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Knowing another : a case study in perspective and process.

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KNOWING ANOTHER: A CASE STUDY IN PERSPECTIVE AND PROCESS

A Dissertation Presented

By

LILLIAN M. MILLER

Submitted to the Graduate School of the
University of Massachusetts in partial fulfillment
of the requirements for the degree of

DOCTOR OF PHILOSOPHY

September 1976

Department of Psychology

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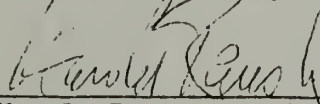
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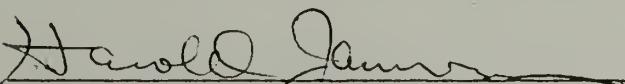
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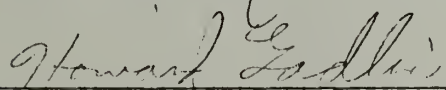
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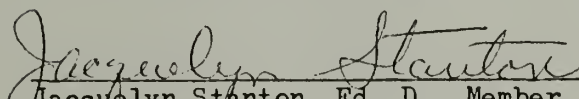
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Most of all, I would like to acknowledge my gratitude to Sam Bowdoin and his family, those who have been described, under pseudonyms, in these pages. Knowing Sam has widened my eyes to the possibilities and potential of a psychologist's personal knowledge. Sam has afforded me a great privilege in allowing me to share and write about a part of his life.

ABSTRACT

Knowing Another: A Case Study in Perspective and Process

(September 1976)

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Directed by: Professor Harold Raush

Epistemological questions are raised in the light of case material from the psychologist's work with a fourteen-year-old boy chosen specifically for the confounding difficulties he presented to the clinical task of knowing another. The boy spoke very little. He had been tested repeatedly and found to have an IQ in the borderline region. He had no single definable psychiatric disorder but was reported to be a serious problem at home and at school: uncooperative, aggressive, unpredictable, unreachable. The boy lived in an impoverished and disorderly environment. He was not a likely candidate for office-bound psychotherapy. Yet, having been presented to the author by the court for psychological testing, the boy, Sam, requested further appointments on his own. The subsequent two years of treatment in an outpatient mental health setting are described.

This exploratory study documents the course of personal knowledge, a particular clinical reality, with a collection of the ordinary sorts of information available to a psychologist. The data include test reports; interviews with and observational reports by teachers, family, social workers and physicians; progress notes from the therapy sessions; and reflections on changing interpretations of the boy and his behavior.

The multiple roles of the clinical psychologist (observer, therapist, consultant, friend) are portrayed. The inevitable part the knower plays in the cases he presents as known is discussed. Intersubjectivity, involved in all face-to-face situations, is viewed, personally and philosophically, in terms of its contribution to the process of knowing, understanding and helping another.

I must admit now that I did not start the present reconsideration of my beliefs with a clean slate of unbelief. Far from it. I started as a person intellectually fashioned by a particular idiom, acquired through my affiliation to a civilization that prevailed in the places where I had grown up, at this particular period of history. This has been the matrix of all my intellectual efforts. Within it I was to find my problem and seek the terms for its solution. All my amendments to these original terms will remain embedded in the system of my previous beliefs. Worse still, I cannot precisely say what these beliefs are. I can say nothing precisely. The words I have spoken and am yet to speak mean nothing: it is only I who mean something by them. And, as a rule, I do not focally know what I mean, and though I could explore my meaning up to a point, I believe that my words (descriptive words) must mean more than I shall ever know, if they are to mean anything at all.

Michael Polanyi

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CHAPTER I

INTRODUCTION TO THE PROBLEM OF KNOWING ANOTHER

This thesis presents an empirical investigation into the process of human knowing, person knowing person, a process obviously essential to the everyday practice of clinical psychology, yet one which is left, by and large, unquestioned. By focusing on the actual course of coming to know a singular individual, I intend to shed some light on a number of questions and their relevance to the practical and scientific pursuit of psychology.

How is one person known? How does one know another who does not speak for himself? How is information about one person gathered from various sources, integrated, bound together into the likeness of an individual? How do various means of knowing---observations, reports, dialogue, mechanical recordings---structurally compare? There are no simple, prescriptive answers to any of these questions. Indeed, such questions are as likely to bestir further questioning as any glimmering of answer. These questions are meant to be thought-provoking. Their consideration is intended not only to illumine knowing in the abstract, but also to clarify each knower's presuppositions and goals, the shaping effect his knowing grasp has on the subject before him.

There are good reasons why clinical psychologists so involved in the daily profession of knowing others, do not often openly confront epistemological issues. For one thing, psychologists in a mental health setting tend to be practical. There is, after all, no doubt that others can be known, to some extent, in some way. And clinicians

know that they have acquired special techniques and attitudes designed to facilitate knowing of a particular intrapsychic kind. It is most expedient, therefore, to get on with the process of knowing, to do the job as taught, to apply one's categories of knowledge to the unknown. Gordon Allport had commented on this attitude, calling it scientific, the tendency to think in universals, to fit each person into an already established grid of theory, number, language:

Now the scientific training of the psychologist leads him to look for the universal processes common to the species, and to neglect the idiomatic pattern of becoming. While he may say that his subject matter is human personality, his habits lead him to study mind-in-general rather than mind-in-particular.

It is not that the psychologist is uninterested in John, the person. It is merely that his habits of thought lead him to ablate from John's nature some single segment for study. The surgery is accomplished by imposing upon John certain universal cutting instruments. One incision has to do, shall we say, with 'need for achievement,' another with the 'intelligence quotient.' These incisions are not viewed as intersecting one another in John but rather as intersecting corresponding properties in other persons. The result is that we usually view John's personality as a diagram drawn in a set of external co-ordinates, having no interrelations, no duration in time, no motion, no life, no variability, no uniqueness. What is peculiarly Johnian our methods of analysis do not tell.

It is true that a branch of psychology called 'clinical' hopes somehow to bring about a coincidence of John with the properties abstracted from him. It endeavors to reclaim him from the sea of statistical averages. But for two reasons it runs into trouble. In the first place, as we have said, the universal dimensions employed in diagnosing John may be irrelevant to his personality. Perhaps he has no 'need for achievement,' but only a peculiar and unique need for exhibitionistic domination. The dimension employed seriously misses the precise coloring of his motivation. In the second place, we have few tools as yet to determine the mutual interrelations of dimensions. Thus we discover only that John stands at the tenth percentile on 'need achievement,' at the fiftieth in ability at 'spatial manipulation,' at the eighty-first percentile on 'common responses' to the Rorschach test. Such bits of information comprise most clinical reports. Seldom do these bits of information intersect one another. We are still in the dark concerning the nexus of John's

life. A large share of our trouble lies in the fact that the elements we employ in our analyses are not true parts of the original whole.¹

Allport recommends introspection to remedy these shortcomings of psychology, "for it is knowledge of our own uniqueness that supplies the first, and probably the best, hints for acquiring orderly knowledge of others."² There are serious problems facing a clinician who attempts to use introspection in order to better, more wholly understand another. One of these is "the fallacy of projection," as Allport notes. This is the tendency to assume that others have thoughts, feelings and values exactly like our own. A philosopher of knowing, Edith Stein, makes the same broad recommendations and cautions: "Only he who experiences himself as a person, as a meaningful whole, can understand other persons." Yet, "if we take the self as the standard, we lock ourselves into the prison of our individuality. Others become riddles for us, or still worse, we remodel them into our image and so falsify historical truth."³

David Bakan also recommends the use of introspection, or "systematic self-observation," in combination with case history research as the best way of exploring such questions as, "How is it possible for the clinical psychologist to have any notion at all concerning what is

¹ Gordon Allport, Becoming: Basic Considerations for a Psychology of Personality (New Haven: Yale, 1955), pp. 19-21.

² Ibid., p. 101.

³ Edith Stein, On the Problem of Empathy (the Hague: Martinus Nijhoff, 1970), p. 105.

going on in the 'mind' of the client?" and "Is it possible, and in what sense is it possible, for one person to 'know' another person's experience, if experience is, as a certain traditional outlook would have it, utterly and unalterably private?"⁴ He cites another problem, beyond the danger of projection, in the use of introspection: the goals of the introspectionist differ from those of the clinician, and the acquisition of knowledge, though an excellent end in itself, can interfere with the process of therapy. Introspection at the moment of experience tends to change the character of that experience, as William McDougall, even before Bakan, has noted:

Under the most favorable conditions, introspection of our more vivid and vital experiences is difficult, because we are apt to be primarily interested in the events of the outer world in which we are taking part, if only as observers. Then again the very act of introspection does to some extent modify the experiences we wish to observe and describe;⁵ so that in introspecting we partially defeat our own purposes.

This interference would be especially likely in any therapeutic process based on the experience of relationship. Alfred Schutz, a philosopher of social reality, makes this point clear, even though he is not speaking directly of therapy: "The greater my awareness of the we-relationship, the less is my involvement in it, and the less am I genuinely related to my partner. The more I reflect, the more my partner becomes transformed into a mere object of thought."⁶

⁴ David Bakan, On Method: Toward a Reconstruction of Psychological Investigation (San Francisco: Jossey-Bass, 1973), p. 78.

⁵ Ibid., p. 101.

⁶ Alfred Schutz, The Phenomenology of the Social World (Chicago: Northwestern University Press, 1967), p. 167.

One way to minimize the distancing effect of reflection or introspection on therapeutic work is to use it retrospectively, thus keeping the process of therapy, and the experience of knowing, relatively clear of thoughtful interruption, modification or defeat. This is what I aim to do in my study: to present an individual as I have come to know him, and to consider the process of knowing on the basis of the assembled observational, atheoretical data, which will include introspective comments on my own participation in the highly subjective and experiential process.

The following work is an exploratory study which documents the process of knowing by describing an ongoing clinical case. I am presenting a variety of viewpoints on an individual, a fourteen-year-old boy chosen, first, for the confounding difficulties he presents to a clinician's task of knowing, and, second, for the simultaneous and remarkable insistence of his intention to be known, his repeated presentation of himself to me. My study begins with a collection of the ordinary sorts of information available to a psychologist working in an outpatient child-centered mental health clinic. This information includes psychological test reports, records from school and welfare departments, medical reports, interviews and observational reports from teachers and family, and notes made concerning my twice-weekly meetings with the boy. In some sense, then, the initial part of my work is a documentation of clinical reality, for I confine my information-gathering to those routes readily available to and used by clinicians, especially those working with children.

The study is based on descriptions of a single individual, his

behavior, his life-world, his experience of self and others, so far as these can be observed, inferred, known and told by others. Such a case history is valuable in itself, I believe, for this boy is outstanding in his degree of disorganization and deprivation. He is not a usual clinical case. He has no circumscribed, or even definable, psychiatric disorder. His command of the language is exceedingly poor. His intelligence is limited. The conditions he does suffer would seem to be better treated through social and economic intervention than through time-limited and office-bound meetings with a professional psychotherapist. Few would consider this boy, whom I shall call Sam, a likely candidate for therapy. Indeed, I had met with him regularly for a half a year before I began to consider our meetings "therapy"--- and this only through the obvious therapeutic effect, not through any change in my style or goal.

The fact that Sam's case was so foreign to my experience and training increased my interest both in the child himself and in the process of knowing, prompting a return to the basic sorts of philosophical questions I have been asking. How is such a unique individual known and represented to others? Since my initial court-requested testing, I have resisted the inclination to think about Sam in categorical terms or to otherwise rationalize the strong bond that has developed between us. Therapy has not proceeded along structured or theoretical lines. I have come to know Sam through experience, as he has come to know me. Only recently, in formulating this study, have I begun to look back, to reflect on the knowing which has taken place between us. The challenge now is to represent my knowing of this boy,

a kind of knowledge which is ongoing, highly intersubjective, and not easily put into words.

I shall not presume to portray Sam as he is, but rather as I and others have come to know him. The actual data are words, by and large not Sam's words, but those of others observing and commenting on him. The observers, including myself, are as much an object of the study as Sam-being-observed. I intend to reflect on my own process of knowing, including my attempts to integrate the bits of knowledge collected by others. How do I handle knowings which do not parallel mine? Are they incorporated into my picture or separated out? How? And Why? I do not focus long on matters of content, however, for I am more interested in comparing the style and structure of various kinds of observational knowing. What point of view is taken? To what end is the child known and described? And, how do subjective, relational observations such as those made in a therapy situation compare with the kinds of information generated through more objective, mechanical or detached means?

In summary, this is a case study in knowing, a clinical psychologist's reality. Attention has been given to developing scientific methods and theories for studying others. Rarely, however, have scientists publicly reflected on the actual process of observation, on themselves or others observing. I intend to do just that: to reflect on my own knowing in order to better understand and discuss the psychologist's part in the cases he studies and presents as known. Though the area has been defined as one needing observational and introspective research, to the best of my knowledge such a study as this has not been done before.

There is, of course, much excellent related research, both empirical and philosophical. Let me discuss, briefly, a few examples of each in order to note their relevance.

Empirical or Case Studies

Case studies are the backbone of psychiatric and psychoanalytic literature. On the whole these studies describe successful therapy cases, and they are often presented in order to illustrate the characteristics of a particular syndrome or a way of treating it. The author is usually the therapist reporting on his case, after the therapy is finished. It is presumed in these studies that the therapist-author has come to know his subject well, perhaps better---or at least differently---than anyone else, yet the process of knowing, the changing impressions, the use of theories and techniques is rarely described. As Heinz Hartmann, et al., have noted, "even the variety of impressions which force themselves upon the psychoanalyst as analytic work follows the exploratory contact with his patient have never been studied in a comprehensive way."⁷

Social scientists are increasingly making use of case study research, particularly in the form of naturalistic observation, which takes its model from ethology and aims to accurately describe behavioral phenomena in their naturally occurring contexts. As Harold Raush notes,

⁷ Heinz Hartmann et al., "Some Psychoanalytic Comments on 'Culture and Personality,'" in Psychoanalysis and Culture: Essays in Honor of Geza Roheim, eds. George Wilbur and Warner Muensterberger (New York: International Universities, 1951), p. 23.

"the investigator attempts to exercise no influence over the range of stimuli or the range of responses; it is the subject who selects and defines the repertoire of both stimuli and responses. Even in those less extreme cases in which he interferes with an ongoing course of events---introducing a special stimulus or a new condition---the naturalist leaves the definition of the stimulus and the mode of reaction to the subject."⁸

Naturalistic studies vary in the degree to which the observer is present and involved as a participant in the ongoing activity. Some scientists, such as Roger Barker and Herbert Wright, have attempted to minimize or eliminate the element of subjectivity, of observer influence in their studies. Perhaps the hardest part of their rather simple methodology, "that used regularly by the citizens of Midwest: looking, listening, and telling," is the observer's chore of keeping himself blank, ready to record the scene before him.

The task of an ecological field study is to determine the state of affairs that exists independently of the investigator's methods. The questions that exist in a subject's mind are as important as his answers to them. If the investigator asks the questions and poses the problems, he changes the subject's habitat and destroys the very thing he aims to study. Furthermore, free or nondirective interviews can cause profound changes in the subject's perception of himself and his world.

Barker and Wright have defined their goal as "to describe naturally occurring behavior and the psychological habitat within which it

⁸ Edwin Willems and Harold Raush, eds., Naturalistic Viewpoints in Psychological Research (New York: Holt, Rinehart and Winston, 1969), p. 130.

⁹ Roger Barker and Herbert Wright, Midwest and Its Children: The Psychological Ecology of an American Town (Evanston: Row, Peterson and Company, 1954), p. 12.

occurs." They have clearly limited the bounds of the psychological habitat that they consider, however:

Identification of the psychological habitat is based upon three kinds of data: data regarding the milieu, data regarding the person, and data regarding the behavior.... In the case of behavior episodes such as we shall deal with, where a familiar person is observed as he behaves in a well-known milieu, some features of the psychological habitat are immediately apprehended with a high degree of agreement between different observers. This is the part of the psychological habitat we have used in the present study and is the part we shall refer to when we use the term psychological habitat. The complete psychological habitat, i.e., the naturally occurring life space, includes many conditions which are accessible only by indirect, inferential cognitive processes to both the person himself and to an observer. These conditions have not been included in this study.¹⁰

Barker and Wright specifically exclude data concerning the observer from their studies, limiting the psychological habitat to that which can be agreed upon by observers because of its accessibility and familiarity. This, of course, is not the case in most clinical studies or diagnostic work, for here the person is not familiar to the observer, and his feelings or behavior are strange to himself or others close to him. The clinician is specifically sought for the access he is presumed to have to intrapsychic realms and to the broad psychological habitat of the person before him. The clinician is trained to be a careful observer, but he must also rely heavily on those "indirect, inferential cognitive processes" which Barker and Wright exclude from study.

Anthropologists have provided some of the best naturalistic studies of individuals within their home, within their native culture. Jules

¹⁰ Roger Barker and Herbert Wright, Midwest and Its Children: The Psychological Ecology of an American Town (Evanston: Row, Peterson and Company, 1954), p. 11.

Henry has long recommended that "American culture is so complex and varied that until we know more about it on a statistical basis, it is well in the early stages of research of this kind to treat every family almost as if its culture were unique."¹¹ Following his own recommendation, Henry lived morning to night for a week with five families, all of whom had a child institutionalized for serious emotional disturbance. He took an open-minded, phenomenological stance towards his data, recording all that he could remember after a day's observation in the home. "It was obvious to me that if I were to start naturalistic observation with a preconception of what is important, I could not learn much beyond my preconceptions. I therefore took the position that everything was important, and as I dictated from memory I made no attempt to arrange the data in sequence or in categories, or to sift it."¹²

It is equally obvious to any reader of Henry's resultant book, Pathways to Madness, that the author is a careful editor and broad interpreter of his data. He does not stop with naturalistic observation and description. He admits to a more active participation in his study. He uses indirect, inferential processes to get psychological phenomena which might not be apparent to all observers. Though he avoids categories, statistics, typologies and preconception, Henry tries

¹¹ Jules Henry, "Common Problems of Research in Anthropology and Psychiatry," American Journal of Orthopsychiatry, (1948) p. 698.

¹² Jules Henry, Pathways to Madness (New York: Random House, 1971), p. 460.

"to combine disciplined observation with a comprehensive interpretation of life in its complex interrelations."¹³

Henry was not inconspicuous during his observation in the home. He participated in activities and conversation. Though he was a polite and perhaps rather sedate guest, he did eat with the families, express preferences, ask questions, play ball with children, call out warnings, treat people to a restaurant dinner. Henry allowed himself to be more than just an observing presence. In some sense, he interacted while observing. His degree of non-directive participation combined with his acknowledged use of broad interpretation, bring his study closer to mine, and all those based in clinical situations where the observer is actively involved with his subject and must come to understand him at least partially through inferential processes occurring during or after observation.

Oscar Lewis, another anthropologist who has observed and written about families and individuals within the home, collects a wide variety of data, above and beyond that got through naturalistic observation. In such studies as The Children of Sanchez and Five Families, Lewis uses a combination of methods and approaches to his subjects, including projective tests and structured interviews, all aimed at getting a broad picture of the life-world involved: "While I used a directive approach in the interviews, I encouraged free association, and I was a good listener. I attempted to cover systematically a wide range of subjects: their earliest memories, their dreams, their hopes, fears,

¹³ Jules Henry, Pathways to Madness (New York: Random House, 1971), p. xv-xvi.

joys, and sufferings; their jobs; their relationships with friends, relatives, employers; their sex life; their concepts of justice, religion, and politics; their knowledge of geography and history; in short, their total view of the world."¹⁴ Like Henry, Lewis is a careful editor of his mass of data. In his books all evidence of his presence, methods, and questions is eliminated, so that in the end a study such as The Children of Sanchez reads like an extended and forthright autobiographical monologue. Like Henry, Lewis acknowledges his interpretive role as a necessary part of the study. "Nowadays the student of peoples bolsters himself with all sorts of objective aids, above all a number of psychological tests (usually called, with unconscious humor, 'a battery') and the greatest possible use of statistics. Even so, in the end, if his findings are to be of any use at all, someone must interpret them in humane terms, someone must inject the element of description."¹⁵ Lewis goes even further in acknowledging his involvement in his studies. He becomes close friends with the Sanchez family. His knowledge of them does not end when the study does. Lewis admits to the effect of his own background and preconceptions on his work: "Naturally, my training as an anthropologist, my years of familiarity with Mexican culture, my own values, and my personality influenced the final outcome of this

¹⁴ Oscar Lewis, The Children of Sanchez: Autobiography of a Mexican Family (New York: Vintage Books, 1961), p. xxi.

¹⁵ Oliver LaFarge, as quoted in Oscar Lewis, Five Families: Mexican Case Studies in the Culture of Poverty (New York: New American Library, 1965) p. viii.

study."¹⁶ Lewis does not say, however, how these realities---background, personality, friendship, interpretation---affect the results of his studies, nor does he explain how the results of the various methods are integrated and used.

Eric Bermann, a clinical psychologist who admires the anthropological approaches of Henry and Lewis, has done a study, Scapegoat: The Impact of Death-Fear on an American Family, which comes closest to mine in terms of content area and the use of a variety of clinical approaches to knowing another. Bermann begins by confronting a common clinical dilemma:

At the behest of the public schools a boy is brought to a New England child guidance center for psychological evaluation and help. His parents accompany him, but deny the problems itemized in the school's listing of concerns. Under duress the family agrees to a treatment plan. They then fail to properly cooperate. After some months of frustration on all sides, an impasse is reached. Family and guidance center continue to disagree over basics. They cannot reach accord on whether or not a problem exists; they dispute what the data really are, and how they are to be best interpreted. In this first part of the study, then, Roscoe A. and his parents are introduced, and their background is traced much in the manner it became known to workers in the Yankee Child Guidance Center. The first year of treatment is also described.¹⁷

Bermann goes on, in the rest of the study, to describe his naturalistic observation in the home, done because of Bermann's well-founded belief that his sort of approach might resolve the impasses between family and guidance center. In doing this he takes Jules Henry's

¹⁶ Lewis, Children of Sanchez, p. xxi.

¹⁷ Eric Bermann, Scapegoat: The Impact of Death-Fear on an American Family (Ann Arbor: University of Michigan, 1973), p. 12.

advice that "understanding human being is furthered and the opportunities for new theoretical insight are provided by a return from the laboratory and the consulting room to man in his natural surroundings, and by observing him through successive transformations of his activity as he moves through his daily activities and cycles of feeling---out of calm into rage, out of rage into love or sorrow, and so on."¹⁸

Bermann visited this family periodically over the course of a year, his observations spanning the few hours around supper-time, when the family was regularly together and interacting. Like Henry, he watched carefully and participated minimally. Afterwards, he wrote his observations in detail. Bermann coded the family interactions following a scheme developed by Charlotte Buhler. He did this in order to summarize the interactional configurations of the family, but noted the limitations of the categories involved and that only dyadic interactions were considered. The coding system documents the reality of the scapegoating, as well as do the concrete observations, which Bermann organized thematically in order to discuss and relate them to broader issues, such as death, anger and clinical research.

Bermann uses his "N of 1 research" as a basis "for examining the literature having to do with clinical interest in families, in death and in related conceptions of 'psychopathology.'"¹⁹ He presents his various materials in the sequence in which he encountered them, there being no other accepted model for ordering "an admixture of clinical

¹⁸ Henry, op. cit., p. xvi.

¹⁹ Bermann, op. cit., p. 13.

diagnostic problem, anthropological method, behavioral categorizations and coding procedures, intensive case study, and sociologic-psychodynamic formulation."²⁰ In presenting a variety of materials centering on one emotionally disturbed child and his family, and in using these materials for broad discussions of related issues, Bermann's study is similar to mine. Significant differences remain, however. Bermann is presenting a family he considered to be representative of middle-class America, both in its socio-economic status and in its handling of emotional issues. Sam and his family are lower-class, and atypical. The degree of their disorganization and deprivation is extreme. Where Bermann's task was to discover what was kept private and secret within the family, mine involves also the making sense of rumor, various public speculations on Sam's family's condition. Unlike Bermann's A. family, Sam's had never denied that he was a problem, though clinical intervention in the form of visits to a guidance center had not been considered a solution. The family had no phone, no transportation, no way of making regular visits to a clinic, even if they had been interested.

In Scapegoat, Bermann is describing a family and a clinical situation more typical than the one I am presenting. Both families were referred to a guidance center because of a child, but even at the start the goals were different: Roscoe was referred for treatment, Sam for testing to facilitate possible placement. Bermann uses family observations within the home to resolve a clinical dilemma. He functions as the observing scientist hoping to gather information which

²⁰ Ibid., p. 11.

will facilitate the treatment being conducted by other professionals--- individual therapy and day treatment for the child, casework for the parents. Bermann is a researcher and a consultant, and not, during his time of observation, a practitioner, though he admits his personal concern for the family and in later years makes himself available to Roscoe as a therapist. This is the major difference between Bermann's study and mine: point of view. My primary stance will be that of clinician, one actively involved with the subject of the study---a reality which precludes standing back, keeping quiet, and observing.

Like Allport advising clinicians, Bermann suggests that the researcher ought step back and observe himself in order to extend knowing beyond personal and methodological preconceptions:

...the researcher must simultaneously maintain distance from and intimacy with the object of his study. In effect, he should for a time depart from the posture of simulated objectivity with which he is prone, by training, to regard his material. He must step outside his own frame of reference not only to investigate the phenomenon under study, but also to research his own institutions, and his own frame of reference. He must question tradition, reassess legitimized modes, and challenge entrenched taboos. By extension, he must risk trespassing cherished prohibitions and must hazard the disruption of accepted, established means and goals. He must rethink his own proclivities.²¹

Allport was speaking of diagnostic reports, and Bermann of naturalistic studies, both of which allow the observer to stand back from "the object of his study." As Henry Murray says in noting the limitations of yet another observational study, "The observer is a detached witness of behavior which has no bearing on his own existence and hence calls

²¹ Ibid., p. 302.

for no overt response from him. That is to say....experiencing other people does not include experiencing the people with whom the experimenter has become interactionally involved and does not include those people whose expressive or purposive behavior sequences are directed toward him; and therefore no occasions are presented here for considering any of the varieties of the most influential species of intuitions: intuitions of self-reference."²² In my study I intend to present, compare, and reflect upon varieties of observational and intersubjective knowing by focusing on a single ongoing clinical case, one which has proceeded naturally, with a maximum of interactional involvement.

Philosophical Background

The participation of the knower in what---or whom---is being known has long been a matter of concern for philosophy. Michael Polanyi, in the course of his Personal Knowledge, cites St. Augustine as holding that "the process of examining any topic is both an exploration of the topic, and an exegesis of our fundamental beliefs in the light of which we approach it; a dialectical combination of exploration and exegesis."²³ Polanyi spends his book developing the theme that into every act of knowing there enters a passionate contribution of the person knowing what is being known, and that this personal aspect of knowledge is vital to it.

Polanyi is specifically speaking of the natural, hard

²²As quoted in Franz From, Perception of Other People (New York: Columbia, 1971), p. xvii.

²³As phrased in Personal Knowledge: Towards a Post-Critical Philosophy (New York: Harper & Row, 1964), p. 267.

sciences, but he attends to ramifications beyond them:

I start by rejecting the ideal of scientific detachment. In the exact sciences, this false ideal is perhaps harmless, for it is in fact disregarded there by scientists. But we shall see that it exercises a destructive influence in biology, psychology and sociology, and falsifies our whole outlook far beyond the domain of science.²⁴

Polanyi feels that logical enquiry cannot be the only form of investigation when the "object" of study is another, for:

Another person can judge us as we can judge him, and his judgment may affect our judgment of ourselves. Our relation to him may, indeed be predominantly passive, as when we acknowledge the person's authority. For to the extent to which we accept a statement on trust, we forgo enquiring into its justification and cannot be said to be examining it from our own superior logical level. A measure of companionship prevails even between the animal psychologist and a rat on which he is experimenting, but interpersonal relations become ampler as we deal with higher animals, and even more as we reach the inter-human level. Mutuality prevails to such an extent here that the logical category of an observer facing an object placed on a lower logical level becomes altogether inapplicable. The I-It situation has been gradually transformed into an I-Thou relation....²⁵

There are two ways in which the knower determines, at least in part, what is known. First of all, the knower's background, training, relation to fellow scientists,²⁶ his personality, his conceptual framework and his preconceptions all affect his interpretation of what is before him, even affect what is seen. Such recent studies as those by Rosenthal on experimenter bias and From on the perception of other

²⁴ Ibid., p. xiii.

²⁵ Ibid., p. 346.

²⁶ Peter Winch, The Idea of a Social Science and Its Relation to Philosophy (London: Routledge and Kegan Paul, 1958), p. 84.

people²⁷ make abundantly clear the common sense philosophical points: everyone sees the Sam thing differently, and each is most likely to see what he is prepared to see, to fit the unaccustomed into more familiar modes. These interpretive effects are compounded, of course, when what is to be known is the psychological complexity of another. Secondly, the knower affects his subject directly, through relation with him, whether or not his intention is to effect a change in the individual. As Polanyi suggests, all observation is to some degree participation.

To be effectively scientific, one must consider, then, both the relational and interpretive components of knowledge of another. The primary ways of handling this dilemma have been to attempt to minimize it (see Barker and Wright) and/or to acknowledge it and, that done, get on with the study (see, e.g., Lewis). Few scientists, specifically psychologists, have included themselves as part of the methodological machinery of their studies. Bakan (see also pp. 3-4) is one of those few who advocates a more active consideration of the knowledge-getting process, the psychologist's role in knowing:

In this discussion I have presumed one of my conclusions: that the scientist-subject distinction is a reflection of the mystery-mastery complex, and that the mystery-mastery complex needs to be abandoned in favor of understanding. I would like to think that the position that I am advancing is in line with the injunction for psychology to become more operationistic. I do not mean this term in the sense in which it is characteristically used by psychologists, but rather in its original sense that we need to be more aware of the factors associated with the knowledge-getting process. We need to become much more aware of the operation of psychological and cultural factors in our own research operations, for they largely constitute

²⁷ Franz From, Perception of Other People.

the operations of our investigatory work. What we ordinarily call methodology needs to be expanded to include the culture and psychology of psychologists. By allowing this to happen we can both avoid becoming hollow men and relate more meaningfully to the culture at large.²⁸

Bakan's recommendation that scientists widen their scope to include themselves is in accord with the wide, descriptive span of phenomenology, a branch of philosophy which holds that

all scientific judgment has as its goal knowledge of the world with a maximum of explicit clarity and distinctness. In scientific judgment no presupposition nor any pre-given element can be accepted as simply 'at hand' without need of any further explanation. On the contrary, when I act as a scientist, I subject to a detailed step-by-step analysis everything taken from the world of everyday life: my own judgments, the judgments of others which I have previously accepted without criticism, indeed everything that I have previously taken as a matter of belief or have even thought in a confused fashion.²⁹

One philosopher who analyzes intersubjective understanding and the role of the observing social scientist is Alfred Schutz, a phenomenological sociologist whose theories are based on an integration of Max Weber's and Edmund Husserl's approaches to studying the world. Schutz's theory goes beyond Weber's in distinguishing the subjective and objective aspects of "Verstehen," in taking pains to delineate point of view, i.e., that of the actor himself from that of "the anonymous sociological observer." Schutz says that "all genuine understanding of the other person must start out from Acts of explication

²⁸ Bakan, op. cit., p. 48.

²⁹ Edmund Husserl, as quoted by Alfred Schutz in The Phenomenology of the Social World (Chicago: Northwestern University Press, 1967), p. 222.

performed by the observer on his own lived experience."³⁰ Weber, says Schutz,

makes no distinction between the action, considered as something in progress, and the completed act, between the meaning of the producer of a cultural object and the meaning of the object produced, between the meaning of my own action and the meaning of another's action, between my own experience and that of someone else, between my self-understanding and my understanding of another person. He does not ask how an actor's meaning is constituted or what modifications this meaning undergoes for his partners in the social world or for a nonparticipating observer. He does not try to identify the unique and fundamental relation existing between the self and the other self, that relation whose clarification is essential to a precise understanding of what it is to know another person.³¹

Schutz goes further, I believe, than other philosophers in clarifying both the relational and the interpretive aspects to knowing another.

Schutz provides a good example of a phenomenological approach to the sorts of questions about knowing which are of concern here. He is an interpretive sociologist, however, more broadly a social scientist, and thus his goals are different from mine as a clinical psychologist. "Social science," he says, "is through and through an explicit knowledge of either mere contemporaries or predecessors: it nowhere refers back to the face-to-face experience."³² "Since the social sciences qua social sciences never actually encounter real people but deal only in personal ideal types, it can hardly be their function to understand the subjective meaning of human action in the sense that one person understands another's meaning when he is directly

³⁰ Schutz, The Phenomenology of the Social World, p. 113.

³¹ Ibid., p. 8.

³² Ibid., p. 223.

interacting with him."³³ The understanding of subjective meaning through direct interaction in face-to-face experience is one of the goals of any clinical psychologist. After presenting specific case information and considering the variety of knowledge clinically available on a single human being, I will return to philosophical issues such as these in order to better discuss their relevance to the practice of clinical psychology.

The data have been collected through a variety of ordinary means available to practicing psychologists. The collection is no more than a representative sampling of the sorts of information usually collected. The data are not intended to be exhaustive or final in terms of describing one boy's life-world. They are merely representative. Data-gathering has been arbitrarily limited by time. Information from other sources has been edited, so that what is repetitious or irrelevant has been left out. All that is unique or contrary is included. The bulk of the data is centered on recent history, for that has been more accessible. Information has been presented, so far as possible, in the order received. Test reports comprise Chapter II; ongoing intersubjective accounts, Chapter III; recorded information from indirect sources, Chapter IV. The final chapter reflects back, personally and philosophically.

³³Ibid., p. 241.

CHAPTER II

PSYCHOLOGICAL TESTING

Sam Bowdoin was twelve years old when he came to my attention a year and a half ago. I was a psychologist in a small community guidance center in Shoretown, where Sam had lived all his life. Sam was referred for testing by Mr. R., the school's director of special education. Sam was the fourth of five children in the Bowdoin family. All four youngest were to be given complete batteries of psychologicals in order to help the court decide whether, on an upcoming Care and Protection petition filed by the Department of Welfare, those children ought to be removed from their home and placed under the custody of the Department of Child Guardianship. Testing was to be a rush job. The only reason that the fifth child, the eldest, Joannie, was not included was that she was eighteen, legally an adult, and just returned home after seven years of special, out-of-state residential schooling while herself under the supervision of DCG.

The welfare worker, Mrs. W., had given me some brief and incomplete background information over the phone. However, she could give me no clear-cut reason why the Care and Protection petition was being served at that time. There were broad implications of longstanding neglect, an inadequate and disorganized home, maybe abuse. Mrs. W. told me that Johnny, fifteen, and Karen, eleven were the "normal" Bowdoin children. The others, Daniel, fourteen, Sam, twelve, and Joannie, were felt to be retarded and problematic.

Sam was the child Mrs. Bowdoin wanted placed, though, having been removed from her own home as a child, she had always been threatened by the idea of having her children taken away. Sam's mother had complained of his being aggressive and destructive, impossible for her to manage. The school apparently agreed with her, for there were abundant verbal reports of Sam's unpredictable cruelty to others, especially young girls. He was observed to kick without warning, drop books on feet, slam fingers in desks. Sam had been diagnosed as hyperactive. Ritalin had been prescribed for years, but Mrs. W. was dubious that he regularly took or received the medicine. Sam's behavior was not improving. Sam was the child initially defined as the one most in need of help, some kind of intervention or placement.

I tested the Bowdoin children in descending chronological order. Except for Johnny, they were all given a Wechsler Intelligence Scale for Children---Revised, the Bender Motor Gestalt Test, and a variety of projectives, including the Draw-a-Person, the Thematic Apperception Test, and the Rorschach. The three boys were tested in the fall of 1974 and then the time pressure was lifted: Mrs. W. called to say that the court had "lost" the case and proceedings must be begun again. I did not test Karen until the spring of 1975. I submitted the reports shortly after that, knowing they would go both to the school department and to the court. By this time, I had come to know Sam outside the testing situation, though my initial knowledge of him came through the minimal history provided by Mrs. W., the early test reports collected

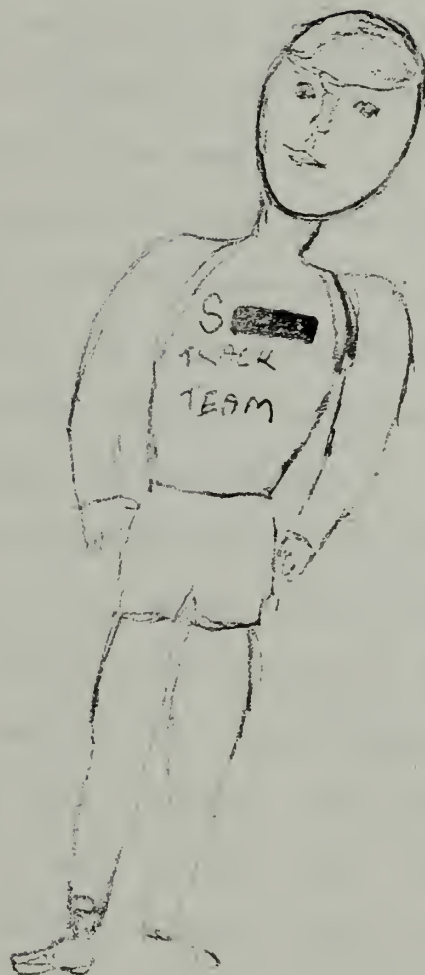
by the school, and through my own observations of Sam and his siblings while they were being interviewed and tested.

Let me present those test reports now so that Sam might be seen, as I first saw him, in comparison with his brothers and sister. I will include their self-drawings to give some visual indication of the disparity in functioning among these four children so close in age. Sam will be presented last, not because he was tested in that order, but because I will be continuing to write about him in particular.

Psychological Test Report: Johnny Bowdoin, Age 15

Johnny Bowdoin is the oldest boy, the second child in a family of five. Psychological testing was recommended because the family was being brought to court on a Care and Protection petition to decide whether the children ought best be removed from the home situation. Johnny is not living at home but with an uncle who owns a bakery where the boy works part-time. He remains close to his nuclear family, however, and spends much time there.

Observations and impressions. Johnny is a handsome, neat, polite young man. He looks decidedly healthy and normal, especially as compared to his two younger brothers. He came to the testing session nervously, not really understanding what it was all about, "maybe to help me know where I need help." At this time, I believe, the family did not yet know they were being brought to court. Johnny was cooperative, though somewhat worried and guarded throughout the testing. When finished, he had only one question, "Did I pass or fail?"---



JOHNNY BOWDOIN, Age 15: Self Portrait

despite my earlier assurances that there were no right or wrong answers on these tests.

Intelligence tests were not given, for Johnny has always done well enough in school. The tests administered support the impression of an intellectual capacity which is at least average, if not better. His Bender-Gestalt drawings are neat and perfectly executed, though somewhat disorganized on the page.

Like many adolescents, Johnny is most troubled by his own impulses and thoughts. His psychic defenses run to emotional constriction, denial and distancing. He has a strong obsessive streak which keeps him focussed on details rather than well-integrated wholes. Johnny shows excellent social and moral judgment. In fact, he may be harsh on himself, for he is quite concerned with guilt and confessions and what others think of him. Johnny pictures himself, aptly, as a member of a track team. He has a well-defined, if anxious, picture of himself. He seems a conscientious, hard-working boy who keeps up his own interests (e.g., track and art) while taking on a great deal of responsibility for himself and his family. Considering the disorder and stress of his family situation, Johnny is doing very well. My only concern, and it is a minor one, is that he is "too good" and too hard on himself for a boy his age.

Psychological Test Report: Daniel Bowdoin, Age 14

Background information. Daniel is the middle child, second son, in a family of five children. The family, at the time of testing, was being taken before the court on a Care and Protection petition

which was to decide whether the children would be better off removed from the home. Testing was requested to help shed some light on this question.

Daniel, like his brother, Sam, has come to the attention of the Special Ed department since his entrance into the Shoretown Public Schools. Like his brother, he is small for his age, looking both shrunken and aged. Records from 1969 show him to have been rebellious, hostile, unhappy and obscene. In 1972 he was tested to have a WISC IQ of 63, in the "mentally deficient" category, though the tests were noted to be "unreliable." His father, at that time, had had a cerebral hemorrhage but was still working.

In 1971 Daniel was given the Stanford Binet and recieved a score of 50, a Mental Age of 5 years 2 months compared to his Chronological Age of 10 years 10 months. He has been considered "mentally retarded in the moderate to educable range." It has been noted that he has difficulty hearing and problems communicating. It was suggested that Daniel had a "severe central nervous system dysfunction" manifesting itself in perceptual-motor handicaps. It was noted that he related well one-to-one with a woman. It was suggested that he should be helped immediately before he became frustrated and lost interest in learning. Apparently, Daniel has never been quite the behavior problem, at home or in school, that his brother, Sam, can be.

Behavioral observations. Daniel is small and old-looking, his head seeming big on his body. He came eagerly to be tested, wearing a huge coat and pants which were belted loosely about him and dragging at the heels. He was quite cooperative during testing, refusing none

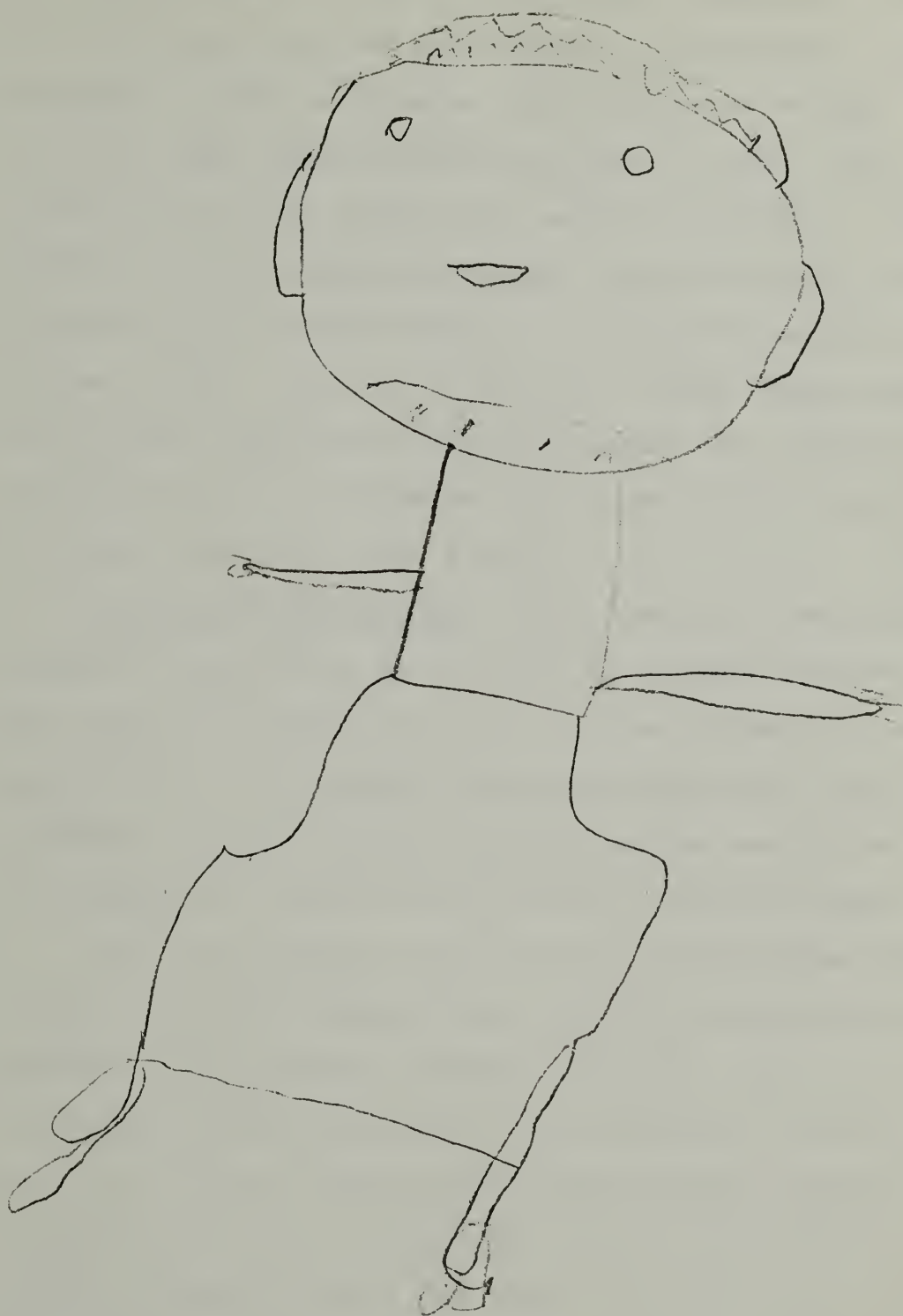
of the tasks. He was curious about the setting, wanting to explore it and ask questions. He was, actually, distracted during much of the testing, aware that he was out of school and wondering just which period he was missing now. When, after completing the formal testing, I gave him a chance to play freely with some of the toys he had been so curious about, Daniel played very gingerly. In fact, he didn't play at all, he just went through the toy bin, checking everything out, wincing when he dropped something, and came back to sit before me, smiling. Daniel seems very eager to please, smiling perpetually, even when telling the most horrendous stories, e.g., about bugs crawling on his father's chest. Daniel is oriented towards others and what he can get from them, such as food. His orientation, however omnipresent, is often ineffectual and his affect cheerily inappropriate.

Intellectual functioning. Daniel's Full Scale WISC-R IQ score is 54, which places him within the "mentally deficient" category. His Verbal Score of 62 is somewhat higher than his Performance Score of 54. Three performance subtests---Picture Arrangement, Block Design, and Coding---were almost total failures, though care was taken to make sure Daniel understood and was following the specific directions. Daniel has a severe perceptual-motor handicap. This interferes with his ability to perceive and reproduce a given design given the parts, as seen in both the Block Designs and in the Bender-Gestalt drawings. It also hampers his speed, as on the Coding task, where the symbols were reproduced accurately but awkwardly and much too slowly.

Daniel's retardation has a strong organic, neurological component. He is also, however, socially and emotionally primitive and unskilled. His Vocabulary score of 1 (along with a Picture Arrangement score of 1) suggest that he has great difficulty making sense of what goes on around him. His store of information, his ability to reason and make social judgments are minimal. As measured by the WISC-R testing he has no intellectual abilities which even approach the average range, though Object Assembly, at 7, where he successfully completed all the puzzles, was done best.

Emotional status. Talking is Daniel's strong suit. Often as not, he does it without stopping to think or consider. Daniel enjoyed the projective testing, because it gave free rein to his talk. He did not have to think about how quickly he was working or whether he was right or wrong. He told complete and adequate stories to the TAT and gave more than the average number of responses to the Rorschach cards. Daniel's verbal ease seems his compensation for retardation. He needs help honing his words, though, and refining his judgments.

Daniel's emotional landscape is pretty well-balanced, with a large component of bland (but good form, even popular) percepts to offset recurrent aggressive themes. People are construed as passive and, it seems, able only to get in trouble: things are broken, rooms are messed up, a boy is locked in the bathroom "for punishment." People are pursued and punished without stated reason. There is no nurturance in Daniel's protocol, only claws and poison apples. Though his perceptions can become vague, more a matter of projection and imagination, Daniel is quite solidly in touch with reality.



DANIEL BOWDOIN, Age 14: Self Portrait

Daniel's figure drawings are startling, a combination of primitive and bizarre which must stem in part from his perceptual-motor impairment. People seem passive, pinned helpless on the page. Heads and sense organs, especially mouths and ears, are large. Feet are present but hands are no more than a suggestion of fingers. Daniel's drawing of himself is most particularly large and distorted, with a chin that is all mouth and teeth, a body with pronounced hips seeming to wear a skirt. Daniel is, as I've said, oriented towards people, but he needs a great deal of help comprehending them, dealing with them appropriately, e.g., learning to express himself (and his own hostility and fears) through other than a smile.

Summary and recommendations. Daniel Bowdoin is a moderately retarded 14-year-old boy who is coping well with his environment. His intellectual deficits are great and almost uniformly pervasive, particularly in areas requiring perceptual-motor skill. Daniel is a talkative, agreeable boy whose smiling facade may mask his own fears of incompetence, deprivation and hostility--his own and others'.

Daniel will continue to need intensive and specialized academic attention. I would recommend that a good bit of simple, down-to-earth talking and conversation be mixed in, for he is a curious boy and his vocabulary and comprehension need much improvement. He should be able to do well in a regular public school setting, so long as his real disabilities are not overlooked because of his ability to cooperate, conform and talk a good line.

Psychological Test Report: Karen Bowdoin, Age 11

General observations. Karen was referred for testing to aid in evaluation for a Care and Protection petition before the courts. She is the youngest child in her family and was the last of the four to be tested.

At the time of testing, the family had just moved away from their home, with the urging and support of the welfare department. Conditions had been bad at the former home, cramped and impoverished, dominated, it seemed, by a tyrannical and very ill father who needed to be hospitalized. For parts of the fall and winter, the family, except the father, had lived with the maternal grandmother. Now, there was a new apartment, more space, better furnishings. Father was left behind. Karen transferred schools, while her brothers Daniel and Sam remained behind as special programs had already been designed for them there. To my knowledge, except for spotty attendance, Karen had never had problems within the Shoretown school system.

Rapport was good during testing. Karen already knew me through her brothers and my work with them. She was by and large quiet, looking fairly glum and depressed. We talked of the recent changes in her life. She did miss a lot: her old friends, the music lessons she could have at the old school but not at the new, etc. She was also able to comprehend the advantages. By our second session, Karen was more relaxed, curious and talkative. Mostly, it seemed, she talked of her concern for her family, showing a degree of earnest, troubled caring which contributes to my impression of this girl seeming

old beyond her years. She was worried about her mother being "so tiny," how hard it was, being so, to get around and get groceries, etc. She was concerned about Sam, his bad teeth, how he eats too much of the wrong stuff and won't brush his teeth; his allergies and how he aggravates them by sneaking orange juice; how people pick on him, calling him "mental" or "retarded." Karen was more reticent about herself. It is clear, though, that she enjoys many outside activities (friends, music, cooking and sewing) and is not oppressed by her family concerns.

Intellectual functioning. Karen's full scale WISC-R IQ score of 94 denotes an average intelligence. Her verbal score is slightly higher than performance (98 vs. 91). This is not a significant difference. It can be accounted for by a single extremely low subtest score on the Picture Arrangement test. Karen was unable to arrange any but the simplest, briefest picture-stories correctly. She approached the test in an unusual manner, lining up the cards vertically (as opposed to the common left to right horizontal sequence) or in a squared arrangement. When asked to tell stories to her incorrect arrangements, she told hasty stories which misconstrued crucial elements. It seemed as if, in her incorrect arrangement, she almost arbitrarily fixed on a picture to begin with, then proceeded to build a story around it. This subtest is said to measure "social intelligence," the ability to comprehend a total situation based on visual organization and environmental experience. It is possible that Karen has difficulties in this area, but the possibility is not sub-

stantially born out in any of the rest of the testing. In fact, the other parts of the testing would suggest that Karen is able to use her experience to make socially appropriate judgments and decisions. The Comprehension subtest, for instance, is scored well above average.

On the whole, Karen's intellectual functioning is consistently within the average range. On the basis of intelligence, she should have no trouble academically in school, nor should she have difficulty comprehending her environment and coping with it.

Emotional status. Karen manifests a great deal of emotional strength, much of it deployed in very solid defenses against anxiety. Her Bender drawings are small and clearly drawn, somewhat disorganized on the page. She could improve her copying when asked to try again. She was flustered by none of the tasks given her, even though she remained rather closed during the projectives, drawing simple smiling figures on the DAP and giving short stories with basically (unbelievable) happy endings on the TAT.

Karen's drawings and stories are childlike, simple, even primitive. Her pictures do not distinguish between boy, girl and herself: all are small and centered on the page, bodies small and clothed in slacks, heads disproportionately large and smiling. She herself differs only from these in the lengthy disarray of her hair and by her glasses (which she wears because she is farsighted). Karen does not have a developed and special sense of self; then again, she does not see herself as set off or different in any limiting way.

Karen is a girl given to coping, making the best, even to the point of denying the reality of hurt, loss or deprivation. Rather



KAREN BOWDOIN, age 11: Self Portrait

than dwell on feelings, she is inclined to action, and constructive action at that. Her TAT stories repeat the theme of damage done and repair made. E.g., a boy drops his violin and breaks it, then "he had it fixed"; a woman opens a door and hits her head---she lays down, takes aspirin and is all right the next day; a man was fired from his job, but he looked and found another. Karen is able to express anger and love, though most often these feelings are over-ridden or channelled into daily necessity, such as fetching the groceries. Karen's most poignant TAT story was one clearly linked to her own reality. Her response to the picture of a woman and a girl sitting, the girl holding a doll and staring off, was: "Girl holding a doll. She's goin' away, the girl holdin' the doll. The other one's askin' where---foster home! that's it." When asked how the people in the picture felt, Karen said that the girl felt sad, and the woman felt sorry for her.

Karen's Rorschach protocol reiterates the strong and constructive picture, showing that she does indeed use concrete detail constructively in dealing with and interpreting reality. Her Rorschach provides a rich record, quite well-balanced in terms of impulse, defense and basic strength, a healthier picture than that of the tendency to deny any form of anxiety as seen in the other, more banal and flat projectives. There are indications that Karen's strength and independence may be compensations for anxiety about aggression and that her own care-taking concerns may mask her own needs for nurturance and protection. But, on the whole, Karen manages quite well for herself, making the best even during upsetting times and situations.

Summary and recommendations. Karen Bowdoin is a quiet eleven-

year-old girl of average intelligence. She is very attached to her family, taking an almost maternal role of responsibility towards them. She is able and adept at coping with the exigencies of daily reality. She has a strong sense of duty, pride and strength, so that even under stress, she is likely to adapt.

One would wish her a life less burdened by necessity. One would wish her a better, more special sense of herself. Perhaps there is some way she can be helped to continue her music. Perhaps there are ways she can both help her family and enjoy herself through learning better to cook and sew, activities she already enjoys. She should be encouraged to join group activities so that she might develop a stronger sense of herself amongst peers and separate from her family.

I do not know how much, to what degree, Karen is a real support to her family. I suspect they could all benefit from repeated offers of help, where to find it and how to go about getting it. If, then, help (such as medical, economic, legal) is not sought, it is not because Karen does not understand.

Psychological Test Report: Sam Bowdoin, Age 12

Background information. Sam was referred for testing through the welfare department via the special education office of his school system. He has long been a child in need of special services. At this time, however, a Care and Protection petition was being brought before the court by the welfare department to decide if the Bowdoin children ought best be removed from their home. It was hoped that this testing might shed some light on ways of handling Sam, ways

which would be most beneficial to him.

Sam is the fourth of five children. His mother has repeatedly asked to have him, of all her children, placed, for he is unruly, destructive and uncontrollable at home. His school principal has also found him a most---"the most"---difficult child, being particularly and unpredictably aggressive with his peers. But then, it seems unlikely that this boy has any real peers, for he is a child markedly different from others his age. He is abnormal, deficient and deprived in most noteworthy aspects: size, appearance, health, intellect, behavior, social and economic background. Sam has suffered a strong dose of emotional and sometimes physical abuse, from a mother who openly wants him out of the home, from a mentally deteriorating father partially paralyzed from a stroke five years back, from siblings (one of whom dropped him out a second story window when he was a small child) and from school children whom he aggravates.

Sam has always lived in the same town. Since his entrance into the school system, he has been repeatedly evaluated. There has always been a question of mental capacity, for his head size is small, his growth stunted--facts noted in records dating from 1968. At that time the diagnostic impression was one of mild retardation with a normal potential but "significant deprivation of learning stimulus and opportunity, with consequent unreadiness and immaturity for school purposes." In 1970 Sam went on record as being a primitive, infantile boy of normal intelligence---a boy who had severe learning and social handicaps, and one who had great emotional needs. In 1971, at the age of 9, Sam's WISC IQ score was determined to be 70, a score which hovers just

above the category "mentally deficient."

Behavioral observations. Sam is indeed an odd-looking child: small, thin, raggedy, very dirty, with very bad teeth. His face is bony and gaunt, but his eyes seem alert. Sam can be cooperative, engaged and responsive. His attention to the testing itself was limited, particularly when his failures mounted. It was difficult to talk with Sam about himself. He would repeat a string of details, such as all his family's exact birthdates, and tomorrow's weather forecast, but he could not or would not say much about his own life at home or school. What little he did tell me was often inaccurate, showing lack of information and some evidence of poor reasoning or associational thinking, e.g., his father was paralyzed and he had worked for the railroad, so Sam guessed he was run over by a train.

Sam is very hard to understand when he does talk. He has poor diction and seems to swallow his words. Though he said little, and got no more attention than the usual child being tested, Sam relished the situation, asking after the first session if he could have another appointment---which impressed me as an assertive and positive response. Sam was given another appointment (two more were needed to complete the testing) but he returned within an hour, holding a necklace he had made from chestnuts and a shoelace. He didn't announce this as a present, but he did leave it pointedly behind on my desk. He later acknowledged my wearing it with a grin of recognition, no more.

After completing testing, I set up regular appointments with Sam, at his request, meeting twice weekly for a half hour after school. He came to my office promptly and reliably, and so consistently that

when he didn't appear I knew that something had come up in his family or at school. I would not call our meetings "therapy," for they were more just attempts at simple conversation with a game and some cocoa in between. There can be no doubt that this boy is capable of making strong emotional attachments. He may well do his best learning and developing through them.

Contrary to the reports of behavior problems, Sam was always a well-behaved and much admired guest within the clinic. He likes rituals and routines, especially when he initiates them himself. It is easier for Sam to talk about things than about people or abstract ideas or feelings. He does not use such concepts as "need" or "want" or "like," but he can have an eager, if brief, conversation about his dog or about the chestnuts he has collected. Sam has very few expectations of the world around him. He can seem impervious to the realities of weather, danger, punishment or pain, but he responds well, extremely well, to people who are warm and who have some guiding expectations of him.

Intellectual functioning. Sam's Full Scale WISC-R IQ score is 68, with a Verbal score of 67 and a Performance score of 71. This scoring parallels earlier IQ testing, placing Sam in a sort of intellectual limbo between "mentally deficient" and "borderline." Sam's intellectual functioning is clearly way below average.

There is much scatter on Sam's subtest scores. His verbal scaled scores range between 7 and 3. The performance scores stagger broadly between 1 and 11. This fluctuation indicates that Sam's abilities are not uniform, and that he functions better in some areas than in

others. Block Design was the subtest at which he did best (11), with Object Assembly not far behind (9). Sam reasons and deals best with things and parts of things, but he uses design, piece by piece, rather than integrating through an overview of what a whole might be. Sam does poorly dealing with human or social situations, being unable at all to make sense of the Picture Arrangement task (1), and unable to see very well the missing parts of everyday things (Picture Completion: 6). Sam has a concrete, realistic streak, which, exacerbated by his awkward pencil grip, led to a complete failure of the Coding task. He skipped about here, despite my instructions, going through all the blanks to fill in a repeated symbol, saying, "that's easiest." He was right, of course, and some unscorable note should be made of his stubborn perspicacity.

Sam's verbal scatter is less than on performance tasks. On the whole, with these tasks requiring the use of language, Sam just did poorly, especially so on Similarities (3), Vocabulary (3), and Comprehension (4). Sam's command of the language, much less verbal reasoning, is minimal. It could be improved, I believe, simply through more conversation about everyday situations and things, for the boy is not uncurious. His verbal scores are lowered by his concreteness. His similarities, for instance, never reach an abstract level but remain simple and functional: the similarity between an apple and a banana is that you "eat 'em," between beer and wine, "drink 'em." Sam perseverates and personalizes. He is greatly preoccupied by the themes of food and hunger, so much so that it seems to interfere with his thinking. For instance, what does a stomach do? "Growl." Anything

else? "Gives a stomach ache." What does the word "alphabet" mean? "For cereal and soup." Sam enjoys eating food (particularly the wrong, sweet kinds), but he also enjoys talking about it, and this can be a learning and conversational instrument with him. As might be expected, Sam does best, verbally, at the Arithmetic subtest (7), though this is still a score well below average. Sam's knowledge of the world about him is meagre (Information: 6). His score on the Peabody Picture Vocabulary earned him an IQ estimate of 57, a mental age quotient of 6 years, 3 months. Sam's comprehension of the world and his ability to deal with it are severely impaired. This seems to be the fault of social deprivation as much as that of his own possible mental and genetic deficits.

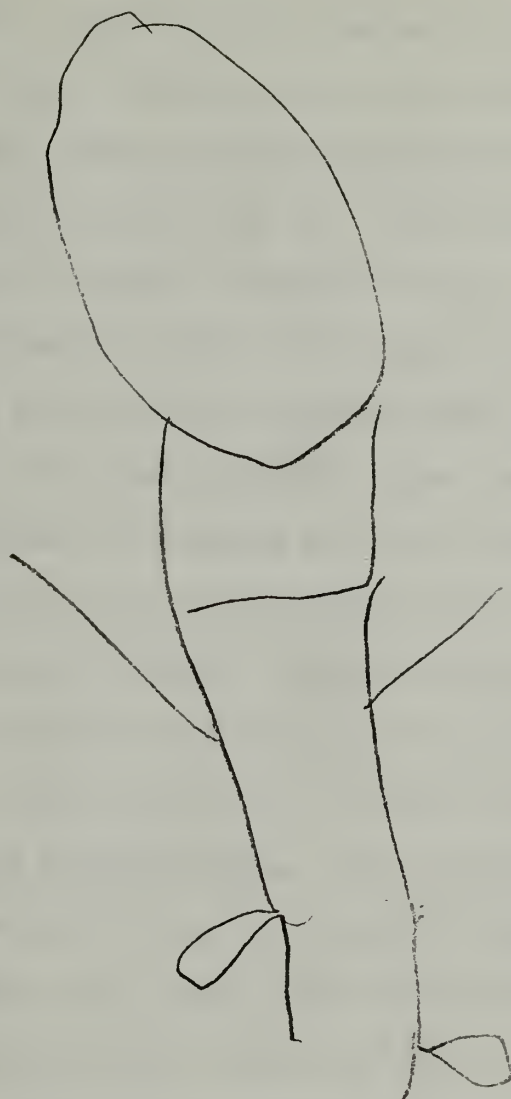
Sam's Bender drawings are primitive, poorly organized and executed, often better on the second try, but his ability to perceive and reproduce a given gestalt is intact. Sam's perceptual abilities and motor execution are below age level. Some of his difficulties on the Bender suggest the possibility of minimal brain damage.

As previous testers have found, Sam's intelligence is borderline. It could likely be improved through environmental enrichment and social stimulation. It is discouraging to see that after all these years in school, with school as added stimulation, Sam's IQ remains unchanged. Whatever special stimulation school has offered, it has not greatly affected his mind, and the chances of change grow dimmer with time. Apparently Sam needs more individualized and supportive attention at home and at school in order to improve his ability to adapt to and cope with the world about him.

Emotional status. Sam's projective protocols show him to be living within a very barren emotional landscape. His figure drawings are no more than empty-headed stick figures: no face, no hands, no clothing. Sam differentiates himself from the others only by making the figure larger, with something of a squarish trunk and round loops for feet; arms, handless, are raised up from the knee area. Sam is surely capable of drawing better than this. Part of the primitivity must be attributed to negativism and withdrawal from the task. On the other hand, his drawings do suggest the indistinguishability and insignificance of others in his life. They also point to corporeality, body substance, and motility as being more important issues for him than thought, emotions or dexterity.

Concerns brought out in his simple, concrete and perseverative TAT stories were those of people being mad and things being broken. The only emotion expressed was anger, suggesting that this is the most common and/or strongest feeling he knows and comes in contact with. Sam uses "mad" where other children would see a feeling as sad or frightened or frustrated. He uses the concept "mad" thingishly, as if it's just there, for no particular reason. For instance, Sam's entire response to a TAT card showing a woman entering a room was: "Oh, she must be mad....Books in book-cupboards, up top (pointing). Looks like apples (pointing to what is quite clearly a vase of flowers) and a lamp and two tables." When able to describe why someone was mad, it was because something was broken or someone was stopped from going somewhere.

Sam was surprisingly profuse on the Rorschach, giving almost



SAM BOWDOIN, Age 12: Self Portrait

thirty responses. Still, however, content and style were barren. Every response was an animal or part of one. Not a single human percept was seen. There was no movement except for one queen bee stinging. Sam's form level was fine. With the exception of one unusual combination, "sharks' fingernails in the water," there was nothing to indicate any thought processes out of the ordinary.

Sam lives in a bland and barren emotional world where all that impinges, from within and without, is anger, hunger, and aggression. Even these impulses and feelings are mild, matter of fact, just there. Sam is emotionally and psychologically primitive, practically undeveloped and at the infantile stage of oral dependence and craving. He needs to be filled up and taken care of, not an easy job when the "infant" is a twelve-year-old boy---awkward, impulsive and deprived.

Summary and recommendations. Samuel Bowdoin is an environmentally deprived twelve-year-old boy of borderline intelligence. It has been thought by others, and I agree, that his low IQ is more a matter of lack of stimulation than of organic or genetic incapacity. He has some definite intellectual strengths, particularly in dealing with concrete things. Many of his weaknesses would seem to stem from difficulty using words, comprehending certain tasks or cooperating with them. On the whole, "borderline" seems a lowered estimate of his intelligence; and yet, this estimate has not changed at all with half a dozen years of schooling, making the prognosis for change at this late date poor.

Sam presents himself as being almost totally detached from people or feelings about them. This may be a matter of learned

"independence" or an unconscious defense against being hurt. Whatever it is, it can be got through. On the evidence of his behavior during and after testing, Sam is clearly able to form strong, if primitive, attachments, particularly to adult females. This may indicate the best, even only way of helping him to grow emotionally and intellectually. This child needs a strong and reliable figure (and environment, if possible) to satisfy some of his needs for nurturance and dependence. I do not believe he can be expected to learn much in a regular classroom setting, even though he may be capable of sitting quietly through the day. He will learn certain concrete things on his own (arithmetic, for instance, where he should be capable of doing average work). Others will just wash over him unless they are put into some sort of personal context. I would recommend as much specialized, individualized tutorial help as is possible. I would also recommend that the help Sam gets be more than strictly academic and remedial. This boy needs help simply beginning to talk and relate to others in an everyday way. I expect adults can be more useful to him than peers. Frequent, if brief, supportive therapy should be made available to him. If his mother persists in wanting him out of the home, an attempt at placement should be made, preferably in a nurturant and tolerant foster home. Sam can seem an almost unsocialized, unpredictable child. I doubt that a group setting would do him much good. He needs someone to depend on, and he can profit from an individual's concern, support and constructive criticism over a long period of time.

CHAPTER III

DIRECT BEHAVIORAL REPORTS AND OBSERVATIONS

Sam's school was only around the corner from the clinic, and he began showing up, unannounced, when classes were over. As mentioned in the test report, Sam had asked for more appointments. Since he was showing up so frequently and had expressed a clear wish which was not unreasonable, I felt it would do us both good to make regular appointments. I had no therapeutic intentions at the start, for I had no expectation that I, an office-bound psychologist, could be of any real help to a child with problems so pervasive as Sam's.

Throughout the winter of 1974-75 Sam came to my office twice a week for half-hour meetings. I was open to any conversation or play he might suggest, but after a few weeks our meetings settled into a simple ritualistic form established, mostly, by Sam. Sam would arrive and wait quietly in the waiting room, most often doing nothing but staring off, ignoring the others or things available to play with. He would grin on seeing me and we would talk briefly about the weather or the upcoming holiday, whether it was Thanksgiving, Christmas or his birthday. He always wanted cocoa to drink, and whenever it was available, we made it in the downstairs kitchen. He was always happy to accept crackers, cookies or cake. He was more reticent about cheese or nuts, fruits or vegetables.

After about five minutes, Sam would, without fail, ask how much time he had left. Sometimes this was phrased in terms of "we," sometimes just "How much time?" He was very occupied with matters

of time, though he always accepted the limits I set, usually without grumbling. After a short while, instead of answering his repeated questioning, I began to indicate the clock or my watch, saying "you know" or "you figure it out." It became clear that his concrete questioning expressed a concern broader than that of the actual number of minutes left. I was always very careful to confirm our next appointment.

In the time we had remaining, in each session, Sam was given the freedom to choose any activity within the office-playroom, a room well stocked with toys and art materials. Sam spent little time exploring before he focussed single-mindedly on a game, usually Candyland. Sam was a good game player. He took a great deal of pleasure out of such simple, structured, interactional play. It was easier to talk with Sam about a move, a rule, a win or a loss than it was to talk with him about himself. When I would venture to ask about or allude to his home, his family or his school, he would say nothing, though he might sometimes shrug.

There were only a few times when the quiet ritual of our meetings was broken. Once, I was tied up with an emergency phone call and Sam had to wait longer than usual. A teenage boy was rampaging in the corridor. Wood and glass were being smashed and I could hear the boy screaming, "I'm gonna kill him! I'm gonna kill him." I assumed that this boy's psychiatrist, who could not help but be aware of the situation, was dealing with it. I did not think of Sam until a secretary, looking terrified, ushered him into my office. He was cut up and crying soundlessly, though he stopped even that when he saw me. He

smiled, as usual, while the secretary told me what had been happening downstairs. The older boy was building a card castle when Sam walked into the waiting room and accidentally brushed against it, knocking a part of it over. The boy had exploded in rage, knocking Sam down and jumping on him. Sam put up no resistance. The other boy was literally jumping up and down on Sam's face when the secretaries separated them, bringing Sam up to me. The older boy was still on the loose looking for Sam, and they felt I could best protect or reassure him. Considering their obvious fright and the incident described, Sam was remarkably calm. He did not want to talk about it. He did want to go ahead with our session as usual. Eventually, we ran into the still angry boy in the hallway. He was ready to leap on Sam again. Sam hovered behind me, and the other boy had to be physically restrained while we left. Inside my office once again, Sam relaxed, showing no fear. He asked, only, before he left whether "that boy" would be coming in when he did next time. I thought not, but said I would make sure.

Another time, Sam noticed a new easel in my office. He was curious about it and I suggested he take some magic markers and do some drawings. To my surprise, he agreed and went ahead. He drew for the rest of the session, completing a remarkable series of pictures illustrating varieties of destruction. He began with a large square car, then a wrecked car tipped up and being towed, then a huge car being towed by a little truck. Then there was a sailboat drawn under the water, and a car upside down under the water, and another car smashed on a huge rock and upside down under the water. Then a car

in a snowstorm, and a sailboat in a blizzard smashing into a rock. Finally, there were three stick figures, whom he labelled Daniel, Sam and Johnny, all swept up in a wind and rain and snow storm. The last picture began with a yellow sun which was blotted out by black scrawls and scratches: "all went black, a terrible storm." Despite the depressing content of these pictures, Sam was gleeful about the performance. He did not draw again, however, for almost a year.

When the weather allowed, Sam and I walked outside. He liked talking about the weather and the elements of nature more than anything else. Sam frequently asked me to come visit him at home. I had emphasized to Sam that it was important his mother know he was coming in to see me regularly and that it would be good if we could talk sometime. I had taken care to write her several times (as the family had no phone) so that she would know Sam was coming to see me. She had not responded to any of my invitations. I was concerned, however, that his mother would consider me a threat. She had come to our clinic only once before, and that involved the proceedings which removed Joannie from the home.

From talks with Mrs. W. at welfare I knew the family was under a great deal of stress that fall and winter. The father was back at home after a long stay in the VA hospital, he was reputed to be paralyzed, heavy drinking, domineering, irrational and cruel. Also, his being at home meant the family had to live on his disability pay from the railroad, an amount considerably less than they had been getting from welfare when he was out of the house. Welfare was trying to get Mr. Bowdoin placed in a nursing home and to get the rest of the family

moved out of the house and away from him. Mrs. Bowdoin did not follow through on possible apartments which Mrs. W. found for her. Mrs. W. sounded frustrated in her efforts to help the Bowdoin's. Knowing that the welfare department had initiated the petition to remove her children from the home, Mrs. Bowdoin was probably not too inclined to accept their help.

I went to the Bowdoin home, briefly, several times in 1974-5. I had hoped to learn more about Sam through these visits and to clarify to Mrs. Bowdoin when I was seeing Sam and why. Sam had sounded eager to show me and his family off to each other. I had delayed this visiting for months, wanting to know Sam through his own eyes, but also not wanting to get involved in the press of the family's needs. I was not a social worker. I did not want to interfere with whatever social work the Bowdoin's were getting because I did not know the system well enough to know how it might be improved.

Sam did enjoy having me in his home, as I expected, but I found it very frustrating: the physical conditions and the chaos precluded all chance of directed conversation. The house was very small and cramped, e.g., the kitchen table had to be moved every time someone came and went, and yet, everyone sat around it. The stuffing in the kitchen chairs was half gone and what remained was wet. The front door was boarded up; the back had a large hole in it---the work of the dog, I was told. The dog had to be locked in the bathroom at my arrival, for he was snarling and lunging ferociously. Eventually, he calmed down and did emerge (mostly so Mrs. Bowdoin could show me the new pink bathtub), wagging his tail which was flea-bitten and

raw to the bone. Paint dropped in large flakes from the ceiling, covering everything---floor, table, uncovered food.

When I visited, the family was gracious, always inviting me to sit down, to eat and drink with them. All were eager to show off their possessions and interests. Johnny showed me some of his drawings of boats and animals, talked of track and his work. Mrs. Bowdoin fetched her embroidery and chattered incessantly and nervously about herself, her husband and the trouble he was causing her, about the lack of money and food, about the trouble Sam was. She seemed lonely, disorganized and proud, to the point of walking seven miles and back to get a check signed. One time when I was there, the family was sitting down to a dinner (at three in the afternoon) which included pork chops, strawberry cheese cake, lemon meringue pie and chocolate cake. The next time I visited, Mrs. Bowdoin was frantic: it was a Friday and there was neither money nor food in the house to get through the weekend. On still another visit, father was home from the hospital and everyone was extremely tense, hovering in the kitchen whispering while the old man sat in the living room sporadically bellowing orders. No one could come or go without asking his permission. When I was introduced to him, he was expansive, sitting alone in a chair in the middle of the darkened room, thumping his cane for emphasis, telling me I was welcome in his house, anytime, anytime.

It was impossible to talk under the home conditions. The visits were good in that Sam was pleased to have me there. He showed me his meager possessions---a truck, some Planet of the Apes cards---and bounced from stove to refrigerator to sink while eating. I was re-

assured that Mrs. Bowdoin did at least know who I was and that I had every intention of "helping" Sam. I failed, however, to get her to come into the clinic to talk under less distracting conditions.

My having been at Sam's home did not make our talking about his life any easier---something else I had hoped the home visits might accomplish. Though Sam was glad to show and share his home, he did not talk about it even when I mentioned specifics. He continued to ask me questions about my life, most of which I tried to answer directly and shortly in hopes that such one-sided conversation might be expanded to include him. Where did I live? Did I have any children? How did I spell my name? Where did I go for Christmas? What did I eat? Who did I live with? Why did I wear dresses all the time? How much time was left? Having observed the crowded confusion at his home, watching how he hung back smiling and mostly silent, I did have a sense that little of this sort of informational conversation was encouraged at home, that Sam was spoken to, told to do something, reprimanded, or ignored. His mother was likely to fill up any gaps with her associational and worried talk.

As the months went on, and Sam continued to be regular in his visits to my office, I began to see the effect as therapeutic. Sam did trust me. His behavior in the clinic was consistently calm and even considerate, and reports from the school were beginning to note behavioral improvement. Sam would sit still in class, though it did still seem he was learning nothing. Sometime in the winter, Ritalin was stopped once and for all, I gather because the prescription simply was not refilled. There was no noticeable behavior change for it.

There was also no change in Sam's ragged and pathetic appearance. In the middle of winter he would walk in with no coat, wearing untied shoes with flapping soles. He was determined, by unspoken consensus, to be the neediest child seen at the clinic; and so, at Christmas, he was given a large bag of gifts and donations. Sam's relation to things impressed me. They could come or go and he was nonplussed. He could be a very effective beggar, but whatever pride or interest he had in his new possessions was very short-lived. New clothes seemed to disintegrate on his back and toys were all too quickly lost. Sam rarely asked for anything from me, except for something to eat and the reassurance that we would meet again at the regular time. Because of his cooperative, non-demanding behavior, I felt it would be more productive to take an indulgent stance than one of simply setting limits. Whenever Sam suggested something he wanted or would like to do, I tried to facilitate it, insofar as the request was reasonable or possible.

Our meetings went on until well into the spring. Sometime in March, the welfare department succeeded in moving Mrs. Bowdoin into an apartment away from the old house and her husband. It was a hard move, for no matter how decrepit the house, Mrs. Bowdoin had liked owning it. She did not like dealing with landlords or welfare. The move placed the Bowdoins on the opposite side of the city and required that the children change schools, except for Johnny and Joannie who were in high school and would remain there. Sam and Daniel were allowed to finish the year at their old school, as special programs had been set up for them in the resource room there. Because of the move, they now rode a bus to and from school, whereas before they had

walked. Bussing made it more difficult for me to meet regularly with Sam, for if he came to see me, he would then have to walk the three miles home.

Our meetings petered out in the late spring. Sometimes when Sam would come, I could give him a ride home, but not always. I did not try to set up a better transportation schedule, for I knew I would be away for the summer anyway. It would be better to try to re-establish regularity in the fall. Sam seemed distant and confused, far less attached to me during the spring. I figured the move was upsetting to him, but there was no way of getting him to talk about it. I did not know what was happening to his father. By this time, however, it was clear through lack of action that the court was not going to pursue the Care and Protection petition. My testing would be used to help set up 766 programming at school for Sam and Daniel. I would request that the testing on Karen and Johnny be destroyed.

Returning to the clinic after being away for two and a half months during the summer of 1975, having not seen Sam for even longer but knowing now that I intended to write about him, I began to keep more careful notes on our sessions and on my conversations with others about him. A note from a secretary was in my box on my return: Sam had come by in August to see me. He said he didn't know I was away for the summer. I know that I had told him I would be gone and back in the fall. I knew that Sam would be agreeable to regular meetings again, especially if transportation could be arranged.

I spoke with Mrs. W., the DCG worker for the Bowdoin family. She had called me during the summer to say that Sam and his older

sister, Joannie, had been caught pulling fire alarms, and more than once. The fire department thought it a serious enough problem to bring to court, and Mrs. W. was concerned that this would be enough trouble to stir up the placement talk again. However, there were no consequences, and I am not sure whether the case was ever brought before a judge. It probably stopped with the warning from the police. Certainly Sam made no mention of it.

Mrs. W. also said that things had at last been resolved with Mr. Bowdoin, that he had been placed in a nursing home in a nearby town, permanently it seemed, as his disease (dementia?) had been diagnosed as degenerative. He had not lived with the family since they moved into the apartment last spring. Two of the Bowdoin children, Johnny and Karen, the "normals," went to visit their father in the hospital. Sam and Daniel, however, did not go. Father, said Mrs. W., had no interest in those two boys. He never had. In fact, he was totally negative about them.

I called Sam's teacher, H., to let her know I was back and would again be seeing Sam. I told her that I would be writing about him and would appreciate hearing from her about him. She agreed to help, even though she had not yet met Sam. She suggested that I speak to the school nurse, as this woman had known the family many years.

Mrs. S., the nurse, did indeed know the family. She had lived in the same neighborhood with them and had befriended the children. She knew all the lore about them, including many stories or rumors I had not heard before. She said, earnestly, that the family suffered from "real disorganized poverty," that often there was "only dog food

in the refrigerator," and that there was a rumor that Sam had been "locked in a room with no facilities." She knew that the family had had trouble with the welfare department; for instance, the dog had bitten one of their social workers. She described the eldest sister and her behavioral symptoms (vulgar language, fire setting, etc.) When the father left the hospital and came home, no one had been happy, and indeed, the family suffered terribly economically, losing welfare benefits and gaining only Mr. B's \$80 a month pension payments. Mrs. S also knew of Sam's school performance, saying that the classroom teacher here was worried about Sam's reputation for violence, his slamming books and desks on other kids. I could only tell her that this had not happened in a year now, and that I did believe he could sit still quietly in a classroom. Mrs. S suggested, for my information, that I speak with the principal of Sam's first elementary school, for she knew the whole family---all the children had gone to her school---and she had gone out of her way to be of help to them.

9/3/75: Sam came by for his first appointment of the school year.

I had not seen him for months. He looked good, seeming to be talking more---and more clearly---than I had remembered. He headed right for the Candyland game, which we played. I then suggested ice cream, because I hoped to be able to talk with him. He answered none of my questions, however, and in general, acted as if I had never been away. On the way to Friendly's he talked about ambulances---hearing their sound, where they might be going---and eventually told me he was supposed to go in the hospital, something I had not known and which

surprised me. Sam could not tell me why he was to be hospitalized. I did not know whether to believe it possible that he was going into the hospital not knowing what for, or whether he was being threatened, or whether he was making the whole thing up. It was frustrating to have no definite answer, no definite way of knowing. He eventually just shrugged and responded with disinterest to my questions. He ate ice cream eagerly and wanted to pay the bill. I gave him the money and walked over to the cash register with him. While we were waiting there, an older lady, sitting alone, began hissing loudly at Sam: "You are a bad boy. I've seen you. I know you. You are a really bad boy, terrible...." I was amazed at first, thinking her a looney, then thinking maybe she was on to something, had seen Sam doing something outrageous---though still her own behavior was startling. Sam was unaffected, as if he were deaf, very polite or very evasive, pretending not to hear. When we got outside, I asked him what that was all about, and he gave me a shrug no different than those I'd received walking over. He did proceed to almost get in my driver's side of the car. I was impressed anew with the senseless and frightening world this boy lived in---hospitals looming for no good reason, strangers lashing out. It was hard for me to comprehend how little he seemed to react to things that would make others anxious at least.

9/5/75: Sam came by at 8 AM. He was told by a secretary to leave, that I wasn't there. He came again in the afternoon. I was busy and couldn't see him.

9/7/75: I spoke with Sam's school. He was apparently not in the hospital, though he'd said he would be at this date. Had he misunderstood? Were plans changed? No one at school seemed to know.

9/8/75: I met at the school with resource room teacher, aides, brother's teacher, guidance counsellor and nurse to discuss what I knew of Sam and what I would recommend for educating him. I went over my testing and contacts with him, saying that patience and individual attention were needed. Rumors were discussed, mostly those brought up by the nurse, who had even worked at a hospital with Mrs. Bowdoin---who'd been a nutritional aide and a good one.

Sam had not yet attended school. I knew he wasn't in the hospital and wondered if this year he was avoiding school.

9/14/75: I stopped by the school. Sam was not there, though he had been coming in by now. Resource room teacher, H., had finally been able to spend some time with him. He seemed good at math, but he wouldn't read for her. He was very poor in spelling. Nurse mentioned that he had an open sore on his gums, and she had referred him to a dentist. I remembered that Mrs. W., the social worker, had told me Sam had had a good deal of needed dental attention over the summer---only because she took him directly. Family, though covered by Medicaid, did not seem to utilize medical facilities. Mother had practically no teeth. B., an aide in the classroom suggested the sore might be from a punch from another kid, something her own son had observed and reported to her.

9/18/75: Call from school: Sam had not been there the past six days. His brother said he was in the hospital, but upon calling, I found he had not been admitted to any of the local hospitals. I sent him a get-well card at home, and wondered if going to a new school was hard on him. He had always liked school before, attended regularly, even when he might have been sick.

9/22/75: Appointment with Mrs. M., principal of the grade school Sam and his brothers and sisters had attended. I wanted a kind of personal account of his early schooling, since the official records contained so little. Mrs. M. remembered him and his family well. Joannie, Daniel, and Sam had all been sent, when kindergarten age, to a state school for the retarded. The boys were bussed daily. They were an "unreal behavior problem," said Mrs. M. But Sam, at least, was discharged back to the public school, for he was diagnosed as not really retarded (see reports), but "emotionally disturbed."

Sam's kindergarten teacher did not remember him too well, however, She knew that he'd been in her class two years, a repeater. She thought he could do the work, in fact he would do it, but then "he would spoil it by scribbling on it or tearing it up." His first grade teacher described him as "unreal." He used "constant four-letter words." He came for only a half-day but even so he did no work.

In second grade he was put on medication (Ritalin?) for hyperactivity and he was considered "not so bad, 1/10th as bad as Joannie." He stayed for a whole day now, his teacher figuring it was too

confusing otherwise. He got into a lot of aggressive trouble. He did not know how to get along with others or even how to play. He could not be put in a line or in a group without bothering others: he had to be kept apart so he would not hit out. He responded pretty well to structure, and there were some tolerant kids in the class who tried to befriend him. Sam's mother was frequently called in, and she always came. She was always cooperative and appreciative, but it was felt by all involved that "she didn't know how to handle the kids." Eventually, it seems, attempts to "educate" Mrs. Bowdoin were dropped.

Even though Sam was not doing grade level work, he was no longer held back. In third grade, he "hardly did anything." The class was definitely above him. Fourth grade was more difficult. There was constant friction and fighting. The teacher observed that "he would go off in his mind." Also, it had become an identified "social thing" separating him from others: he was unkempt, unclean, often sick, always hungry. He would come to school with earaches. "crying like a puppy."

After fourth grade, his former teachers feared for Sam, for like the others in his class, the fifth, he would be going to a larger middle school, where children rotated through teachers and classes during the day: there would be no one in particular to watch out after him. However, the grade school principal had gone to see Sam in a school play, and he was there, cooperating on the stage and enjoying it, and she thought that was "terrific." (Apparently, word had not filtered back to her that his principal considered him "the

worst.") Mrs. M. talked some about the family, its disorganization, the mother's helplessness, dependence on her husband, how some of the children (older brother in particular) were kept clean, how increasingly Mrs. Bowdoin seemed to be rejecting Sam in particular as being her biggest problem. She had been loving, in fact the children were always with her, she was always with them, but then, about the time Sam was leaving grade school (at the end of fourth), she began to talk about wanting to find a place to put him, a school, a home....

9/29/75: I went to the school to see if Sam had come back yet from being sick. He had, his resource room teacher said, and he was already in trouble, tearful, beat-up on the playground. His mother had brought him into school that morning. She said the hospital had rejected him as sick---he had a cold. Sam later said he had tonsillitis. The operation, a long-needed ear operation, was re-scheduled to mid-October. I wondered, with all this time out, whether he, or maybe his mother, was avoiding school. I was concerned that it would be even harder for him to settle down to the new routine, the new people in school if he was going to be missing all this time at the beginning of the year.

I was told that the principal, a kindly middle-aged man who had difficulty dealing with special-needs children, had Sam running errands for him, taking messages to teachers, etc. This was supposed to keep him out of class, under adult supervision, where he was "safe" and could not get into trouble with other kids. I saw Sam scuttling up and down hallways, being obedient and ingratiating. He was clearly

enjoying himself, but I wondered about the value of this time being "protected" and removed from the regular classroom routine, where he had been for only three days of the current school year. So far, at this school, all have observed Sam's difficulties to lie with other kids. He was not necessarily provocative, but there were many flare-ups in open situations, at lunch and recess.

I met with Sam's classroom teacher, a youngish woman who had been praised by both the principal and the special ed teacher. If anyone could work with Sam, apparently this teacher could. The principal pulled her out of her classroom, despite my objections. The woman seemed very tense and unwilling to talk to me, unwilling to call me should a problem come up. She did not want me to observe in the classroom. She would be willing, however, to report any difficulties to the special ed teacher who could then relay them to me. She admitted that she had seen Sam infrequently, that she had formed few impressions about him. She was struck, first of all (as so many seemed to be) by Sam's hand gestures, his repeated wiping of his knuckles across his mouth, licking his hands raw. She also mentioned that he seemed to have a liking for math.

When I encountered Sam in the hallway, free, and tried to talk with him, he seemed shy, talking to me backwards over his shoulder, very quietly. He was smiling broadly, however. The nurse came upon us and said brusquely to me, "Is this your friend? He better be, cause he's mine!" Sam was dressed baggily, but he looked healthy and clean.

9/29/75: Not surprisingly, having seen me, Sam came by, grinning, after school. He talked briefly about the weather, how warm it was. He asked directly when we could have regular appointments again. We settled on Mondays and Thursdays, right after school. In walking about my office, he noticed the animal in an aquarium tank on a table. He tried "hamster," "gerbil" and several other names, while looking closely at the creature which was in good view. It was some time before he guessed it correctly to be a mouse. The animal made a soft sneeze, barely audible, and Sam jumped, saying, "it bites!" A strange, synesthetic reaction, especially since he was not holding the animal. Sam would not accept any of the grapes on my desk: he did not like grapes, he said. But he eagerly took up my offer of ice cream.

While we were walking, Sam was almost talkative. How he likes this neighborhood, the weather, Hillcrest Street by which he had come---apparently, I had given him too little credit for knowing place names or appreciating beauty. We recalled some people he knew: the school nurse, his brother, the crossing guard ahead. Sam mentioned that the old man always had gum or something for him, and sure enough, he did again, as always. Sam read me a sign on a fruit store: "closed": and swung under some scaffolding aware that they must be "fixing" the building. He greeted and was greeted by a passing high school student. He took me on his shortcut to the ice cream store and was gleeful at my difficulty climbing up a steep dirt pile. I was impressed with his alertness to his surroundings.

In trying to read the menu, Sam could get the first word of most of the ice cream flavors, but then it didn't seem he was really trying

very hard, which was certainly all right, for this wasn't school. While eating, he drank both his glass of water and mine and looked dreamily out the window. He ate slowly. He was quiet. When we were finished, he picked up the two checks. I asked "how much?" he immediately and correctly said 95¢. I gave him \$1.10 and asked him how much that would leave as a tip for the waitress---"15¢," like a snap. His practical arithmetic is good enough. He took the money over to the cash register, paid the bill, received the thanks and fairly burst out the door.

On the walk back he asked me about myself. Was I going to wear skirts all winter? "Girls get cold," he said with a mystified shake of his head. He asked me if I lived alone. I sometimes thought he knew more about me than I did about him. He continued to be better at asking questions than at answering them.

He started playing some footgames on the way back, paralleling my walk and then scrambling his stride and pace to see if I could copy him. He giggled a lot and continued this for some time. This was the most playful, most joyous I could recall seeing him. Just before parting at the clinic where he was to begin walking home, he looked up at me, smiling. I confirmed his next appointment. He looked back as he walked off, but he did not return my wave.

10/2/75: Sam remembered his appointment, but he was a half hour late---perhaps because he was falling back on memory rather than our new schedule. My day was busy, and I could only see him briefly before my next appointment. Sam hung at the door of the waiting room and was

glad to see me when I came downstairs to get him. His first question, which was very hard to understand, and had to be repeated several times: "how much time do I have?" I could only give him a few minutes, explaining that he was late and should get there earlier the next time, and then he could have his full half hour.

We played a quick game of Candyland, which he won. He seemed less affected by losses this year. He showed no inclination to cheat. He followed the cards as given, placing them neatly in a discard pile, without comment. I thought he might at last be outgrowing this board game.

When we had to stop, he began to wheedle for a ride home, rather unusual for him. "It's cold," he said, mimicing the shivers. He had no coat, a point in his favor. Knowing he needed to stay healthy, I agreed to give him a ride, but he would have to wait for 45 minutes in the waiting room while I saw my last patient. He agreed, smiling. We tried to find some food in the kitchen, something to tide him over. The cheese he dismissed as too smelly. He settled for crackers, a whole plateful of them. He grinned.

He was crouched, waiting, at the bottom of the stairs when I came down after my last patient. He accused me of being late, "you were an hour!"---which was true. He is a good clock-watcher. He wanted to let me know he was paying attention, and, more than that, he was mad. He wondered, on the way home, if I would come up to visit his mother. Not that day.

10/3/75: Sam showed up late in the afternoon, knowing he did not have

an appointment until the following Monday. His only explanation: "I wanted to see you before you went home." I tried to be stern, but I expect he knew I was not really angry. Sam was getting cunning, for he allowed that he would wait while I did my work and he could talk to me while I drove him home, a precedent I had set. He got crackers from the secretaries while he waited. Again, he wanted me to come up and visit his mother. I told him I'd rather she knew I was coming, and I would come Monday morning, if he'd tell her. Sam wanted to be there, but I told him to go on to school.

On his street, a group of children and dogs were playing, successfully blocking passage of my car. Someone called out to Sam, and he asked me if he could be let out there (though it took me a few blocks to understand what he was saying) because someone "wanted to give me something." It was one of the very few interchanges I had ever seen him have with other children.

10/6/75: To Sam's home, early. He was to have told his mother I'd be coming. He warned me to come early because she had to go shopping around ten. He asked if he could (would?) be there, and I had told him I expected him to be in school, where he was supposed to be.

There were no names on any of the mailboxes at his apartment building, which was large, at least two apartments on each of the four floors. I was certain it was the top floor, but I didn't feel like knocking on strange doors at this time of day. I paced around the house and finally saw a woman on a back porch. I asked if the Bowdoins lived there. Yes, top floor, go on up, the door is open.

The dog, Lucky, barked ferociously at my knock. I remembered the stories of social workers being bitten. There was much scurrying around in the house, and the muffled sound of excited voices. I began to worry that they had not been expecting me. Someone finally asked who it was, and when I said my name, I could hear Sam's loud and clear "I-told-you-she-was-coming!" He sounded triumphant, and I was almost glad he was there, for I did not want to threaten this family. I knew that Sam was sure I could do no harm. The dog was finally restrained, contained, locked in the bathroom against whose door he continued to lurch, snarling, during my whole visit. When the front door finally opened---I had been standing a good five minutes in the dark on the landing---Mrs. Bowdoin, Joannie and Sam were standing there. They are all so tiny, well under five feet. They exuberantly invited me in. I chided Sam for not being in school, but his mother backed him up (I was glad to see) saying he was sick. They both signalled the bottle of Pepto Bismol.

We all sat down at the kitchen table. The kitchen was a large, bare, clean sunny room, much more open and pleasant than the cramped quarters at the old house. The housing was more spacious, and in better shape, than before. Sam propped himself up, attentive to our talk, saying little himself, fighting off the sun which was bright in his eyes. He finally removed a large bulky sweater, and for the rest of the visit, he and his sister played a game of checkers quietly while his mother and I talked across them. It was a very comfortable setting. Mrs. Bowdoin offered me coffee and talked on about family life. I had to ask or say very little. At one point Sam did ask me,

"didn't you want to say something to her?" I didn't know what he had in mind and he didn't elaborate.

Mrs. Bowdoin was very talkative. She admitted to being a nervous woman who drank too much coffee. Like Sam, she went overboard asking me personal questions, e.g., "how do you like being married?" She was reminded of it, she said, laughing (which she does constantly and not always appropriately) because it was so hard to remember my name. She did not want or wait for an answer, however, and here she is different from Sam, for she jumps right into her own frame of reference and fills it up entirely: marriage for her was "terrible, terrible right from the start." She should have left him long ago, she said.

She spoke at length of her husband, in a nursing home now, paralyzed from a cerebral hemorrhage. He was "lucky to be alive," she said, in the same breath saying he was "such a miser---he could have \$300 in his pocket and we'd never see a bit of it." She jumped all over in her talk, practically free-associating to any word, so unlike Sam who says so little and keeps it so bland. Continuing on about her husband, Mrs. Bowdoin told how Sam had been born at home on the couch, the only one not to make it to the hospital, and her husband didn't like the mess, so he just threw it out, when it could have been washed! I wondered how Sam felt about this "messy" and unglorious story of his birth. He had obviously heard it before. Still, he listened eagerly, to his mother's tale, marking his distinction, that he was the only one of the family not born in the local hospital. It was striking that he was excited by his special status, that he chose to respond to this aspect of the ignominious event of

his birth. His attempts at conversation got no response from his mother, who kept rattling on.

Mrs. Bowdoin continued about the family, the children's camp experiences, showing me the knick-knacks they had made, describing their rooms, how they were doing at school. She did not like the new apartment because it was on the fourth floor and the kids hung out the windows and she was afraid they would fall. I thought this was a rather unlikely event, certainly not so worthy of worry as other major problems in her family. She also didn't like the neighborhood, which was tough. Her kids were getting beat up. She mentioned, sarcastically, that if it had been her kids doing it, the police would have been there. She did not have much feeling of anyone being on her side, out to help her. Already she was looking for another place. She'd prefer a home of her own so she didn't have to deal so closely with neighbors. Mrs. Bowdoin was more worried about physical danger, danger from without---cars, high windows, accidents---than she was about the trouble her kids might get into by themselves, about them "being bad." She denied that her children were in any trouble at all, even when they said it of themselves.

I asked some about Sam's medical problems, hoping to understand them better. She said the problem with his ear was still mysterious, "maybe it's a mastoid like mine." She gave me the doctor's name, the one who had recommended surgery and had put Sam in the hospital, and said it was fine with her if I called him, in fact, she'd be glad if I did. Mrs. Bowdoin sounds remarkably like her son---the same hurried speech, the swallowed words, the little cough, the poor diction. His

speech "problem" becomes clearer listening to her.

Mrs. Bowdoin had no objection to my getting information from any agency, any person who had been involved with her family. She seemed glad that I was working with Sam, glad that I was there talking to them. We talked some more about the house, her dislikes especially: the ceiling was falling in---she showed me a dark leak spot. She had trouble dealing with her landlord so she avoided it. She didn't like living with all those others. She'd prefer to have a house of her own, and Joannie agreed, dreaming on with her. Her complaints seemed minor---the wall had to be painted because she didn't like the colors, the cupboards bumped her head...

Joannie talked some, also easily: of her social worker, Mrs. W. and how she takes her out to dinner, of school, of her sister's friends, of checkers. She got impatient with all this talk, however, and finally muttered, low but unmistakable, "when're we gonna go?" It was my cue and we all got up to leave. Joannie was friendly again, inviting me in to her mother's bedroom to see the kittens, with whom she is genuinely tender, while gloating that the dog, still howling in the bathroom, was "trained to be a killer." She led me out onto the back porch to get a distant view of the water while telling me they'd been forbidden by the landlord to use it: it was unsafe. Sam leaned over the stairs, calling after me as I left, "What time should I come? Is it cold outside? This is our back stairs..."

Sam was calmer within his home this year, at least compared to those frantic visits last fall. I wondered if he was always so good, so very good. I wondered how much of it was because of my presence.

He is capable of being attentive, polite, self-controlled, a good boy. I wondered how much of this his family saw, knew. They were no longer talking of him needing to be put away. There was a friendly tone in their dealings with him.

10/6/75: Sam was here on time, grinning, with a Halloween card addressed "for someone special." He'd picked it out that morning after the visit and had quite carefully hand-printed my name and his. His mother must have helped him with money and spelling. Sam was pleased with himself and kept asking me if I liked it. I remembered that this morning, at his house, he had said proudly to his mother (and had not seemed to be heard) that "she still has the chestnut necklace I made." I had told him this some time ago when he was talking about gifts, and I mentioned how much I had liked that one. He had not acknowledged my comment at the time. It was good to see him pleased and proud.

We played some checkers and he won, with only a little ineptness on my part. He seemed to be advancing in his interests, capabilities and behavior. He was also more demanding, e.g., in terms of my time, what are you doing at five, etc. As he was leaving he mentioned his hunger, but refused the apple on my desk, saying, with a smile, that he only ate cookies and crackers.

10/14/75: Having missed Thursday's appointment and Monday being a holiday, Sam appeared at the clinic late Tuesday afternoon, the day before he was to go into the hospital. I was involved with staff meetings and a backlog of patients. He chose to wait, knowing I could only spend a bit of time with him.

Sam was smiling and patient. He went through the checkers game in my office while I spoke briefly with another staff member. He interrupted once or twice to ask about missing pieces. He was comfortable and presented himself as rightfully belonging there, in my office, talking to me---a positive attitude I had not seen much of last year. At the same time he was more tolerant of others intruding on our time together. Last year he would have turned his back and sulked.

We didn't have time for a game, but we decided to walk down to the fruit store to get something to eat before saying goodbye. (I had talked with Sam about nutrition, saying that all crackers and sweets was not good for his health. From now on I would usually be offering him fruit. He seemed glad enough, as long as I didn't choose fruits he didn't like.) The fruit store was closed, so we went on to get ice cream anyway. Avoiding my leading questions, Sam said little about the facts or his feelings about the following day's promised hospitalization. He did ask me questions about my attempts to reach his doctor. They had failed, for the man had always been out and had never returned my calls. I was sorry I had not made more of an effort to contact him, for Sam clearly knew little of what to expect from going into the hospital.

While walking back, Sam looked at me in his customary intense and appraising way. He was open with these stares, which usually preceded a comment about the way I looked or what I was wearing, most commonly a remark about my not wearing or liking slacks. I smiled this time and second-guessed him: "I'm wearing a dress, right?"

I must have hit close enough, for he smiled and added a new line of dialogue: "It's a thin one."

We did not know how long he'd be in the hospital, but I told him I would visit as soon as possible.

10/15/75: I went to see Sam in the hospital. He was in a room with three other boys, all looking much older, though perhaps they were the same chronological age. Sam seemed shy and withdrawn, though he looked good, tired and clean, in his oversize hospital pajamas. When he saw me, he was surprised: "What are you doing here?" I said I was visiting him, like I'd said I would. He said he'd only been there a few minutes, then, a few hours.

Sam was eating, the only one in the room still doing so. The others joked with each other and teased the nurses. They horsed around, jumping in and out of bed. Sam picked at his mashed potatoes, all that he was eating, eating tiny forkfuls. He concentrated on watching the Three Stooges on TV. He looked trapped and I began to feel uncomfortable, just sitting there watching him.

He talked very little. He glanced at me only occasionally and then looked quickly away. He ignored his roommates even when they were talking about him. E.g., "You know Sam there? So and so goes out with his sister." Sam told me, when asked, that his family was coming in the evening. He knew they would have to leave by 8, when visiting hours were over. I wished him well and said I'd visit again. He stared at the TV screen, forked his potatoes, and did not say goodbye.

10/17/75: I finally got through to Dr. S., the ear doctor who was to do the surgery on Sam. He seemed eager to talk to me. He sounded upset, his words rushed.

He said there were "all kinds of little problems with Sam." He had a "chronic ear," and a mastoidectomy seemed likely after the exploratory surgery he was proposing to do during this hospital visit. But even this initial surgery was hard to get to because of all the little problems: infections, tonsillitis last time, and now a "pathological heart murmur" had been detected. The hospital was giving Sam a complete check-up to make sure he could stand the surgery. Dr. S. felt, if Sam's health was OK'd, he'd go ahead with a tonsillectomy and the exploratory ear operation next week, to be followed in a month by the final operation.

The doctor couldn't get over the poor physical shape Sam was in. He said, with awe, that he was from Greece and had seen poverty there, but "there's poor and there's poor!" He wondered if Sam was eating right: he was so small, etc. He referred to Mrs. Bowdoin as "that bitty, bitty thing" and said that "the daughter" seemed sharp (could he mean Joannie, the biggest problem of them all?). Dr. S. just couldn't stop expressing his amazement and distress, mentioning the boy's "peculiar affect" and wondering if I'd seen it also. He summed up the whole case, the condition as one of "poor protoplasm"---a diagnosis I never heard before or since.

The doctor mentioned the older kids in Sam's room "mouthing off", saying that Sam seemed to be doing OK. The man wanted to continue talking, but I had to take another phone call.

10/17/75: Within two hours of speaking to Dr. S., having heard him say he expected to go ahead with surgery and that Sam would be in the hospital at least another week, I went to visit the boy, at last with some real information to tell him. He had been discharged! He went home, his roommates said. I was flabbergasted---after all the doctor's concern! After two hospital admissions with nothing being done! No wonder the family didn't place much stock in doctors.

I spoke with the resident on duty. He said they'd been trying to reach Dr. S. but they couldn't. They didn't know his plans at the hospital and they thought it seemed a waste (of money? of time?) to keep Sam in the hospital over the weekend, just waiting. (I wondered if they knew how many times now this surgery would have been postponed, how difficult it was to reach the family, how hard it must be on the boy to keep coming and going never really knowing what was going to happen when...? I found it very hard to keep from yelling at the man.) Sam was healthy, the doctor said, though they had found what they considered to be an "organic" heart murmur. His chest was OK. There were no extraordinary comments on him except about his size. The M.D. was reading from a chart, as he had not done the examination. No EEG had been done, no further plans were made at this hospital.

10/20/75: I went to the school to explain the hospital situation, especially since they'd been so good as to hire a now unnecessary tutor at my request. Also, the resource room aide had mentioned that something was happening that they would like to talk about

privately. It could only be sex.

H., the resource teacher, and her two aides sat down with me and had much to say. Sam had been looking worse again: he was very dirty; he looked unwell. One of them observed that his hands were always clenched, not only when he was licking his knuckles but also when he was carrying things or trying to use a pencil. Strange: I hadn't noticed that degree of tightness in his hands. Is there more tension at school? I tried to explain the knuckle gesture, something everyone who meets him comments on, in terms of a tic, something Sam is unaware of, like twiddling with hair, a nervous gesture.

Sam had been working with a girl using flash cards. Otherwise he was always alone. That concerned his teachers: how could they integrate him? They had had no luck in suggesting him as a companion to others. This suggestion was only received with amazed looks of impossibility. Math was Sam's best subject. Spelling was terrible.

The teachers were more concerned, however, with Sam's disappearing, whenever he could, into a small dark back room where he hid under a desk. When he emerged, he was always dishevelled, shirt mussed and zipper open. They wondered if he could be masturbating? They were amazed to be reminded that Sam was almost fourteen. Somehow it made the possibility of masturbation more likely, though I doubted that his chronological age was any real explanation for anything he did; he could have been masturbating for nearly all his fourteen years, for all we knew. I said that I doubted he was masturbating in school, but then I wouldn't be terribly surprised either. It was possible.

Clearly they were uncomfortable dealing with possible sexual issues. I suggested that Sam was bound to make them feel uncomfortable in many ways, perhaps, for instance, he stared at them. One of the aides gasped, "Oh, yes, he does it all the time and it makes me so nervous, I have to look away." I suggested that they might talk with him about it, helping him to verbalize what he liked seeing, even in terms of clothing, if that made them less nervous. I thought they might help him express himself, but this seemed silly to them, and they could not be matter of fact about a boy staring at their breasts. They doubted they could talk about it with him, under any guise. To remove themselves from his possible range of interest, they asked if there'd been any sex problems at home. I said, truly, "not to my knowledge." It was one of those times when I sensed big differences between therapists and teachers.

10/28/75: Mrs. W. from welfare called last night to say that Mrs. Bowdoin had just called her, asking if someone there could get her and Sam into Boston, because Sam had a doctor's appointment. She didn't say for what or with whom this appointment was, just that it was tomorrow at one, could someone get her there? All the workers at welfare were tied up and none of them had been able to assess the seriousness of the need. Certainly Sam had never been sent to Boston before. Could I help out?

I spent some time trying to track down the reason for the referral to Boston. I spoke with Sam's ear doctor, who was also discouraged that the local hospital had discharged him, because the

family was so hard to reach, and it was so hard to make plans with them. He did say that the resident had detected a heart murmur and felt that it might be of consequence, i.e., might have to be considered before any major surgery. He suggested I call the hospital again, to check out the Boston referral with them. My call there was transferred through four residents before I finally reached one who had a bit of personal knowledge about Sam's case. This one was pretty certain that the appointment was in pediatric cardiology, to check whether the heart murmur "was really pathological or not." This woman said that she thought the appointment was supposed to be immediately after the discharge, and she could not understand why so much time had elapsed. I was boggled by the lack of clarity, the shuffling of this child and his family. It was not at all entirely their fault that they felt pushed around and confused and helpless: with plenty of secretaries, phones, time and some understanding of medical vocabulary, I was still frustrated and confused by the vague, uncoordinated and conflicting messages given out by this medical community. My own instinct was to heed the most serious implication. So, to help get Sam's health thoroughly evaluated, I agreed to transport the family into Boston. I doubted that they would, or could, get there by themselves.

When I arrived to pick up Sam and his mother, Joannie was combing his hair, certainly the most affectionate and helpful gesture I had seen from her towards him. Sam was grinning, clean and ready. His mother was aflutter. Nobody really knew what the appointment was about. Mother showed me the appointment card: cardiac clinic, Dr. K.,

one PM, Boston Floating, and an address. That was the extent of their knowledge, though they had some understanding that the referral had been made by the doctor who had done the check-up at the local hospital.

The ride into Boston was exciting for Sam, who had travelled little. The family once had a car, or rather, Mr. Bowdoin did, a long time back. Mrs. Bowdoin was even more excited and nervous than Sam. She kept talking about her dislike of Boston, the city, of cars, how all these things frightened her and how she wanted nothing to do with them. Sam was sitting in the back seat commenting on many things that he saw as we drove along. He was very animated, asking broad, naive questions: Is that Boston? Is this a bridge? We went through a long tunnel and he was gleeful, for he'd never been through one before. It was hard to hear the boy, for I was concentrating on driving, and he was sitting behind me, talking fast and slurred. His mother and he both kept talking at me, very fast, neither of them paying much attention to the other. Mrs. Bowdoin did not answer any of Sam's questions, but she did frequently chide him to be quiet, to sit still. I was glad he was treating the trip as an adventure and assured Mrs. B. that I did not feel he was being pesty, that I was pleased he was enjoying himself so, and that I hoped she wasn't too frightened.

Sam noted Chinatown and the above-ground subway as we parked the car and entered the hospital. Though we were on time there was no one there to receive us. Even the secretary did not arrive for over half an hour. It became apparent the mass appointments had been

issued for the same time, for the waiting room was full of children and mothers.

Sam took off his coat, sat down, looked blanked-out. There were many children, all occupied by a play-lady who had them cutting out pumpkins. The woman tried (inappropriately, I thought) to draw Sam into this play. He resisted, persistently, with seeming silent dignity, as if to say he was not a child and he was not there to play. Sam was clearly the oldest child there. There was nothing for him to do but stare straight ahead. He sat still and silent, as did his mother, for almost an hour. Finally, very impatient myself, I got up to pace around and ask questions and be annoyed. I was missing other appointments I had scheduled back at the clinic, and clearly, from Mrs. Bowdoin's confusion, I could not give those two train money and leave them to return by themselves: I had to wait with them.

After walking to the far end of the hospital and asking some questions about the pediatric cardiology clinic, I returned to find Sam animated: Where'd you go? Why? He began to move around a little more himself. Some of the young children were tossing around big cardboard blocks, their mothers doing nothing to inhibit this wild play. Sam was hit by one of the flying blocks, and he gently tossed it back to the spot where it belonged.

Mrs. Bowdoin was beginning to look quite fidgety and disgusted. We could overhear passing staff muttering that the unit was always like this, slow to start, people piling up. The room was very crowded by now: the play-lady had gone, babies were crying, parents were pacing back and forth. A doctor passed by, looked at us, and returned.

It was the resident who had checked Sam out at Shoretown hospital and referred him here, for "a more thorough examination." He assumed Sam had already been in once and that this was a return visit, but that was not so. He joked with Sam about how much the ward had changed when he left. Sam became more relaxed and talkative.

The clinic secretary finally arrived and began processing the appointments. Mrs. Bowdoin dashed to the desk and was given a card for an X-ray in another part of the hospital---something that could have been done during that long wait. We all took the elevator up to the appropriate floor. Sam fiddled with a collapsible toy block. He was again the oldest child in sight. He was cooperative to an extreme. He had seen other children emerging with their shirts off, so when his name was called, he took his shirt off while walking down the hall. Mrs. Bowdoin and I smiled, as did others in the waiting room. He was behaving extraordinarily well, especially given the trying circumstances.

Mrs. Bowdoin talked some of Sam's illness and its history. There had been no significant health problems before this---just his ear-aches, chronic, since childhood. He had never before been in the hospital. (I wondered, to myself, about her reliability as an informant. Several times I'd heard, for instance, that Sam had been dropped out a window. Was it serious enough to be noted, but not serious enough to require hospitalization?) I praised Sam's good behavior to her. Sam returned: we waited for the X-rays to be processed. When they were finished, Sam got the envelope and we went downstairs. Sam remembered the way; his mother was lost and

flustered. Sam was consistently better oriented and calmer than she.

We waited some more until Sam was called in for his EKG, something he'd had before and was not concerned about. Again, he took his shirt off and was cooperative and smiling. We waited some more, and the technician came out of her cubicle to check Sam's fingertips and eyes. Mrs. Bowdoin nervously apologized for Sam's dirty hands, and the technician said, flatly, "I'm not concerned with that."

More waiting. Mrs. Bowdoin was talking with me, worried about who the M.D. might be. She said, looking over the room and seeing a dark, foreign man in white, that she was afraid that he'd be an Arab, and then she wouldn't be able to talk with him. I assured her that any doctor working here would be able to speak good English. She seemed to be getting loose in her nervousness: clearly this public, professional atmosphere was not her cup of tea. She was laughing foolishly, rolling her eyes, saying giddy things like, "no Arabs, no women, hah, hah." Sam waited quietly, sitting on one side of me, his mother on the other.

Sam was eventually called for his appointment with Dr. K., who was exactly the dark foreign doctor Mrs. Bowdoin feared he would be. Sam and his mother dashed over. I asked if they'd like me to join them, mostly because I wanted to make sure I could ask the doctor questions about the seriousness of the condition. Mrs. Bowdoin hadn't really considered it but said, "Sure, if you want." It became a confusing, humiliating situation, however, for, as we entered his office, the doctor asked which one of us was the interpreter. Mrs. Bowdoin immediately took this to mean he needed one.

(Surprisingly naive, she was not offended by the doctor's misperception, his hasty conclusion, but rather was confirmed in her fears that he was an Arab and couldn't speak English---despite the obvious evidence of his question and his highly correct British accent.) She became hysterical in the office, almost refusing to sit down. I was glad I was there, for Sam was getting frightened too, and looking to me for help. Mrs. Bowdoin eventually accepted my explanation of the doctor's question but she never once answered the man's questions directly. She looked at me even though talking to him, asking me frequently to rephrase what he'd said, though he was there, clear and precise.

The doctor tried to review Sam's past medical history. Mrs. Bowdoin denied anything relevant, her answers becoming practically automatic: "Nope. Nothing. Never." Before Dr. K. had a chance to examine Sam, Mrs. Bowdoin was chattering nervously about what was wrong, about what he'd found, muttering to us all that wouldn't you know it would be Sam.... The doctor was abrupt with her, asking her to hold her questions until he'd examined the boy. Sam waited quietly through all this.

The doctor listened with a stethoscope to all places on Sam's chest and back while Sam was lying down and sitting up. He poked the boy in various places. Sam was cooperative, though this time he seemed shy, somewhat embarrassed, looking at me in the mirror and hastily zipping up his pants after they had to be loosened. (His behavior in this respect was almost demure, considering his usual carelessness.) The doctor asked Sam to exercise, urging him to do

situps and pushups until he could do no more. Sam looked pathetic. He was barely able to do two or three of each before he claimed to be exhausted. The doctor listened some more with his stethoscope. He took Sam's blood pressure on each arm. Sam's behavior was fine, but nonetheless his mother was bossy, reprimanding him unjustly: "Sit still! Do what the doctor says!"

The doctor asked me to come outside, pointedly telling mother and son to stay behind. I think at last Mrs. Bowdoin may have realized the insult, but this time she accepted it wordlessly. The doctor's immediate question, after the door was closed and we were out of hearing distance: "What is wrong with the boy?" He was especially concerned about Sam's small size but also with "behavioral peculiarities." I wondered what he was getting at here, for Sam had been almost a behavioral nonentity. Was he speaking from the record, in reference to Mrs. Bowdoin, who was behaving far more peculiarly than her son, or what? I didn't ask, figuring it was neither the time nor the place. The doctor wondered if I could give him any extra information about the family, the school, the boy. I told him of the referral, welfare concerns, school observations of hyperactivity, the diagnosed intelligence and learning disabilities, some about his work with me, etc.---all very brief. I told him I felt Mrs. Bowdoin had not been concentrating on his questions, because she had told me of serious cardiac trouble in the family. Father, for instance, had early high blood pressure and a crippling stroke. Dr. K. told me that Sam did have a significant heart murmur, one which could be detected at all points. It stemmed, he said, from a blockage of the

left side of the heart. This should cause little worry, he felt, provided the boy got yearly check-ups. The man was more concerned about Sam's high blood pressure and his seeming nervousness. He said firmly that this would require more frequent and exact monitoring, at least two check-ups a year by a pediatric cardiologist. He also suggested a neurological exam.

When we returned to the examination room, he asked Sam to wait outside while he talked with Mrs. Bowdoin and me. He told us he didn't want to frighten the boy, and that we would probably know better ways to tell him about the medical findings and recommendations. He spoke to Mrs. Bowdoin very sternly, asking her again about the family history of illnesses and disease. She again shook her head, claiming nothing, nothing at all. I reminded her of her husband's stroke. She clapped her head with both her hands, rolled her eyes and said, "Oh, him! I don't think of him as family! If he gave that to my children, I'll kill him! I'll kill him! Wouldn't you know that's what Sam had!" She really was going on. The doctor called her back to attention, ordering her to remember that the man was the children's father. She should take this into consideration in caring for them, all of them. All of them should have check-ups, he said, noting that Sam did indeed have heart trouble, and that he would have to have regular check-ups. He told her that it was not serious now but that any changes must be known and recorded. They talked some about Sam's extreme nervousness, his tendency to "go off the handle," as she put it. Mrs. Bowdoin asked if she couldn't have the six month check-ups in Shoretown, with Sam's regular doctor, but Dr. K. stressed the need

of seeing a specialist, a pediatric cardiologist. If she could find one in Shoretown, that would be fine. Otherwise, they were to come back to see him in six months. Dr. K. said he would send his report to the local hospital, so that they would have it in their records.

Upon leaving the hospital, Sam was very animated and talkative, as if the place itself had been a damper on him. He was hungry. My suggestion that we stop and get something to eat was eagerly received. We had been in the hospital nearly four hours, most of it spent sitting and waiting. Sam was glad to be moving again. He jumped in and out of the car during my dealings with the parking attendant. He was exuberant as a puppy. He did sit calmly and listen to my explanation of what the doctor had said about his heart and what he recommended. I felt it important to say this now, for Sam had been nervous and he was not likely to ask his mother. Even if he did ask, I did not know how complete or accurate an explanation he would receive. Mrs. Bowdoin had been so upset at the time, that she was likely to explain it all in terms of his father, his father's disease. Surely the parallel with a hospitalized, paralyzed, demented man could only be frightening. At any rate, excited as Sam was, he listened and seemed to hear. He had no questions. He committed the April appointment to memory.

On the way back north, rush hour traffic was heavy. In a clogged tunnel, going at a slow speed, we were bumped by a large van changing lanes, apparently without seeing us. He dented and scraped the driver's side door, but it was no place to stop and inspect the damage, which was not that serious. We kept moving, slowly, as did the truck, right behind us. Mrs. Bowdoin became frenzied at this incident,

jumping up and turning around in her seat, leaning out the window and yelling. I was concerned that she was going to jump out of the car right there in the midst of traffic. Sam was calmer, though he had never been in an "accident" either. He focussed on getting the liscence number of the truck. There were no plates in front so he had to keep a look out for when it turned off or passed us. He watched carefully for miles while his mother fluttered on. The truck fell behind, however, and Sam was unsuccessful in his attempt to help. All the way home, he kept asking questions about what we were passing and where we were and what distinguished one town from the next.

We stopped for ice cream. Sam offered to bring his plastic dish of ice cream along into the car so we could get going. It was a good unprompted suggestion, for which I thanked him. On getting into the car, however, he dropped it all onto the sidewalk and it had to be abandoned. He handled the incident with a brief disgusted sigh: "Oh!" I was impressed with how well he had handled all the day's events. His mother chided him for being clumsy.

It was a long ride back. There was talk of the weather, the surroundings, of Mrs. Bowdoin's family, one brother being an X-ray technician and privy to more of the world's middle-class rewards. Mrs. Bowdoin spoke at length about herself, with more serious consideration than I had heard before. She regretted that she had not finished high school. She was sad to be so isolated from her family. She regretted she had married the man she did, and that she stayed with him so long. She missed her old job as a dietician's aide in a state hospital, "but you even need a liscence to do that now." It was

serious, relaxed talk, as if the long day had depleted her of nervous chatter.

Close to their home, we drove through a bunch of children playing ball in the street. One of them had been a long-term client of mine. He caught sight of me, for we were going very slowly, and ran over to say hello. Sam kept interrupting, saying proudly that we had just been to Boston. He pointed to a child's shirt which had "BOSTON" printed on it and beamed, "we were there!" When I dropped them off at their apartment, he asked if I couldn't come up. No.

11/7/75: A secretary from the school's special ed department called early in the week to say that an appointment had been set up for Sam to have a neurological exam at the local hospital. This was something I had requested long ago under the auspices of 766. They asked if I could make sure he got there. Yes.

I assumed the school would let Mrs. Bowdoin know I would pick them up again for the appointment, but when I arrived there was confusion. It seems the school had sent a letter saying I would give them a ride only if she couldn't get to the hospital on her own, and she had sent for a cab, so she wasn't expecting me. I had called the school the day before, asking them to remind Sam that I would be by to pick them up for the appointment, and as usual he had remembered and correctly relayed the message to his mother---but only just as I was walking up the stairs. Perhaps he presumed, as did I, that she already knew I was coming?

Mother did not understand at all what this examination was about.

She thought, of course, that things were finished until April, except for the necessary tonsil and ear surgery. I explained that this evaluation was to test Sam's perceptual and thinking skills, and that it might be useful to the school in helping him to learn better and faster. Mrs. Bowdoin was accepting and unconcerned, even if she did not exactly understand. The cutbacks in her welfare check---\$111 every two weeks now---were worrying her more than anything else. She didn't know how she'd manage. I sympathized. Sam was quiet.

I mentioned to him that he had not come to any of his appointments since the last hospital visit. He mumbled something about forgetting and then there was a holiday. He asked if he could come by that afternoon. I said he could, at the regular time. I dropped them at the hospital, where they were prepared to take a cab back, Mrs. Bowdoin home, Sam to school.

11/7/75: That afternoon, Sam came dashing in, grinning. He mentioned how long it had taken him to get there, and how warm it was. We went upstairs to my office, where Sam marvelled at the bigness of my tree---a tree which has been there for months, and which has always been just as big. He asked then if we were going to the fruit store. (We had passed it on the morning's drive, and he had said several times for his mother to hear: "We go there.") I said we could go if he wanted to, and he said he'd rather go for ice cream. I laughed and appreciated his tactics. He grinned at my compliment and we set off, checking in at the fruit store on the way. He was curious and talkative about the food there, pointing to an eggplant and asking what

it was. He made note of the large 50 pound sacks of potatoes, saying they got those. He, also, like his mother, mentioned the decrease in welfare money available to them. He didn't seem to have any idea how these cutbacks might affect him, however.

We ran up a steep hill in back of the ice cream store, Sam's short cut. A little girl said, "Hi, Sam." as we passed, but he only scowled at her. I asked about her and got a terse answer: she used to be in his school. He noted the high temperature, 77 degrees.

He chose lemon-lime sherbet. I said he could have either flavor but not both; he'd have to choose. The waitress said she could manage to give him both, however, and smiling, she did. Sam smiled back.

Sam seemed particularly hard to understand today. All his words were swallowed and slurred. I had to keep telling him that I couldn't hear or understand, and then he would say it again. He ate slowly, in tiny bites, being very neat about cleaning up his mess and that left at nearby places. This got smiles from others watching. Two older ladies across the way asked if he wasn't Daniel's brother, the one who'd been in the hospital? He nodded yes and then became withdrawn, seeming bashful, unwilling to answer their further questions. They were teachers from his school. I am always surprised at how well known he is.

Sam added the bill quickly and correctly. I let him pay it and leave the tip, something he had begun to do automatically. I told him, after leaving, that he could walk me by the drugstore but then I would have to go back to the clinic and he would have to go home. He said he'd come back to the clinic with me, but I said no, I couldn't

see him anymore that afternoon. We'd used up our half hour's time eating ice cream. He could return on Monday and we'd have our regular appointment.

Sam waited, nonetheless, outside the drugstore. When I said goodbye, he grinned and said he'd see me at four-thirty. I told him he'd best go home, but I'm sure he saw his new assertive tactics had startled and even pleased me. He was becoming much more demanding of my time, less accepting of the few limits I set. I told him, as I left, that I knew it was a long walk, but it was a nice day, and I could not always drive him back and forth...

I more than half expected him at 4:30, and sure enough, he was true to his word, bursting in, grinning, as if to say, "Here I am! Didn't I tell you so! Aren't you glad!" It was hard for me to be stern, for our appointments had been so erratic and centered on hospitals. I said I saw he stuck to his word, and this once I would make an exception for my scheduled appointment had been cancelled: we could play a game of checkers before he went home in a taxi. (A new transportation plan was being arranged so that Sam would be picked up at school and driven to the clinic and then a cab would take him home afterwards. This was partly for his benefit: to help him be both regular and healthy, as the weather was getting worse and the walk was long. But it was also to help me circumvent his begging for a ride home, either directly or by hanging around until I was leaving, then pleading darkness and cold. Sam liked the idea, but immediately said about the cab: "I don't have money." I explained that the clinic would provide it, for we all thought it important for

him to be here regularly and not to have to worry about the long walk.)

Sam mentioned that one of the checkers was missing, we'd have to figure out an equal way to play. I took black, the color I knew to be missing. I began to set out my pieces on the board while he set out red. Two of my pieces were missing. I showed exaggerated dismay, and Sam laughed. I accused him of taking still another one away from me and he confessed, opening his hand and showing the piece. We laughed together and then he helped me look for the other missing piece. We found it in the toy box and then played.

It was a good game. He fell way behind at first, but then he steadily recouped his losses and won through a final oversight of mine. I was making it only minimally easy for him. He had some semi-cheating rules of his own, e.g. saying a move was not over until his finger was "off," and then keeping his finger almost continuously "on". I complimented him on his skill, despite the cheating. I wondered whether he'd been practicing. He said wistfully that he didn't have a game at home. I'd seen one there only a few weeks ago, when he and Joannie were playing. He said there were too many pieces lost now, and besides it was Karen's anyway. He helped put the game away, in a hurry, for we were told his taxi was waiting.

Sam dashed out and dropped one of the three quarters I'd given him. He found it while I went up to the cab driver and asked him to wait a bit. I listened to Sam tell the man his address. The man did not understand, of course, the first time, but Sam did say it clearly enough on repeating it. Sam understood that some "lady" or "that lady" (a nurse working at the clinic and also in Sam's school) would

bring him to the clinic after school on Monday.

A call came from Mrs. A., the school psychologist who had arranged the neurological exam for Sam. Dr. B. had called her to report on the check-up. We could only speak briefly: there were a lot of "soft neurological signs, mixed dominance, balance problems, etc." The report also noted a serious hearing loss in his right ear; high blood pressure; bone development which was at least two years behind the norm. Dr. B. recognized the need for consistent medical follow-up with the boy and, to facilitate this, she offered to be the admitting doctor for his future hospital admissions. (This helpful doctor left the hospital, however, within the next six months.)

11/13/75: Sam came in wet and freezing. He was not going to bother taking off his sopping sweater, so I helped him and attempted to dry him with a supply of paper towels. It was a futile attempt, but Sam thoroughly enjoyed it. He did not try to brush off my ministrations, but rather sat quietly beaming through them. To my surprise, he wanted a comb to fix his hair. He does seem to be becoming more self-conscious, to be making concerted (if erratic) efforts to be clean and neat. I warmed a can of soup, which we borrowed from someone's office. Sam really liked that.

We played a game of checkers and then made arrangements for a cab. The taxi was late, however, and Sam became very antsy. I did not want to hang around waiting with him downstairs, and yet this whole cab business was fairly recent, and I did want to make sure that he got it when it came (for the drivers were known to toot their

horn once and then leave.) Sam became quite a pest while waiting, switching office lights on and off, something he'd begun in leaving my office. He was laughing to himself and skittering around. I was growing impatient and annoyed. One of the secretaries offered him a banana, which he devoured. I finally told him to wait by himself, that I had to get back to work upstairs. Nevertheless, I was the only one to hear the taxi's horn, and I had to jostle Sam out the door.

11/17/75: Sam was to have been picked up at school, but the regular driver had to be somewhere else. I went to get him in the Resource Room where he was supposed to wait after school. One of the aides mentioned, while we were waiting for him to arrive, that they'd been having some arguments with him lately, and that he'd stalked off in anger. He got especially aggravated over writing assignments. Sam showed up then, hanging back, grinning but seeming meek. He avoided looking at the teachers or speaking to them. I apologized for being late and complimented him on remembering the plan and sticking around after school to wait for the ride. I asked one of the aides if they could regularly call a cab to drop him off at the clinic, that we'd pay the driver there. She said she lived nearby and could easily and regularly drop him off. Though Sam had been going to school for months now, he still did not know this woman's name. When I asked, he only shrugged.

Sam looked terrible. He was dishevelled and dirty. His mouth was bleeding from a cold sore the size of a dime. He could not stop

his incessant hand-mouth gestures and the sore was open and aggravated. Sam complained of it under his breath, while at the same time asking if we could get some ice cream. I said no, but we could stop for fruit. He asked, loud and insistent, if we could go to his house today, it was right nearby. This had become a real refrain. I was not sure why the prospect gave him so much pleasure. I could only guess that he was proud of me and wished to show me off and share me with his family. I told him that I was reluctant to visit without his family expecting me.

We stopped at a small grocery. Sam asked me to get a banana for him, saying he'd stay in the car---something he never had chosen to do. When I came back, he was huddled on the seat, the sore part of his face hidden under his jacket.

Inside the clinic, I asked him to wash his hands and face while I made a phone call. Then we would medicate his face, drink some milk, eat the fruit and play a game. Sam came bounding up the stairs after washing. He opened a jar of Vaseline on my desk, put some on his sore, closed it and asked if he could keep it. Yes. He put it in his jacket pocket, looking very pleased.

We went downstairs to the kitchen where he poured his own milk and I opened a tin of pears, putting most of them in a dish for him. Sam spilled some juice on his pants and was shamefaced, but he went right on eating by scraping a piece of pear over the edge of the dish right into his mouth. We laughed about that. He chided me for eating so fast. We figured out how many whole pears there were in the can. I poured some nuts in a dish for us to take upstairs, and after

reading aloud a sign in the kitchen and checking the coffee pot, he dashed up to the office.

Sam told me he was bored with checkers. Didn't I have any other games? We explored other offices in search of less boring games, but nothing there interested him. I suggested Tic Tac Toe and he eagerly accepted, asking for a big piece of chalk. He won more games than I did, for he had developed an excellent, unbeatable three-cornered system, and he stuck to it. When I asked whom he'd practiced with to become so good at the game, he said himself. I didn't doubt it. Indeed, he kept switching x's and o's, though he didn't change his system.

When it was time to go, Sam resisted, staying where he was, playing games by himself, pounding out chalk dust, and taking his time putting on his coat. He said, on his way out, that his mother might need a ride to the hospital next time, that she couldn't afford a cab. I told him she could call me and we could try to help.

11/18/75: J., a social worker, had been leading a group of children in the school, once a week. Sam was in the group. She told me today that Sam seemed to "forget" the group and had to be fetched from the resource room where the teacher seemed to be glad to be rid of him: "take him, he's yours." Sam was central in none of the group's activities. While the others talked or struggled, he made paper airplanes, stomped his feet, demanded more cookies. Eating was definitely his favorite activity. He did not seem to distinguish between adults, calling them frequently by another's name, even though he'd seen them

regularly for months. J. said he did make one definite response in the group. To the question, "what do you like best?", Sam had said, "days I go to Patterson's."

Sam came in at one, though it was not an appointment day. He said school got out early and he walked over. I told him I couldn't see him, reminding him of his next appointment. He looked downhearted and sullen. I talked casually of the eclipse which was to occur, knowing how he watched the sky, and suggested he go to the library as long as he was in the neighborhood. Sam was grudging and reluctant to leave, asking what I was doing now, in an hour, in another...when I was going home. I said no chance. I couldn't see him and I wasn't driving him home: it was not his day; he had walked over and he could walk back. He walked off without saying goodbye.

But, he was back again before five, waiting through my last appointment. He was grinning at the bottom of the stairs when I came down, as if to say, I got you anyway. I said he was really trying to get the best of me, wasn't he, and he grinned. I was firm, though: I would not see him until Thursday and he'd have to get himself home. There would be no taxi and no ride with me.

J. had been watching this and she said she was walking his way and would walk with him. It was quite dark and cold by now. Sam fussed. I thanked J. for her suggestion. Sam said it was too cold, so we went to look for a sweater in the used-clothes bin in the cellar. We found a tight blue warm sweater and also a donut to fuel him on. Sam seemed to be beginning to enjoy himself. He squeezed into the sweater while holding and eating his donut. He carried my briefcase

while we turned out all the lights, as we were the last ones to leave. We set out in opposite directions.

11/24/75: Sam arrived early and he waited patiently, smiling at me when I passed, as I was running errands, answering phones, etc. We played Tic Tac Toe during our time together, and he was bored. He dusted the erasers, and then waited a long time for a taxi, while being a general pest, turning out lights, giggling, running around.

12/1/75: I had to cancel because of illness. A secretary called the school to let Sam know not to come. His teacher told me later that he was disbelieving and said he was going to go anyway, on Tuesday, which was not his day.

12/3/75: Wednesday: Sam came by without an appointment. He was grinning in the waiting room, as usual, when I came down to talk briefly with him. He showed me his school pictures from across the room and then came over closer to show them individually, proudly. They looked good. He looked healthy and neat.

My next client, a teenage girl, came in and said hello and sat down to wait. Sam bristled and asked "who's that?" I explained that she was to see me next. Sam sulked. He would not let me have a picture until his mother had seen them. We bargained for a taxi ride home, and this seemed to cheer him up. I would call him a cab if he'd give me a picture eventually, something he clearly meant to do anyway.

J. told me today that in group Sam was getting angrier, and

more stubborn. He continued to spend most of the time throwing paper airplanes and trying to get more cookies. He still did not come on his own: he had to be sought out and brought along.

12/4/75: Meeting at the school about Sam. Resource room teacher, H., had mentioned she wanted to see me about him. As I arrived, unannounced, she said, with pleasure, "Oh, I was just going to call you!" She was busy for a moment so I was offered coffee while an aide, B., told me an anecdote about Sam, of whom she was obviously fond. She had met the boy walking alone downtown last night, just after dark. She had asked where he was going at that time, what he was up to. He was quiet, and seemed to be evasive. Finally he admitted that he was going to see Santa! B. told me that there was a pleasant Santa set-up in a downtown store front, and that if you wanted you could get your picture taken with him. We talked of how good Sam looked in his school pictures. I started to ask B. about the angry outbursts she had mentioned last time I talked with her, but just then Sam walked in, beaming. He was greeted effusively, "There he is!" and "Hi, handsome!" This was from the teachers, however. There was no sign of recognition from the other children in the room. Sam took my presence for granted, smiling quietly at me a few times. He did not go out of his way to stick close, but rather seemed to follow his usual routine in the classroom---checking over work done, getting more workbook assignments to do. It was clear that he knew or assumed I was there on account of him. He was, this year, the only child from this classroom whom I saw.

As I waited, drinking my coffee, Sam astonished me: he came over and presented me, unspeaking, with a wrapped and decorated Christmas gift. I was pleased and stunned and really had little to say beyond a thank-you smile. (Sam's teacher told me later that she had been holding the gift for a week, so that Sam could bring it to me at today's appointment. He was too excited, however, and could wait no longer.) Whatever went on there over that gift felt very intense, but it was largely quiet and, I think, hardly noticed by the others.

Sam's teacher wanted to talk about the recent neurological report, especially the final "placement" recommendations. I told her that I felt placement was unwarranted now, as Sam was not being rejected by his family. I suspected that these recommendations were based on my year-old report, which I knew had been sent to the neurologist. The court was no longer pressing neglect charges, in fact, it never did, having misplaced the case at least twice. I told the teacher that Sam's mother, to my knowledge, did not wish to be rid of him. Indeed, in my occasional contacts with the family, they seemed to be caring for him and not so easily aggravated by his behavior. Then again, we all agreed that Sam's behavior was much improved. For instance, there were none of those random outbursts of unprovoked hostility.

The resource room teacher talked some of Sam's school work, saying that he continued to do well in math, that his reading was OK, and that he was getting along better with others. However, he was still a loner and had a hard time doing the things he was not

interested in. He required a great deal of individualized teaching attention, more than this teacher felt she could give him. She was planning on increasing his time outside the regular classroom, for within her specialized and smaller setting, she had seen some academic progress, whereas Sam's classroom teacher had seen none. The classroom teacher sounded frustrated with Sam, and H. suggested I make an attempt to speak with her.

She also suggested that we speak with the school nurse, because she had reported that the two boys, Sam and Daniel, had been begging for food in the neighborhood. On the way up to see the nurse, H. sighed and admitted to a feeling that I could well understand. Sam, she said, was "the only child who is really getting to me this year." She felt she shouldn't feel this way, that it impaired her effectiveness, but "he really depresses me." (Sam, I realized to myself, does have this unique waiflike ability to "really get to" people, to impress them with the helplessness of his situation. It is more than pity he evokes, for, as with H., he pulled strong emotions from those accustomed to working with a disturbed and handicapped population. Somehow he gets set apart as a truly unique and needy child. I suspect this has to do with the boy's isolation coupled with his engaging and unexpected responsiveness: given someone to attend to him, even with harsh words and structure, just given someone reliable, available, Sam does flourish.)

The nurse told of giving the Bowdoins a Thanksgiving basket, an annual charitable gift, only to be told by a neighbor that the kids were knocking on the door looking for food within a few days. I

mentioned the mother's daily shopping trips and the welfare cutbacks. It seems likely that Mrs. Bowdoin is a poor budgeter, a poor planner. The nurse would like to see the family get some home-aide help. I mentioned that welfare had tried this before and did not see much improvement, though maybe Mrs. Bowdoin might be more needy and accepting now. I doubted it. I also suggested the possibility, which seemed most probable to me, that the begging had become a habit, a kind of usual social interaction that the kids were pursuing on their own, not necessarily out of real hunger. The family is economically hard-put, but obviously none of them were starving, certainly not the kids, who could eat as much as they wanted at two free school meals a day. Having seen Sam and knowing his intense focus on food, I suspected that this "begging" might be his way of approaching people while indulging a sweet tooth besides.

The resource room teacher told of her plans to set up the requisite 766 meeting to discuss the completed evaluations and their recommendations. The nurse said emphatically, and from long knowledge of Sam, that she thought he had improved: there were no more books thrown or fingers slammed in desks. She tempered her enthusiasm, however, saying that he might just be blending better with the crowd of rowdies at the school. She mentioned the classroom teacher's concern about his "sneakiness." This teacher had been quite worried at the beginning of the year on account of Sam's aggressive reputation: there was a girl in a body cast, and the teacher had feared for the girl's safety. There had been no problems.

I spoke with this teacher, briefly, during her break. She looked

just as harrassed as I remembered her. She said that Sam did concern her because he was doing so little, He was doing OK in math and reading, but he would just drift off during social studies or science. He did also poke other kids, throw pencils around the room, etc. He did not respond to her reprimands or questions about these events, but rather just looked away with one of his all-purpose grins. I told her that he really was doing a lot better than in previous years. I knew he was interested in science and such things, and I found it hard to believe that he wasn't alert to them. I also observed, from her complaints, that Sam was behaving, always, when she was present. It was only between classes or when she was out of the room that the minor flare-ups occurred. She agreed that she had never actually caught him misbehaving and that the kids did seem pretty able to handle it themselves, e.g., they just picked up the flung pencils and put them back on the appropriate desk. There were few out-and-out fights. Though the lady acknowledged all this, and I tried hard to impress her with her contribution to Sam's progress, she still did not seem much reassured. I encouraged her not to be discouraged about Sam's drifting, to allow him to use his hands and his voice more, to give him as much individualized attention as she could... She tried to be optimistic, admitting that he was always alert in art and in math competitions.

12/4/75: When Sam arrived, he did not mention seeing me in school, nor did he mention the present he had given me. He did ask if I had something for him to eat---cookies or crackers---and I said, yes,

upstairs, where I had some pears. When we were in the office he asked if I had his present, and when I said yes, he noticed it on my desk. He wanted me to open it then. I shook it, said no, I'd rather wait 'til Christmas, what he'd first told me to do. He was very pleased with himself.

When I had come downstairs to meet him, he'd been drawing on the large pieces of paper placed on the wall for just that purpose. He had been trying to make a Christmas tree, but it kept coming out upside down---a real indication of the degree of his perceptual motor problems! Sam was looking at his drawing in disgust. He shook himself like a wet dog and said, with a shrug, that he couldn't do it. I said we'd try again on paper up in my office.

He took a piece of paper and a pear and went to sit on the floor, the place where we usually worked or played. He asked for a pair of scissors and got them. He seemed to be more inspired about using creative materials than he usually was. He knew what he was trying to make (and it was not a drawing of a tree), but it was a secret and he would not tell me, though he enjoyed my guesses. He smiled, kept silent, kept cutting, and said, "you'll see." He asked for things and I did my best to round them up: better scissors, some glue. He cooperated when I asked him to use the paste on top of a larger piece of paper so as not to get it on the rug. The work took him much awkward time, folding, pasting. At the end he seemed pleased, even though the final three-dimensional product---a ball, he said---was not the neat shape he had intended. He was worried that the glue wouldn't hold. I suggested that I could hold it if he wanted

to do something else.

Sam wanted to play Tic Tac Toe, so we did. He held his pear with one hand and won, as usual. He had to be rushed downstairs when the taxi arrived. He left, dragging only a bit, half-coated and holding his still uneaten pear.

12/8/75: We held a 766 Core Evaluation Team meeting at the school. The resource room teacher, H., was there; the welfare worker, Mrs. W.; Sam's classroom teacher; the school nurse; Mrs. H., a learning disability teacher involved with Daniel Bowdoin; and Mrs. A., the school psychologist, who was there to record and coordinate the records and recommendations.

We talked of the neurologist's report. My suspicion that her recommendations stemmed from my year-old, court-initiated psychological report were confirmed by the school psychologist who had spoken with the doctor. There is still a real concern that he get better medical and nutritional care. His resource room teacher commented that he had been "stinking bad" lately. When she told him just that, he reacted strongly, disbelieving (I gather) and improved for about three days. The welfare worker confirmed that the mother was not seeking placement as she had been a year ago. The home and Sam were in much better shape, she felt.

There was much concern about the family, all based on broad rumor, touching on such things as the begging, the uncleanliness, the mother's incompetence to manage her family, the loneliness and isolation coupled with pride and resistance to social intervention.

Mrs. H. told of Daniel's close attachment to her, and her concern about his desperate need for a friend. He was now walking into her house uninvited and unannounced, causing her grief by telling her things like "You're just never there, because you know I'm coming." We talked some of ways of getting the children more socially involved, and of the importance, we all agreed, that they have individual outlets and individual friends, so they were not always lumped together as a problem family. Two of the children were doing quite well on their own; the others each seemed to have an adult they could turn to outside the family.

The resource room teachers questioned the need for better and/or private schooling. Sam was not making enough progress in school so that he would ever be self-sufficient. I found myself resisting the idea on the basis that it would remove him from his family and that, like his older sister who had returned after seven years of schooling, Sam had no other real options but to live with his family, that he needed something permanent more than he needed a year's advancement in reading skills. We agreed that it would be unwise to place him now, in the middle of the year, but that we would again consider it as a possibility for next year. Welfare would support the decision made by the school, even to the point of paying for it, and Sam's mother would surely agree to any strong recommendation.

12/8/75: I did not expect Sam because I'd been told he was not in school that day. Consequently, I stayed late at the CET meeting and picked up a sandwich on my way back. I should have known better. Sam was waiting at the clinic, there on time. I asked why he hadn't

been at school. "A headache." I told him I was pleased to see him, and explained why I was late.

As I was starving and wanted to eat my sandwich, I fetched some crackers for Sam and we ate while sitting on the floor. He consumed his crackers in a very crumbly, inattentive manner. He told me again that I didn't have enough interesting games there. I refused to play Tic Tac Toe, saying it was too dusty and I really wanted to eat. So we played checkers. He played poorly, concentrating more on removing his crumbs from the board. I won quickly.

Sam talked about going to his grandmother's for dinner with his family, with the implicit question: could he have a cab to go there? His talk was very choppy and confusing. I suspected a bit of hedging on his part, for he couldn't give me an address, a last name, anything. Finally, he said it was "a friend" of his mother's he was going to visit. It was nearby, he said, and he could walk there. We played a final game of checkers, and he did better, concentrating more on the game.

12/11/75: Sam arrived early, in a cab. I was not yet there. When I did get back, he was not in the waiting room. A secretary apologized profusely for questioning him about the cab (which she eventually gave him the money for, which a teacher had got for him as I'd said to do.) She feared she'd given him such a hard time that he'd left because of it. I doubted that. Still, he could not be found, and no one had seen him leave. It was way beyond the time for his appointment, and he was usually so aware of time. Perhaps he'd gone out, maybe to the

nearby library. I was concerned, though, knowing how reliable he was. Something significant must have happened to keep him from being there.

Finally, when his appointment time was almost up, someone coming in from outside, mentioned that there was a little boy just hanging around in the parking lot. We all guessed, correctly, that it was Sam. I had parked up front, for once, and Sam was hanging around out back waiting for me to arrive, unaware that I had already returned. He gave me an immediate smile, did not even ask my explanation, and asked, knowing it was late, "how much time left?"

He made a garbled, almost furtive comment about my wearing slacks instead of a skirt "like you always do." In the office he noticed my small tree and some games which were new. We looked at two of them but were unable to fathom the directions quickly enough to play. I offered Sam some peanuts, but he shook his head, so I put them away in a drawer. He then went to look for them, got them and began eating avidly. In leaving, Sam asked me where I was going to park next time. I told him not to worry about where I parked, I'd be there.

12/15/75: Sam came in a taxi. He was grinning, wearing a hockey jacket, looking particularly healthy. He noted the good weather, citing the temperature---60 degrees---and asked if we couldn't go outside today. I suggested a walk to the ice cream store. He agreed that was a fine idea. I had a bit of copying work to do in the downstairs office, as I wanted to mail a letter on our walk, so I suggested he wait upstairs in my office: I'd be there shortly.

Sam was hiding when I arrived, and he jumped out from behind the door, laughing. We talked at lot on the walk, me asking questions and him answering in a particularly muddled fashion. It was fairly clear that his family had not yet made any Christmas plans. There was no tree, no money for shopping, etc. Sam turned all of my questions around, wanting to know my plans, as if to take some pleasure in them. I often felt, though I told Sam very little of myself, that he hung onto those details as though they were his own. Certainly he never forgot anything, and often brought up something unmentioned for six months in order to confirm its reality; e.g., "Do you still live on the top floor?"

While we ate our ice cream, Sam looked at me intently with his doting, unabashed stare. The usual conversation took place: comments about the time, the weather, etc. I asked about school, wondering why he never talked about that with me. Other children got report cards, did he? Yes, he said, just last week. All S's. Clearly one reason he says little about these things is because they are meaningless to him. He astonished me by asking: "What does "S" mean?" I explained it meant that he was doing OK work in those subjects. I was appalled at a school system which could allow such ignorance and condone such hyprocisy. Clearly, from his teachers' reports to me, he was doing far from satisfactory work in many of his subjects. I wondered if I only imagined he looked disgusted. Surely, he's alert enough to know that he was not doing the same work as well or as easily as others in his grade.

A woman sitting nearby warned me of a puddle of water underneath

my stool. I should watch out not to slip, she said. Sam checked it out and tried to determine where it came from. As we were leaving, Sam, with a dollar bill in his hand to pay the bill, turned around and headed back towards our place. I almost called after him, thinking he'd forgot that you pay at the cash register, but I was glad I didn't, for he had gone back to tell the manager that there was a puddle of water which needed to be cleaned up. The manager agreed, after seeing it, and thanked Sam for telling him.

On the way back we looked through a lot of Christmas trees. Sam admired a passing fire engine and walked on to his "grandmother's"--- a destination which intrigued me, for he would say nothing descriptive about it, yet he'd gone there after the last three times I'd seen him. It must hold some attraction.

Sam showed up again, just before five, and just as I was leaving. I could hear an administrator and a secretary giving him a hard time: "Samuel, you are not supposed to be here. And you can't get a taxi now!" When I came downstairs, he just grinned and looked pleased. I asked what had happened to supper at his grandmother's. He shrugged and said his mother hadn't come. He followed me into the downstairs office and complained about the long walk home and how his feet hurt him. He showed me his new and very tight-looking shoes.

I said I would take him, but only this once. It was what he wanted to hear. On the way to the car, he fell behind, probably to urinate, for when I glanced back he was zipping his pants, something he would otherwise never bother about. Sam rolled down all the windows in the car, saying "it's hot"---which it certainly wasn't. He was

generally enjoying himself. When I dropped him off, he asked again, "Where're you going to park the car on Thursday? Front or back?" He was still concerned about that day he had nearly missed me while waiting for my car. I assured him again that I would be there when I was supposed to be, and that he should just come ahead inside and wait.

12/31/75: It was Sam's fourteenth birthday today. I had missed him around Christmas time because of storms and vacations, so I had not been able to get a present to him. Sam looked forward to both occasions as real events, both Christmas and his birthday. He had a childlike fascination with celebration, so I decided to drop off his presents (mine and some donated by others) at his house, first thing in the morning, on my way to work.

Karen, answered the door, suspicious, yelling out my name to her mother, giving me a questioning double blink. I don't think she remembered me, either as someone who tested her more than a year ago or as a special friend of Sam's. Joannie, the eldest, appeared in a bathrobe and recognized me. Lucky, the dog, made a snarling lunge at me and had to be restrained by all of them, including mother, who had by now also appeared, also in a bathrobe. I apologized for coming so early but explained that I wanted Sam to know that others had remembered his birthday and wanted him to enjoy it. I gave them the handful of presents and mother said, almost apologetically, that Sam had just gone out. Didn't I see him? She hoped I had had a merry Christmas. I excused myself quickly, for they were all still sleepy and engaged

in restraining the still-barking dog. Going back to the car, I saw Joannie lean out the window of the fourth floor apartment hollering for Sam. He did not appear, however, and I went on to work.

Sam showed up at the office during my first appointment of the day---he had obviously been heading over to the clinic while I had been at his house. It seemed remarkable that, having never talked about it, we shared the same sentiment, the same impulse to acknowledge and share the special day. I could not see him for at least an hour, however, so I suggested the receptionist tell him to go out, maybe to the library, and then to come back at eleven.

Sam was waiting when I came downstairs. He was leaning against the wall, beaming. "What took you so long?" he demanded. (He always questioned the details of my schedule. Who was next? When would I be done? Why couldn't he come back then? And he always accepted the explanation. Sam was very patient about waiting. He never really demanded or expected more time than his two appointments a week. On the occasions, like this, when he did get unscheduled time, he was not smug but just simply and obviously happy.)

I suggested that we go out for a birthday lunch after I had made a few phone calls. He liked the idea, acknowledging it with a quiet smile. I told him then how we must have crossed paths this morning, for I had gone to his house to drop off presents. He received this as a matter of fact, with no show of emotion.

On the way to lunch, Sam was in a great mood. He talked about the recent snow, about Christmas---mine, mostly, however. All I could find out about his was that his mother had already thrown out

the tree. Sam suggested on his own, and with consideration, that we not take the short cut up a steep hill: it was all stopped up with snow. Everything was melting. Sam eagerly pointed out the warm temperature recorded on the revolving sign above the bank. He talked some more about trees, and I gave up trying to understand it after having him repeat several times. He pointed out a building which had recently burned down, saying it would have to be built again.

At Friendly's Sam chose to sit at a table rather than the counter, something he'd never done before. He did treat it as an occasion. He became nervous and fluttery about his person and his possessions, stuffing his bulky hat into a hip pocket much too small to accomodate it, going off to wash his hands, taking a long time to settle down. He decided on a grilled ham and cheese and an orange drink, having no trouble reading the menu. He reached over, after ordering, and pushed up my sleeve to check the time. There was a clock right above his head, and he had used it plenty of times before to check the time, so I understood this as a new gesture of familiarity. Sam was always concerned about the time, asking how much we had left. Today, I told him, was special, being his birthday, and there would only be the limit of how long it took us to have a good lunch. I was pleased that I had got him a watch as a present: I could think of nothing more appropriate for such a time-oriented boy. I noted, also to myself, Sam's staring had abated recently. I wondered if it had anything to do with his increasing ease with me and whether it, the staring, was also slackening in school.

Sam ate heartily but did not finish his sandwich, resorting to

pulling out the ham and eating it alone. He didn't even finish the french fries, offering them to me. It seemed strange that he was not hungry. Sam paid the check with the five-dollar bill I gave him, after correctly figuring out, in his head, how much change he should receive. He looked at the money longingly, saying he'd never had one. I thought at first, unaccustomed to indirectness, that he'd never held a five-dollar bill, but then I began to sense he was begging. It passed by. He paid the bill, and a jocund manager, overhearing that it was his birthday, presented Sam with a handful of balloons. It seemed inappropriate to me, reminding me of the play lady at the hospital. I wondered how Sam felt, at fourteen, receiving balloons. He said nothing and showed no emotion. It was impossible to guess what he would make of the balloons, whether he'd use them or forget them or throw them away.

Walking back, we parted at a store, for I had to buy a newspaper. Sam seemed in no hurry to get home. In fact, he drifted off in the opposite direction. I soon caught up with him again, and he asked if he could walk with me. Or was it that he simply stated that he would walk with me? I went into a vegetable store and this place released a torrent of words from Sam. He pushed the cart for me and asked about everything I put in it. I was astonished by his ignorance. He asked what a green pepper was. He asked if it tasted like an apple. He asked what a cauliflower was. He recognized the chestnuts and was surprised to hear that this kind could be cooked and eaten. He pointed out things he recognized, potatoes, apples, and made suggestions to me, e.g., "these look good." He helped me carry things, and figured

out the correct amount of change I should receive. It was a very stimulating trip, impressing me again with Sam's responsiveness to his surroundings, the implication being that he could more easily learn given someone and some new (but relevant) things to talk about.

1/2/1976: Sam was waiting when I arrived this day after New Year's. We had scheduled an appointment later in the morning. Grinning, he lifted up his sleeve, looked at the watch I had given him, and said: "I'm early." It was, I thought, a restrained and gracious thank-you, with which we were both pleased.

Sam wanted something to eat (already!) and wondered if we were going out to lunch again. No, I said, that was a special occasion. He had to settle for a few pieces of ham we found in the refrigerator. He didn't want the cheese I offered him: "don't like it." I wondered aloud, if he didn't like it, how come he'd ordered a ham and cheese sandwich the other day. No answer. He took a handful of crackers upstairs.

I asked about his birthday. He said little. He'd got some chocolates. I hadn't known that, so I asked who gave him those: "You." He seemed surprised when I said no, I'd only given him the watch. Sometimes it seemed as if he was only willing to talk about what passed between us. I knew that he had received other presents, because I had dropped them off, and I knew they were labelled. His family also made big of occasions, and even in desperately poor straits, they would do their best to come up with gifts. Yet, he could not, would not, did not talk of these other people, those other things.

We played a game of Old Maid, garnered from another office in our search for new games. It was a difficult game to play with only two people, for the entire deck had to be split between us and held in the hand. Sam developed a technique of recognizing the Old Maid card by its tattered shape. Recognizing it, he never drew it, and thus he always won. He took great glee in this and I found myself both frustrated and bored, wondering if he had made the marks himself in order to recognize the card. Considering that he'd been disgusted and about to give up over the difficulty of holding all those cards at once, I was glad that he took interest enough to continue playing and to try to win. It was better than quitting, and I told him so.

When it was time to go, Sam really dragged his feet, slouching against the door jamb, whining: "Oooooohhhh...." Nothing would encourage him to leave with more alacrity. The library wasn't open, he said, and it was cold. He knew, because he'd asked, that I was seeing no one else that day, just doing paper work and being the "skeleton crew." Sam did leave, dragging his feet, after I said goodbye and walked away.

1/5/76: Sam had to wait downstairs while I made a few phone calls. He was, as usual, patient. He waited, as he did so often, leaning against the wall, focussed on the direction from which I would come. He did not read, play with others, talk or even look bored. He just waited intently. He grinned and was instantly alert the moment I appeared.

He asked for hot cocoa, but there was none. A few crackers

appeased his appetite. Upstairs he wanted to play Old Maid again. He got it himself and asked me to shuffle. He'd tried it once, he said, and had broke the card in half.

Melina, a six-year-old relative who was spending the day at work with me, came into the office at that point, before we'd begun the game. She was giggling fiercely because someone had tied her long stockings all in knots while she had been going barefoot through the halls. She joined us in the game and Sam seemed to welcome her. Certainly she would allow us to hold fewer cards at one time. Sam himself acknowledged that playing with three was more interesting.

The play went very well. The two children were gay and at ease with each other. I rarely saw Sam with others, for he usually kept himself apart. I had never seen him enjoy another so much: it was his custom, rather, to turn his back and sulk when I paid attention to another child. Anyway, these two laughed, teased and wanted to go on and on with a game I found very boring. Sam showed great subtlety in his play. For instance, he had come to recognize the appearance of the back of the Old Maid card (the object of the game was to avoid being the one left holding that card alone) but Melina had not yet caught onto this easy trick. Once, when I drew the card from Melina, Sam whispered sternly to me, "don't laugh!" I did not catch on to his plan, so when he deliberately drew the Old Maid card from my hand, I cackled. He shushed me again, "don't laugh!" Melina asked then if he'd got "it," and he pretended, deadpan, "no, she still had it." Sam kept up the charade and, of course, Melina lost in the end. But it was almost as if she had played along and did not mind losing

anyway. They were both in great good spirits, and it was a pleasure to watch them, especially Sam. I thought then that he probably did best socially, that he was most appropriately matched with an adult and/ or a six-year-old.

Sam was aware of the time and quite aware that I had let him stay fifteen minutes longer than usual. We talked about calling a taxi, and he tried to explain that he didn't need one, that his mother was at the Giant Value and he was going to meet her there. He was very hard to understand, however, and I kept questioning him, asking him to repeat whatever it was he was saying. Finally, exasperated, he made himself clear by saying (giving up on the proper name), "You know---by Friendly's." This was good, and it did make things clear. I appreciated his ability to switch tactics, for usually when I could not understand after so long, one or both of us gave up and just changed the subject.

Melina and I walked Sam downstairs. She took my hand, which she had not done until then, and Sam asked if she was staying. I was ready for the yet undisplayed jealousy when I explained that she was a relative from out of town and that she was spending the whole day with me at work. I was pleasantly surprised when Sam asked if she could come again on Thursday, "she was fun to play with." It was a good experience, shared all around, for Melina had liked him, too. She said she wanted to come back the day Sam was coming again. I felt very encouraged that Sam could enjoy and be enjoyed by others, especially a young girl, the object of his much reported former hostility.

1/19/76: Because of the snow and vacation time, I had not seen Sam for almost two weeks. Today he was early for our appointment and I was late. As usual, however, he waited patiently, grinned to see me and asked about cocoa.

I sent him up to the office to fetch it while I started the water boiling. He was leaping and gambolling about. He asked for something to eat, and as I had nothing, he cadged some cake from a secretary known for her cache of baked goods. While Sam was upstairs getting a deck of cards so that we might play in the kitchen while we ate and drank, J.T., a nurse on our staff, the one who frequently gave Sam a ride to the clinic, said the school would like to hear from me. Apparently, Sam was causing concern. J.T. herself was concerned, because Sam was so particularly clumsy, falling repeatedly, even under her car. She thought he might have a middle-ear infection. I said I was surprised, for I had not noticed any particular clumsiness or signs of illness. Indeed, when he came into the kitchen, leaping like a gazelle, she, too, remarked on the transformation: whatever clumsiness she had observed on the way over was no longer there.

We sat downstairs to eat and play cards. The sun was in Sam's eyes, so I pulled the shade. I tried to ask him about school, rather I did ask and got nowhere. Sam returned my questions with blank stares. I asked about the watch, which he was not wearing, and he said he'd been forgetting to wear it. He said he figured it needed to be wound. Of course it needed to be wound. Was it possible this was one of his surprising gaps of knowledge: that no one had shown him how to keep it ticking?

We played a rather even game of war until his taxi came. He was very slow to leave.

1/22/76: J., Sam's group leader, was in my office along with a few other staff members, when he arrived today. She was telling me how depressed he was looking, trying to escape his classes at school, walking through the corridors with his head down. Sam bounded in, hardly looking depressed. He barely paused at the sight of the congregation in my office. The phone rang and I could not pay much attention to him at first. The others were kidding him about the mouse on the couch, which Sam had not noticed before sitting down there. He handled himself well, very well. He took his coat off, dragged a crumpled bag of cookies out of the pocket, offered them to the others and then sat down again to eat. He played gently with the mouse. I was impressed with his increasing ease in the company of others. He was less resentful of their presence in my office on "his" time. He even seemed to enjoy them.

When the others left and I was free, we took some cocoa mix and the cards downstairs. Sam kept asking why I didn't have any marshmallows for the cocoa, a treat which had appeared once because of a secretary's leftovers.

In playing war, I fell quickly far behind. He had been dealt an excellent hand. I dramatized my plight, groaning with each new loss. Sam, to my amazement, began cheating in my favor, stacking the deck, subtly at first, while I wasn't looking. Then, knowing I was on to him, he became more overt, holding his cards up, fanned in his

hand, choosing only those which would lose to mine. "See, you are winning," he assured me. By this time I had got over my astonishment at his concern for me, his willingness to lose so that I might win, and we were both laughing loudly at his unconcealed efforts to force me to win.

Sam ate very few of the cookies he had brought along. They were molded with a smile face on them. After many questions, he told me they'd been bought last night. He said I could keep them and when I said I really didn't want them either, he tossed them casually in the waste basket.

It was a cold, windy day, and the taxi company was not answering its phone, so Sam waited with me in the downstairs office while a secretary kept dialling. J. T. came in with her coat on. Sam asked her if she was going home, which I supposed was his indirect way of inquiring whether she might be able to give him a ride. She was too busy to respond, and Sam let it pass.

We began doing addition and subtraction exercises on a pad of paper while waiting. Sam was very quick and always correct. He kept asking me to give him harder, longer problems. He was multiplying thousands by thousands and getting them all right, despite the chaos in the office---phones ringing and slamming, secretaries sobbing and crying. It was taking me longer to check his work than it was taking him to do it. Others came by and marvelled at his performance. One offered to check his computations on the calculator, the very machine he had asked about earlier and which I had not let him touch. There were increasing levels of praise for his mathematical abilities.

Sam was happy showing off.

He asked for more cocoa and I went to make it, leaving him to continue his numbers-work. The desk was filled with pieces of paper, each with a correctly solved problem. He was moving on to long division. Someone announced his taxi. There was a wild scramble getting his money, getting him in his coat, rounding up his papers, before it was realized that no one had got through to the cab company and that all the commotion had been caused by a random horn honk. Sam was cheerfully resigned to staying longer and getting a ride home with me.

We left that office with our second cocoas in hand and went upstairs to my office where it was less congested. D., a social worker, came along, and sat on the couch as we were both waiting for our next, already late, clients. Sam knew he would eventually have to wait downstairs. Meanwhile, he was tiring of math problems, for he worked more slowly on my chalkboard and he began to make simple mistakes.

He suggested Tic Tac Toe and we played an animated series until I got bored and called a halt. He was leading, of course. He tried to coax me into playing more, then gave up and tried to inveigle D. into playing Candyland with us, saying indirectly, as if talking to himself, that it was much more fun when three played. She resisted. I played, but soon our next clients were announced, and Sam had to wait downstairs.

The girl I then saw was thirteen, actually younger than Sam, but precocious in just those social areas where he seemed retarded. I had been seeing her for a long time and regularly gave her and her

foster-sister, who was seeing D., a ride home. Today, there would be three riding home. When I went to get Sam in the waiting room, he had been playing alone, playing Tic Tac Toe on a large sheet of paper I'd given him. He seemed quite absorbed. He told me, excited, that he was winning, fifty-five games to my five. He'd been playing for me.

I introduced Sam to Donna, whom he had seen in the clinic before. He took little notice of her. As we had to wait for the other girl, still seeing her therapist, we three went into the office, where Donna in particular, was comfortable talking. Sam hung close to me, almost like a little child at my skirts. Donna asked him questions while joshing me about my clothes, my hair, etc. Sam did not really participate in the conversation, though he did murmur answers to her direct questions, such as, how old was he, where did he live? It turned out that Donna had lived in the same building where Sam now lived, years ago, before she went to live in a foster home. She was really excited by that and wanted to know lots more, assuming some parallel in their experiences. Sam kept hovering closer to me, seeming to grow smaller and shyer. I was astonished that he did not know (or could not say) his teacher's name. It seemed a good indication of the degree of his detachment in that classroom. When Donna ran through all the sixth-grade teachers' names at his school, he did, at least, recognize his own.

Sam kept trying to engage me in a private conversation. When people admired my new hand-sewn pants, Sam whispered in my ear that he liked me better with my hair down, not up. He got very uncomfortable, finally, with all the adolescent razzing-type conversation, and

left the room, saying he was going to wait outside.

On the way home, Sam sat in front. He was mostly quiet but agreed heartily with the girls' criticism of my car as being inadequate for lack of a radio.

1/26/76: During the last session, Sam had demanded marshmallows, once and for all, for his cocoa. He seemed tired of asking and being given a maybe-next-time for an answer. At that time I'd said that if he'd write the word for me as a reminder, I'd get some for sure. He did write it and I put it in my purse as a shopping list. He teased that he wouldn't come any more if he didn't get marshmallows.

I forgot the marshmallows, and Sam didn't come even though his ride waited for him at school at the appointed hour. Later, when I asked him why he hadn't come for his regular appointment, he shrugged over and over, finally admitting, "I didn't feel like it." I appreciated the clarity of his expression and the reality of the feeling. It seemed like progress that he could choose not to come and that he could say why.

1/27/76: Sam came in grinning, knowing he should not be here on this day. He was also soaking and very cold, though he did not complain. I had appointments all afternoon and was feeling very hassled. The phone had barely stopped ringing all day, etc., so I fairly growled at Sam, saying his appointment was yesterday, and I was sorry but I couldn't see him today. I sent him off, back into the sleet.

He reappeared, to my ambivalent dismay, a little before five, clearly, though without words, soliciting a ride home from me. I

felt it was an act of sodden trust and I really could not bring myself to send him out again in the freezing rain to walk three miles after dark. Nonetheless, I did feel put upon by his silent demands on my time. I was aggravated by my own impatience and failure to structure things better. I was not yet ready to leave work, and I did not want to seem to give in easily. He would have to wait downstairs, I said sternly, while I did some paperwork. I really couldn't say when I'd be done. It might be as long as an hour. He accepted my dictates with a nod. He was not displeased and I felt grouchy.

Sometime later he came upstairs. Before I could snap at him, he offered a valid excuse: everybody had left and turned out all the lights. He didn't like waiting alone in the dark, and I could not blame him for that. I was actually surprised that the staff would overlook him that way. Sam puttered about the room while I took yet another emergency phone call. It was a disturbing call which held my attention. I listened and took notes. I glanced up a few minutes later to check on Sam. He was standing beside my desk looking terrified and confused. There were tears in his eyes, and in his hands, held out to me, was the mouse, squirming in a puddle of blood.

I dispensed with the call, afraid at first that Sam had been bitten. But no, he assured me that was not the case. He did not know what happened. I took the mouse from him and told him to go wash his hands. I could find no wounds on him or the mouse. I could only guess that he had squeezed the mouse too hard, causing some sort of internal bleeding. Sam seemed quite worried, but he could say little. I figured there was no point in either of us staying any longer,

so we left.

On the way to his house, I asked if his mother didn't worry when he came home so late, after dark, when she couldn't possibly know where he was. He shrugged, said no. I mentioned that I wanted to stop by and talk with his mother some day soon, for by now I knew that I would be writing about Sam and I wanted to make sure she understood and approved of my intentions. Sam said, tomorrow? I said, no, not quite that soon.

1/28/76: I went to the school to speak with Sam's resource room teacher, H., who had requested a conference with me. She was concerned, as always, but nothing she said was particularly disturbing. On the contrary, all seemed to be going well, and I think I assured her of that.

Sam was in her room now about four hours a day, as it was apparent to all that he had been learning (and doing) nothing in the regular classroom. That teacher had all but given up on him. In the resource room, Sam was cooperative, though he still had trouble completing his assignments unless working one-to-one with an adult. He no longer slammed things around in objection to an assignment or a teacher's request. He remained, by and large, isolated, choosing to sit most often alone in a three-sided stall. His math skills were progressing. It was his favorite academic activity, but the teachers were becoming insistent that he work on spelling and handwriting exercises. These were excruciating for him, and their execution remained atrocious. Sam did have a phonetic sense, said H., and he could apply it.

However, as we knew, his fine motor skills were poor, as was his pencil grip.

H. was concerned that little had come from the last Core Evaluation Team meeting. Nothing had been written up, there were no further evaluations done, etc. She realized, only at that moment, that she was the one who was supposed to request a speech evaluation. She agreed with me that there seemed no immediate need for placement outside the home. Sam did seem to enjoy school. He certainly came regularly. His mother never came for conferences, though H. again admitted fault: she had grown lazy about inviting her in, "because I wouldn't know what to say." I told her that Sam was proud of his family and if H. told him to bring his mother in, it would most likely happen. H. was also worried about what would happen to Sam next year when he was supposed to go into junior high school with its hourly class and teacher changes. She felt he would get lost in the confusion, that he needed one main teacher to attach to and to keep track of him. I certainly agreed on that. We bemoaned the lack of any such alternative programs within the Shoretown school system. A private school might well have to be considered.

H. excused herself for prying and then asked what I was doing with Sam, and did I think he was making progress? I emphasized that I was simply, regularly available to him, and that I thought our "work" together was mostly in the areas of developing social, interpersonal and expressive skills. I did think he was doing well. H. mentioned a charming anecdote which indicated she, too thought he was doing well in these areas. She had been out sick for a day last week and when

she returned, Sam had said in his truncated English: "not here"--- just a statement. She said, "What's that mean? You don't have to speak like a baby." He said, "not here yesterday," and she shrugged noncomprehension. He finally said, before walking off: "I missed you." She was stunned and pleased to hear it, and so was I in the recounting. Sam was making progress in talking about his feelings.

When I returned to work I was very surprised to find Sam and his mother and Daniel and Daniel's friend, Joe, all waiting there for me. His mother was as fluttery and nervous as usual, peeking from behind this cluster of people to ask, "Sam said you wanted to see me?" He was telling the truth, of course, though it sounded as if she couldn't believe it. He certainly knew I did not intend him to bring her there, and not this day. However, I was glad to see them, especially Sam who was grinning and extremely happy. I thought he was not only helping me out but guessed that this visit might have something to do with the previous day's scare with the mouse. Perhaps bringing his family was an apology, a gift, a buffer for his fear?

I offered them all cocoa, for I did have time to see them. It was an occasion. Mrs. Bowdoin had not set foot in this clinic for years, not since her oldest daughter had been consigned to a state school with the help of our psychiatrist. Mrs. Bowdoin was something of a legend. People were coming out to meet her and Sam basked in introductions. She heard lots of praise for Sam, how so many people there really liked him.

The two older boys left to do something in the neighborhood. Mrs. Bowdoin chattered on, giving me little space to talk. When I

did speak, I felt she wasn't really hearing, as if the chatter just continued inside her head. Sam wanted to show her everything about the place, substantiating my sense of how important it was to him: He was showing it off to her as if it were his second home. Sam was even joining in conversations with others. When J. came into the kitchen where we were all standing, she introduced herself as someone who met with Sam in a group at the school. Sam made a mock grimace and said with mock disgust: "Yeah. She makes me talk!" It made both of us laugh. Mrs. Bowdoin kept saying how much Sam did really like to talk. I wondered whether we were talking about the same child, for he was about the least "talkative" person I had ever met. Perhaps he was different at home. However, I was more inclined to distrust his mother's judgment. She was openly affectionate and kidding with Sam throughout our visit, though she herself never seemed to relax and calm down.

Sam made the cocoa while complaining about the lack of marshmallows. His mother chided him for that, and I said, it was OK, I had deserved the complaint, for it was a promise I hadn't kept. As we went upstairs, I thought how well they looked and how tiny, bony, smiling and unable to sit still, they both were. It was easy to see the relation between Sam and his mother.

Sam checked out the mouse first thing on entering the room. He gave it extra bedding and was more solicitous than he had been. Before, he had just ignored it. Mrs. Bowdoin clucked over the mouse, holding and even kissing it. Sam made no mention of the bloody incident last night, and neither did I. I was glad he could see the mouse was

(unbelievably) well. Mrs. Bowdoin talked sadly about their pets: they'd had to give away their cats because it cost too much to feed them.

There was a good bit of talk about money, the welfare cutbacks, the doctors who weren't keeping in touch with her about Sam (I tried to convince her that they were most likely waiting to hear from her: doctors didn't usually make appointments with their patients, but vice versa. She should call.) and food, which seemed to be the family's major preoccupation. I encouraged her to talk about it, for I was curious about what they ate, why she had such trouble budgeting, why their health seemed so poor. It was not hard to fathom after she described feeding them large quantities of meat (pork chops, chicken, stew) and consuming five pounds of sugar per week. There never seemed to be enough, she said.

Mrs. Bowdoin sat by my desk while talking to me, but she was constantly distracted, teasing and tousling Sam. He reluctantly went down to help his brother and friend make cocoa after they had returned. They managed this in record time, bounding back upstairs within minutes. I suspected they were drinking it cold. The boys played Candyland, and while I was trying to talk with Mrs. Bowdoin, Sam farted loudly. He was teased by all of them. He looked chagrined.

Mrs. Bowdoin listened to me talk about my proposed paper on Sam. I kept it brief and clear as I could, emphasizing that all identities would be changed. She had no objections and said she'd be glad to have some more interviews. Mrs. Bowdoin impressed me as being even more needy than Sam, who could at times manage to be effective in

his dealings with the world.

1/29/76: Sam came by at the appointed time. I was running late, however, and he was really squeezed into too short a time. To ease my guilt and get away from the incessant phone, I took him out for ice cream. I ate mine quickly while he dawdled, asking for more, hot cocoa, too. I kept pushing him to hurry. Finally we just left his cocoa behind, as I had to get back. He had a pocketful of sugar packets "to take home."

I was being very hasty and obnoxious, not at all calm, so when I dropped him on a corner on the way to his grandmother's, I was not surprised that he looked disgusted. He crossed the street carelessly in front of my car and others, leaving his door wide open.

Generally Sam handled my grouchy, impatient days well. He never seemed to experience my preoccupation (though I'm not sure he ever comprehended that I had dozens, perhaps fifty, other cases, all causes for concern) as directed at him, as some kind of dislike or brushoff. I knew that he must have great confidence in himself vis-a-vis me.

2/2/76: When I came down to get Sam, he was kicking a ball around the waiting room with D. He wanted cocoa, but there was none. He then asked for ice cream, but I said no, I wouldn't always be treating him. Today we'd have to stay and do something in my office. Sam barely sulked.

We played a quick game of checkers. I won. Because he seemed at loose ends, I suggested that he draw. He hadn't used the art materials in my office for almost a year, yet I'd been told he liked

art in school. I also thought it might be easier to get him to talk, using his drawings. I was, nonetheless, surprised when he accepted my suggestion. He chose only dark-colored sheets of construction paper to work on, drawing a series of poorly executed pictures involving fires, crashing trucks, storms, etc., exactly the same destructive themes he had used in his last spate of pictures. He really enjoyed himself. He seemed proud of his work, yet he did not want to keep it, leaving it all with me. He had to be reminded that it was time to leave.

It was hard to get a taxi, so Sam had to hang around for a while. He frolicked in the waiting room, by himself this time, tossing a sponge ball about, overturning tables. I chided him a few times, mostly teasing for I was glad to see him in such high spirits. Eventually, he calmed down and straightened up his mess.

2/4/76: Sam came in a day ahead of time, saying he couldn't come in tomorrow: his mother was supposed to get her check and then get groceries, and he was supposed to go along. It sounded like a valid excuse, and I had time, so I saw him briefly.

All he could talk about was food. Did I have any cookies? Cocoa? Cake? Could we go out? I felt really hounded and told him so, reminding him that he was not coming here to eat, that was something he was supposed to do at home. But, he said, effectively stopping me, there's "nothing home to eat." I tried to stop myself from getting involved in his actual sustenance, but I didn't do well.

I had been writing a note to his mother, cancelling the

appointment I had set up for the next day. I asked Sam if he would take it to her, since that would get it to her quicker than the mail. He asked why I couldn't come and I explained that something urgent had come up and I had to go to a meeting about it. I would try again to set up an appointment to talk with his mother. Seeming to have given up on food, he asked if I wouldn't go out for a walk with him. I agreed to go for a short walk.

Outside, he brought up food again, and this time he gave the impression that it had been two days since he had eaten anything at all. Apparently I could not avoid the issue, as it was foremost on his mind. I offered to get the family a loaf of bread and a jar of peanut butter just to tide them over until the next day when the check was supposed to arrive. On the way to local store, Sam switched tracks, admiring how tall I was, asking how much I weighed....I told him I was pleased he admired me, but I'd rather talk about him. His height and weight, he fairly beamed, had increased.

At the store I began to suspect him of stretching his story, for, while looking for the peanut butter, he said I should forget it, they had some at home. So, it was a particular kind of food he was wanting. He was, as usual, not exactly starving. He was, more exactly, begging. I did provide him with a loaf of bread but ignored his requests for apples, vegetables.... I really wanted to avoid the role of provider, in the actual food-bearing sense. I did not want to encourage his begging. We walked back to the clinic and he slouched on his way, dragging a bag of bread and carrying my letter to his mother. He did not in any way overtly resent my withholding. I got

the feeling that it was an almost compulsive asking which he did not expect to have answered.

2/9/76: Sam came in on time. He had walked, as it was a half day at school. He said something about "falling" everytime he came here. It took a while for me to understand that he slipped and fell on the ice outside.

Sam saw an apple on my desk. He asked for it and got it. I offered him the cocoa-with-marshmallows that he had been asking for for weeks. We made it downstairs. He seemed really cheerful, smiling, eating the apple. I tried to find out if the welfare money had come through and whether the family had some food now. He said something about the stamps not coming in the mail, and I was sorry I had brought up the matter, as I really did not want to get involved in their economic troubles. Sam kept asking if I had heard from his (ear) doctor yet, because his mother wanted to know when to bring him in again. I told him what I'd told her, that she ought to call.

We came upstairs with the cocoa and Sam wanted to play Old Maid. I lost. He wanted to play again, but I suggested he draw a picture as we had only a few minutes left.

I gave him a yellow piece of paper and he got a blue magic marker. He started to draw a sun and clouds and then asked for a regular crayon. Somewhere in the middle of this he asked about my birthday, when I would be thirty. For a while he was really spacey, dreamy-looking, only smiling when I quizzed him about where he might be.

The picture became really involved, the most complex drawing

he had ever made in my office. I thought he might be doing this in order to stay beyond his regular time limit. He kept adding things, describing them all: "blue sky, black cloud, thunderstorm is coming, tornado, blizzard, houses in the air, cars, trees, leaves blowing...." It was quite a storm, Sam was animated in drawing and in talking about it. Finally, down at the bottom of the paper, he drew a small stick figure, the first sign of human life in all this tumult. I asked who that was, and he grinned and said, "you." He finished the picture by swirling a white line over all, making three white dots on the edge. "Three feet of snow." He increased the dots: "five feet." We left the room then, but going down the stairs, the snow deepened: a hundred feet, a thousand feet. I was really getting buried and I bemoaned my fate. He laughed and laughed, even showed the picture to a nurse in the hallway, saying "She's trapped under solid ice--- can't ever get out." He left laughing, very happy.

2/10/76: Sam was in the parking lot, on the way to his grandmother's, as I arrived with a new puppy. He played with her and wanted to stay. I sent him on. Later, well after five, he came in and found me, the only one left at the clinic. He had brought his mother and Joannie, his sister, in to see the puppy. The whole family was exuberant about the dog, frolicking like children with her. They were on their way home from grandmother's and were all soaking wet, for they had no boots and had been walking in the snow. Water was rising to their knees, but they seemed to take no notice. They played for about fifteen minutes and then I said we had to leave. They urged me to

bring the dog when I visited them at the house.

2/18/76: Sam showed up at the clinic one day during school vacation. He said, first thing, that he was starving and hadn't eaten in two days. Since he was away from school and the free meals there, I found that believable. (I called welfare later to check on the lost food stamp situation. I was told that Mrs. Bowdoin could come down anytime and get replacement stamps, though they would be deducted from her next month's allotment. The social worker implied that this was nothing new, that Mrs. Bowdoin had chronic trouble managing a budget. They tried to go over it with her at least once a month. She rarely came into the office, however, and rarely asked for help. It seemed more her style to throw up her hands and shake her head. There was an aura about the entire family of enforced helplessness and victimization.)

Most of the time with Sam was spent eating. Rather, he ate, crackers and cocoa, and I resisted his requests that we go to the grocery store, just to visit, etc. He won a game of Candyland. He went upstairs to look for alternative games and came back with a very simple dial game meant for pre-schoolers.

2/23/76: Before I got there, Sam was offered an orange by a secretary who had brought it specially for him. Many of the staff were concerned about his constant state of hunger, and I'd been trying to discourage everyone from feeding him sweets. Sam rejected the orange, confounding the woman by saying he couldn't eat it. When I arrived, I explained his allergy to citrus fruits. He did break out in a bad rash whenever

he drank orange juice. She then offered him a donut, asking my approval first. He ate the donut, feeding part of it to my puppy. He enjoyed the idea of training the dog, and he kept insisting I should bring it with me when I went to visit his mother.

D. came in to my office with a five-year-old girl client of hers. They wanted to see the puppy too. I offered the girl cocoa. Sam watched and accepted all this quietly. He and the girl got really rambunctious with the puppy. They chased him around the room, fell over, let the dog jump and walk on them.

Sam wanted to play Tic Tac Toe...I challenged Jennifer to play. She lasted only three games, for Sam won them all. She called him "the champion" and he grinned. He pointed at D. and fairly ordered her: "You, now!" He continued to win, while Jennifer and I talked over on the couch. I played Tic Tac Toe for a few minutes and kept missing the openings he had given me. He would shake his head, point them out, say "you missed it."

When it was time for them all to go, Sam balked, playing with the dog again. We went to get the taxi money and he was glum. I said goodbye. He just looked at the floor. I repeated the goodbye, in a teasingly morose voice. He grinned, slightly, kept looking at the floor and never did say anything.

2/25/76: Sam came by the clinic. I was not there. He was sent away.

2/26/76: We had a trying trip to Friendly's. The puppy, whom Sam wanted to walk, kept yapping when tied up outside. It was almost impossible to talk to Sam because of the dog's noise. We got cones so

that we could go out and quiet the dog, but it was too cold to really enjoy them. On the way back, the dog tripped Sam up badly. He went sprawling, hard, on his knees and elbows. He got up with barely a grimace of pain, no tears, no self-concern. I brushed him off, for he had fallen in a gutter, and he went on his way.

2/27/76: Sam came in. It was not an appointment day. I had told the receptionist to simply tell him to leave, that he knew he had no appointment. She did that. Sam came back just at five and found me in the downstairs office. It was very hard to be stern, face to face, when he was so obviously happy to have caught me. I teased him, told him he was incorrigible. He was playing very rough with the dog, making her squeal. When I took him home, I tried to talk about his constant appearances at the clinic. He answered nothing and volunteered nothing except questions about me and my life, whether I lived in an apartment, who with, etc. It seemed that he spoke even less about his own life and interests than he had last year. I was certain that he talked with no one about his home or school life.

3/1/76: Sam came in today looking especially ragged and wet, though he said he did not walk. He asked immediately about the puppy, did I bring it? Yes, and we should walk it. He was exuberant and said he'd go get it. He went dashing upstairs and came running back to ask where the leash was. He took some time, so eventually I had to help him corral the dog, leash it and take it outside. He kept it so close to him that I had to suggest he unleash it so it could go. Sam had collected a pocketful of dog biscuits while in my office. He wanted

to help train the animal. I suggested he try "sit" as the dog already knew that trick. He commanded her and she obeyed, only to be rewarded with an unstoppable barrage of dog biscuits. On the way back upstairs to my office, we passed D. going down. He slapped her on the rear, unseen by me. She yelled at him and got no comment but a grin. I was amazed at his familiarity and pleased that he had had the good sense to choose an appropriate target, for D. had played rough-and-tumble with him before and she was likely the only adult in the building who could take such a slap and not get flapped. I figured Sam was really feeling good.

Upstairs he talked again about how hungry he was, how there was no food in his house. He looked furtive in saying this, as if the words were coming out in spite of himself. I reminded him that I wasn't there to feed him, that that was his mother's responsibility, that she should go to the welfare office if she needed help, that he should eat more at school if he was always so hungry....It was a real lecture. He calmly asked for cocoa, knowing that was an OK ritual. Strangely, after I said the dog could not go down with us as she caused too much disturbance when loose in the clinic, he asked if he could stay behind and would I make the cocoa? Sure, though I was a little worried about the dog's well-being, for Sam could be rough. A few minutes after I left the room, both Sam and the dog came tumbling downstairs. Sam proceeded to "train" the dog in the kitchen, rolling about on the floor with her and getting very excited. Quite suddenly, very quietly, he said that he was going to the hospital tomorrow, for a check-up. I said good, it was probably time for him to have that

operation now that he seemed so healthy. He beamed and said "two," meaning two operations, pointing to his throat and his ear. He was clearly aware to some degree of what needed to be done. I asked how he was getting to the hospital. He shrugged and said, "walk." He was nonchalant. (The hospitalization and surgery were once again put off. This time the doctor cancelled.)

We went upstairs with his cocoa. He paced around, not knowing what to do. He went to the game pile, the book shelves, the art supplies. He smiled at the possibility of Tic Tac Toe, but rejected it. He seemed somewhat disgusted with his dilemma, "don't know what to do." Meanwhile, I was talking of how I would be leaving the clinic at the end of the week, though I would continue to see him at least once weekly through the end of the school year. He asked only why, and I said I had some school work of my own to get done and I had to stop working here in order to finish it. He shrugged, seeming unconcerned. I wondered if he'd really heard me. He talked again of how there was nothing to eat at home, and I'm sure, at this point, I sounded exasperated in wishing not to hear that again. He even asked if he couldn't take some of the cocoa powder home with him.

We played a short game of Candyland. Sam was mad at losing. Because I'd won with a double-blue card, he invented a new rule: "We don't play that way at home. You have to go backwards." I said I only played by the real rules. He shrugged, grinned, and started playing for me since I would not play for myself. Even so, I won.

We called the taxi and I left him in the downstairs office, sitting against a desk, looking dopey with a grin on his face and a puppy in

his lap.

3/4/76: This was the first of the videotaping sessions with J. R., whom he knew from his group at school. We were late, and J. R. and the equipment had to be fetched. When we arrived, we were met by Sam and D. throwing snowballs in the parking lot. They had been on the verge of going to Sam's house, figuring since we weren't at the clinic, that's where he was supposed to be. Sam was having a grand time cavorting about, pummelling us with snow and getting chased himself.

Sam looked exceptionally good today. He had on a new pair of Levi overalls, a kind of clothing he never wore. They were from his older brother, Johnny, he said. Sam's hair was clean and blond, his face was fresh and bright. I thought to myself that it was ironic he should look so well on a day when we hoped to get some pictures of his "normal" self.

Sam and I made cocoa while J. R. set up the equipment in my office. Sam was not comfortable with it there. He kept avoiding the camera, ducking behind a table, turning his back, even holding up a game board between himself and the lens. It became a game when he held up a foot to block the camera's eye. Eventually, he was co-operative enough, especially after looking through the camera to see what was happening, and blocking it then with his hand. He knew we would go see the pictures at the local college afterwards.

During the session, Sam was low-key, focusing on the games of Checkers and Candyland, trying to do some tricky cheating. He was

amusedly disgusted when I caught him. He insisted on more cocoa and was not easily deterred from having it. He helped J. R. carry and push the equipment out to the car. He was very talkative as we drove, asking J. R. about her school, her age, etc. He told her that I was almost thirty. He commented on the neighborhood, which he knew, being close to his own.

When we got to the college, he was asked to be calm and inconspicuous since we were unofficial visitors and certainly were not supposed to be using the equipment. Sam was alert and well-behaved. He commented, aptly, that the place was like a hospital. He enjoyed watching himself "on TV." He laughed at his own hiding antics, especially when they were speeded up so we could get through the tape. Unfortunately, the sound had not worked during the taping, so the experience was to be repeated.

I dropped Sam off on a main street near his home, though he wheedled to be dropped off at the door.

3/8/76: The session had to be cancelled, as I was sick.

Later in the week J. R. told me that Sam had been much more active in the school group lately. He had been more active and more appropriate in expressing himself. Others had been mocking his hand-to-mouth gestures and he took the teasing well. Others had been generous in feeding him, too. The group had been talking about body changes in adolescence and Sam had mostly avoided the talk, turning off, hiding under a table. But now he had been sitting and listening if not quite taking part in the discussion. He did ask what a period was and when

told, said something like, "ugh, I'm glad I'm not a girl." He'd also been disruptive and J. R. had threatened to evict him from the group. He quieted under the threat and sulked, seeming angry at J. R. She said she felt he wasn't on very good terms with her after the last taping session in my office. She had become uncomfortable in her dual role of photographer and group leader for Sam.

3/11/76: (Videotape: Office #1): Sam was not happy that J. R. was taking pictures again. He made that evident with gestures and words: "Take that thing off me!" and "Do you have to be here?" He was in a fairly bad mood, a sharp contrast to last time. He had a bad tooth, black above and below the gum---which he showed me. Other than that display, he showed no pain. He was glad to eat the cookies I had brought, dividing them, one for me, one for the dog, and five for him. I pointed out that he had excluded J. R., and he pointedly gave her the one cookie already allotted for the dog. Sam wanted to romp with the dog but I discouraged it in the office. Other than that, he could think of little that he wanted to do. He did not even drink his soda, though he did manage to spill it while exciting the dog. He was loathe to clean it up, though he did at my insistence.

Most of the brief time left was spent going through a folder of school work he had brought along. He sorted the papers into three piles: incomplete work, the biggest pile; handwriting and spelling, which he said was the hardest and of which he seemed the most proud; and math, which was all marked "good" or "goodie." (His handwriting remained labored, choppy and poor. I wondered why the school kept insisting on

it, why they didn't allow just printing, or let him speak his answers, or teach him to type, for that matter.) Sam didn't say much about any of his work, just shuffled through it, rearranging. He said that each pile needed to be "stapled," when he was actually asking for a paper clip. We put it all in a new manila envelope so it would stay as neat as he had made it.

When I said it was time to go, Sam only shrugged, dispassionate, and said, clear and soft, "call a cab." I did. Within a few minutes it was honking outside. But by then, with my encouragement, Sam had begun drawing. After complaining that he didn't know what to draw and asking me to tell him, he tried to draw two dogs, but they were very, very poor sketches (showing evidence of extreme perceptual-motor difficulty.) He crumpled them up and brushed them aside. While looking disgusted and saying he couldn't draw, he made a very large and perfect egg shape. It was an "Easter egg," he said, and began decorating it with wavy stripes. I told him he could finish it next time, because I could hear the taxi honking. He kept dawdling, connecting small lines on his picture and not listening to what I was saying. I said several times that he must go now, and then tried a more positive tack, asking if he'd be there on Monday for his appointment. He caught me up sharply in my foolishness while reminding me of his excellent memory and regularity, all by saying, "unless you're sick." We both smiled at his reference. He asked me to walk him downstairs. Leaving the office, he gave the camera an absolutely withering goodbye, coupled with a scowl.

He asked if he could come along when I took J. R. back to the

college, but I said no, that his sessions were to be much as usual, that last time was a special exception which might be repeated when we finished the taping. (The tape, though with sound this time, was not so good. The pictures were grainier and there was very little action, and/or audible talk. We decided to try again next week. Stills, which J. R. had also taken this week, might be developed by then.)

3/15/76: I was late, but Sam had been outside playing with D. and the dog. When I did arrive, he was playing in the waiting room's toy chest with a much younger boy. Sam wanted to go outside again. He suggested going for ice cream, which I'd already had in mind, so we agreed. I asked about his coat, but he shrugged and said he didn't need it. I said he did, but he just continued to shrug.

Sam wanted to take the dog along for the walk, but I was reluctant because of the way she howled when left alone, tied up outside the store. I wanted time to talk quietly with Sam about changing our schedule to once a week instead of twice. I wanted to tell him again what I wasn't sure he'd heard: that I would definitely and finally be leaving in June.

Sam insisted on taking the dog, saying he would stay outside with her to keep her company. He was so firm and happy that I agreed. On my reminder, he got his coat, and then felt the cold anyway. His zipper was broken and he didn't bother to close the coat until he was shaking and practically numb. Then he buttoned it slowly and clumsily.

Sam was very awkward and clumsy our whole time together. He

seemed particularly silly. He had chided me about being late, looking at the clock when I arrived and saying it was just time for him to go. He knew, of course, that we'd make up the time, though he had smiled when I said so. On our walk, in the few blocks to the store, he fell several times, flat and hard with no hands out to protect himself. He then ran smack into a parked car which was jutting out of a driveway into the sidewalk. This one made him wince and swear, for it had knocked his breath out. I began to worry about his clumsiness, wondering whether it was a matter of eyesight, illness, pre-occupation? He hooked the dog and the leash accidentally-on-purpose around trees and posts. He was generally running amuk, not watching what he was doing, being giddy and impulsive.

I was frequently cautioning him to be careful, to watch out. Twice, in the street, I had to take him by the shoulder because he was twirling around, wrapping himself up in the dog chain while the dog was getting terrified by the confusion and noise and was pulling the opposite way. He was paying no attention at all to the heavy traffic. I was getting angry at his antics and finally took the dog away. I could hear my own harsh tones of exasperation. Sam, however, did not seem to take any notice of it, for he kept right on fooling around, letting me be the one to worry about safety and such things.

At Friendly's I tied the dog on a drain pipe, and, sure enough, she howled as soon as we entered the store. Sam asked me to order him some "lemon" and went outside to the dog, telling me to call him when it came. I suspected he was just as glad to get away from me. He sat with the dog briefly and then moved her to a post in front of

the door. He returned, pleased with himself, and again I complained, saying the dog would interfere with people and traffic in that spot. He shrugged, went back and tied her to a fence, out of ear shot.

When he came back for his ice cream, he asked about the time, how much more did we have and what could we do when we got back to the clinic. He was angling for more than a half hour, which was just about up. I told him then that I would not be seeing him twice a week anymore, just once, but longer, for an hour. I told him again that I had left the clinic, but that I would continue seeing him once a week until June. After June, I would not be seeing him any longer.

He heard me this time, for he looked serious. He whispered, "I am going to miss you." He asked where I was going and what I was doing. I told him that I was finishing up some school work at home and that after June first, I would be looking for a new job. He was incredulous: "You're just at home? You don't even go outside?" He asked, with a big smile, if we "could do something special the last day." I thought that was a fine idea, but he didn't know yet what it was he might want to do. He would think about it.

When we left, he untied the dog and insisted on walking her again. He was still full of antics, walking her into the ends of driveways, tangling her up in bushes. My reprimands only seemed to egg him on. Back at the clinic, he wanted to stay outside and play with the dog in the back yard. I was told later that he had played there with her for a half hour before I had arrived. He had excited her enough so that she'd nipped him and he swore: "Damn dog! Why do dogs bite?" I told him now that I didn't want to play outside, but

that he could if he wanted to. He followed me in within a few minutes.

In the office he did not know what to do. We had only a few minutes left before the arbitrary time I had set for his departure. He rejected his incomplete picture. He didn't want to play a game. He sat in a chair across from me, looking glum. He knew it was time to go and he was needling for more time. Who was coming next? When was I going home? Why couldn't he stay? He said, four times straight: "I don't want to go home." He had never said that before, though the message had been implicit. Finally he slouched outside to wait for the taxi.

3/15/76: H., the resource room teacher, called to say that they, the school, had had their first communication from Sam's mother, "and it was depressing." Sam had been sassy, so an aide sent home an incomplete paper and a note about his bad behavior, asking mother to read it, sign it and return it. They had done this sort of thing before, but had never got them back. They presumed that Sam never took them home. This time they got an answer and some suggestions on how to handle his behavior. H. found it depressing, inappropriate both in the discipline used and in the implication that mother's advice was being asked.

Some days later, when I dropped by the school, H. gave me the two notes. The one from the resource room was printed:

Dear Mrs. Bowdoin:

Samuel was given a note two days ago to be signed and returned. He has not brought it back.

The note said that Sam was being too sassy. He kept telling me that there was nothing I could do about it. So, I decided to

write to you and let you know.

I think it is very sad to have Samuel go from saying very little to being sassy.

Please sign and return to the Resource Room.

B., Resource Room Teacher

P.S. Sam was sassy to me again just now. Any suggestions?

The note from Mrs. Bowdoin was handwritten on the back of the teacher's note:

Dear Miss B.:

When Sam is sassy just try to ignore him or he will keep on being sassy. I find if I just don't keep saying anything to him he'll stop. Don't let him go out for recess. Give him extra work to do. Don't let him have any fun with the other children. Make him sit all by himself and not be with the other children at all.

Thank you for sending this note home. He just gave it to me this morning.

Mrs. Bowdoin

I did not find this note as depressing as the teachers did. First of all, Mrs. Bowdoin's suggestions were asked for, and to my mind, they seemed appropriately oriented to the school situation, mentioning recess, work, other children---as if Mrs. Bowdoin were really trying to help the teachers out. Her own methods of discipline, if she really used them, were hardly cruel. What I found sad was that she apparently did not realize that her son had so little "fun with the other children." I marvelled again at the misapprehension that existed between this family and the rest of the world.

H. continued to sound depressed in general about Sam's minimal progress in school. Yet, she did note that he was doing his work, that he was now playing games (and playing well) with other kids, that his sassiness was at least talk and an improvement over nothing.

I told her that to me those things were significant. I wondered what kind of expectations she had.

3/18/76: This was to be the last videotaping session, but Sam did not show up at 2:30 when he was expected. He arrived just at three, with a big grin on his face and a box full of Munchkins. He ate and offered the donuts around. When I asked why he wasn't on time, he just grinned and shrugged and said he forgot it was Thursday, until his mother reminded him. I thought this forgetting was unlikely and suspected he was doing his best to avoid the camera. Anyway, he was there and he wanted to come along on the drive to take J. R. and the equipment back to the college.

He continued to pass out Munchkins to everyone around, including the dog, until we left. He sat in the front seat but willingly went into the back when I asked him to let J. R. have that one. He seemed very cheery and pleased with himself today. J. R. and I did most of the talking on the way back. He asked once if I was still twenty-nine.

He helped J. R. wheel the machine back into the building. He did this cautiously and well, without having to be reminded. He mentioned again that the place seemed "like a hospital" and he didn't like it. He was rambunctious in the car, jumping all over the seats. We agreed it was good weather and we should do something outside in the time remaining. But he could think of nothing to do, nowhere to go. I suggested a nearby oceanside park. He had no objections, so we headed there. Sam seemed surprised that I knew of the place. It was close to his own neighborhood and he thought he knew how to find it, whereas

I was not quite sure. He kept giving me wrong directions, however, and I had to trust my own memory of the way. When we got there, the park was very beautiful, quiet, warm and empty. But Sam did not want to stay. He seemed very inhibited and uncomfortable. He was hyper-alert to the one police car patrolling the area. I wondered, to myself, if he had been in some trouble with them, or here, before. He barely ventured out of the car and almost immediately clambered back in.

Though we were heading that way, he did not want to be dropped off at his home. Nobody was there, he said. They were all at the Giant Value because the food stamps had come. That explained the Munchkins and the quarter he was carrying, I thought. We didn't have much time left and traffic was heavy, so instead of stopping for only a few minutes at the clinic, I offered to drop him at the store where he wanted to meet his mother and ride home in a taxi with her and the groceries. He agreed that we might as well do that.

Traffic was slow and Sam was suddenly very talkative. How far away did I live? Couldn't he come visit after I stopped seeing him at the clinic? He would really like to come to dinner once, he said. I admired the way he made it a statement of feeling and not a plea. If it was an hour's drive to Boston, how long would it take him to walk there? What did my apartment look like? How many rooms? What was in it? I answered these questions briefly and as harshly as I could. When I stopped seeing him at the clinic, I did not expect to see him again. Sam knew, I suspect, as well as did I, that I cared

for him. I felt it was necessary to be realistic about what was going to be a hard termination.

He began talking about ages then, while we were still crawling along in the car. I would be thirty before I next saw him, and birthdays meant a lot to him. "No more twenties," he said. I said he still had a lot of teens to go, being just in the middle. He asked a good question, then, and I marvelled at the timing: When would he be an adult? Eighteen? Twenty-one? We talked about that some. He didn't know what would happen when he was an adult, whenever that might be. He figured he'd be finished with school when he was eighteen (meaning he'd quit, since he was fourteen now and only in the sixth grade). He had no idea what kind of work he wanted to do....

This conversation left me dazzled. Sam was being realistic and open in a way I had not thought possible for him. This was the most prolonged, intense and yet "normal" dialogue we had ever had. Perhaps I, too, had been underestimating his capabilities? Perhaps termination was really going to provoke some changes? When we got to the store, Sam jumped out of the car into a very large puddle.

3/25/76: (Videotape: Office #2): This was to be the last day of videotaping in my office. After picking up J. R. and the equipment at the college, we passed Sam on the way. He was running ahead of one of his teachers, grinning, jumping, looking very happy. We figured we'd have adequate time to set up, since he was still quite a ways from the clinic. We were surprised to arrive at the clinic only to be greeted by Sam sticking his head out the door. He'd been given a fast ride.

While J. R. and I carried the machine upstairs, Sam followed, carrying the cart with a great clatter. I had told him we really didn't need it upstairs, but he brought it anyway. We were going to be late getting started, so I took the dog outside. Sam joined me. He tried to get the dog to chase him. He wasn't having much luck, but he was managing to dash about a lot. I said that I was going to go in to help J. R. set up. He would still have to wait awhile, but he could stay outside with the dog if he wanted to, or he could sit in the waiting room. He chose the dog and the outdoors, as I expected.

While we were upstairs, there was yelping and screaming from outdoors. I assumed, by now, the dog and the boy could manage each other, so I paid no attention. Then there was quiet. When I went downstairs to get them, maybe twenty minutes later, they were both inside looking winded. Sam said, sheepishly, that the dog had run into the street and nearly got run over. I fancied that his wild behavior had something to do with that, and that they were indoors at all was more a sign of fear or guilt than any real exhaustion. I said little, for I wanted to save conversation for the office and the camera, since this was to be the last attempt.

Sam was camera shy and annoyed, as he had been before. I emphasized that this was the last time J. R. would be there taking pictures. Nevertheless, he turned his back to the camera, ducked under a table, put his hand over the lens. He wanted to go back outside, make cocoa, anything to leave the room. He spoke very softly the whole time.

I wanted to talk with him again about my leaving and our change

in schedule to once a week, for I had been told that he had arrived at the clinic every day last week, asking for me. He had been sent away each time, but some of the secretaries were taking pity on him and feeding him. I had already talked with them and told them to stop, to just send him away, for he knew I wasn't there. While Sam was sulking on the couch, trying to avoid the camera, I went through the changes and my leaving the clinic with him again. I told him not to come except on Thursdays, that he wasn't going to find me there and he was just going to be sent away. Sam was very subdued. He looked quite troubled, as the tapes showed. He began to pester the dog until he got bit.

Sam jumped up then and came over close to me, and stayed there for some five or ten minutes, something he rarely did. He fingered things on the bookshelves behind me. He spoke very, very softly, keeping his back to the camera. I did most of the talking in this session, chattering on about what he might want to do, trying to make suggestions. I was unable to deal directly with his obvious sadness. The only feeling I mentioned was "feeling mean" towards the dog, and he denied that.

Sam asked about the time, our plans for the day. He began saying he didn't want to go home, "there's nothing to do there." He also didn't want to stay in my office with the camera. I reminded him that he had wanted J. R. to get in front of the camera, and she had agreed. He perked up a bit when this switch was made.

To get his mind off the camera, I suggested Tic Tac Toe. There were only a few minutes left. Sam won, as usual, and enjoyed it. He

also enjoyed pounding chalk dust all over J. R.'s jacket. He was gleeful in leaving, dragging the camera cart upside down, down the stairs; bumping each one loudly. I tried to stop him, but J. R. said it was OK. She was feeling somewhat indulgent, I thought, for this was the last time she would be seeing Sam, as the school group had been abruptly terminated. Sam jumped all around in the car as we were on our way to the college to view the last tape, as I had promised. Sam kept interrupting our talk with excited comments and questions that could not be understood. He was gleeful again and teasing quite a bit, but he was not making himself at all clear. Finally I asked him to quiet down and stop interrupting.

He continued teasing, J. R. especially. He was aware that this was the last time he would see her, at least on purpose. When J. R. got out of the car to help direct me into a tight parking space, Sam jumped up into her front seat, rolled down the window and cackled at her that we were leaving her behind. He thought this was very funny. He wanted to roll the video machine back into the building by himself, but he was being very reckless today, so we both insisted on keeping our adult hands on while he steered.

Inside the college, Sam was relaxed. He had begun to know his way around. He asked J. R. questions about the place and about the equipment we were using. We had to share a viewing room this time, for a group of students was watching a movie when we arrived. It was impossible to hear our tape, especially since Sam had been talking so softly. He got angry and impatient, telling J. R. to turn it up,

asking loudly when "they" were going to leave. Eventually they left, and he enjoyed watching, especially the lively Tic Tac Toe game.

When it was finished and time to go, Sam started asking questions about our immediate plans. Where were we going next? What were my plans for the rest of the day? I told him I was going to drop him off and then take J. R. to a place she wanted to go. He didn't like that plan and tried to convince me to drop J. R. off first.

On our way out of the building, Sam attacked a large garbage can, pushing it around while waiting for J. R. to finish talking with someone she had met at the door. It was the most disorderly he'd been on the campus. J. R. came out and gave Sam the tape to carry to the car. He teased, asking what we'd do if he threw it up in the air. J. R. took a different tack than I did. She encouraged him to go ahead, it wouldn't hurt anything. I expected better behavior, and told him that if he couldn't carry it well, then he should give it to me. He teased with it a bit more, and then left it in the crook of a tree for me. He dashed for the car and got in first, taking J. R.'s front seat. I objected, but she said it was OK and climbed into the back. As she did so, Sam pounded her several times on the rear, laughing, vastly enjoying himself. She let him get away with it. I expect I looked disgusted.

I tried to take an early turn-off to Sam's house, and he purposely misled me. J. R. caught it this time, before I did. When we got near his house, the teasing stopped and he became very serious. He told J. R. that this was the last time he'd be seeing her, wasn't it? He was right, and they had not yet talked about it. She said she did not

expect to see him again, unless they met accidentally. He said nothing more, but his seriousness and silence implied that he was sorry, and that he would miss her.

As we approached his house, Sam said, defiantly, that he didn't want to go home, there was nothing to do there. Why did he have to, and he "wasn't going to get out of the car, ever!" We stopped at his house. I repeated the solid points: he would have to go home now; I would see him next Thursday, and we could do something he wanted to for an hour; I would see him every Thursday for an hour after school; I would not see him any other time or day, and, in June, our meetings would stop, and I would not be seeing him any more.

Sam was out of the car now, cooperating, and asking some very hard questions. "What will happen to me in June? When in June? What day? Where will you be after that? What can I do then? Who can I talk to ...?" He was on target, very appropriate emotionally and rationally. I answered his questions only briefly, saying it was important we talk about them more next Thursday. We all said goodbye, with relief, for his attachment was tearing. Sam practically hung onto the car as we left, calling his goodbyes all down the block.

J. R. noted that he had not made his compulsive, nervous hand-to-mouth gestures all day. She was right, and I had not noted it. Despite the intensity, or perhaps because of it and his active confrontation, he had given up an old reliable tic. I thought he was doing very well.

CHAPTER IV

INDIRECT OBSERVATIONS AND REPORTS

In the last two chapters I have been describing one boy as I have come to know him through observations: my own and those of others reporting directly to me. There is another kind of information widely used in cases such as this where there is no accessible or reliable family historian. Records can be used to establish a developmental history or to corroborate that given by the family.

In Sam's case I did not turn to the available records until looking back over a year's worth of meetings. In most clinical settings, it is customary to request records from other agencies early in the evaluation. This was impossible with Sam, as I did not meet his mother or even consider him a "case" until well into the year. Sam could not sign his own release forms. Besides, I was more interested in knowing Sam as he presented himself to me than I was in knowing how others construed him. Now, in looking back, I would like to compare the picture I have of Sam with that drawn by others.

The Bowdoin family was familiar to most Shoretown agencies and institutions---the welfare department, the police, the board of health, the fire department, the schools, the guidance center, the children's protective service, the hospital, the local politicians....The Bowdoins' neediness and disorganization had achieved almost legendary proportions within their hometown. So many people seemed to know them, and to be ready to talk about them, that I suspected the Bowdoins to be easy targets for rumor. Even so, I was startled when, reading the welfare

folder, the director of the department, (who had never seen me before) passed by, and sighed familiarly, "ah, what's poor Barbara's trouble now?"

The welfare files on the Bowdoin were huge, perhaps 500 loose pages barely contained within two manila folders, one for ADC (Aid to Dependent Children), and the other for SSU (Social Services Unit). Most of the paper contained therein shed little light on Sam's life, except in revealing the unsupportive tangle of the bureaucracy: requests for bus fare, clothes, food are approved or denied in triplicate, while significant events are left unrecorded or unexplained.

In going through the welfare records, I was particularly interested in tracking down the reasons for the Care and Protection petition which had led to my testing the Bowdoin children, and to my knowing Sam in the first place. There was only one relevant document on file: a copy of a letter sent by the clerk of the court to Mrs. Bowdoin, telling her that a hearing was to be held on October 25, 1974, "to show cause why a complaint should not issue against you for Care and Protection, the complainant being Mr. X., Shoretown Welfare Department." There was no recorded complaint to be found anywhere in the welfare files, no indication of why the issue was being raised just then, no clue as to what had become of the case.

Gaps like this surprised me, but I was not there to criticize the welfare department's historiography, only to check the records for information pertinent to Sam. There was very little in the files which dealt directly with Sam. Rather, it was Joannie LeBlanc and Mr. and Mrs. Bowdoin who received the most extensive write-ups.

Mrs. W., the social worker involved with the Bowdoin's during the time I knew Sam told me she no longer had time to write up cases. Indeed, there was almost nothing recorded in the past two years, though the family was an active welfare case.

Let me present chronologically some of the information gleaned from welfare and school records. I have edited this material extensively in hopes of giving a concise picture of the variety of viewpoints taken and put on record about Sam and his family situation. Much of the material in these files was excluded on the basis of its contributing little to my knowledge of Sam or those involved with him. Some of it has been summarized, and some of the most relevant is quoted directly. All identities have been changed.

The family history which follows served as a face sheet for the Bowdoin's welfare folders. It was neither dated nor signed, but it is reasonable to assume that a social worker wrote this summary sometime between 1966 and 1967, when the Bowdoin's were becoming involved with welfare and the courts on account of Joannie, when Sam would have been about five.

BARBARA BOWDOIN, GRANTEE RELATIVE FOR JOANNE LEBLANC

Case of George & Helen LeBlanc, parents of Barbara Bowdoin, known to this Agency since 11/19/30. They had been married in Shoretown 7/15/1930. On 2/24/1931 man was sent to Walpole Reformatory for larceny and except for a short period of time when George was born in 1934, has been out of the home and in jail. Helen, Barbara's mother, is the illegitimate child of Lillian Gillette.

Barbara was born 1/24/1931; when she was three years of age she fell down a flight of stairs and sustained a fractured skull, which hospitalized her for five months.

On 3/17/37, when Barbara was six years of age, her mother was sentenced to the Reformatory for Women for lewdness and lascivious conduct; on the same day, on a charge of neglect for two minor children, she was found guilty and the children (Barbara and George) were placed under the care of the Division of Child Guardianship. It is noted in the case history that Helen was given permission to bring her new born child, James, age one month, to the Reformatory with her.

Barbara remained with DCG until she was 13 years of age, when she was transferred to a state school for the retarded, where she remained for the next 8 years until she reached the age of 21. She told our worker she was on her own until she came to this office on 7/27/56 because she was no longer able to work, because she was pregnant with Joanne.

Barbara states that the father of Joanne is a Harold Humphrey, whereabouts unknown, birth place or birth date unknown; states her brother, James LeBlanc, brought Mr. Humphrey home several times when both men were stationed at Ft. Driscoll; no adjudication as the warrant issued by the Clerk of Courts was impossible to serve as Mr. Humphrey went AWOL.

On 2/21/66, Barbara applied for Aid to Families of Dependent Children because her husband, Ralph Bowdoin, was rebelling against supporting Joanne LeBlanc.

In the home at that time were Mr. and Mrs. Bowdoin, the four dependent children by this marriage, John b. 3/3/59, Daniel, b. 5/14/60, Samuel b. 12/31/61 and Karen b. 1/3/63.

Our worker noted that the home, which is owned by Mr. Bowdoin, was a two-story one, with a kitchen and living room on the first floor and two bedrooms on the second; heated by a coal stove, and that the house was unbelievably cluttered. Mrs. Bowdoin told her that her husband gives her \$10 wkly, that he shops for the food, clothing, etc. and that she is not allowed to handle his earnings. Home was in dreadful repair, with the yard a complete mess, a broken window in one of the bedrooms, and gave the impression it was never really cleaned up, or could be. Our worker also felt that Mrs. Bowdoin was limited but tried to keep the home in order.

Barbara told her that Mr. Bowdoin is a "hard" man to live with; he is a crossing tender for the railroad and gets up at 3:30 A.M., arousing the whole household when he does so; when he returns home at 3:30 P.M., he demands his supper, eats it alone and demands quiet from the children. Worker also noted that client appears to love her family, despite her unhappiness with her marriage, and that the children were clean and well cared for.

In the spring of 1967, the Shoretown Society for the Prevention of Cruelty to Children, referred the case of Joanne LeBlanc, age ten to the Department of Welfare for placement:

Joanne is the illegitimate child of mother now living with mother and stepfather. Mother is Barbara LeBlanc Bowdoin, b. 1/24/31, Shoretown. Stepfather's last name is Bowdoin and he was born 3/22/19 in Roxbury. Family resides at 49 Willow Avenue, Shoretown and is Catholic. Joanne is before the court as a school offender and this is due to the home situation. She is in special class and has been tested---Binet is 68. Mother is limited and was in a state school for most of her life. Stepfather has been abusive to Joanne and has locked her in the bathroom making her sleep in the bathtub. Joanne has been evaluated at Shoretown Guidance and that agency feels that foster home placement is indicated here.

A social worker was assigned to the case and an extensive investigation began. This person, social worker #1, talked with Mr. B., director of the SPCC, who had made the referral, asking him "about the father and the general living situation of all the Bowdoin's":

From his description I was quite puzzled as to why a Care and Protection petition had not been filed. Mr. B. told me that it was felt that there was not enough evidence but there was a voluntary request for Joanne's placement, in hopes of preventing Joanne's being turned over to the Youth Service Board. Because of the intolerable family situation I asked if the father had been questioned at all in court and was told that neither he nor the family situation had been touched upon. The case had been heard purely as a school truancy offense. This puzzles me as apparently the SPCC has been getting calls on Joanne since she was four years old. Mr. B. went on to describe some of Joanne's actions which had led to the court hearing. Apparently Joanne has not been in school since January not because of actual truancy but because the school is unable to handle her behavior. She is described as doing a great amount of acting out against other children as well as property damage. Mr. B. also described the father in quite unpleasant terms and as being unable to work with. Although there is a great deal of hearsay about this man's actions of neglect or his hostility toward his children, nothing is proven at this point. Mr. B. did however, express the feeling that Mr. Bowdoin is less hostile toward his own children while he will have nothing to do with Joanne, at least nothing positive.

A home visit was made and described in great detail:

I visited the Bowdoin home which I was able to find immediately because there is a large sign in front of the house stating "no peddlers." I also noticed several padlocks on gates surrounding the house as well as the door and mailbox. After knocking at the door I was finally admitted but more as an intruder to whom Mr. Bowdoin initially acted quite hostile. He demanded to know who I was and what I wanted and kept asking me to repeat my statements as though he did not hear. When I entered, Mrs. Bowdoin was sitting in the corner of the room, spoon feeding the other three children out of a bowl. All three of these children Daniel, Sam, and Karen (Wemi) were in diapers. I was told that John, the star pupil, was in school but that the other children weren't trained so they could not go to school. Although Mrs. Bowdoin was quite warm she did little talking and I suspect this is because she is afraid of her husband, something which I had been told both by Mr. B. and her relatives. She literally seems to withdraw or shrivel up in front of this man and although she did not refute any of his statements, she did seem somewhat disturbed by them. Mr. Bowdoin was unwilling to volunteer any information without my questioning. I tried to get him to tell me what he felt the problem was, what kind of trouble they had been having with Joanne, etc. This he much more readily volunteered and went into great lengths to tell me how Joanne's every move has to be watched and they cannot let her out of their sight. He told me every time his wife turns her back, Joanne is beating up the smaller children. He also described her throwing the baby, Samuel, out of the window which he said cost him a week of hospitalization. He said she cannot go to school anymore because she's always beating up the other children, cutting up bus seats with scissors, and defying her teachers about everything. He went on to tell me how nice the teachers have been to her and how generally impossible she is. Although I tried to get him to describe the home situation a little more and how she was handled as a result of her actions. Mr. Bowdoin limited his comments to the trouble she caused and simply said she had to be watched every minute. At one point Mrs. Bowdoin talked about the other children and the fact that she did not ever have time to train them because Daniel, almost seven, was impossible to break. I suspect she realizes to a certain extent that it is not customary for children as old as her children to be going around in diapers.

Eventually, in the course of this first home visit, the social worker went for a walk with Joanne, who led her/him to grandmother's house, a place Mr. Bowdoin had apparently forbidden her to visit,

because the inlaws do not approve of him. In the course of conversation with Joannie's grandmother, aunt and cousins, this social worker learned that Joannie:

is made to sleep in the bathroom with no clothes on, that she is awakened in the middle of the night and carried down to this room which has no heat. I was told she is often not fed and that at times Mr. Bowdoin will fill her plate with food and then forbid her to eat any. He then takes it away from her and throws it away while she watches. I was given descriptions of Joanne being made to go around the house without any clothes on and told that Mr. Bowdoin comes home from work, takes off his clothes and prances around the house nude in front of the children. These relatives also talked about Mrs. Bowdoin's fear of this man, about her inability to leave him even though at this point Joanne stated that she threatens to leave and take all the children but leave Daniel behind with his father. The relatives described Daniel as being retarded and told me the Bowdoin's had been told this by the hospital which had also suggested that they get help for him. Mr. Bowdoin however, refuses to allow this and says that if anything is done about Daniel, Joanne will be thrown out of the house too. As a result Mrs. Bowdoin again was too scared to do anything. From our talk I also learned that these three diapered children are still bottle fed and that Mr. Bowdoin will not allow his wife to take them away from the children. I believe they also said Johnny, the eight year old, is "indulged" in this manner.

While I was there Joanne asked if she could have something to eat and told her grandmother that she had not had anything to eat all day. I am unsure if this is true or not as Mr. Bowdoin had made a definite point of telling me he had taken Joanne out that morning and treated her to such a nice breakfast. I was unsure whether the support of these relatives was encouragement for her to show her hatred of this man by lying especially about food which she seems to crave far beyond satisfying her hunger problem. I was also told that the children are not permitted to play, that most of their toys are taken away from them as soon as given to them and they must be in bed by 2:30 in the afternoon for the night. This was part of the relatives explanation that Mr. Bowdoin will have nothing to do with the children. He even refuses to eat when they are around and demands that they be sent upstairs during his meals. I learned from Mrs. C., the cousin, that it was relatives who had made the complaints to the SPCC and that Mrs. C. herself was quite concerned possibly more rationally so as she is perhaps the most intelligent of these three people and was able to give me a clear picture of the situation. When the others were not around she commented about some of her talks with Mrs. Bowdoin when she had tried to assure her that this man could not carry out many of his threats. She said she honestly did not feel that Mrs. Bowdoin could help herself but that she did

not like to say it in front of her mother Mrs. LeBlanc as she did not want to hurt her. She explained that Mrs. Bowdoin had been in the state school (which I knew) and that she herself had had many problems growing up. It was because of this that she, Mrs. C., had tried to see what could be done for Joanne and perhaps all the Bowdoin's. She feels Mr. Bowdoin is not a normal man. She also talked about his sexual displays as well as his obscene pictures which are in the house (I did not see such pictures but I did not get out of the kitchen). Mrs. C. realizes that Joanne is a troubled child and has done some awful things but her feeling is that Joanne cannot be blamed after she has had so many awful experiences in her home and has been treated so awful by this man. I questioned her about Joanne as a younger child and asked her if she thought she had been slow then. I was told that Mrs. C. felt this had not been so but that it had developed over the last few years and as a result of her upset. Unlike Daniel who was retarded Mrs. C. did not feel the same would be so of Joanne.

Social worker #1 continued to make home visits to the Bowdoin's during the spring of 1967. Mr. Bowdoin blamed Joannie's problems "on her hatred of school....everything had been fine until her first day of kindergarten." Social worker noted Sam's "inability to talk coherently and his reactions to play as perhaps also indicating retardation." Johnny "seems to be the one child lacking overt signs of disturbance or retardation."

Social worker contacted the special education department of the Shoretown school system:

Mr. R. was able to give me a pretty full description of Joanne's activities while she was still in school as well as an explanation for the reason why she had been asked to stay at home, the main reason being that they fear she will injure some of the other children as she has shown extreme aggressiveness in her behavior. I talked with Mr. R. about the possibility of placing Joanne and questioned him as to her ability to learn if she were in a better environment. Mr. R. seems to feel quite strongly that Joanne is emotionally disturbed and that her poor testing ability is a result of this and not so much a sign of retardation. Mr. R. also seems to feel that Joanne is fine in a one to one relationship and that her problems become apparent when in a group. This leaves me to believe that foster placement is the most positive alternative for helping Joanne at this point although I am unsure exactly how she might respond to any normal kind of situation.

The home visits continued:

This visit was quite similar to previous ones. I did get a chance to talk more with Mrs. Bowdoin about alternatives for Joanne's placement especially that of school or foster home and was able to elicit some kind of reaction from her. She is quite opposed to foster home placement for Joanne and this seems to be a result of her poor experiences as a child. Mrs. Bowdoin was not able to come right out and express her feeling on the subject but she made it apparent by her somewhat sulky reaction. She then stated that she had hoped Joanne could go to a sisters school and I tried to explain to her that there was very little possibility of realizing such a placement when Joanne has had such problems with school already. I am afraid Mrs. Bowdoin is not thinking very realistically about her daughter and her problems and is merely aware that her child has had difficulty. She seems to believe that once Joanne is out of the house and away from Mr. Bowdoin everything will be all right. I tried to talk this out with her a little and to help her to understand the degree to which Joanne has shown disturbance. I also talked with her a little about the feeling from those who know Joanne and have worked with her that perhaps a foster home, if a good one, would be most suitable for helping Joanne.

Social worker #1 observed that Mrs. Bowdoin was an eager talker when her husband was not around: "She goes into great detail about wanting to get away from him. She talks of finding a place and the minute she does plans to move out with the children and leave him. I suspect, however, she has been saying this for quite a while and I am not sure she is capable of making the move." This observer also began to note Joannie's manipulations of the marital antagonism: "She seems quite aware of her mother's feelings toward her husband and is able to play upon this whenever possible. Her mother similarly makes frequent derogatory comments about her husband to the point where Joanne is able to reinforce this bond with her mother by complaining back to her about this man."

In April of 1967, Joannie was seen by the court psychiatrist,

Dr. P. He found her to be "an emotionally disturbed child of borderline intelligence if not retarded. Her current behavior is probably due mostly to her mother's lack of ability to provide her children with basic social training. Joanne needs better parental supervision to mature socially and much individual instruction to acquire an education." During a court hearing, the doctor stressed the inadequacy of both parents. Social worker reports that the doctor "seemed to feel that Mrs. Bowdoin is as much at fault as her husband and that she is incapable of giving these children any sense of discipline or control with which to function when not under the close supervision of an adult. He also feels quite strongly that this is a problem which cannot help but recur in the other children as they are being given nothing by their parents with which to grow into responsible people." As a result of the court hearing it was decided to look for a suitable foster home for Joannie. If that could not be found, then placement in a residential setting would be sought.

After a month, a home was found and Joannie went into foster care. Mrs. Bowdoin went along on the first visit to the home, an event the social worker described:

During the ride Mrs. Bowdoin was quite talkative and Joanne was somewhat less except when pointing out something she had seen or asking to stop for an ice cream. It is always about such things as this that she is quite persistent and on which she tends to fixate her memory (any promise or favor offered) Our visit at the G. home went pretty similarly to those at the Bowdoin home. Mrs. Bowdoin combined the social with continuous comments about her husband, some possibly defending her voluntary placement of Joanne, some simply a sign of her inability to differentiate between when and where such comments or discussions are appropriate. Joanne was well behaved and shy at first, ate everything offered her, but did not get out of control. The longer we were there, however, the more at ease she seemed to

feel. She began asking for more food, to watch T.V., eventually to go out to the store for an ice-cream (and this was after eating almost an entire pound cake, several pieces of jelly roll, over a dozen cookies and a quart of milk). Although there was no sign of her destructiveness, Mrs. G. was able to get a good idea of Joanne's forwardness, lack of control in terms of social behavior, and the extremes of her personality.

The placement was shakey from the start. Social worker #1 continued making visits to the Bowdoin home, partly to explain the difficulties to Mrs. Bowdoin and partly to prepare her for the eventuality of institutional placement. The comments on Mrs. Bowdoin were disparaging at this time. e.g., "her reactions at first are often those of a petulant child." Social worker #1 felt that Joannie's mother did not understand her daughter's problems and capabilities, and that she was unrealistic in her expectations. "Bad mothering" is repeatedly documented in the notes on these home visits, for instance:

While there, Mrs. Bowdoin took out her picture albums and went through them for quite some time. During this time I heard crying outside and tried to get Mrs. Bowdoin to stop long enough to see what was happening to her children outside. This took quite persistent "suggesting" on my part. Finally she went out, saw Karen in tears and learned she was afraid of a bee. Mrs. Bowdoin simply scolded her, told her a bee wouldn't hurt her, and marched back in the house to the picture album. The crying continued, and Mrs. Bowdoin ignored it, though it got more and more intense. Finally, I told her I really thought she ought to try to calm Karen down before she got any more upset. This time I was adamant enough that she acted. Karen was comforted and brought inside to join us with the picture albums.

Social worker #1 terminated with the Bowdoins in the fall of 1967, the final note reading: "These are limited people who do not seem capable of understanding much, and in a sense need to be qualified enough to be able to get help for their children who all need a great deal."

Social worker #2 first visited the family in November of 1967 to discuss Joannie's failed foster placement and the imminent return home.

The note marks the initial impression:

Mr. Bowdoin is a pudgy, red faced fellow who related quite well to me. While the children went outside to play, I talked with both parents. Mrs. Bowdoin is a short, slightly built woman with a vacant stare. Neither parent has any teeth; however, they were able to express themselves quite well. Mr. Bowdoin constantly complained about the windows the kids broke and how much it cost them. Mrs. Bowdoin constantly complained about Mr. Bowdoin's complaining. At one point, they broke out into boisterous argument as if I wasn't even there. Mrs. Bowdoin blaming Mr. Bowdoin for Joanne's condition and Mr. Bowdoin exclaiming how much Joanne had cost him.

This visit gave me a different picture than the one I had previously from the record of the Bowdoins and their interaction. Mrs. Bowdoin is extremely agile in triggering Mr. Bowdoin into an argument. He is painted as being the "bad guy" while I think Mrs. Bowdoin acts out quite a bit through this man. It seems that Mrs. Bowdoin takes Joanne and goes over to her mother's nearby and they all discuss what a terrible husband Mr. Bowdoin is. When Joanne and mother return home, they are afresh with ammunition with which to attack Mr. Bowdoin. Certainly, Mr. Bowdoin is no prize husband and father; however, at this point in this long termed problem, Mrs. Bowdoin and Joanne have to take some responsibility in the current situation and its future prognosis. Although Mr. Bowdoin might have been instrumental in causing the original situation, Mrs. Bowdoin is certainly achieving secondary gains from it. Joanne's manipulation of the two parents and siding in with mother against father is most likely her learned pattern of survival in the family.

In December of 1967 a Care and Protection petition was initiated in behalf of Joanne LeBlanc. DCG was assigned to do the investigation, and social worker #3 picked up on the case, beginning with a home visit, unannounced:

Mother took up most of the interview with a birage of complaints against husband's treatment of Joanne, his strictness with herself, and his general attitude of not caring for the children or her. She stated she has had enough after nine years and this time she really wants out. She said she did not understand the situation that was

causing Joanne to appear before the court. She said she had spoken to Mr. B. and she thought, initially, that he was placing charges against her husband. She gave me no new information about home situation that is not in the record. Mrs. Bowdoin seemed pleased when she told worker that son, Daniel, had been accepted at a state school for the retarded, days. He seems to enjoy his time away from home and is talking alot better. He is still wetting and she is not able to control him. Mother offered that John is now in the third grade and doing fairly well. Samuel is presently in kindergarten in the same school and she reflected that she really hated to see her baby go, then quickly added, but I have another baby, Karen, and she will be with me for the rest of the year. Mrs. Bowdoin felt that Joanne seemed to be doing better since school started to transport her by private car....Mother did state that Joanne had been filling false fire alarms, had, on one occasion, called the police ambulance to the home, and had made several calls to the school calling Mr. R. names and using obscene language. Mrs. Bowdoin seemed to accept this as typical of Joanne. She, herself, was generally able to cope with her. She was afraid of what she would do when she got older.

Worker #3 did not believe foster placement could be found or would work for Joannie. School placement was sought. Worker prepared a detailed statement of the problem and recommendations which was presented to the court in January of 1968. In this formal document, Mr. and Mrs. Bowdoin were described as follows:

Stepfather: Ralph Bowdoin, 48 years old, had been steadily employed by the railroad for over 20 years and earns approximately \$100.00 per week. Married mother when Joanne was 1½ years old. This was the first marriage for each. Mother complains he has always had a drinking problem, will not allow her to go visiting or have contact with her family. Mother also claims he is abusive to Joanne, is at her all the time, hasn't much use for her or the other children and takes everything out on Joanne.

In public, father acts as if he is quite concerned about Joanne. He often takes her out with him, had cooperated with the school; however, he claims he is too busy to make appointments for Joanne to be seen at the Shoretown Guidance Center.

The major part of the household seems to be run by the father. He handles the discipline, finances (totally), the marketing, and demands, as well as decisions. He seems to have as little to do with the children as possible except to step in and punish. Father

reports that he has tried "everything" to make Joanne behave but that she is an impossible child and that she must be watched constantly. One questions his methods of discipline. Father also complains about mother's complaining and states that everything he does to discipline Joanne is undermined by mother and her relatives. His main interest is having Joanne sent away to school.

Very little is known of father's background. Court report shows four offenses of drunkenness through 1957. All released. He appears fairly bright and is quite verbal although offensive.

Mother: Barbara LeBlanc Bowdoin, age 37, had been in several foster homes since she was six years old. She was finally placed at the state school until old enough to work as a housekeeper. She became pregnant with Joanne and alleged father deserted. One year and a half later she married father and had four children within the next four years. Maternal relatives have had several contacts with social agencies and the court.

Mother appears to be quite fond of all the children. In the household she acts like an obedient but willful child with husband. She does the cleaning because she must, takes and spends her weekly allowance, and gets away with what she can when husband is not around. She is quick to complain about husband's drinking and abuse--has threatened on many occasions to leave him but does little to actually change the situation. Mother blames father for causing Joanne to behave the way she does.

She appears especially good and tolerant with Joanne and Joanne behaves fairly well for her. Observer viewed the home which was fairly well kept but cluttered, and saw all the children who were well dressed and looked physically well.

She walks her boys to school each morning and on her initiative and persistence she was able to have son Daniel admitted to a state school for the retarded. She also cooperated with SGC and DCG to effect a voluntary placement for Joanne in May 1967.

Although mother is fairly limited, one feels she does what she can for and with the children.

She verbalizes that she wants father out of the home rather than any of her children but would like to see Joanne in a school that would help her.

Joanne, the Child in Complaint, was said to look more like a seven year old than the eleven she was. The official document stated: "Objective information about the child is difficult to obtain."

"Mother," it continued, "sees her as ruined by stepfather and stepfather says that she has been impossible since she began school."

Joanne's school, evaluation and placement history followed. The foster placement yielded: "a very unsatisfactory adjustment displaying lack of control, unsocialized, destructive and aggressive behaviors, continual lying, stealing and compulsive eating. For a period of five months she made little or no progress and remained an extremely difficult child to get through to, to handle or understand. Joanne was returned to parents as foster home could no longer sustain her."

At the time of the court proceedings, Joanne was described as:

quite disturbed as a result of the inconsistency in the way she has been handled. She acts impulsively with no self discipline. She will behave if punished or constantly watched. She has little concept of anyone but herself and if one is permissive with her she becomes very demanding, attempts to control and manipulate the situation in her favor, and if frustrated attacks any child, object or animal in sight. Her behavior is becoming delinquent, such as stealing items, pulling fire alarms, making crank phone calls and defying adults verbally as she only strikes out physically against other children.

The investigation for the Care and Protection petition included brief comments on those Bowdoin children not directly involved in the complaint. John, age eight, in a regular third grade class, was described as "physically healthy and fairly bright," no behavior problem, and the father's favorite. Daniel, age seven, was "obviously retarded" and appropriately placed in a state school. Samuel, age six, and attending kindergarten, "appears quite babyish, speech undeveloped. Brother, John, has protective attitude towards him and mother apparently indulges him. Father reports that he had to be

hospitalized as a result of Joanne pushing him out of a window last March." Karen, at five, was just recently toilet-trained and seemed to be "fairly bright ...not withdrawn or disturbed in any way."

After mentioning that there seemed to be no "responsible, reliable or interested relatives," social worker #3 gave the Bowdoin family a dim prognosis: "There has been little change or progress with any family members despite attention and agency supervision. Mother reaches out for help and realizes problems but has little capacity for incite (sic) and her ability to change the situation is doubtful. Father denies any blame lies with him and projects everything on to Joanne." The judge heard the case, and according to this social worker, deplored the many continuances, felt that it was the school's responsibility to find Joanne an appropriate placement, and continued the case for another six months. Joanne was to be left at home, as DCG had no appropriate placement for her, and further evaluations, including neurologicals, were to be done.

At this point, in the spring of 1968, public health was called in to evaluate the Bowdoin home. Conditions, as noted by social worker #3, were found to be "very poor and below standard." The report of the Senior Sanitarian follows, in its entirety.

INSPECTION OF DWELLING

Bowdoin's dwelling on 49 Willow Avenue, Shoretown, Mass.

Date of inspection March 19, 1968

(1) Occupied by 2 adults and 5 children

(2) Sleeping arrangements:

Joanne 11 All sleep in one cot sized bed, no sheets or
 Daniel 7 mattress cover. Mattress is filthy, urine
 Sam 6 soaked and has fecal staining, two blankets
 noted (both badly stained).

Johnny 9 Sleep in one cot sized bed, no sheet or
 Karen 5 mattress cover. This bed is in the same
 bedroom that Mr. and Mrs. Bowdoin sleep in.
 No odors or staining noted on the children's
 mattress.

(3) Lighting

The room that Joanne, Daniel and Sam use for a bedroom does not have a light (Mr. Bowdoin stated if he did put a light fixture in that Joanne would immediately break the fixture).

The room that Johnny and Karen sleep in does have a light fixture.

(4) General Housekeeping is very poor in all four rooms (kitchen, living room, and two upstairs bedrooms.

(5) Bathroom facilities

Only a toilet provided, no shower or bathtub, and no wash basin in the bathroom. Mrs. Bowdoin states she gives the children a bath in a big tub she places on kitchen floor.

(6) Kitchen facilities

The kitchen sink is in very poor condition, no hot water provided. Mrs. Bowdoin stated she gets hot water by heating pots of water on kitchen stove.

(7) Heating facilities

At 10:40 a.m. on date of this inspection the kitchen and living room were warm. There is a lack of adequate heat in both upstairs bedrooms.

(8) Maintenance of structural elements:

Inside walls and ceilings not maintained in good repair (again Mr. Bowdoin blames Joanne for broken plaster and broken ceilings). Exterior of this structure is in poor repair.

(9) Basement

Mr. Bowdoin states he always keeps the door locked that leads to the basement because children would ruin it. The entire basement is in terrible condition. Rubbish

strewn about, many empty cases of beer bottles, and attempt at any housekeeping is not visible.

(10) Exterior yard and barn area

Condition very poor and a blight to the neighborhood, Mr. Bowdoin states he is going to tear down the barn (again blames Joanne for poor repair).

SUMMARY

- (1) All the children are living under adverse and deplorable conditions.
- (2) Mr. Bowdoin takes none of the blame for this condition - "why fix anything up because Joanne or some of the other children would destroy it".
- (3) When unsanitary conditions of the beds was brought to attention of Mr. Bowdoin - he stated "they are used to it".
- (4) Mr. Bowdoin mentioned several times during the inspection that Joanne was not his child.
- (5) Mr. Bowdoin states he was a steady worker and brought attention to the adequate supply of food. The food cabinets were full with canned goods.
- (6) Mrs. Bowdoin told me when Mr. Bowdoin was not near the "she thinks the house is far too small"--she also stated that "the children should not be blamed for everything".
- (7) A large amount of money would not be required to place this dwelling in satisfactory condition. Mr. Bowdoin states the dwelling is his and it is free and clear.
- (8) There is some question on the ability of Mrs. Bowdoin to maintain acceptable housekeeping conditions, but she did appear to want to do better.

Senior Sanitarian

Mr. Bowdoin was ordered, under threat of court action, to make certain physical repairs. Apparently, with the help of a bank loan, he complied. Meanwhile, the local state school for the retarded was thoroughly evaluating three of the children. Daniel had been attending the school daily. In less than two months, he was, at age seven, finally toilet-trained. It was planned that he would return to the

Shoretown public schools in the fall. Joanne was placed at the same state school for thirty days observation and evaluation. Her behavior improved with one-to-one attention and medication, but this school itself was not an appropriate placement for Joanne. She was not seriously retarded. Neither, in the school's opinion was Sam, whose complete write-up follows:

COMMUNITY EVALUATION AND REHABILITATION CLINIC

Samuel Bowdoin

Age 6 years 3 months

This child is the fourth of Mr. and Mrs. Ralph Bowdoin of 49 Willow Ave., Shoretown.

Social Service and referral information indicates Sam to have been referred by school where he is a kindergarten pupil, initially crying continuously and disruptive of the class but gradually improving toward the present time, undertaking some task efforts. There is a question of mental capacity. Social pathology in home and family are understood from previous contact and the school is familiar with these factors. Problem presented by school is planning for management in future.

Nursing notes describe the boy today as toilet trained, not quite able to dress alone, well nourished but undersized and rather grubby in general appearance, in good general health. He cries rather continuously, but will stop to answer a question or to attend to something interesting, then resume pleasurably. When asked if he liked to cry, he acknowledged that he really enjoys it, so was invited to continue whenever he wished. This he did rather frequently.

Medical examination today notes small head size and stunted growth; question of glandular sufficiency was raised. He was otherwise normal in general physical examination. Neurological examination notes briskness in both upper and lower extremity reflexes, intact sensory functioning, intact fine motor control functions, question of a slightly broad-based gait. Diagnostic impression was of mild, diffuse, bilateral brain damage and question of mild mental deficiency, perhaps a pseudo-retardation due to social deprivation factors.

Psychological screening today notes integrity to about six year level on visual-motor tasks, except for reluctance to undertake pencil work and poor skill in this area when pressed, and for reduced language output. Otherwise, on Merrill-Palmer tasks he was quite rapid and

effective, capable to the upper limit of the scale. Since his chronological age is beyond that level an exact M.A. is not offered, but it can fairly be assumed to be close to six years. Columbia Mental Maturities scale administration gave an I.Q. of 106. Further psychological examination, with the Binet Scale, will be undertaken during the coming week.

Physical therapy examination found no significant deficit.

Occupational therapist evaluation described very good motor planning and dexterous functioning in direct contact tasks, but again, considerable awkwardness, perhaps on an unfamiliarity basis, was noted when asked to use pencil or crayons. Apparently the turbulent life of the Bowdoin children has not included opportunity or conducive circumstance for practice with materials of this sort of activity.

Staff discussion of today's observations and findings suggests the strong likelihood of normal native intellectual potential but with significant deprivation of learning stimulus and opportunity, with consequent unreadiness and immaturity for school purposes. The trend toward improvement over the course of the school year was remarked and it was thought that the schools proposed plan for repetition of the year was most wise and promising. Further to assist and guarantee his next academic year, recommendation was made that head start exposure be given during the coming summer, and that in such ways and to the extent possible, some form of individual language stimulation be offered.

Signed,

Director, Community Evaluation
and Rehabilitation Clinic

STATE SCHOOL: PSYCHOLOGICAL EVALUATION

NAME: Bowdoin, Samuel

REASON FOR REFERRAL: Sam was seen in our CERC Unit, and it was decided at that time that further diagnosis was necessary in order to make more definite recommendations as to a school program for Sam next year. At the present time, the school plans to have him repeat kindergarten.

APPEARANCE AND BEHAVIOR: Sam is a small, quiet boy, rather unkempt, who went willingly though shyly with the examiner. He is quite short for his age, does not at first want to look directly at the examiner, but appears intent and interested in test items, although this is an 'obedient' type of interest.

LANGUAGE AND COMMUNICATION: Sam's hesitant and repressed behavior in expressive language is felt to be related to his general shyness and lack of opportunity. He does become more verbal as the test goes on. However, he appears to suffer a pronounced deficiency in the abstract language area, and has poor retention of language understanding in the receptive sphere. He failed to understand analogies, comprehension items, and verbally requested "differences" on the Binet test, although he passed all of the "Pictorial similarities and differences" at the 5 year level of the Binet. He could not understand or retain enough of the language expressed to obey some simple commands. He failed all of the verbal vocabulary words, while passing all of the picture vocabulary.

INTELLECTUAL FUNCTIONING: Sam's performance as measured by the Stanford-Binet, Form L-M gives him an I.Q. of 63, with the basal age at three years, and the ceiling at six years. He failed, in addition to the abstract language items mentioned in the above paragraph, to give a scorable picture completion of a man, to understand how to complete the Mazes, or to copy any design other than the circle.

SOCIAL MATURITY: Sam's social adjustment as reported by his mother places him at 4.2 years as measured by the Vineland, giving him a social quotient of 67.

SUMMARY: Samuel is a mildly retarded boy who suffers seriously from deficits in the perceptual and abstract areas of intellectual functioning. Correlated with this is a mild retardation in the social maturity area. He does not appear to have behavior problems, and other than his undersized physical stature, has no apparent physical abnormalities. He has good gross and fine motor skills, except as those relate to abstract areas of functioning.

RECOMMENDATIONS: Samuel appears to need a specific type of program more related to his particular learning disabilities. It is not felt that a repetition of the same kindergarten program next year will correct his functioning problems unless geared to help in the specific areas suggested. It is probable that progress in the social areas will be correlated with progress in other areas, but the results of this evaluation does not suggest this.

Social worker #3 terminated with the Bowdoin in the summer of 1968. The final note mentioned that Joanne was still at the state school, but that "the setting is grossly inappropriate for her and it is imminent that she will need to return home if no other placement can be found. Joanne's behavior has improved considerably. She is under medication at present." The family situation was seen as "still poor."

The final comment was not hopeful: "It does not appear that these parents are workable as mother is quite retarded and father will not change without threat of punishment." Joanne was returned home a few days after this social worker left.

Social worker #4, apparently not directly involved with the Bowdoin family, did attend the court's continuance hearing in October of 1968, along with the note of failed plans to commit Joanne to a state mental hospital. Impressions of Mrs. Bowdoin were recorded:

Mother was seen at this hearing for the first time. She is a pathetic somewhat inadequate woman who quite correctly pointed out that little or nothing had been done for her child since the child had been in placement except to "lock her up". She did apologize for her outburst and did express a willingness to have Joanne come home if no other course of action could be settled on by the agency involved.

Sam must have been generating concern in his school at this time. They had already referred him for evaluation at the state school, and they had received the results and recommendations (albeit contradictory ones) by the end of the 1967-68 school year; Sam's first year in kindergarten. Sam was given the Metropolitan, a standard reading readiness test. He achieved a score at the fifteenth percentile rank, an estimate of "low normal." The school's anonymous, undated recorded "information" is highly negative and discouraging:

This candidate's behavior characteristics in the classroom as stated by his teacher: He hits and bites his classmates, annoys other children by scribbling on and tearing other students' papers, he finds it extremely difficult to conform to a regular classroom situation, he moves constantly from one place to another, moving chairs around the room whenever the teacher isn't watching him, he has not adjusted to the learning situation or how to get along with other children.

A home visit disclosed that there were three children sleeping in one room, using curtains as dividers. The entire home environment is not conducive to health or morals.

The mother is a graduate of a state school for retardation. The offspring from her first marriage has been insitutionalized for odd behavior.

The Shoretown Welfare Department and the Society for the Prevention of Cruelty to Children received a referral concerning Sam in February of 1969, when Sam was seven and attending kindergarten for the second time. Dr. L., the school physician, filed a form having found: "(1) body uncleanliness characteristic of neglect. (2) Abrasions on face suggestive of abuse---multiple abrasions of face that are consistent with abuse." Social worker #5 discussed the matter with the Bowdoin, who said that the cuts on Sam's face came from his fighting with Daniel. Mr. B., of the SPCC felt that no action should be taken on such a minor matter, and the intake was dropped.

At the time of the referral, the family had moved. Rather, Mrs. Bowdoin, knowing that Joannie was coming home from the state school, took this incentive and the help of welfare to leave her husband and move to an apartment in another part of Shoretown. After Joannie's return in November of 1968, things did not get better. Social worker #5 noted that Mrs. Bowdoin began to complain that she could not handle Joannie. The girl was still being referred to all possible residential schools, but most of them were rejecting her. The court had refused to commit her to a state mental hospital on the grounds that she had not been diagnosed as psychotic, but "more a sociopath, because she seems to have no conscience."

By June of 1969, the police had on record thirty-eight nuisance complaints against Joanne Bowdoin---all since she had been living in the apartment at 12 Center Street. The most serious offenses involved breaking into the apartment downstairs, stealing a number of things, "and setting fire to their own apartment ...approximately three times." The last fire was so serious that the family was forced to evacuate. They returned to Willow Avenue, to live with Mr. Bowdoin, who had been in frequent contact with the family during their time apart. Social worker #5 wrote: "Mr. Bowdoin refused to leave Joanne in his home alone with the other children supervised by his wife only. So he took a Leave of Absence from his job with the railroad and kept an eye on Joanne the whole time. The family was supported by welfare."

Joannie was permanently committed to DCG, even though there was no immediate placement and she had to remain at home. In September of 1969, she was admitted to the out-of-state school where she was to remain until she was eighteen. The welfare records from then on are dominated by progress reports from the school and negotiations about visiting over the holidays. Mr. Bowdoin did not want Joannie home, for he felt he could not take any more time off to supervise her without losing his job. Arrangements were sometimes made for Mrs. Bowdoin to travel to the school to visit Joannie.

Sam entered first grade that fall in the same school where he had first attended kindergarten. He had repeated kindergarten, and he repeated first grade also. From then on, though his report cards register a predominance of E's, Sam progressed through the grades. Sam's school attendance was always good. His academic progress was

thoroughly unsatisfactory. Arithmetic was his best subject: his grades went as high as D+. Sam's health habits, his emotional-social habits, his work habits were consistently rated the lowest, number three, "not trying." In other words, his teachers found him not "neat and clean," not "cooperative in work and play," not "happy and well adjusted," not self-controlled, not respectful of others or others' property, not attentive, not obedient, not independent, not prompt, not neat....Sam was not making it in school, in any category, by anybody's standards.

Sam was referred for special help. He received speech therapy over the years because he was "difficult to understand": his articulation was unclear, and his speech was deemed "slurry with low projection." The therapist found that, when Sam concentrated, his speech became much clearer. However, he was unmotivated, and there was little carryover of improvement into regular conversational speech.

Sam also received special attention through Title I, 750 and 766 programs. Throughout his school years, he spent at least part of the day in special, smaller classes where he could get more individualized teaching. In 1970, Sam's 750 teacher reported on his behavior in the group: "Sam's associations with his peers are at a parallel play level, much like that of a three year old. He will work well in structured group activities, remaining at a table with others, but seldom speaking to them. He usually conforms well to group standards, being able to wait for others or share things....We have been encouraging Sam to be more aggressive in games or other situations where competition arises. His quick reaction to failure or

frustration is to cry, have a temper tantrum, withdraw, or call for help from his brother, Daniel, also a member of his group....Sam has a fairly good attitude toward learning. He is proud of such accomplishments as reading, arithmetic, telling time, etc. but we have found that new work must be introduced in very small doses as he quickly reaches a saturation level, and trying to push him beyond his capabilities leads to angry frustration manifested by scribbling on or tearing his papers, and occasionally striking a blow at someone nearby.... Generally, Samuel is still a primitive, infantile boy, of normal intelligence, but with severe learning and social handicaps, who needs much continued nurturing. He is a bubbly, happy child with enormous needs which are currently being met by his regular class in conjunction with the 750 program."

Aptitude testing within the school, using the Otis-Lennon, gave Sam an IQ of 77 in 1971, 64 in 1974. His achievement, as measured by the group-administered Stanford tests, dropped further and further behind his actual grade level, especially in reading. His arithmetic achievement, when tested, hovered within a half a grade level below his actual placement. He was, of course, by this time at least two years older than the other children in his classes.

During the year that Sam was repeating first grade, his father suffered a stroke which left him partially paralyzed and a semi-invalid. There was little welfare documentation on the following years, for the family received a disability pension from the railroad, "support" which precluded any economic help from welfare, even though the payments were less than the family would have received on ADC. DCG

remained involved with Joannie, to the extent of supporting her schooling, receiving reports and arranging visits. In 1971 social worker #6 made a home visit and recommended that Joannie "not be allowed to visit her family in Shoretown while Mr. and Mrs. Bowdoin continue to live together. I feel that there is a great deal of truth in Mrs. Bowdoin's accusation that her husband has had a lot to do with Joanne's problems in the past. I base this assumption on information contained in the records at the state school, where I was previously employed."

In 1972 the health department again inspected the Bowdoin home, sending this letter to the welfare department:

To confirm our telephone conversation of this date in regard to the living conditions of the Bowdoin children at 49 Willow Avenue (Karen 9, Samuel 10, John 13, and Daniel 12): The Shoretown Health Department was at the Bowdoin residence on a complaint from neighbors in regard to the condition of the structure. However, on our inspection we noted conditions which are of great concern as indicated below:

- (1) Bowdoin children are at night locked into their bedrooms using padlocks.
- (2) Inadequate bedding is provided--no beds or mattresses, children sleep on floor on blankets (blankets are filthy).
- (3) Mr. Bowdoin readily admitted he locks all the children in the upstairs bedroom at night - when asked what would happen in event of a fire, he stated they would have to find another means of escape which would be a second story window.
- (4) No glass in windows of bedroom (covered with blankets).
- (5) When children have to go to bathroom at night they have to call down to get door unlocked so they can use the toilet. Strong uring odors indicate they cannot always get the door unlocked.
- (6) Mr. Bowdoin indicates he locks the children in early in the evening so they will not watch TV or take food out of the refrigerator.

This department is greatly concerned that these children are not being cared for in a humane manner. The possibility also exists that the structure will be condemned and ordered vacated due to hazardous conditions unless the owner takes immediate corrective action.

There was no indication in the records as to what was done about this situation, if anything, until 1974 when the house was inspected again.

A letter was again written to welfare, urging immediate action:

- (1) After many attempts we were finally able to inspect the interior of the Bowdoin dwelling. Housekeeping within the structure is extremely poor. The building itself is not being maintained in good repair.
- (2) Conditions within the structure are of great concern, and it is our opinion that immediate action must be taken to prevent a disaster. While we were there it was noted that a fire was in progress in the upholstery of a car in the garage, and the Shoretown Fire Department was notified at 9:30 a.m. this date.
- (3) On the second floor we noted numerous burned matches on the floor.
- (4) None of the beds had sheets or pillow cases. All the bedrooms were littered with discarded clothing on the floor.
- (5) In our previous dealings with Mrs. Bowdoin it was our opinion that she cares for her children, and our observations this date indicate that she still does.
- (6) Mrs. Bowdoin appears to be overwhelmed and depressed. She has an income from a railroad retirement of \$300.00 per month to care for her five children (Joanne 18, John 15, Daniel 14, Samuel 13 and Karen 11).
- (7) The length of hospitalization of Mr. Ralph Bowdoin is unknown. To be frank, when he was there he did nothing to improve conditions.

It is urged that action be taken without delay to help this family.

Mrs. W., social worker #8, was on the case at the time, primarily because Joannie had turned eighteen, and had returned home, against

the advice of her school which had recommended a half-way house and work program. Meantime, while Mr. Bowdoin was hospitalized, and perhaps on account of the health board's complaints, a Care and Protection petition was initiated on behalf of the Bowdoin children. In the fall of 1974 the children were referred to me for testing, as earlier reported.

Mr. Bowdoin was dissatisfied with his hospitalization and signed himself out in mid-November, 1974, against medical advice. The discharge summary was sent to the welfare office. This summary indicated that Mr. Bowdoin had been hospitalized on the urging of the probation officer in Shoretown, "the patient having been arrested on several occasions, both for drunkenness and for altercations arising out of marital discord." It was noted that Mr. Bowdoin had had a history of epileptic seizures, as had his own father. While in the hospital he was thoroughly medically evaluated, the diagnostic conclusion being that "the patient was manifesting a progressive dementia, and had evidence of cerebral vascular disease with hemiparesis." Mr. Bowdoin was started on a rehabilitation program and an effort was made to obtain ongoing hospitalization...."in view of the progressive dementia it was not felt that the patient could be discharged home, especially in view of a very unsatisfactory environment there."

With a final note to welfare, in the spring of 1975, the Bowdoin home on Willow Avenue was condemned. The health agent noted, after the fact, that: "this family has great difficulty in coping with their own environment." Mrs. W. found an apartment for Mrs. Bowdoin

and her children, and the family was hastily moved, leaving Mr. Bowdoin behind. Eventually, he was placed in a nursing home, a placement presumed permanent. The house was sold.

Recent history of the family includes my testing and complaints from the fire department in the summer of 1975. Joannie and Sam were caught pulling alarms, and it was suspected that they were behind a rash of false alarms in the area. The investigating officer commented:

Joanne is 18 and looks about 14. The other two boys, 13 and 14 appear to be closer to 12 and 10. There is a family history of emotional troubles, the father is currently in C., confined as the result of a stroke and the mother does not appear capable of managing with the children. I would expect the mother herself is none too stable. Officer S., and myself spoke strongly to the boys and to Joanne. Because of her age, Officer S. was dubious about letting Joanne go scot free. I agree but feel that there will be little gained by a court appearance for her. Joanne despite her age is a sophomore at Shoretown High.

Further action was left to the discretion of the welfare department.

No action was taken, or, at least, no record was made of it.

As part of a thorough 766 evaluation of Sam, and at my urging, he was seen by a neurologist in the winter of 1975, shortly after his heart murmur was detected. Dr. B.'s report provides a wide-ranging survey of Sam and his problems:

SHORETOWN CHILDREN'S HOSPITAL

PAST MEDICAL HISTORY:

Samuel's past medical history is fairly well known to the people involved with his care and education at the present time. Suffice it to say that he is one of five children who has lived in an environment his whole life of continued deprivation. His mother certainly to this examiner this morning appears to be a woman who is trying in his behalf; she seems to have marked limitations. At the present time, one youngster is living out of the home and Mrs. Bowdoin is caring for her four other children. Mr. Bowdoin

is permanently away from the home in a nursing home situation because of his failing health.

Samuel has long been known to his school system as a child who has a borderline normal IQ. One examination of same places him in the 70 range; another places him slightly below that level. He certainly relates as a much younger child and does not appear to be anywhere near his 13 plus years.

PROBLEMS NOTED THIS MORNING:

In a review of Samuel's past medical and school data and with his physical examination and neurological examination clearly in mind, several problems have been noted here this morning.

1. Samuel certainly is a child of overall mental and social and sensory deprivation.
2. He has a known significant right-sided hearing loss as tested by our screening device this morning. Both of Samuel's ears are scarred, and, undoubtedly, the attempt at surgery on two occasions this fall has been the result of known problems along those lines. Samuel's surgery has not been accomplished by Dr. S. because of acute infection noted at the time of admission on two occasions for surgery.
3. The third major health problem noted here this morning is that Samuel very definitely does have congenital heart disease. His systolic blood pressure is a little high, and his diastolic blood pressure is normal. The reading obtained here this morning was 130/70. His congenital heart defect is aortic stenosis. That diagnosis was first entertained within the past two weeks while he was admitted here. It was further delineated in Boston.
4. Samuel indeed is short of stature for his years. He is below the grid in height. His mother and other members of his family are short; indeed, part of his short stature may come from constitutional inborn elements. In addition, some of his shortness of stature may represent deprivation. He has a markedly delayed bone age commonly seen in such youngsters. His bone age is about 11 years as opposed to his chronological age which is in excess of two years more than that.
5. Samuel has an abnormal neurological examination. He has no specific correctable neurological lesion, but he has several developmental lags along the lines of the usual accomplishments seen neurologically in youngsters 13 years of age.

To elaborate further along neurological lines, he certainly has an asymmetry of face with a possible left facial weakness. He certainly seems to have a speech problem associated with a slight dysarthria.

When asked to maintain his balance with his eyes closed, he shows marked motor inconsistency for his age which is not usually seen.

His gross motor control is fair for a 13-year-old boy. His fine motor control is fairly below his age.

His dominance is incomplete. He is left eyed; he is left handed; he is right footed. He is slow to delineate left and right and showed errors when asked to do so with laterality and crossed laterality.

When asked to do pronation and supination of his hands, there are many associated abnormal choreiform movements. On scholastic kinds of items, he is found to be markedly below level in nearly all subjects. Visual motor integration tasks were done with errors. His auditory memory is somewhat below par. Very interesting, however, is that his computation ability in mathematics seems to be his best ability. He is markedly below in reading, spelling and writing achievements.

6. Samuel does seem to have a generalized kind of anemia.

In summation, then, Samuel Bowdoin does seem to have many medical problems certainly contributing to his less-than-optimal performance in all areas. My impression is that his needs in addition to being educational and emotional at the present time should certainly include also some sort of ongoing medical supervision to see that his health is as good as possible.

RECOMMENDATIONS:

My recommendations are that Samuel be placed if possible, and, if his mother is willing, in a more ideal environmental situation for his hours outside of school. Perhaps, some nurturing environment with good safeguards for his health emotionally and physically would be of benefit to him. He seems like a youngster quite able to respond to good mothering. It would be in his best interest, perhaps, to allow him this opportunity if a particularly good one were found to exist for his needs.

At my request, Sam was re-tested by a psychologist at the clinic.

Dr. F.'s report follows, the most current assessment of Sam:

REEVALUATION

Identification and Reason for Referral: Samuel Bowdoin is a fourteen year old boy who has been seeing Mrs. Patterson of Shoretown Guidance Center for about a year in treatment. She evaluated him initially, and wanted a second opinion about a year later.

Impressions and Appearance: Samuel is a pale, neglected looking child who was quite cooperative with me on the testing (in great

part, I suspect, in order to do well for Mrs. Patterson). He was pleasant and quiet, almost never volunteering any comments. Often, in spite of his good motivation, I had to encourage him when the going got rough. He is left handed and uses a slightly immature pencil grip. He was unable to do the Coding subtest without skipping, and often reversing order even though I stressed that he do the figures in order. Halfway through the test in order to get him to complete an item, I had to use crackers as rewards.

Test Administered: Draw a Person
WISC-R
Rorschach
Bender Gestalt Test

Test Results: Samuel obtained a full scale IQ of 67, and a Verbal IQ of 67, both within the Mentally Defective range of intelligence, his performance IQ was slightly higher, an IQ of 70 within the borderline range of functioning. There is great subtest variation with Samuel's highest score being Object Assembly (9) and his lowest Coding (1). Verbal areas, particularly those requiring higher order types of thinking are quite suppressed. Simple operations such as numerical memory tasks or simple arithmetic operations are easier for Samuel.

Samuel's Draw a Person confirms his low potential for functioning. Initially, his person was composed of a ball for the head, and sticks for arms and legs very poorly placed and proportioned. When I motivated him with some crackers, he drew a person that a four or five year old child might draw. Because of suspected organicity, I administered the Bender to Samuel even though he is quite a bit older than the normative data for the test. Samuel's Bender is not as bad as one might have predicted with only one design presenting him great difficulty (number seven). If Samuel has some sort of diffuse organic damage, he is able to compensate for it well enough on the Bender.

The Rorschach does not reveal any startling new information about Samuel. Samuel saw mostly commonplace objects and practically never saw common human figures in spite of my efforts to get him to do so. There are suggestions of great passivity and neglect in Samuel's few unusual percepts. Things have holes and are incomplete.

Summary and Discussion: Samuel appears to be a child who is functioning significantly below the average range. It is not clear whether this is due merely to basic low intelligence or due to neglect and harsh environmental factors. There are also suggestions of diffuse organic difficulties which would further impede Samuel in learning materials. In connection with this, I would recommend a solid speech, and optometric workup (I am not sure Samuel sees well) with appropriate therapy if necessary. Samuel is totally dependent upon one-to-one reward (and in this regard, usually

physical food reward to perform to capacity. I feel that the regular school program certainly cannot meet this child's needs. In addition, given his passivity, as he grows older, he may withdraw from his fellow students. Some consideration should be given, therefore, to a program like J.T.B. which might prepare him for some type of suitable occupation with the additional benefit of sheltering him for a while from possible traumatic situations.

Chief Clinical Psychologist
Shoretown Guidance Center

CHAPTER V

PERSPECTIVES ON KNOWING ANOTHER

Recent psychological testing indicates that Sam's IQ is the same as it was two years ago, the same even as it was eight years ago. His self-drawings remain primitive. His projectives are barren and blank. Sam has been repeatedly tested, and the results, both cognitive and emotional, have been remarkably consistent over a span of years. Sam has been known in a certain same way through years of psychological testing. Yet, there is manifest uncertainty as to what is "wrong" with Sam, whether his problems are medical or social, economic or emotional, or all of these, and more, in some combination. Considering the uncertainty as to what his difficulties are and where they come from, the indecision over what to do with Sam is hardly surprising. Recommendations range implicitly from nothing to total environmental change, with current near unanimity on the latter.

As I have come to know Sam better, my sense of him has changed. I no longer see him as I did initially, as others still do, in terms of deviance, limitation and pathos. I no longer see Sam as simply primitive and needy. I see him more as one who has adapted to his own specific situation, one who has an intact and functioning ego, an ego which, in Freudian terms, has enough strength to navigate through the obstacles provided by the id and the superego, poor health and a harsh environment.

Within Sam's family, the chatter is urgent, incessant and oppressive. At school, quiet is the rule. Considering how little Sam

can expect to be heard, has he not accommodated himself well, to the extent of having no observable feelings, of seeming spaced-out, of saying little, and, when he does, saying it in a mumbled, incomprehensible manner? Are not his unconcern about pain, his carelessness about his person, his fearlessness and his lack of tears protective callouses in a world as bruising as his? Would a more "normal" child, a child found normal on the sorts of psychological examinations given Sam by myself and others, survive in a world such as Sam's?

Sam seems to expect anything and nothing: it is all the same to him. His most common gesture is one of apathy---a shrug. However, contrary to my initial "empty" impression of him, Sam has a great capacity to respond to his environment and others in it. He is very other-oriented, though in a non-conforming way. He picks and chooses his own special people, and these people are not necessarily those that society or theory would predict. Sam can effectively pursue what or whom he wants; he can establish stable and cooperative patterns of behavior; he can be regular when he wants to be; he looks forward, eagerly, to celebrating future events. I consider aspects such as these to be signs of emotional strength.

I wonder now if Sam has not adapted too well to his surroundings, or, rather, if his environment has not accommodated him too well, cocooning him in specialness. For instance, nothing seems expected of him in school, and Sam really does close to nothing while being passed on from grade to grade, automatically. When Sam goes begging, people are appalled but they are not surprised. Seen to be starving, Sam is constantly being fed by well-meaning others. I am convinced that Sam's

begging, his aura of pathos, is one of his communications to others: a kind of see-me, pity-me self-presentation which, at one level, is indeed real and pathetic, but yet, at another, is functional: it gets Sam sympathetic attention with very little effort on his part. It shapes the environment to him, and he does not have to change. He can get by. Sam drifts at will while others feel sorry for him, considering him to be as pathetic or hopeless as he is so good at seeming. There are no changes made. The aspect of helpless incompetence becomes ever deeper and more ingrained.

Though I have come to know Sam differently, outwardly he appears to have changed very little during my two years of knowing him. His family moved since I first met them. Their accommodations are cleaner, more intact, and, in that sense, better. They all miss their own old home. Mr. Bowdoin has been hospitalized, probably permanently, as his dementia and paralysis grow worse. Family life, even without Mr. Bowdoin there, seems to remain much the same: disorganized, impoverished and inadequate, with Mrs. Bowdoin complaining of being unable to pay the rent and buy the family food, unable to manage Sam or trust him alone in the house. Sam looks as disheveled as ever. His health problems mount. He has not yet had his ear operation. Sam is still "passing" in school. Still, wherever he goes, children avoid him and adults manifest a kind of anxious concern: what are we to do with him?

Being put in the position of having to make decisions about Sam, others will continue to ponder the quality and meaning of his existence. Sam Bowdoin will never be thoroughly known. His problems will never be defined once and for all. None of us can ever know

precisely who Sam is, how he sees his world, why he does what he does. Yet we who come in contact with him, however briefly, however indirectly, even those who simply read these pages---we will all know Sam to some extent, in some way.

Most others who know Sam continue to see him, by and large, as he was first presented to me: waiflike, pathetic. Even those few who concur with my perceptions may well have been influenced by my own enthusiastic description of the boy. I cannot say for certain whether Sam has changed, grown, improved while I have known and met with him. I do know that my understanding of him has changed over time, primarily through my interactions with him. Sam's behavior and his increasing use of expressive language have given me no cause to alter my current understanding of him, even in the face of others' very different perceptions. However, since I do not expect to meet Sam again, I doubt that I will ever know him any better than I do now.

Given the welter of contradictory and incomplete information, the variety of opinions available, how have I come to know Sam as I do? What can I say about the process of knowing another?

My academic background, with its emphasis on the central importance of language and symbolic communication, on nonintervention (leaving that to the social work profession), on emotional distance in dealing with the patient, almost led me to preclude the possibility of knowing Sam beyond the test situation. I did not see him as an appropriate candidate for any sort of therapy. I saw him as deprived, of limited intelligence, needy of environmental support, and a very poor prospect for any sort of office-bound psychotherapy. Sam prevailed,

if only by slipping in the door, and the process of knowing him "amended some of my previous beliefs," as Polanyi would say.

Sam's wish to be known, to relate, to be-with made a deep impression on me. Sam's testing itself, a standard means of psychological knowing, was no more detailed or extended than his brother, Daniel's, whose record was just as impoverished. But Sam defied my low expectations of him and, by the time I wrote up the test report, he had firmly planted himself within my sphere of direct face-to-face knowing. Sam kept a strong grasp on the relational situation, leading me not only to look more closely at him but also at myself and my difficulties knowing someone I could not easily comprehend.

In first knowing Sam there were few words to work with, either from him or about him. Sam did not speak a great deal. He was a minor participant in the cultural grid established by language. Perhaps I have exaggerated the extent of his non-verbal existence with me. He spoke more words than I have actually recorded: the tapes give evidence of that. Sometimes it seemed as if he were muttering incessant messages I could not understand. When I did "hear" him, I may have blown out of proportion what was meant as a simple communication. I always had difficulty understanding Sam, even at the end. I am not sure that I have adequately described the pervasiveness of this difficulty and the barriers it presented to communication. How does one describe one's own lack of comprehension over the course of a year?

The lack of words about Sam was my choice, for I did not make an early attempt to seek out other sources of information or to meet

with his family. I wanted to know Sam primarily through direct experience and interaction. From his behavior during testing, I had felt there was a side to him unseen or unreported by others, a side which was more than pathetic, deprived and isolated. I wanted to give Sam the chance to make of himself what he would while with me. I wanted to form my own impressions while getting to know Sam. I knew I could return to the views of others later.

I cannot claim, however, that my knowing of Sam proceeded so "purely" as my intentions would have had it. I did not know Sam step by step, through the instrument of testing, and then through interaction, and then the reports of others. All these means and approaches were mixed together. Certainly some outside information was available to me before I met Sam. I was not testing him "blind." Much of the information included in the chapter on the reports of others was already vaguely in my head (if not in my notes) before I tested Sam. Though I tried not to be swayed by it, I was not oblivious and I was not terribly surprised when I set down the bleak details of Sam's history and his family life as others had recorded them. Sam was rarely spoken of, separate from his history and his family life.

I had already begun weekly meetings with Sam months before my test report was written up. Sam's behavior during these meetings influenced my interpretation of the actual test results and strongly affected my recommendations. My continued interactions with Sam formed a strong counter-balance for the impressions of others included in the school, welfare and medical reports.

I was no blank slate for Sam to impress himself upon, despite my intended, open, phenomenological stance towards knowing him. I was

intentionally looking to see and describe those things I could not comprehend, those aspects of his behavior which drew my attention, caught my eye because of their difference from what I had seen before. Sam's enigmatic differences from other children his age initially engaged my attention. It was not only Sam's reaching out and our beginning relationship which compelled me to write such a long report on him (especially as opposed to those briefer ones written on his brothers and sister). Sam himself and his pervasive problems were new to me. He had been described as an anomalous child, difficult, unknowable---and that piqued my interest and my wish to know him better.

Sam's physical being and his home environment struck me hard at first, for I was not used to seeing such poverty, disorganization and filth---hearing about it, yes, but seeing it and working within it, no. Sam and his family were not like the clients I was used to dealing with. Though I tried to refrain from categorical labelling, most of my initial descriptions, like others' before me, touched on what was "abnormal" in the subject/object being described. In my test report, for instance, I emphasized how Sam was "markedly different from others his age," being "abnormal, deficient and deprived in most noteworthy aspects." I spoke of his ability to cope with reality as being "severely impaired." Eventually I described the wretched physical condition of his home and such things as the "ignominious event of his birth." The fact of these descriptions being my choice of words and probably misconstructions of what was actually before me was brought out when I read back over my notes: at the very time I was recording my perceptions, my sense of Sam's difference, his overwhelming deprivation, I remembered that Sam himself was expressing pride and contentment, even joy.

On the other hand, there were aspects of Sam's behavior which I absorbed, perhaps too readily "understood," on the basis of my background, my own set of mind. There were many things which I accepted and may have glossed over because I expected them; for instance, Sam's clumsiness, negativity and general trouble-making as the date of my leaving approached. In my mind these things were subsumed under "normal termination behavior." But, if I had not been trained as I was, these new behaviors might have been more perplexing and I might have described them in more detail, with less apparent knowingness.

As another example: my approach towards psychological reports has always been long on description and short on recommendation. I have always felt that tests alone are an inadequate assessment of anybody's reality, and that it is the responsibility of the referring professional to make his own recommendations and decisions using (or not using) the sorts of intrapsychic data provided in the psychological report. In testing I tend to look for strengths along with weaknesses, feeling it important to describe a person's adaptive potential as well as his intellectual limitations and emotional problems. Given my inclinations, Sam's testing was very hard to report. Strong, even urgent recommendations were being sought while very little substantial background information was given. I was not at all sure what audience I was writing for, whether it was the court, the school, or the welfare department, though I knew it was not the psychiatric audience to which I was accustomed. Sam's test protocol was so impoverished that searching for strengths was fruitless. I found it easier and more constructive to comment on Sam's positive behavior towards me. My difficulty conceptualizing Sam in any manner to which I was accustomed influenced my wish to know him better

and more directly, in order to feel less confounded by his existence and my impingement on it. My tendency to search out strengths, to be intrigued by and to follow that which is new, unknown and difficult, undoubtedly influenced my later understanding of Sam.

My initial goal in knowing Sam was to describe him as accurately as possible, using the information gathered through the tests administered and through my observations of his behavior. My intention was to remain open, to practice phenomenological (i.e., atheoretical, objective) description, to write for a broad audience of teachers, program administrators, and social workers. I was observing Sam as an object, unrelated to me. I had few expectations of him at first---and those that I did have were negative. I did not expect him to continue his visits regularly over any span of time. I soon realized that I had underestimated Sam and the interpersonal rewards of the situation, my effect on him and his on me.

Before long, my detached, observational intentions were confounded by my own attachment to the boy and my sense of the therapeutic potential of the relationship. My wish to know Sam more directly than others had, to describe him better so that decent and considered decisions might be made about his life so long as outside agencies were involved, became secondary to my wish to help him change, to express himself more directly and through language, to show others his adaptive potential, to modify his debilitated image before himself and others. I was never so "open," so uninvolved as I have claimed to be. My knowing was far from knowing for knowing's sake alone. More and more in considering Sam, I saw myself focusing on his strengths, his virtues, seeing these as "real" while overlooking his faults and excusing his misbehaviors, interpreting them to be justly caused.

Reading back over my notes, I find my enthusiasm caused me to "forget" or overlook certain anecdotes. For instance, several months after we had first begun meeting, one of the social workers on the staff told me that she had observed Sam practicing quite a bit of mischief the day before. Apparently, after one of our sessions Sam had gone out back of the clinic where a large, mostly empty parking lot fronted on a narrow but heavily travelled industrial road. Sam was observed to take a loose tire found on the edge of the road and deposit it in the middle of the road, just before an oncoming truck. The driver would stop, swear at Sam who would stand there giggling, remove the tire, and drive on. Sam then repeated the process. No one's warnings or threats deterred him. I remember thinking, upon hearing this story, that Sam was so deprived that he would do anything to exert some force over his environment, to experience some stimulation or amusement. I also remember thinking that this was an example of his carelessness about himself, for running into that road was not only foolish and troublesome: it was extremely dangerous. I did not think the incident was typical or characteristic or bad. A year later, when I was trying to recall events worthy of note in these pages, I did not remember this one. I bring it up now in order to show that my knowledge of Sam, as recorded here, was not (and is not) so "open" and impartial as my initial intentions would have had it. My knowing of Sam was actively shaped by my own affections for him and by my therapeutic intentions. In knowing Sam, I realize now, I was looking to know the best.

My therapeutic involvement with Sam, and my wish to see the best in him, also affected the knowledge about Sam given me by others. As is apparent in my notes, I was not uninvolved with Sam's teachers or family during the years that I knew him. I was not knowing him only directly,

saving indirect reports for later comparison. Sam was a real clinical case, not the simple object of experimental observation. I could not remain uninvolved with the others in his life. The exigencies of the clinical and community situation, my working as a psychologist in the local guidance center, meant that I could not know Sam only as he presented himself to me, through testing and interaction. I could not know the boy only through his self-presentation. I was aware from the start of some background information, and, as time went on, I became more actively involved in seeking this outside information.

Seeking information from others was never separate from sharing my own knowledge and opinions about Sam. At first this was a matter of dealing with the welfare department concerning the value of removing Sam from his home, and later it was dealing with his move to a new school, his teachers, his doctors, his family, and all those concerned about Sam. Unintentionally, I became a mediator between him and the social service world. My recommendations were sought, and I gave them. Though I was interested in gathering information about Sam in the outside world in order to compare my views with others, I became increasingly motivated to advocate for my own perspective.

Only a small portion of my knowledge about Sam came from my direct experience with him. The rest came indirectly, from the experiences and observations of others. Without others' reports on Sam, I would have known nothing about his school performance except that he got "S's" on his report card and some "goods" on his papers, that he was in the sixth grade, that he did not know his classroom teacher's name.... I would not have known of the trouble he was in, the fights, the provocations, the lack of academic work, his

absences, or the concern he aroused, the special attention he did get, if I had not talked with his present and past teachers and principals, if I had not read his school records. Sam did not talk much about school: I would have known none of these things directly from him. Nor would I have known the extent of his medical difficulties if I had not been in direct contact with his doctors. Nor would I have known much, if any, of his past history if I had not talked with his mother, his social worker, the school nurse, if I had not read the welfare department records.

Sam told me very little about his life, though he was willing enough to invite me to enter it. He had always lived in Shoretown, he knew; and he knew his father and mother had always lived with him there, that his father had worked for the railroad and had become paralyzed some years back. He knew that the family was dependent on welfare and that there was never enough.... Beyond this, he had very few basic facts of his life to tell me. Without the information of others, I doubt that I would have begun to speak in terms of "social deprivation," for Sam did not describe himself that way, even though he did appear to be isolated, ragged and dirty. His brother, Johnny, and sister, Karen, who had also lived within the same home atmosphere as Sam all their lives, did not seem to be suffering from "deprivation" at all. If I had been uninfluenced by the written reports of others, I would have weighed more heavily the actual aspects of the family members as I saw them. On the basis of that direct evidence alone, I could not have formulated a hypothesis of "social deprivation."

As time went on and my direct knowledge of Sam increased, I began to compare my knowing to that of others, feeling increasingly

strongly that, through the interpersonal situation, I was knowing Sam differently than they were. I felt that my perspective on him was often closer to his own, and that I knew him more broadly, in more contexts, than most others did, including his mother. Eventually, as I have said, my wish to know Sam as well and as deeply as possible became merged with the wish to represent him more accurately, in the breadth of his personality, to others, especially those significant others who would be making important decisions about the course of his life. (And I must admit, the focus of my descriptive intentions was not on his family, who were significant others. I was very frustrated in my dealings with Mrs. Bowdoin and felt her to be too inaccessible and too set in her opinions about Sam to change. Also, Mrs. Bowdoin was not a very effective instrument of change---e.g., having asked to have Sam removed from the home, for years, it never came about. So, though I shared my perceptions with Sam's family, the most of my persuasion was directed at professionals: teachers, social workers, administrators.)

I began to see Sam, his image anyway, as determined by what others thought of him, how they interpreted his behavior. Some of the most illuminating views of Sam came when others, reporting on his behavior to me, that he was particularly clumsy or seemed depressed, would observe him behaving perfectly normally and well in my office just a few moments after they expressed their concern. This happened repeatedly, so much so that when I received a worried report, my attitude became one of, "well, I'll wait and see." Granted, Sam probably changed his behavior upon passing into my realm, but this only reinforced my belief that much of his observed self, that self that others found so worrisome and pathetic, was situationally determined, created almost as much by the expectations of the beholder as by Sam himself.

Sam's surprisingly "normal" behavior also showed itself outside my office, as, for instance, in the trip to the medical center in Boston. Once, visiting his classroom and having a conference with H. and an aide, Sam hovered about, doing his work, responding to questions, doing what he was told. After he left the room, H. laughed and expressed consternation: "He's never like that. Here I am telling you how uncooperative he is, and he goes and behaves!" No doubt Sam was "performing" for my sake, but he always performed well for me. I never saw much of what had been reported: the cruelty to other children, the lack of attention, the sullen uncooperation.

I do not mean to say that I found these aspects of Sam unbelievable. On the contrary: I did not doubt the reality of such reports at all. What bothered me was that these reports stopped with the description of Sam's behavior. They rarely went on to describe the effect on the observer. Sam's behavior was described as given, inevitable, irrational but unquestioned, "normal" for Sam in being abnormal for others. There were always implicit messages in these reports, messages which could only be guessed. When a teacher told me of Sam's misbehavior, I assumed that there were other things involved, that she was having trouble handling him, that she was frustrated by his lack of effect, and that she wanted me to know that I had not yet done my job and "cured" him. When I received a written report about Sam, the implicit messages were harder to fathom, yet I could never read these reports without adding on to the content my own thought: "so this is how that person sees him!"

Others were involved with Sam in ongoing face-to-face relationships. His teachers were. His mother was. Yet our perspectives on the boy, our knowledge of him was not at all the same. What gives me cause

to hold my knowledge of him to be broader, deeper, more accurate, more real? Certainly his mother and his teachers saw him more frequently and for much longer times than did I. His mother knew his past, his developmental history better than anyone else. His teachers has as many records (and probably more rumor) available to them as did I. My purpose was to know Sam broadly, and in that sense, my knowing might have been more intense and directed than that of those involved in teaching, raising or caring for him. However, I believe the main way my knowing of Sam differed from that of others was that behavior directed at me composed a primary content of that knowing. I knew Sam not only from my own perspective, but also from within that of a "we."

While knowing Sam, I was aware of being both within and without the relationship, especially when I began observing him with an eye to recording the description. There were many times when I observed Sam as if he were an object. There were also times, for instance when my attention was diverted by a ringing phone, when I was peripherally aware of Sam still attending to me---as an object. By no means were Sam and I always actively communicating, reflecting on ourselves and our views of each other. Yet the state, the condition, the possibility of intersubjectivity was always there.

My sense of direct relation to Sam was, after a certain point, always there, always real, even if it was not apparent, observable by others. Perhaps that point occurred when Sam told me of his impending hospitalization and I was incredulous until I confirmed the fact. After that I was convinced that he would not tell me a "story" unless there was a good reason. After that I had no doubt about trusting his perceptions, no thought that someone else could tell me better than he what was

significant in his life.

My sense of being-with-Sam increased over time. I experienced our relationship as a "we" more surely than I would ever participate in a we-relation with, say, a group of moviegoers. I could share Sam's point of view on the world with a minimum of imagination or projection. Coming to know Sam, my increasing confidence in my knowledge of him, took place largely through intersubjectivity.

The face-to-face situation provided a strong set of checks and balances both for my own long-standing patterns of interpretation and for the reports, the indirect knowledge provided by others. Alfred Schutz has written extensively about the structure of the we-relationship and its contribution to knowing the other. He sums it up better than I could hope to:

In the face-to-face situation I have immediate experience of my fellow-man. But as I confront my fellow-man, I bring into each concrete situation a stock of preconstituted knowledge which includes a network of typifications of human individuals in general, of typical human motivations, goals, and action patterns. It also includes knowledge of expressive and interpretive schemes, of objective sign-systems and, in particular, of the vernacular language. In addition to such general knowledge I have more specific information about particular kinds and groups of men, of their motivations and actions. If I formerly had direct experience of this particular fellow-man now confronting me, I may, of course, fall back upon the highly specialized information sedimented in these experiences. In the ongoing experiences of the We-relation I check and revise my previous knowledge about my partner and accumulate new knowledge about him. Thereby my general stock of knowledge also undergoes a continuous modification. My experience of a fellow-man in the We-relation thus stands in a multiple context of meaning: it is experience of a human being, it is experience of a typical actor on the social scene, it is experience of this particular fellow-man, and it is experience of this particular fellow-man in this particular situation, Here and Now.³⁴

³⁴ Collected Papers: Volume II (The Hague: Martinus Nijhoff, 1966), pp. 29-30.

For all the multiplicity of experience and the breadth of meaning involved in my knowing Sam, I cannot claim to know who he is. I believe I know Sam well---perhaps as well as he's ever been known---but I do not know his self. I can say some things about Sam, what he does and maybe why, but I cannot represent him wholly as he is. I agree with Schutz that one can best know another through a face-to-face situation where the immediacy of actual experience can temper long-standing patterns of interpretation. However, I also agree with Merleau-Ponty, who has said: "I am necessarily destined never to experience the presence of another person to himself."³⁵ My understanding of Sam will always remain my interpretation of his behavior.

What I have experienced of Sam, what I have known through direct observation and interaction, I no longer know experientially but only reflectively, through the medium of memories, words, conceptualizations. "Pure experience," says William James,

is but another name for feeling or sensation. But the flux of it no sooner comes than it tends to fill itself with emphases, and these salient parts become identified and fixed and abstracted; so that the experience now flows as if shot through with adjectives and nouns and prepositions and conjunctions. Its purity is only a relative term, meaning the proportional amount of un verbalized sensation which it still embodies.³⁶

What I say about Sam does not duplicate my experience of him. The words I have written condensed and molded my experience. Those

³⁵Phenomenology of Perception (London: Routledge & Kegan Paul, 1962), p. 364.

³⁶Essays in Radical Empiricism (New York: Dutton, 1971), p. 50.

words now conjure up no more than an experiential fringe. I can picture Sam leaning against the wall, distracted, waiting for me, waiting with an urgent patience I can only fail to describe. When I was meeting with Sam, I could receive his smile without words in my head telling me: "That is a smile on the boy's face---he must be pleased." I could return his stare, thoughtlessly. Much of my immediate experience of Sam is lost now, forgotten, imbedded and inaccessible in my stream of consciousness.

Immediate experience is fleeting, as William James says, and when it is grasped by the mind, invested with meaning, described, it is changed. "Words point to the object through the medium of meaning," says Edith Stein. "And words do not simply point to the circumstances.... What goes into them is not the circumstance, but its logico-categorical formation. Words do not signify, but express, and what is expressed is no longer what it was before."³⁷

"Knowing" is a broad concept. By definition, "to know" may mean either to perceive or apprehend, or to understand or comprehend. Thus, says the OED, "a blind man who cannot know about light in the first sense, may know about light in the second, if he studies a treatise on optics." Knowledge can be direct or indirect, knowledge of or knowledge about, acquired through experience or report. Knowing need not be reflective and verbalized, as meaning and description must. Indirect knowledge of another is never perceived exactly as given; it is never a matter of immediate apprehension, as direct experiential knowing may be. Indirect knowing is received as a complex

³⁷On the Problem of Empathy (The Hague: Martinus Nijhoff, 1970), p. 75.

message requiring the interpretation of a knower knowing another knower who knows (or has known) the other to be known.

Representation covers only a small portion of knowing--- that which can be put into words. In reviewing my own words about Sam, I realize that much of what had become commonplace experience between us dropped out of my description. I did not repeatedly record his dirty appearance, his staring at me, his galloping about the building, his wheedling for food, because these had become matters of custom between us. Were I to record these things, it would have been with the implicit meta-communication, "as always." What was repeatedly experienced seemed to drop out of my mind, certainly in my reflective description.

On the other hand, what was new or unexpected almost always got recorded. If Sam was clean, and it was noted, this was done with the overt or implicit qualifier, "for once" or "for a change." If Sam ignored his food, or wore something new, or wished to change the ritual, or if he did not show up for an appointment---that was recorded as a difference from the customary. New experiences or aspects of Sam seemed to call for reflection and interpretation in a way that the usual did not.

In recording what I knew of Sam, I was investing it with meaning. "Meaning is," as Schutz says, "a certain way of directing one's gaze at an item of one's own experience."³⁸ "Meaning is not a quality inherent in certain experiences emerging within our stream of consciousness but the result of an interpretation of a past experience looked at from the present Now with a reflective attitude. As long as I live in my

³⁸The Phenomenology of the Social World (Chicago: Northwestern, 1967), p. 42.

acts, directed toward the objects of these acts, the acts do not have any meaning. They become meaningful if I grasp them as well-circumscribed experiences of the past and, therefore, in retrospection."³⁹

In knowing Sam I attempted to remain open-minded, atheoretical, non-judgmental. The quantity of trivia recorded in the past pages (the flavor of Sam's ice cream, the barking of his dog) lend some credence to my phenomenological intentions in describing Sam. And yet, I was not recording, verbatim, my stream of consciousness, as if such a thing could be done. The very words I chose (and all that remained unsaid) carry the weight of my personal meaning, my sense of what I saw. My perceptions of Sam, and certainly my descriptions of him, were shaped by my culture, my background and training, my goals and my sense of my audience---not just by what was before me. Much as any portrait artist, no matter how realistic, I have created an image of the boy I have described.

Though Sam and his family knew I was writing about them, and they readily approved my project, they were not part of my intended audience. Nor did I write these pages that they might be read by anyone directly involved with the family. My description would have been much more circumspect, less implicitly critical, far less wordy. Sam never expressed any interest in what I was writing. In some sense, I have used Sam, reduced him to being an object of my knowing description.

My emphasis has been, self-consciously, more on Sam than on myself. No matter my initial intention to detail my knowing of Sam, explicitly illuminating my role in that knowing, still these past

³⁹ Alfred Schutz, Collected Papers: Volume I (The Hague: Martinus Nijhoff, 1966), p. 210.

pages read more like a sprawling case history than an investigation of the course of my knowing. The relationship qualities, my observations of myself being known by Sam, myself as object, and Sam's bearing on my existence---these aspects of my knowing have barely been touched upon, despite their significance in terms of Sam's meaning to me. Through knowing Sam and attempting to describe him, I have come to know well what Polanyi meant when he said, "I can say nothing precisely. The words I have spoken and am yet to speak mean nothing: it is only I who mean something by them. And, as a rule, I do not focally know what I mean, and though I could explore my meaning up to a point, I believe that my words (descriptive words) must mean more than I shall ever know, if they are to mean anything at all."⁴⁰

I have said that my knowing Sam was not separate from his meaning for me, my engagement with him. What I have written about Sam is not simply known: it is known by me. Knowing is an activity which requires a carrier, someone to know whatever, whomever is known. There is no abstract body of knowledge which exists apart from its audience. My knowing of Sam has been influenced by others and their knowings of him: their observations, reports, assessments. Without this knowledge about Sam acquired from others, I would know little or nothing of his background, his school performance, his behavior apart from me, his effect on others. My knowledge of Sam has been directly influenced by him: his appearance, his language, his play, his drawings, his test results, his interactions with me, his effect upon me. Both Sam and the reports about him have registered on me. Yet I myself have been a primary determinant of the Sam that I have known. My knowing of

⁴⁰Personal Knowledge (N.Y.: Harper and Row, 1964), p. 252.

Sam includes my own questions and concerns. For instance, why did he do that? And what does it mean? My knowledge of Sam remains incomplete and full of contradictions, as knowledge of anyone is bound to be.

How representative is my knowing of Sam? Sam certainly is not "typical" nor was my approach to him well-defined. Yet there are things I have learned which I can apply with confidence to knowing others on the basis of my experiences here, with Sam. I no longer have any doubt that another, any other, can be known, no matter what his reputation, no matter how non-verbal. Theory is not necessary to knowing another, nor is that other's actual presence. Everyone who has seen or heard of Sam, even just in reading of him, knows him in some way, no matter how indirect. This is true of all others, whom we may only see or hear in passing: we know them, in some way, whether or not that knowledge is reflected upon, whether or not that other's existence bears any meaning for us.

There can be no abstract or concrete body of knowledge about another. There are only various personal points of view. Another can never be known as he knows himself, from his own point of view. There is no final, once and for all knowledge of another, any other, even after that other passes out of one's direct realm of knowing. Reflection and re-interpretation continue to alter one's knowing.

Diagnosis, labelling, categorization, just plain description of another says as much about the knower as the one who is known. Rumors and stereotypes, I believe, are most likely to occur when understanding is difficult. When we experience something which is strange, which makes no sense to us, something we cannot immediately comprehend, but something which calls for a response from us, that

experience tends to acquire a special character due to our lack of comprehension, a character which readily shifts towards a perception that "there is something wrong here." "Limited" is a term, for instance, frequently applied to Mrs. Bowdoin in reports about her and her family. She is also described as "loving and caring," "quite warm," "defensive," "nervous," "inappropriate," "inadequate," "quite retarded," and "pathetic." These one-word descriptions were recorded by others, but at various times in my thinking about Mrs. Bowdoin, I could have applied any of these terms---except "quite retarded," which she is not. I could have described her children, especially Sam, with any of these words, at one time or another. For that matter, most anyone could be pegged with any one of these labels at some time in their life. Does it say anything at all about a person to describe him in such vague terms as "limited" or "pathetic?" I suggest that it says more about the feelings evoked in the knower.

The helping professions, the social services, those who work within them, seem inclined to focus on the weaknesses, that which is abnormal in their clients, that which is needy. Perhaps in the long run, this is necessary: without the weak and the needy, they would have no jobs. And yet, I have a sense that this focus obscures much of the real strengths and abilities that do exist in those who are being "served." A label such as "limited" or "pathetic" gets applied and sticks, at least in the records, partly because there is too little time to know directly or differently. Compassion and sympathy can be more damning than helpful. Whole families like the "poor Bowdoin" are condemned to be "needy" forever. They are victims of poverty and ignorance, yes, but they are also the victims of those

who have set out to help them. They have had little privacy, little dignity, very little possibility of initiative or self-determination since social welfare agencies have become involved. And yet, despite that involvement, those agencies have produced very little actual change in the Bowdoins' lives.

The difficulty lies not just with policy, bureaucracy, limited funds, but also with knowing, which must come before deciding what to do in order to help. The problem is huge, as noted by Gordon Allport: "The balancing of general knowledge against a knowledge of the particular poses a harder problem for social service, I suspect, than for any other occupation.... It is simpler to categorize in terms of neuroses and therapeutic roles than to comprehend and treat personal patterns of trouble."⁴¹ Normal and abnormal do not exist as such: someone must draw the line between them.

Too often, it seems, drawing that line, diagnosing or judging someone to be "abnormal" is a job detached from the responsibility of doing anything about the person or his condition. I think, for instance, of Sam's school records, which include this note: "The entire home environment is not conducive to health or morals. The mother is a graduate of a state school for retardation. The offspring from her first marriage has been institutionalized for odd behavior...." That this note stands in the school records despite its inaccuracies (there was no "first marriage") and implications, is unfortunate. I question the value of such records which follow---or rather, precede---a child through school. I wonder if information gathered on a family's background, with suggestions of abuse, starvation, marital trouble, etc.

⁴¹Personality and Social Encounter: Selected Essays (Boston: Beacon, 1960), p. 287.

is of any real help in educating a child---which is, after all, the school's primary, perhaps only, real job. I doubt that such information and opinion is of any help in that task. I am inclined to believe, on the basis of experience with Sam, that the more a school knows (or thinks it knows) about a child's home life, the more it is inclined to give up on him, to feel justified in its frustration and lack of effect. The more that is know about a person, it seems, the less likely is that individual to be known for himself, as himself, directly. The more a person's records and reputation precede him, the less chance does that individual have to become involved in a face-to-face relation where he himself has an opportunity to influence the opinions formed about him.

When a diagnosis is made, a description recorded, even by the most responsible professionals, some course of action is being recommended, even if that is not made clear. When, for instance, a court psychiatrist says that the Bowdoin children are "being given nothing by their parents with which to grow into responsible people," he is implying a radical solution, either massive change within the family or removal of the children, it would seem. Yet, who is supposed to give five children what their natural parents cannot, and on what basis are they to do that? Surely it was not a chore the psychiatrist himself intended to undertake; and whatever sanctions he and his report had, they were not enough to bring about the desired change. I question the value of making severe judgmental descriptions about others when nothing comes of the knowing other than that it sits in a folder waiting to be read by the next evaluator, and the next, and the next.

An accumulation of records on an individual does allow for a broader point of view in knowing him, and in some way, as in my knowing Sam, it does encourage one to take one's own point of view and compare it with the others. Certainly with Sam I could marvel at how widely known he was, and how variously. Recognizing the variety of viewpoints helped me to maintain my own, with confidence. On the other hand, if there are no records at all, no history on the individual, then one must depend more on direct knowing and one's own ability to describe. It is a challenge to know another's life, to know him for himself, in his uniqueness, without being swamped by others' impressions.

It is even more of a challenge to know what to do with one's own knowledge of another. The best way to know another is clear to me now: it involves combining one's direct interactional knowing with the indirect knowledge of others, checking and balancing them off against each other while realizing that there is no one "correct" point of view. The best way to help another, the goal of my job as a clinical psychologist, is not at all so clear. While knowing Sam, I felt as if I were wavering constantly between attitudes of intervention and observation, support and skepticism, involvement and detachment. At times I felt I was going too far in advocating for Sam, and at others I was sure I was doing too little. As I outlined in the beginning of this chapter, change in Sam is hard to assess. Certainly change came about in the description during my knowing Sam, but whether that was real change in Sam or more in my knowing of him is hard to evaluate. The effects of my knowing/therapeutic relationship with Sam will be perceived differently by myself and others over time.

Perhaps I have provoked false hopes and too much dependency.
Perhaps I have only forestalled the inevitable in his development.
Perhaps I have provoked acting out.... Though I have come to know Sam well, I am still reluctant to take the responsibility of saying what is best for him. What is most likely to happen to him at this point ---placement in a residential school---is not what I recommended. In that sense, my knowing Sam and describing him to others had little effect on the actual structure of his life.

I feel now that understanding another to some degree parallels maintaining a tolerance for his uniqueness and one's own lack of comprehension, remaining open to that person's wish to know, to be known, to relate. The detached, objective, scientific ideal is surely an impractical one in knowing another, for the knower cannot keep himself out of the picture. In fact, in trying to be objective, the most valuable or real intersubjective qualities may be lost or overlooked. Relational knowing is inevitable in any face-to-face situation. It is too rarely considered, reflected upon in professional diagnostic or therapeutic situations. Knowing another is always an intersubjective phenomenon. A consideration of the interactive effects of knower and known is vital to developing a working understanding of the other.

EPILOGUE

I continued seeing Sam weekly until the end of June, 1976, two months beyond the last of my notes included in this thesis. During that time, Sam was subdued, asking few questions, wanting mostly to romp with my puppy in the local parks. I repeatedly brought up the fact of my leaving so that we might discuss it. I knew that Sam was very attached to me and I was sure, both theoretically and personally, that termination was going to be hard on him. He never talked about it again so directly as he had that day in parting from me and J.R. after the last filming session. In fact, he seemed to avoid the subject. Sam no longer showed up at the clinic except on the appointed days, and he even missed a few of these. When asked about these absences, Sam shrugged, "I forgot." Sam talked increasingly about J.R., who had taken him into Boston on a sightseeing trip and had promised, soon, to take him to a ball game.

At the end of the school year, there was a 766 core evaluation team meeting. Sam would be going into the seventh grade, and his special needs programming had to be determined. H., the resource room teacher, had called the meeting. Mrs. Bowdoin had been invited, but her absence surprised no one. Legally, she was required to approve any changes in her son's curriculum. Sam's classroom teacher was also not at the meeting, though, apparently, she had been only minimally involved in his sixth grade education, leaving that to H. The school psychologist, Mrs. A., myself (with a copy of the latest psychological report), a speech therapist who had recently evaluated Sam's language skills, and the school nurse were in attendance.

We all agreed that Sam needed more special attention than he was getting in the Shoretown Public School System. Most of the impetus for the final recommendation of private schooling came from H., who knew both Sam and the school system well. She was concerned that in the usual junior high routine of hourly class rotations Sam would fall further behind, academically and socially. She felt that even with the highly individualized attention she had been giving Sam four hours a day throughout the year, he had made only slight academic progress. She said that his behavior was again "deteriorating," and when I asked about that, she mentioned the increased sassiness (which she had described to me months back) and renewed provocations of other children. Sam was frequently managing to get himself beat up. The nurse verified this, saying she had just returned from bandaging him, a common chore. I explained my feeling that much of this was related to my termination with him, that it was expectable. I do not believe my view was accepted. The others seemed to feel that matters were reaching crisis proportions, that his bad behavior would only get worse, and that the further he got away from home, the better.

The speech therapist had found Sam difficult to motivate but cooperative. She was mystified as to what his speech problem was, noting, however, that it was definitely there, pervasive and requiring much more attention. She recommended further professional testing and diagnosis. The likely recommendation would be daily speech therapy, something, again, that was not available within the local school system. We went over the recent medical and psychological records. Mrs. A. agreed to begin work on finding an appropriate placement for Sam, saying it would not be easy as his needs were so great.

I expressed strong concern that he not be entirely removed from his family. It was his only home, and likely the one he would return to (like his mother and sister before him) after whatever education, and however many years of it, he got. I stressed Sam's social needs as being even greater than his educational weaknesses. The others agreed, and insofar as possible, a school would be sought which would offer him a community of peers and the incentive to work and play with others. We all felt that when he turned sixteen, Sam could profit from a referral to a local, and very good, vocational training school.

I talked with Sam about the meeting at school and about the plans to send him to a special, residential school next September. I tried to present it positively, as a place where he would be able to learn more and better. Much to my surprise, since he had recently been expressing so much boredom with his home, Sam said, vehemently shaking his head: "No! I'm not going away. No way!" I asked why he was so upset. "Without anything to eat? I'd starve in a week! No way!" I was startled again by Sam's unworldliness, his very basic fears. I assured him that wherever he went to school, he would be well-fed.

As the summer approached, I asked Sam about his plans, for I was worried about what he would do with no school, no me, and plenty of boredom. Sam seemed unconcerned, assuming that he would be going to summer camp as always. This camp was a local day camp for disabled and handicapped children. Sam and his brother, Daniel, had been sent every summer for many years, sponsored by the school system. I felt this was an inappropriate placement. It seemed to me that Sam could benefit from more responsible activities, that he could profit from

being grouped with less handicapped children. He only shrugged when I suggested he apply for a job, but we did go down to the CETA office and filled out an application for summer work. Sam did not really understand what it was all about. When the intake worker asked him what sort of work he'd like, Sam just looked at her quizzically. She ran through a few varieties of work and locations. Sam stopped her, with excitement, at "in a library." At first he could not believe that he might have real work, that paid real money, in a place that he liked. After we left, he kept asking me when he started---"Tomorrow?" We stopped by his house, where I said goodbye to his mother. She agreed to help Sam get a social security number. I don't believe Sam ever heard from the employment office. So, as usual, he began camp.

I had promised Sam something "special" for our last meeting. He had been unable to think of anything he particularly wanted to do, other than go to a baseball game, something J.R. had already promised him. So, remembering his enjoyment of the trip into Boston, his delight at the things he had never seen before, I suggested we drive into town. Sam agreed, without enthusiasm. There was nothing in particular he wanted to do, nothing he cared to see. He was sluggish, grumpy and negative, not wanting to go into places, and once there, wanting to leave right away. We did quite a bit of eating, at his request, but even this favorite activity was not enjoyed. Sam discarded large portions of untouched food and drink. His dreariness lasted only until we headed home to Shoretown. Then, he was looking backward, pointing to the city and recounting with unfeigned pleasure what we had seen and done. At the corner by his home, I told Sam again what we had rehearsed so many times: that I would not be seeing him again because our meetings

were ending and I was leaving the clinic, that I had enjoyed knowing him, that he had done well by my standards and by me, and that I was sad to be leaving him. I said goodbye and wished him well. Sam nodded, said nothing, got out of the car, closed the door and walked off, slowly, without looking back.

One week later, I received a call at home. It was a probation officer from the Shoretown District Court. Sam had been picked up for lighting a fire in the basement of his apartment building. The p.o. had been told that I knew the boy, that I had worked with him for some time. She wondered if I could give her any information or advice.

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