedly tried to go up them, until with tremendous effort he finally succeeded. He then turned on the group worker, baiting and taunting him until he was finally told that he would be deprived of next week's "Y" trip. He bridled at

this restriction, but came along quietly into the station wagon for the return trip to the Center. However, just before departure, one of the boys was injured and Allen's favorite sociotherapist left to go with him to the hospital. This left Allen all alone with the other boys and the group worker.

As they started back, the wagon became a wild scene as one boy began pelting the group worker with candy, to the shouts and encouragement from the others. When the group worker stopped the car in an attempt to quell the incipient riot, Allen suddenly announced that he was leaving, but made no move to go; a far cry from his usual unannounced departures. Again, he seemed to be asking to be stopped, to be given some "emergency aid." To Allen's announcement, however, came another boy's "Let's go"; they got out of the car and began climbing all over it and in and out of the doors.

Caught in the mad whirl of events, the group worker told the boys that they would have to get in, and he started and stopped the car a number of times as a warning to them. When Allen still refused to get in the car, the group worker finally felt that he had to take the other boys back to the Center, and he left Allen there. The next report on Allen came later from his mother, at whose place of work Allen had suddenly appeared.

Allen's return to the Center was marked by an adamant and defiant attitude, as he initially refused to get ready for bed or to stay put. The day's finale finally came when a lonely, exhausted, and confused boy sank into a deep sleep.

November 30: That Allen's runaway, while the culmination of a long series of events, was itself only an extreme message of his despair, became clear through today's events. His pleasant morning mood, which belied his inner turmoil, was joined to a series of resistant maneuvers, as Allen seemed to be continuing to ask for personal attention and concern. He dawdled at dressing, he strolled down the last one to breakfast, and he sat and played with his food, eating little.

Generally, however, things were quiet until lunchtime when Allen found the other boys looking at Christmas toy catalogues and couldn't squeeze himself in to get one. He was quite angry about this, and grabbed both books away from the other boys. A battle ensued, and

Allen, annoyed to begin with, was now raging. His action following this frustration reflects very well the disturbed and fluctuating ego state of this boy which could be pushed to the border of psychotic experience. He ran upstairs to the bathroom, defecated, and taking a handful of feces, smeared a boy's face with it. The inappropriateness and extremity of this action brought only an admonition to clean it up and go to his room.

That afternoon, back with the other boys, Allen was quiet and isolated himself from his peers, preferring to stick close to the adults. He again seemed at loose ends; expectant, as *if he hoped* someone would finally recognize his needs. Later that afternoon he got his wish, although regrettably late. A special conference was held at the request of Allen's psychotherapist in which an attempt was made to piece together the events of the past weeks. When this was done many of Allen's messages about his fears of not being able to maintain his integration under the impact of a series of losses were recognized in context for the first time. It was decided that the improvement in inner controls which had been observed in Allen over the previous year had not been available to him in this crisis, in part because of our failure to communicate our recognition of his gains to Allen. It was therefore recommended not only that supportive external controls be more consistently applied, but that Allen's progress be discussed with him and given recognition concretely by an extension of his visiting privileges. When this was talked over with Allen, his whole mood seemed to change in a moment. He became affectionate to everyone and went through the remainder of his day with ease.

Even his awakening that night had a different quality to it. When he awoke and came down to the living room to talk to the "night lady," he was bubbling over with excitement, talking elatedly about fishing, Christmas presents he was going to give and receive, his new clothing, and one of his favorite subjects, snakes. He rambled on and on for an hour, but finally talked out for the moment, a happy and excited boy lay down and fell immediately asleep.

December 1–December 6: The remainder of the week saw an elated, affectionate boy responding with glee to the prospect of his mother's weekly visit and their time together. Nowhere in the reports

in these following days was there any sign of the distress Allen had so flagrantly displayed during his period of losses and subsequent breakdown.

Discussion

What we have presented in this picture of two weeks in the life of a child is a cross-sectional view of residential treatment. In examining the process of treatment breakdown, we have tried to highlight how important and interactive is every aspect of the child's life space, and how lapses in staff communication and sensitivity can lead to disruption of the therapeutic process, despite the best intended enthusiasm and concern.

The case of Allen is in some respects related to incidents commonly described in the literature (Alt, 1961; Caudill, 1958; Parker, 1959; and Stanton and Schwartz, 1954) in which staff disorganization led to communication breakdown and patient disorganization. The essential difference between Allen's case and those mentioned above is that there was no disorganization among staff members, but rather a lapse in sensitivity which led to a similar communication breakdown and disruption of Allen's treatment. Allen, as we have seen, sent out numerous messages of his loneliness and despair, but these were not recognized and therefore faded into the milieu with little effect.

There is no magic in the words "therapeutic milieu," but there can be much seductive magical thinking following its initial creation. Such thinking assumes that the therapeutic milieu is self-perpetuating; that it can maintain a constant strength without continual surveillance; and that it can automatically mend a gap created by the loss of significant people. The case of Allen demonstrates how easy it is to accept these comfortable notions, yet it also demonstrates how deceptive and fallacious they can be.

As we have tried to demonstrate throughout this paper, using the case of Allen as our example, adequate communication among staff members is the keystone of successful residential treatment. Perhaps the most serious single lack in Allen's situation, though implied, has remained unmentioned. In our description, residential treatment appears to be of a field of equally interacting therapeutic agents with equal responsibility. In such an interacting field, however, an integra-

tive agent is necessary to coordinate communication. At our Center the integrative agent is the psychotherapist, who, in Allen's case, was absent, with no substitute, during much of Allen's time of upset. In his case the retrospective analysis and special conference were themselves the integrating factors which made possible the resumption of treatment.

Communication not only coordinates total treatment but demands continued sensitivity from all those within each child's life space. When communication falters, sensitivity dulls and treatment breaks down. Only when adequate communication is established can one see the process of residential treatment in its entirety, instead of in segments out of context which do not give a full and proper picture of the child at any moment in time. If the total treatment process can be seen, the interaction between the child and his milieu becomes one in which his behavior is not an unrelated fragment, but a meaningful communication in his treatment. Allen's behavior can be finally seen not as an isolated symptomatic flare-up, but as a clear and repeated adaptive attempt to restore his treatment. Thus we can see even the most severely disturbed child as an active participant in his treatment rather than as a passive recipient.

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