

THE CLASSIC TEXTS: 3

*Essential
Components in
Care and
Treatment
Environments
for Children*

HENRY W. MAIER



THE CLASSIC TEXTS

No writing is unimportant which helps us to understand the experience of troubled children, youth or families, or which challenges, enlightens or inspires us as we set out day by day to engage with them in helping relationships in our profession of child and youth care work. But there are some texts which have stood out, which have endured, which have become part of the 'required reading' for all in our field. In this series, the International Child and Youth Care Network (CYC-NET to its friends) starts to collect these writings for all to share.

Henry W. Maier, PhD, was for many years Professor (now Emeritus) at the University of Seattle, Washington, as well as a visiting professor at several universities in North America and overseas. He was twice Fulbright Scholar in Great Britain and New Zealand.

Significantly, in his professional career he worked as a child care worker for many years, and subsequently served as a child and youth work supervisor. While at the university he continued his interest in and identification with child and youth — as well as family — care. These themes have been evident in his teaching, consulting and numerous workshops and training seminars.

He has written articles, chapters and books pertaining to a better life for the development of children and adolescents and their caregivers. This article originally appeared in Ainsworth, F. and Fulcher, L. C. (Eds.). (1981). *Group Care for Children: Concepts and Issues*. London: Tavistock. It is published as part of CYC-NET's series on Classic Texts with permission.



Essential Components in Care and Treatment Environments for Children

Henry Maier

I. A quick glimpse at life in a residential care and treatment setting

“John and I are going out to kick the ball.”
“Good idea! In a while I’ll try to come out too and get in a few kicks. I need a whiff of fresh air too. Have fun,” responded their care worker, Sheila Thomas. She was pleased over her brief conversation with Chris and John. She thought to herself: “I did it! I was able to allow them to leave with a feeling of my interest in their doings and I managed to omit my usual admonishments about staying out of trouble and wandering away. Still, John and Chris will know that I will be nearby.”

Sheila Thomas, the 35-year-old child care worker of this unit, was jarred out of her reflective mood when she noticed that Matt, in explosive anger, was moving his possessions out of his room. She quickly learned that Matt was at odds with his roommate Al, whose possessions were mixed up with Matt’s. “If only each child could have his own personal closet space,”

thought Sheila. She returned with Matt to their room. She wanted to be certain that she dealt with both of them as she struggled over their differences. The worker felt sure that Matt’s outburst was a mere spark of a more persevering rage festering in him and possibly in Al as well. She thought: “If I could deal solely with Matt, he could be quickly appeased. And it would be so much easier. But neither one of us would then confront his continuous tensions. I also know that I can’t fully resolve their difficulties in sharing, but for children at this age I can work on it.”

Sheila Thomas called to the boys outside that she saw they had quite a ball game going; she still hoped to go out later. She also commented on the good play space they had chosen. Sheila congratulated herself for the fact that she managed to point out to Chris and John what they can do rather than a negative message such as “Keep away from the rose bushes!”

Sheila took a deep breath and moved on into the troubled den, fully aware that an on-the-spot counseling session would unearth more trouble than Matt’s immediate complaint suggested.¹ It was also her chance to be an effective care worker rather than a busy guardian. The session was a hot one. It took all her energy to avoid quick solutions. Sheila’s counseling session was unlike the ones undertaken by social workers or other counseling professionals, where all other activities are assumed to be suspended while client and counselor closet themselves away — as if their worlds were confined solely to the interviewing room. On the contrary, life for all three — Matt, Al, and Sheila — goes on. They could hear the television blasting away from the living/dining room. “Is the television really too loud? Or is the issue instead that there’s actually no suitable space for television viewing as long as it has to compete with the continuous clatter of table tennis on the adjacent sun porch? Maybe I should have the courage to fold up the table tennis. Its racket adds more din and confusion than it contributes to the boys’ relaxation. We should be able to find a better source for group play and recreation.”

It was hard for Sheila to concentrate on Al’s and Matt’s dilemma with life vibrating beyond the

interview situation throughout the living unit. Yet, she also knew that to deal with problems as they occurred amidst the flow of life was more realistic, and opened up avenues to the counseling process as well as enriching their lives immediately. She sat down with the boys and openly empathized with Al and Matt for their uneasiness over living away from home and for having to mingle with so many new faces. Nevertheless, that was the way it was; they had to be at the residential center. She explored with them how together they could make an undesirable situation more bearable. All three would struggle over the boys' desire to be home and the subsequent anguish of recognizing that their return would not materialize for some time.

Their deliberation was interrupted by severe shouts from the direction of the unit's kitchen.

"Your mother!"

"Your mother, yourself!"

"Your mother loves the bottle more than you!"

A vehement but tearful retort: "My mother'll take me home as soon as she finds a job. You'll see!"

Sheila knew that she could only deal with one situation at a time. Most important in her work was the challenge to handle a single situation fully rather than try to respond superficially to all eruptions. Her thoughts momentarily wandered away: "Lucky therapists who can deal with one problem at a time in their insulated interview rooms."

Sheila beamed as if a lightbulb had gone on. "I am better off here. I can make strides to lessen the boys' unhappiness. There seems to be something in common in the struggles of the kids in this unit and that in itself helps me understand what needs to be done as life goes on." Turning back to Matt and Al, she helped these two to explore the confusions and quandaries about their respective home situations. They did seem to be facing many uncertainties and much ambiguous information. Sheila began to respond with greater certainty herself. She could assure them that she or their social worker would try to obtain clear answers as to whether they could count on a visit home soon. She also inquired as to what were the most important questions for them. While she promised action, she also em-

pathized with their sense of hurt and unhappiness for having to live in an institution. She then explored with them what they could do right then in order to ease their immediate life situation. Sheila expected them to continue to be roommates. She voiced her concern over Al's difficulties in getting along with others and Matt's "short fuse".

Matt and Al were helped by Sheila with immediate behavioral tasks which each one could manage. Sheila likewise learned what she could do to make unit life more bearable for them. Her focus was upon becoming more adequate rather than avoiding or mitigating more difficulties. Sheila decided to remember: "Progress also means new troubles. When they'll be ready to play with the others, then their limited social skills and awkward body co-ordination will require renewed help in getting themselves included in group play." She smiled to herself: "I can just imagine that some day I will wish we were back to the days when I had only to deal with individual temper tantrums."

By this time all unit residents had returned from school. There was neither time for the worker to reflect on her session with these two lonesome roommates nor to have a respite for a cup of tea. She was well aware that each child required her special care. Even if a child in her unit actually presented no difficulties, it still would be a time for child care intervention. Sheila had learned that such a resident may either have adapted too conveniently to institutional life and require urgent assistance with his or her developmental progress, or the child might need an advocate on approaching his or her return to regular family life.

At this point the worker was certain that each of the unit's ten preadolescent boys were all troubled children; they required residential care. Sheila made sure that she had individual contacts and brief chats with each about their particular concerns or interests. It was not easy for her to focus upon their concerns. Her head was buzzing with messages, reminders, and tasks she must relay to them. It was very tempting to tell each what he had to do, just to get these concerns off her chest. She was proud that she managed to hold back new demands plus her

disappointments over the boys' unfinished jobs. She wanted to be sure to welcome each boy as an individual person of the group rather than as a resident of a joint household. The reminders must wait until a time when re-entry into an unwanted place had been achieved and some of the strain of a day in school had worn off. (Snacks and a period of loafing with few behavioral demands are instrumental for a successful re-entry phase-Maier, 1979, pp. 162-64.)

The child care worker's concerns for the children in her unit were interlaced with communication among fellow staff members. Sheila had to be sure to brief Tom Smith, the other worker for the afternoon and evening shift. She felt that in the past two hours she had put in a full day's work; yet more than half of her eight-hour working time was still ahead. One of the hardest tasks had to be tackled. She had to list to Tom all the unfinished tasks without becoming defensive, appearing inadequate, or blaming the kids. At the same time it was good to know that there was another adult to share the load. But as she knew too well, another adult also meant more demands by the children and a heightening of rivalry for each worker's time and good will.

As the phone rang again (easily the seventh call since lunch), Sheila's secret response was: "Let Tom answer it." She then noticed Tom fully engaged in fixing a boy's flashlight. Simultaneously, other youngsters shared with him their latest jokes. She was pleased to witness the happy bantering; she was also annoyed that she had to jump in again as the unit's phone-answering service. "Tom should do some of the work here!"

A call from the main office; the dentist in town has an unexpected open hour. He could see Clyde for his emergency appointment.

Clyde can go on his own. He knows the way to the dentist's office. Shall I give him the bus fare or shall I go with him? It would give us some private time together. He'll have some painful work done. I know he is scared. To call on one of the volunteers wouldn't quite be the same. If I were to go with him I would be with him at a time he needs somebody nearby. It would be

quite different from the times I tend to "stand over" him so that he gets on with the tasks at hand. We could also work in some shopping errands; an experience he needs and tasks I have to do anyhow.

An essential decision has to be made by Sheila. Even if Clyde is capable of going on his own, the worker knows that Clyde will develop more adequately if he has additional caring experiences built into his immediate self-management. Clyde can handle many tasks within the confines of institutional management. At the same time he is trying too hard to manage on his own. He lacks the common experience of turning for support when support is needed. He also has not had opportunities for casual shopping ventures. Sheila's decision to have Clyde go on his own or not is no longer a managerial choice; it has turned into a clinical decision.

* * *

In the foregoing pages we have witnessed life on the forefront. We gained a glimpse of a typical afternoon hour at a residential care unit where the child care worker had not a second to spare nor an inch to waste.

Child care, coupled with spatial arrangements, crisis handling amidst regular program activities, life events within the center, and life beyond its walls, all these factors make up the residential service provided to children and youth in care. The nature of the care offered to these children shapes their lives, and the children in turn shape the actual mode of care provided. Moreover, this mutually intertwined caring experience is not merely determined by the interactions between care givers and care receivers. Of equal impact is their physical setting, the material goods at their disposal, and above all, the external forces and institutions which support and negate their efforts. These outside systems, whether they are the child welfare agencies and communal institutions, the neighborhood and wider community, or the laws and society's conceptions of children's developmental requirements, all serve as salient partners in child care work. These systems define the grand

design, the contemporary world scene in which we grow and live.

The subsequent pages of this chapter will cover in detail the very intricate interplay of care giving and care receiving within the context of group settings. The issues before the reader will be covered under the following four major sub-headings: (1) the personal ingredients of care giving and care receiving, (2) care giving and care receiving functioning in the physical environment, (3) group living as an everyday life experience, and (4) residential life as a prelude to and extension of a child's home and community life.

II. Care giving and care receiving as a symphony of human interactions

What Constitutes Caring?

Care is a very personal experience for both the care giver and the cared-for person. Each needs the other. Each, within the process of caring, becomes more firmly attached and paradoxically takes on a greater range of freedom from the other (Maier, 1982b). For instance, a child care worker's efforts in helping Ray, a 9-year old, to ward off the experience of being teased by the other children in group care, brings this child and his worker closer together. In this example the worker does not express pity to Ray for feeling severely hurt over his peers' teasing. Instead, the worker introduces a new game to Ray and two other boys standing nearby. She invites them to play a game of "So What?" with her. This worker had just invented the game on the spur of the moment. In this spontaneous game, each one, including the worker, takes alternately the role of teaser and teased. The worker tries to set up a number of playful situations in which she lures each one into participating. While being teased in varying degrees, the teased-one must maintain his "cool" and remain able to respond matter-of-factly with "So what?" As Ray experiences the fun of becoming

engaged with the peers of his unit, he practices a more effective behavioral response and discovers in his child care worker a person who is interested in him. (Behavior rehearsals as an interventive method will be more fully taken up in Section IV of this chapter.) Ray experiences closeness to this caring adult and a new closeness to his peers. We note that while this worker consciously refused to curtail the teasing, the mutual playful activity supported Ray. Curiously, the very feeling of the worker's concern enables Ray to risk more and subsequently to leave the worker and the unit to join the outdoor activities. The worker, in turn, needs special opportunities for becoming close and enmeshed in a child's ongoing life situation in order to be able to enact her genuine care.² This particular child care worker is able to validate her role and feel in the groove of *doing* child care work. With her closeness to Ray achieved, the worker also has found an added sense of freedom. She and Ray are perhaps ready to relate to each other on a more meaningful level and to delve into additional difficulties. They might now deal with the immediate object of the boys' teasing: Ray's personal problem of being called "diaper boy" and "night floater," reflecting that he wets his bed at the age of 9. Perhaps the worker can now retain Ray's co-operation in conquering his enuresis.

The foregoing incident, an ordinary daily occurrence in residential group life, is not meant to imply that a child care worker's single interventive step can bring about a scenario of successful treatment events. Rather, the example is cited here as an illustration that the minutiae of everyday child care work provide the backbone for change. In the critical incident just cited, the worker might have been very tempted to remind Ray that if he were to stop wetting his bed the teasing would subside — a very logical position, but unsound for Ray's emotional needs.³ Psychologically, Ray would have temporarily felt even more deserted by the very resource he sought for help. He would have experienced an act of detachment at a moment when he reached out and needed anchorage. We note that the worker skillfully assisted Ray in overcoming some of his personal hurt and isola-

tion while she helped him enhance his personal skills. Little time and energy was allocated to Ray for telling his woes to a sympathetic listener. Instead the worker entered the scene responsively, assuming responsibility in assisting Ray to move beyond the present dilemma. He gained ground in handling conflict without falling prey to others' taunting (a sport typical of this age). For a group care worker the challenge remains to help the children with their effectiveness in meeting daily interpersonal crises rather than to try to avoid or to abolish conflicts. In fact, asking Ray's peers to halt their teasing would mean to ask them to disengage from Ray. The worker's role is to increase the mutual interaction of the group members as well as to include an effective caring concern and a possible program for Ray's efforts to manage a dry bed.

In the preceding case illustration the child and worker became a bit clearer about respective tasks at hand. Simultaneously, they became more attached to each other. Each one needs the other for his or her own competency development and verification: Ray, in the process of relating to peers in conflict situations, and the worker in the process of effective group care. Caring involves a process of being responsive to and responsible for someone (Wrenn, 1972). It is the activity of *being responsible* for others which differentiates the caring activities of group workers from other caring persons (neighbors, friends, teachers, etc.). It is the worker's role to be a change agent and to impact the children's personal development. The quality of care is not so much a singular question of how the workers feel about the children as it is how they translate their care into actions. What they actually do signifies the care they manifest as this is enacted in their role as care specialists.

Gauging Temperament

Differences in temperament have become more clearly understood through recent studies in early infant care. Time spent in caring for young infants is viewed as a constant give-and-take between the infant and her or his care giver. In infant tending we witness a blending of the baby's temperament and the care giver's partic-

ular disposition at the moment. Infant and care giver jointly find their mutual fit (Lewis & Rosenblum, 1974; Schaffer, 1977). The same holds true for older children and their care givers. In fact, this give-and-take process for tuning in and locating a joint rhythm occurs in the attachment formation in all ages of life (Maier, 1982b). This process of tuning in and finding common strands of attachments is one of the essential features of child care work with all age groups.

Let us start out with an illustrative example. The child care worker Harriet Costigan was having dinner with her table of eight pre-adolescent girls. Early in the course of the meal she nodded to a child across from her to convey concern. Almost simultaneously Harriet moved out of reach all items but fork and plate for Meg, the child on her immediate left. She quickly put the fork in the hand of Meg who had reverted to finger feeding. A girl at the other end of the table had also begun eating with her hands. Harriet noticed it but let it go. She knew that this particular girl was temperamentally a slow-paced but bright youngster who essentially related visually to others. The child's continuous surveillance kept her well apprised of what was going on; however, only strong stimulation would prompt her to act. In contrast, Meg was prone to react to the slightest stimulation with heightened activity. Harriet was wise to remove extraneous items at the moment, lest Meg be sidetracked from eating. Her worker also knew that for this child the fingering of food was not only poor manners, it would also spontaneously escalate to squashing food and eventually to throwing it.

We can better understand the differential handling described above, if we examine recent findings suggesting that persons are born with and are apt to maintain a particular temperament. Different temperaments require different handling. In early infancy, variations in babies' temperaments cause care givers to respond discriminately toward them (Thomas, Chess & Birch, 1968; Escalona, 1968). Follow-up longitudinal research further brings out that specific temperaments persist at least through the child-

hood years and may even continue throughout a person's life (Thomas & Chess, 1977).

Our personal experiences as well as observations of friends may help us verify that differences in temperament are clearly evident in the way adults participate at social gatherings. Some adults quickly find themselves in the midst of the group, aggressively meeting others. Some conceive of themselves as full participants in the gathering while remaining at a distance, physically removed but visually keenly engaged in the ongoing events. To expand further, in the past ten years we have learned from research on young children's modes of interaction that although there are no classifications of temperament, there is a vast spectrum of temperamental expressiveness. On the one end are children (and possibly adults) who tend to soak up with their senses what is going on around them as if they were "living radars." At first impression they appear to be very placid and inactive individuals. However, on further examination they reveal themselves to be active stimulus-scanners. Their eyes are continuously on the go. Their style of relating to the world around them is predominantly visual; they prefer to be a little apart from the events in which they are engaged.

In contrast, individuals on the other end of this temperament spectrum initiate and seem to thrive on continuous physical contact and bodily experience. These bodily active children (or adults) tend to find continuous stimulation in happenings and encounters within their immediate life space. One environmental interaction leads to another. The smallest variation or new stimuli is noted and responded to. These stimulus-impacted youngsters seem to be in perpetual motion and can well be described as the "go-go children."

Findings from the research of both Thomas, Chess and Birch as well as Escalona can be readily applied to the group care scene (Thomas, Chess & Birch, 1964 and 1968; Thomas & Chess, 1977; Escalona, 1968. Also see Segal & Yahraes, 1978, p. 41-51; Cameron, 1978; Schaffer & Emerson, 1964 and Schaffer, 1977). We learn from these studies that more bodily active infants, the "go-go children," immediately

engage themselves with whatever is within reach. For them each stimulus becomes a call for action. It is not surprising that their care givers, primarily their parents, spontaneously tended in these studies to channel and limit stimuli input. For example, while feeding a baby, the parent was apt to protectively cover the child's hands. In the crib it was common to present them with only one of two toys to avoid overstimulation. While bathing the baby the parent avoided splashing lest the infant start a tidal wave!

By contrast, the infants we have described as "living radars" adopt a markedly different approach to life events. They take hold of their environment visually. They tend to scan thoroughly their surroundings while also relying upon other sensory (tactile and taste) input. Their actions are typified by focusing, getting hold by sight rather than grasp, using their finger tips rather than gross muscular movements to sense their environment. In turn, their care givers were decisively more apt to increase their stimulation within the field of action. The infants were splashed while bathing. They were cooed to and bodily bounced about. They were deluged with toys and other gadgets in their cribs to enhance the range of life experiences. Parents intensified stimuli input while also granting them a wider buffer zone.⁴ In short, these parents had intuitively responded to their infants' major communication style.

What was the eventual outcome of these two groups of children? Differential handling for different kids but satisfactory outcomes for both! Almost all of these children, the "go-go" and "living radars" alike, developed into well balanced adults. This satisfactory development was probably enhanced by the care givers' intuitive handling, of accommodating to their infants' temperaments.

The descriptive accounts of these parents' interactions with their young children has relevance for work with older children living in group care settings. Imagine school age children in a group home setting coming into the dining area for their main meal; Some tend to come to the table as if playing a game of rugby. They reach for food while inquiring: "What's there to eat?"

The natural adult response then might be to focus-on one thing at a time: "Sit down!" "SIT!" "SIT DOWN!", accompanied by the worker's restraining movements. Simultaneously other children approach the table just as eagerly, perhaps slower in their movements while thoroughly surveying the table. They immediately spot things to their dislike and over distance voice their objections. The worker's reaction would be to ask them to sit down first, simultaneously calling attention to alternate attractions with pleasurable possibilities in order to widen these children's experiential scope (stimuli input).

For child care work the knowledge that children possess different temperaments and that these variations herald specific caring interactions can help us recognize the necessity for care givers and care receivers to mutually find their fit. Care workers have to allow themselves time for discerning a child's temperament. They have to observe and to experience both those children for whom personal involvement requires body contacts and reduction of stimulative input, and those children for whom personal closeness is expressed over distance and requires visual and other stimuli. In short, different strokes for different blokes. Most important, the institutional work settings have to assure the group care staff sufficient time so that managerial tasks do not compete with this kind of selective caring activity.

These recent findings make questionable some of our established emphasis upon standardizing expectations of behavior and consistent handling of the group of children in care. We have noted that similar treatment of children has a different relevance for each child. If children do vary in temperament, then they logically secure for themselves different life experiences from their care givers (Brazelton, 1977; Lewis & Rosenblum, 1974). Child care workers can tune in quite readily to their children's particular care requirements.

For child care workers to expect of themselves or be required by the program design "to be laterally consistent" is neither a natural nor a desirable objective. Contemporary child development knowledge suggests that the fo-

cus in care has to be upon finding a proper enmeshment with the unique child and to proceed accordingly, seeking a mutual fit of that child and his or her care giver rather than trying to adhere to identical behavioral responses for all the children within one group.

Rhythms of care

At moments in which individuals find themselves fully in rhythm with one another — dancing, singing, hand clapping, in sexual activity, in a game of table tennis, in the rapid interplay of ideas in a rap session — these moments of rhythmic exchange provide an experience of close togetherness for the persons involved. Rhythmic activities seem to confirm the experience of repetition and continuity of repetition — and with it a sense of permanency and a promise of predictability (Maier, 1978: pp. 36-43). The individual participating in rhythmic activity experiences a quality of mutual unity and interdependence (Brazelton, Koslowski, & Main, 1974; Lewis & Rosenblum, 1974; Maier, 1978, 1979; Schaffer, 1977).

In early childhood much of the care givers' and infants' energy goes into a kind of "dance" where each one tries to fall in step with the other in a cyclical pattern (Hersh and Levin, 1978, p. 3). In this process of mutual inclusion, both search for a way to establish and to maintain a joint rhythm. Rhythmicity is moreover the hallmark of infant toys and activities. Rhythmic experiences, such as rattling a rattle, playing patty-cake, listening to lullabies, or rocking jointly, bring infant and caring adult into a single frame of joint action. These experiences seem not to be limited to early child developmental periods but tend to be essential for effective interpersonal relationships throughout life. In a number of studies of this phenomenon, rhythmic interactions have been noted as the "molecules of human behavior" and basic to all human communications (Byers, 1972; Condon, 1975; Maier, 1979).

In group care individuals are brought together for varying time spans, where each seems to have his or her own rhythm without having been previously "tuned" to the others' style of

life. Opportunities have to be created for these participants to discover common rhythms.

Frequently the children themselves create such moments — and occasionally to their caring adults' consternation. Sing-song slogans, for instance, are most contagious for their rhythmic patterns; they tend to be chanted far beyond the outsider's endurance, while the chanters themselves experience a deep sense of unity. It is not surprising in periods of tension that the single rhythmic banging of a spoon at mealtime, perhaps an accidental occurrence, is apt to be picked up in a flash by a whole group. It is the very search for belongingness which makes rhythmic unity such a desirable factor at moments of severe uneasiness in a residential unit. The same contagious ingredients may be observed in the rhythmic chanting or clapping at rallies — and even more so, in demonstrations. Group care workers can make valid use of this knowledge of the power of rhythmicity. A worker may want to utilize rhythmic interactions as a means for becoming a more vital part of the unit by initiating such exchanges as tossing a ball, singing, dancing, or jam sessions, engaging in a modern "shake" (the exchange of several rhythmic alternate handclaps in place of the traditional handshake) or finding a common rhythm in speech, body movements or head nodding. At moments of tension, a familiar record with an inviting rhythm, the tossing around of a quickly exchanged beanbag or a slowly floating balloon can more readily lead to rhythmic togetherness and relaxation than a worker's well meant words of admonishment. In these moments of joint rhythmicity, participants have opportunity to experience a sense of unity and anchorage.

Rituals in many ways constitute an institutionalized form of psychological rhythmicity. Rituals represent a cultural confirmation of a repeated practice, while the participants experience a deep sense of togetherness. In group care, and for children and youth in general, rituals have particular significance as long as they are the children's rituals rather than adult ordained routines. Rituals, more likely than not, arise out of some spontaneously repeated practice. In one group care program, each child gave an old

statue in the corner a pat or slap before getting ready for bed. This ritual represented an essential event for the children, eventually becoming just as important as the worker's nightly good-night bidding or personal pat.⁵

Each institutional unit can probably list its own significant rituals. Examples cannot be cited here. Rituals have to emerge on their own and require the workers' full support as important events in their children's lives, even if they may appear rather ridiculous from the adult's perspective. Conversely, caretakers need to guard against perceiving as "rituals" such highly desirable routines as teethbrushing, waiting for everyone to be seated at mealtime, or other behavioral expectations of adults. These are routines and need to be dealt with as such for their practical necessity rather than for any remnant of sacredness pertaining to ritual. Routines serve to accomplish required tasks smoothly with minimal energy and time investment, to achieve temporary order for each person involved. Rather, rituals introduce procedures which prolong or delay the business at hand and enliven the activity, establishing it as an event of consequence close to the realm of sanctity.

Dependency has to "taste" good

"Stay here — so that I can do it myself," a 3-year-old pleaded with his parent. What this young child sensed correctly is a factor of development easily overlooked by adults: close attachment initiates freedom (Maier, 1982b). Children in residential care particularly are plagued by uncertainty and are often hampered by a severe lack of dependency upon dependable care givers. Children in residential care, as children anywhere, require secure dependence upon reliable caring adults in order to develop into dependable adults themselves. A child is, as Alfred Adler has been credited with saying, both the artist and the painting. If children in group care settings could verbalize their psychological state as freely as the 3-year-old above, they would be apt to call out: "I want to count on your being with me so that I can comfortably risk doing without you!" Dependency begets independence (Maier, 1986d).

In human development, as recent research findings clearly highlight, a support of dependency and a nurturing of attachment leads to greater readiness to branch out and proceed on one's own. This apparent contradiction can be witnessed in the developmental progression of toddlers. Early in toddlers' development they hold on tightly. The more assured of a stable support, the more ready are these young children to venture on their own. Or, later in life, the more persons are certain of support the more they are ready to risk and to proceed on their own (Sroufe, 1978).

Studies on dependency formation, moreover, reveal that children with highly responsive parents are the ones who are the least fretful. Children securely supported in their dependency strivings are the ones who ultimately achieve secure independence in the very behaviors in which they clamored for support. (In essence these are children who have been pampered!) Our previous fears of spoiling children and succoring a prolonged state of dependence may not be justified. In fact, children who tend to be so adamant to perform on their own, as well as children who tend to tyrannize their child care staff with suffocating attention-demands, are predominantly youngsters who have suffered from too little attention and meaningful attachments (Segal & Yahraes, 1978). Findings in the past ten years strongly suggest that a lack of dependency support creates greater havoc in a child's development than prolonged dependency itself (Ainsworth, 1972; Ainsworth, Bell & Stayton, 1974; Brunner, 1970; National Institute, 1968; Schaffer, 1977). In our work with children in group care, dependency support and nurturance are fundamental ingredients of care. They are respectable companions to the conventional basic three: food, shelter and clothing. Children and adolescents in group care setting, often having had scattered experience with having dependency needs met, have yet to experience fully that *being able to depend upon dependence feels good*. Group care programs have to be structured in such a way that child care workers have time, know-how, and above all, immediate support for dependency nurturance.

Dependency support and attachment-fostering efforts are typified by such activities as child care worker helping a child with bedmaking or doing it for the child. The worker may rightly consider it important to do such a task for or with the child, recognizing that the child needs to feel important and wanted. Moreover, bed-making becomes valued as an essential ingredient for comfortable living, and eventually the child will be able to do it independently. The child care workers attending to these child care chores may appear to superiors, peers, etc. to be slaves to the children; they are not. In fact, these workers deserve to be specifically recognized for their involvement and investment in their children's lives (Mehler, 1979). What they are doing is not too different from the common engagement of having a cup of tea prepared and poured or a small errand attended to by a close friend. All these small acts of attention feel good and enriching, even when they could readily have been done by oneself. To feel accepted and to savor such an experience of being attended to is not only pleasant, it is also normal, adaptive, and basic for satisfactory development (Dupont, 1978; Maccoby & Masters, 1970; Sroufe, 1978). (One feels so much freer and less alone, and paradoxically, one can then do much more by oneself.)

Acts of nurturing support and opportunities for added worker-child enmeshment occur throughout the day, often occurring through minute worker-child interplay. They most frequently take place by means of actions rather than words — for instance the worker stopping what he or she is doing while a child is sharing some observation or complaint. Dependency supports also include extra (requested or not) squeezes, pats, or, roughing up a child. (One must, however, be certain that "roughing up" communicates unmistakably for both child and worker: "I like to be with you and care for you.")

Verbal communication can also be utilized toward this end. Workers sharing with children that they thought of them during a separation, or a worker spontaneously expressing good feelings toward a child, communicates caring, of "being with" the child. For example, 15-year-old Carolyn leaves for school after three days of sus-

pension for fighting, and her worker was heard to comment: "Carolyn, I'll take a deep breath around nine o'clock this morning, the time you return to your class. Let me know what happens and what you thought end felt. I am sure that you will have some tough moments. Tell me how you managed." This writer is sure that this kind of interaction and involvement in Carolyn's conflict-prone life has more promise than well meant but distancing remarks like: "Be good!" "Stay out of trouble!" Children, like human beings anywhere, need to experience that someone is fully with them even when they are alone. In Urie Bronfenbrenner's cogent words: "Every child needs at least one person who is really crazy about him (or her)" (Bronfenbrenner, 1977, p. 5).

Attachment and attachment behavior

The preceding reference to attachment formation is based upon formulations in which a distinction is made between *attachment* and *attachment behaviors*.

Attachment denotes the affective bonding experience — the feeling of mutual dependence — known or felt by an individual but not necessarily behaviorally expressed. Attachment specifies an experience of interpersonal intimacy and closeness where support has the promise of reaching beyond the present. In a sense, attachment formation is another way of conceptualizing what is generally called "developing a relationship." Attachment emerges when a relationship moves beyond a beginning phase. It is a common event in early child development during the second half of a baby's first year. It is then, at this particular point of development, that stable hierarchies of preferences (attachment) develop. It is also the time when a good deal of trouble starts, such as the child's preference for one parent over the other, or demands for a parent's presence over a previously acceptable babysitter. These manifestations are promising signals that the individual is well on the way in his or her maturing process. These child developmental incidents are matched by similar occurrences in the selective attachments to different workers by the children in group care set-

tings and by evidence of fluctuating feelings as work shifts change or substitute care workers are introduced. Attachments occur and are needed at any point in a person's life (Bowlby, 1969; Bronfenbrenner, 1976; Sroufe & Waters, 1977). After all, one of the signs of maturity is to have the capacity to choose on whom one will depend and to maintain such an attachment over time.⁶

Attachment behaviors, as the words already imply, represent efforts of striving towards attachment but in no way constitute attachment as such. Attachment behaviors signal that the individual's self-management capacity is experienced as unsteady. Attachment behaviors can be described by such proximity-seeking efforts as clinging, staying close, or repeatedly posing self-evident questions (e.g., "What time is it?" "When do we eat?") which actually are a cry to be noticed and included. It is useful in practice to be aware of this differentiation and to recognize attachment. Appropriate actions have to be directed toward the process of attachment formation rather than the attachment behaviors themselves. Attachment behaviors, moreover, are intrinsic and natural human reactions and are not merely peculiarities of children in group care settings. Studies of securely attached children bring out that in moments of stress, such as at points of separation, they seek the proximity of the care giver. After reciprocal response of inclusion by, the care giver, these children can subsequently handle the separation more competently. In contrast, children with uncertainties in their attachments will either avoid falling back upon their primary care givers or will have added difficulties in facing the changed situation (Kagan, 1978; Sroufe, 1978, p. 56).

Applied to group care this means that such daily care events in attachment strivings should be dealt with as attachment seeking ventures rather than as behavioral expression *per se*. Frequently, when a child screams about other children's behavior with such penetrating volume that it can be heard in the farthest corner, this call is a cry of loneliness and a sense of desertion rather than a mere act of disruptive behavior. Workers may want to conceive of these cries as reminders that the particular youngster needs

much active assurance of being included by the worker, possibly right at that critical moment or perhaps later on. The child's loud screams, i.e., the attachment behavior, is not the point to be addressed. Thus, the tempting reaction of shouting back: "Stop your screaming!" would need to be swallowed in preference to a caring response which has significance to the youngster.

Theoretical Crossroads

The foregoing concern, whether to focus upon the child's specific ongoing behavior or the individual's assumed basic requirements, is actually a question of theoretical grounding. The previously cited illustrations may serve as an opportunity to highlight the differences and consequences between operating from a behavioral or an interpersonal perspective.

One can delineate the behavioral modification stance in the following: ignoring the child's cry is used as a technique for extinguishing an undesired response, concomitant to this is the reinforcing behaviors (showing attention) when the child is peacefully engaged. While within an interactional perspective in the preceding case example, workers are lauded for their response to the child's cry for assistance and human compassion in a moment of lonely despair. The piercing screams are not conceived of as the central issue but are automatically extinguished once the child feels a stronger sense of attachment. Both perspectives present as the desired end the elimination of undesirable responses and the strengthening of more effective behavioral capabilities. Yet the difference in the value orientation and actual practice activities and potential outcomes are in stark contrast. Within a behavioral perspective the emphasis is upon behavioral modification, as the name of the approach clearly signifies. Within an interactional perspective the inter-relationship of people, the fostering of attachment and the reliance upon developmental process, move to the center. Behaviors, in contrast, are envisaged as instrumental rather than as the essence of human existence (Mordock, 1979). In the illustrative example above, workers in this context are expected to relate when needed to the total child

rather than to the child's behaviors. Behavioral thinking, in contrast, conceives of the child's behavior as a manifestation of the child as he or she is.

The behavioral approach in one way is most inviting for its clarity in purpose and apparently simple application in complex situations (Browning & Stover, 1971). Also, a good range of research findings have heralded behavioral management approaches for their proven efficacy. True, behavioral modification is effective as long as specific behavioral changes are conceived as the immediate and ultimate target. The interactional approach has a stronger appeal to persons and institutions with a humanistic orientation. For them, their source of information and verification comes from research on child development within the context of a child's everyday developmental life experiences. Their basic concern centers in providing children with everyday sustenance. The interpersonal approach would maintain that providing a child with the needed support must occur when the child needs it rather than when particular behaviors are acceptable. Strong differences in belief and value systems come to the foreground with this last statement.

Which orientation shall prevail? Both find application within this volume — and more so, both points of view (and frequently a combination of them) are continuously applied in the many practice settings. This writer obviously relies upon an interactional perspective. This perspective is akin to his belief system, and belief systems ultimately determine every person's theoretical bias. Moreover, this position can also be well supported by recent research findings in child development. Findings point out that the *quality* of rootedness in interpersonal attachment determines the nature of behavioral expression and change rather than the behavioral output as determinant of the basic development of human relationship (Brazelton, Koslowski, & Main, 1974; Dupont, 1978; Kirigin, Braukman, Atwater, & Wolf, 1979; Maier, 1978b; Schaffer, 1977; Segal & Yahraes, 1978). In spite of wide usage of both orientations, there is a decisive difference between them. A behavioral point of view conceives hu-

man beings as basically a behavioral apparatus responding to environmental stimulations and reinforcements. An interactional perspective requires one to conceive of human beings as multidimensional, as feeling, thinking, as well as behaving persons — acting and responding all in one (Maier, 1976). To put it another way, the essential differences between these two basic alternate conceptions rest between linear, inductive thinking (basic to learning theory formulations) and nonlinear, cyclical, deductive thinking (underpinning system theory and an interactional conceptualization).

Attention-seeking/human contact-needing

Let us examine more closely the phenomenon of attention-getting demands, for the previous brief paragraphs on attachment and attachment behaviors have not really addressed the common fear of feeding into attention-getting behaviors. Attention-getting behaviors are part and parcel of children's everyday lives. However, children uprooted from their original living arrangements tend to exhibit such behavioral expressions even more strongly. It is not that they require more attention than other children; rather, as a group they have experienced, thus far, less dependable attention. Attention-getting efforts are actually attachment behaviors, involving strong individual intrusive thrusts directed toward winning fuller inclusion. Thus, the child clinging to the worker, overwhelming as that can be, may be better understood in the light of the child's quest for inclusion rather than as undesirable "hogging" for exclusive attention.

Wanting attention is basically very human. Who doesn't want, need, and deserve it? In our work with children or youth the salient issue is not the fact that an individual wants attention, although this reasoning is frequently used to explain and by-pass a child's behavior. Instead, a child's desire for attention has to be understood and addressed as a legitimate expression. To reach out for approval and companionship, to turn toward others when in distress — these are all natural desires and requirements. The writer trusts that these human qualities are also valued

by child care staff and their institutional programs (Chess & Hassibi, 1978).

The issue we must concern ourselves with is establishing more secure anchorage for these children and helping them move toward more effective inclusive behaviors. For child care practice the task is thus threefold:

(1) Child care workers demonstrating an open attitude toward the children's desire for inclusion. Children are to be welcomed as vital and full partners in the unit's daily life and into society in general.

(2) Workers responding sensitively to the children's urgent appeals for immediate satisfying contacts and clearly acknowledging the stress the child is undergoing.

(3) Workers preparing to overlook at the moment the children's unsatisfactory behavior. Suitable behavioral expressions are taught when appropriate for the child's learning. Sometimes teaching takes place at the critical incident and sometimes later on.

The range of appropriate child care givers' interventions is vast. It may suffice to envision as model a mother's everyday response to the piercing screams of a child whose tower of blocks has unexpectedly caved in. A sensitive parent will respond to the child's frustration rather than to her inconvenience at being called away from her task at hand. She will respond to the child's experience of disappointment rather than to the unpleasantness of the screams. Above all, she will encourage the child to try again, possibly assuring him or her that there is no need to scream so vehemently. Even better, she may not comment at all the child's vocal outburst of despair (in contrast to trying to extinguish the screams lest the youngster become a screamer). Recent research points clearly to the fact that it is not the children's future behavior, but their future trust in others and consequent sense of independence that are at stake (Kagan, 1978; Sable, 1979; Segal & Yahraes, 1978).

Bodily comfort speaketh the loudest

"Try out these soft floor pillows," says a group care worker while handing cushions to a number of 18-year-old girls sprawled out on the floor

for an evening of television watching. "I turned up the heat in the bathroom, so it will be good and warm when you get out of the shower," remarked another care worker. Concerns for bodily comfort, like straightening out children's blankets at bedtime in order to make them more comfortable for the night or sitting down with a child on the floor so that the youngster can afford a more relaxed bodily posture and eye contact, are common child care activities. But however spontaneous or mundane, this quality of caring is vital and should not be overlooked. Throughout life a sense of well-being and caring is closely related to the degree of bodily security and comfort a person experiences. Moreover, as an individual's bodily comforts are met, so does the person feel welcomed and wanted and more receptive to risk experience beyond his or her immediate bodily demands. Physical sustenance and comfort are thus essential measures of care.⁷

Care giving in many ways is anchored in the personal involvement aspect of the physical care rendered by the care giver. It is the care giver's personal investment which converts physical care into "caring care." A worker taking the time to tuck a child into bed, to offer suitable clothing, fix a girl's braids, or rub a youngster's cold hands — these actions deal with transmitting personal physical care and constitute some of the most fundamental components of child care (Maier, 1979, pp. 161-64).

Because the rendering of personal care of children is so closely associated with the provision of the necessities of life, it is common for child care services to theoretically justify the assignment of both homemaker tasks and child care to the same staff. Actually, budgetary considerations are frequently the basis for this dual assignment. It becomes then questionable what priority is given to the task of relating to the children *per se*.

Theoretically and practically speaking a group care setting is *not* a home. It is true that both family and group care settings are primary group systems. The primary processes are inherent in each, but group care programs are not comparable to family life existence. In order to draw a meaningful line between physical care

and physical management functions, it is essential to classify all household functions as management functions; from ordering provisions to seeing that the toothpaste tubes are capped; from washing to the issuing of clothing; from cooking to the serving of meals; from scrubbing to achieving an orderly unit. These management functions need to be carried out by household *maintenance* personnel who can carry them out more efficiently.

With more flexible time at hand and a clearer assignment to assist the children with their most urgent everyday requirements care staff can pursue more readily their primary roles. Staff can then focus on training children in the tasks which must be mastered in order to live effectively as members of a household. Workers and residents together will appropriately take some responsibility for the maintenance of clothing, for joint sharing in some of the preparation and serving of their meals, and for a creative investment in personal care of their place. Maintenance staff, just like the administrative staff for each program, have to be selected equally for its specifically required capabilities *and* its readiness to be concerned with children's requirements. A cook, bookkeeper, gardener, agency director, or general maintenance person is a vital partner of the total care program. Each one is needed for his or her specialized competency. Each adds his or her vital contribution by which he or she brings to bear in the overall planning and in the interactions with children and staff whatever is essential in the care of children as persons in their own right. In short, the cook, child care worker, executive or janitor is always a person with his or her task speciality and a full member of the extended child care team.

Awareness of the physical comfort as a prelude for care can be expanded to the way we deal with an individual's personal space, personal belongings, and spatial orientation in general. The child's private place, or drawer, or his or her personal piece of clothing needs to be honored as part of the individual's special realm, even if the person is not present to claim it (Bakker & Bakker; Rabdau, 1973). We all can envisage instances when household pets have private spaces which are respected. Do we similarly

grant to children in our group programs such rights and respect? Do children and adolescents in residential group settings also have a chance to establish territory which is genuinely their own?

Such spaces — private “corners,” beds or other “mine only” places — have to be indisputably theirs as part of their inalienable rights within their child care arena. It is important to affirm such spaces as ‘duty free’ regardless of acceptability. Youngsters need to find evidence of their right to exist in difficult as well as in good moments. We are reminded of instances when one child feels hurt that another has taken his or her favored seat although other chairs are “just as good.” These are not mere nuisance occurrences. For the child it is an event of personal consequence. Studies of animal and human uses of space clearly suggest to us that invasion of private space is felt sharply as a direct assault to one’s body (Bakker & Bakker-Rabdau, 1973; Freedman, 1975). There is a saying: “Good fences make good neighbors.” This assertion might also apply to children, They too want their territory known and respected. (The concern for private space in the midst of much shared territory in our child caring institutions and group homes will be more fully reviewed in the next section of this chapter.)

Transitional Objects

As a corollary to the above, it is also significant that when children move from one setting to another, they require assistance in making the unfamiliar familiar. Transitional objects — a much loved blanket, cushion, stuffed beast, toy, photo or trinket — serve as linkage transforming a strange place into more familiar surroundings (Winnicott, 1965).⁸ The children’s treasured possessions, usually a meaningless old tattered object to a casual onlooker, can be vital sustenance for its owner.

It is inherent in the contemporary scene that each child care worker serves also as a personalized transition worker — a person facilitating children’s transitions from one life situation to another. Children and youth need assistance with entering, coping and moving forward into a new situation. It follows then, that we need to

guard against stripping individuals of their transitional objects as they enter new group living situations. Also, continuing contacts with previously supportive persons provide not only a helping bridge but are essential as transitional contacts for the child.

Behavioral Training

The reader may have been puzzled while traveling over the preceding pages that little reference has been made to the training connected with self-management and the maintenance of discipline. These aspects of care are important features of child care. In fact they are so essential that they should be attended to when they have the fullest possible impact.

Children learn most readily from those who have vital meaning for them. They learn from persons like their child care workers whom they recognize as persons to be counted on. They copy those whom they perceive to be on their side, tending to follow those people whose ways of dealing with life issues are most akin to their own. The persons most meaningful for their power, as well as closest to the children’s own life situations, have the best chance for influencing the children’s behavior and training. In addition to the primary caring persons, very frequently it is the slightly older siblings and peers or the heroes in stories and on television, a few steps ahead in development, who represent models and idols. They may be almost of equal importance to the central caring figures as well (Bronfenbrenner, 1970; Kessen, 1975; Schaffer, 1977).

Social capability rests upon personal attachment. It is essential to keep in mind that the most potent behavioral training goes hand in hand with a sense of reciprocal closeness and attachment. Effective acquisition of behavioral standards is a consequence of the combination of accepting dependency and wanting to incorporate significant adults’ behaviors as one’s own (Maier, 1978b, chapter 3). When child caring adults have a sense of close attachment, effective child training starts and more complicated socialization efforts can take their course. While socialization proceeds, children or youth will periodically dip into emotional de-

pendence upon their care givers. These linkages will be both fundamental and freeing. In other words, the fostering of self-management and of enriching children's behavioral repertoires are intimately linked with the formation of close attachment with the care givers (Maier, 1982b). The preceding pages have essentially taken up the more immediate environment of personal care which has to be provided to children and adolescents anywhere — especially to those in residential group care. The points discussed thus far could well be enumerated as the “core of care,” the essential ingredients for the development of children and youth at home and away from home (Maier, 1979).

III. The language of space physical arrangements

Spatial arrangements and how they influence daily experience

“We shape our buildings — and they shape us.” This sage comment attributed to Winston Churchill (Proshansky, Ittelson, & Rivlin, 1970, p. 18), also applies to the physical arrangements of residential group care settings. Spatial patterns have the possibility of enhancing or inhibiting activities. The use of residential territory is as much a reflection of the space available as of the quality of interaction between residents and staff (Wax, 1977, p. 51). Only by unusual coincidence will our readers be involved with the design or with the complete rebuilding of a residential setting. Most of us are confronted with the inimitable challenge: in which way can the present setting be adapted within its unalterable limits in order for spatial arrangements to shape service activities in the desired direction?

For the moment let us look in at the age-old phenomenon of children pushing each other as they enter the dining area. This tumbling and shoving is in part a function of age and it is not unusual for a child to thrust forward as if he or she

is the only one to find a place at the table, even when customary places are assured. But in part, these scrambles are frequently a matter of the kind of space and timing we offer that take into account sufficient room for children's awkward body movements manifested in moments of hurry and excitement. True, these jostlings can possibly be controlled by continuous supervision and much child care effort. However, the same change in behavior can be potentially achieved with an alteration in the physical and timing arrangements. A wider “freeway” at the entrance and between tables is apt to cut down on the pushing and shoving. Such physical alterations can likewise conserve child care staff's energy and avoid an atmosphere of admonishment preceding mealtime gatherings.

Chart of the spatial residential arrangements

Ever present in the dialectic dilemma is the assurance of ample common space while guaranteeing each individual unhampered pursuit of personal interest and associations. Moreover, there is the clear need for continuous proximity of staff while simultaneously assuring the resident a sense of intimacy and private experimentation.

In order to make immediate use of ideas and questions reviewed within this section of the chapter, readers are urged to chart for themselves the physical realities of the residential service program with which they are concerned. On a large sheet of notepaper sketch roughly the groundplan of the residential building(s) and outdoor space of one child care unit. If the unit is housed on more than one floor, make a diagram for each floor level. Draw in existing walls, steps, doors, windows, built-in closets, major equipment (e.g., refrigerator and plumbing) as well as large pieces of furniture (beds, chests, tables, chairs, couches, television, sewing machine, etc.)

In a study of this diagram of the physical group living environment it becomes important to discern what the spatial set-up allows and encourages, and what it tends to hinder or negate. In which ways do spatial factors impact privacy, supervision, the flow and speed of interactions,

spontaneous groupings, access to child care staff as well as contacts with the outside? In such a review, do the findings dovetail with the objectives of the service program? These questions are based upon the understanding that every spatial constellation implicitly allows and hampers actions. Indeed, space controls behavior (Proshansky, Ittelson, & Rivlin, 1970; Sommer, 1969).

Wherever space supports the work endeavored, the question remains: in which way can spatial factors be altered to even further accentuate this process? Sometimes small spatial alterations bring about substantial changes in the flow of behavioral interactions. For example, care workers frequently maintain an open door while engaged with paperwork in their child care offices. The workers' availability or degree of concentration upon their office tasks can be signaled by the arrangement of their work space as well as their seating position. By arranging their workspace at the far end of the room rather than adjacent to the entrance, their position conveys clearly: "I am away and at work!" If residents want to establish contact, they are required to come fully into the room while separating themselves from their own peers' sphere of life. When spatial arrangements are actually impeding or complicating the program, the challenge exists to alter these physical factors. This need becomes particularly urgent when existing arrangements are justified because they have been like that for years! Readers will quickly be reminded of settings (hopefully places of the past) where children are forbidden to run lest plant stands or other cherished mementoes get knocked down. One more illustration: in some programs where the doors of the children's room open to the inside, children are apt to barricade themselves in their rooms when severely agitated and in special need for adult contacts. A small carpentry alteration in the frame and a re-hanging of the door may offer possibilities for additional and more promising avenues of intervention. Readers are challenged to review their diagrams and ponder about the residential unit's physical arrangements. Change space, and advance program!

Private Space

Territory defines the person. A person's power position and value to an organization can invariably be estimated by the relative space granted as *private* (personal) working domain. Compare the size of the executive's office with those of other offices, the social workers' offices with those of the child care staff. Secretaries frequently protect their desk tops; janitors are intensely possessive about their supply closets; while child care workers guard closely the space allotted for purses, notebooks or other personal belongings. It is not surprising that persons without an office of their own jealously guard that vestige of private territory they *can* claim (Stea, 1970). In applying these observations to work with children and adolescents, we see quickly the importance for children to stake out their territory and the necessity for recognizing their private spaces as personal turf (Bettelheim, 1974). Private space is not only urgently required for a verification of self; private space is also essential for each person as a refuge for contemplation and revitalization of energy (Mehrabian, 1976).

What actually constitutes private space? It is an area recognized by the occupant and others as the claimant's full and rightful possession. It represents an area which the occupant can use, arrange and rearrange, or even disregard according to his or her liking. Most important, it is a place where persons have full control over themselves and their immediate environment. The occupant has the sole right to invite or exclude others within this safe place (Bakker & Bakker-Rabdau, 1973). It is a spot where intermittently the individual can be an island to him or herself. In the absence of any such assured sanctuaries, people tend to create their own "private spaces" by such behaviors as placing themselves behind a newspaper while traveling. Harassed parents may retreat to the bathtub as their sanctum. Children lacking private space of their own tend to seek out the privacy of a swing, toilet, etc.

The wish to be periodically alone and to have space of one's own is not merely a whim of children or adults, it is a human requirement. The latter becomes even more urgent for persons liv-

ing or working in close proximity with others; (Freedman, 1975). Moreover, at moments of personal tensions and social change, individuals require added privacy and the assurance of ample space of their own.⁹ We are reminded of instances of crises when children seek out the assurance and solace of their rooms or wander off the institutional grounds or even run away. Similarly, we witness that when children are tense they require more space between themselves and others, even for instance as they watch television together. Conversely, conditions of sudden overcrowding can bring on intense anxiety, panic behaviors of either fight or flight, or even a suicide (Wax, 1977, pp. 51-52). The necessity to maintain more space in moments of stress is not necessarily a manifestation of peoples' irritability but rather their very human requirements for larger buffer zones (Horowitz, Duff, & Stratton, 1970). It is an established fact that persons in a schizophrenic state maintain a greater distance from people around them and are in need of more private space for themselves in order to function at all (Bettelheim, 1974, pp. 136-37; Sivadon, 1970).

What constitutes privacy in the fish bowl of group living?

At this point it might be advisable to pursue further the diagrammed layout of the residential unit. Draw in with contrasting color or picture mentally for yourself the *private* space granted to child care staff.

This little exercise is apt to reveal quickly whether child care staff have such essential space actually accessible to them. Provision for space is a necessary privilege automatically assured to other professionals in their respective offices. If by chance other professional space is also inadequate, this still does not negate the need for such a refuge at the child care level.

As the next step, shade into the diagram (or visualize for yourself) the *private* space granted each child. Delineate in the children's rooms only those areas as private territory which are distinctly private. Also add in acknowledged "private space" within the larger residential setting and its neighborhood.

Children require private corners for their *personal* belongings and for solitary times. It should be noted that protection of personal possessions is primarily an issue of privacy and only secondarily a mechanism for keeping order in the unit. If the concern for order and safekeeping of a child's belongings is a justifiable issue, then some of the belongings may have to be stored selectively in order to safeguard personal possessions and to maintain basic clothing and equipment. To reiterate, a box, a drawer, or a shelf is a must in group care. Moreover, children and youth require territory in their own rooms and in other areas of their group living environment where they can be comfortable and on their own to brood or to gloat, to loaf or to concentrate, to be privately with friends or to indulge in solitary play. Private space also assures the freedom to leave one's project undisturbed for an eventual return.

The sleeping quarters, bed and room, in almost all cultures tend to carry a most personal connotation. For young and displaced people it seems to take on added significance as a vestige for anchorage when their course is unclear. Changes, especially arbitrary or frequent room or bed changes connote a sense of impermanence and casual disregard for the residents' place within the group care setting. The fundamental concern that we may want to bear in mind is that the residents' sleeping quarters are bedrooms belonging to the *residents* as their temporary home base. This principle may contrast to some settings where the rooms *per se* are conceived as belonging to the institutional service rather than an integral arm of the service itself. Special effort has to be directed toward establishing that the children's beds and rooms are not only attractive, comfortable, and practical, but that they symbolize almost more than any segment of the residence the message: "We care!" (Bettelheim, 1974, p. 153). Staff needs continuously to search out whether attention given to furniture, room arrangements, and decorations are really in the best interest of the children or whether these concerns reflect an adult conception of a spick and span and respectable place. A sense of private space and personal investment is not fortified by the imposition of adult stan-

dards. The reverse seems to be the case: a sense of personal investment and ownership leads to a greater openness to adult suggestions.¹⁰

The assurance of private space depends much upon marking off respective boundaries. Ownership has to be acknowledged by all parties involved (Bakker & Bakker-Rabdau, 1973). Putting up name plates on doors or posting of signs as “private,” “stay out,” or roping off an area, are effective means of reaffirming established personal space. Such notices are commonly employed by children in their own homes; and readers themselves will recall placards reading “no entry,” “knock before entering,” etc., which were loftily posted on doors. The same holds true for the creation of temporary private spheres within the public life of a group living environment in order that solitary or special sub-group activities can occur legitimately and without interruption. Similarly, children and staff need to map out permissible areas for practicing music, physical exercises, for taking a walk, or other recourses verifying the natural desire to be temporarily isolated.

Public Space

Every home, as well as each group living situation, has extensive areas which serve as *public* territory. Public territory is the space which can be indisputably used by any one constituent member of the group. During the length of the time a person occupies the particular area it is that individual’s “personal space.” A seat at the kitchen table, provision for privacy in a common washroom, stretching out temporarily on the living room couch, are a few examples which assure people of sole occupancy as long as they maintain possession or hold onto the spot by proxy.

But let us go back for a moment to some basic issues. In a group living setting a decision first has to be made about who is to be included in the definition of public. Does public mean the general public? The public of the total organization? Or is public more limited, to mean those associated with a particular group living unit?

Usually space in front of a private home or a children’s institution is considered common public space. Anyone has a right to it. But the

decision to grant an open range of entry or to permit entrance selectively really rests upon a major policy decision. Are the children’s residential units conceived as custodial or service programs? The custodial program can be readily defined and justified as within the community’s domain and as everybody’s territory. Such a conception fits more into a program which does little more than to warehouse troubled children and is out of step with contemporary thinking (Whittaker, 1979, p. 5). In contrast, if we accept the premise in a service program that the group living environment belongs to the residents and the staff specifically associated with the residents’ *daily* lives, it follows that others — whether concerned citizens, friendly neighbors, policy makers, or management and other staff participants — only achieve access by knocking and being invited to enter. (Note: invited by the occupants — children and staff — and not by the management or the administration in general.) Although it can be argued that office staff, field-workers, repair specialists, and especially the executive director, are intimately involved in the services rendered to the residents, they would also appropriately get specific permission for entry. (In some instances, when staff persons have become much intertwined with the children’s and staff’s lives, they may secure spontaneous entry rights for their unique ongoing relationship with the unit’s population.)

What about the children’s *public* space? If space is public, then there must be access for all. Areas within and outside of the residential unit which are conceived as the children’s territory necessarily must be set up as such for the residents’ free use. Private claims can only last for the duration of a person’s occupancy unless such space has by consensus become an individual’s private space. Frequently, individuals will become attached to and are granted specific places as their accustomed spots within public territory. The latter is reminiscent of most homes where a particular place is reserved by “squatters rights” to a family member or sometimes household pets. Again, it might be instructive to turn to the previously drawn-up diagram and reflect, on the mental picture of a group living setting. Are the areas which thus far have not been marked off

as private space actually the children's and staff's *public* territory? Space might be allocated for particular periods of the day (e.g., outdoor area for daylight activities only) or for special ranges of activities (e.g., music corner, fix-it shop or study room). Are these special limitations for public use clearly defined and understood by the residents and staff? It is not unusual that after taking notice of all clearly established public space, there remain areas that lack clear definition. These are the twilight zones, areas of uncertainty and potential conflict with regard to utilization. Frequently the kitchen, workshops, storage rooms, or porch make up these uncertain and conflict-prone territories. Difficulties can be decisively reduced by clearly establishing claims to the area: staff, children with staff, or open to all.

Isolation rooms as a special "service" space

Some child care programs include as essential for their program the maintenance of an isolation room. Staff finds it necessary to confine children to a special bare lock-up room either to enforce policy of time-out,¹¹ or such a room may be desperately employed as a recourse when care givers are at a loss (possibly along with the whole treatment field) as to how to deal with a severely troubled child who is completely out of control.

Special caution is necessary here in labeling and using this kind of space. Isolation rooms are frequently euphemistically dubbed "quiet rooms" when they are in fact punitive and dehumanizing cells. If isolation actually is to serve its intended purpose to separate and calm a distraught child from ongoing agitation, then in most situations the child's own room — a quiet, familiar, and confidence inspiring refuge — is the logical isolation place. Moreover, in the latter setting the child would be encouraged to subsequently use his or her room in moments of severe tension as a safe harbor for finding a personal sense of balance. Children, as well as adolescents and adults, need people at times of distress; they need people nearby in a place which inspires comfort and that is welcoming. Rarely are isolation chambers conducive for

bringing people together. Instead, their naked walls and cold emptiness further arouse a sense of personal negation, social insulation, and individual despair. Isolation rooms have also been justified as a place for children or adolescents to think, to reflect and to come up with a resolve for new ways of handling problematic situations. Since when is being locked up, seated on the floor or on a bare bedstead in an empty room, conducive to thinking? All of us require comfortable settings that transmit encouragement rather than drabness when we feel at odds with the world. Isolation rooms, if used at all, need to convey both personal reassurance and social inclusion for the time the child is temporarily apart from the group.

Let space speak

On the preceding pages the focus has been upon the interplay between physical environment and care and treatment objectives, and upon ways that spatial arrangements can be used by care givers and care receivers for more effective group living. The same perspective can be applied to specific problem situations by evaluating the impact of variables in space that augment or deter human interaction (Goffman, 1971). For instance, the recurrent spilling of trash may easily be a function of space if the trash bin is a long distance from the clean-up place. Without this kind of spatial evaluation, one might easily point to such behavior factors as a child's clumsiness or personal disregard for people and place.

The message of this section can be summed up with the heading of Fritz Redl and David Wineman's chapter on "Structure and Strategy of a Treatment Home" in their classic book *The Aggressive Child* (1957). According to them, residential group care requires "a home that smiles, props which invite, space which allows" (Redl and Wineman, 1957, p. 6), and continuous spatial adaptations which enhance the desired care and treatment.

IV. Group living as an everyday milieu experience

Three different perspectives of residential group care

The day-to-day periods of work or play, the association with others, the enjoying of one's own company, the dawdling and daydreaming time, the pursuing of routine tasks; all comprise the minutiae of daily life and are the central components of our primary life experience, whether adult or child. These encounters typify life in our respective homes, residential or otherwise. It is within the minutiae of life and not in the big events that one's personal pursuits and direction are determined. For instance, on awakening, the way a person feels about his or her companions, the expectations he or she has for the day ahead, or the impact of events that occur immediately upon awakening all strongly influence the beginning of a person's day.

With such a proposition before us, it is no longer a managerial but a basic care and treatment issue as to whether children in group care should be awakened by a bell, by impersonal calls, or by brief personal attention by the worker. Sensitive decisions need to be made whether messages conveyed to children upon awakening are to be perfunctory greetings, reminders or admonishments about the tasks ahead, or whether messages are to be genuine attempts to connect with children personally, communicating a hopeful vision of the day ahead. Into what kind of space are children awakened — are they surrounded by decorations of bygone residents, or do they wake up to their own meaningful mementoes?

With this view, too, it becomes important to handle with care the minute crises which occur in round-the-clock living — from the onset of the day to falling asleep and beyond. It is important how the worker encounters the youngster who crawls deeper under the blanket when reminded to get up. It is important how one reacts

to the small crisis of a teenager missing one of his shoes.

In the last momentary crisis of the missing shoe, we could point to programs which absorb such events as common and of no special relevance. The concerns of such settings would stem from a practical managerial focus. Where is clothing located in readiness for the next morning? Did this boy finally locate his shoe, and did he get off for school in time? In other settings the focus would specifically be upon the staff's handling of this particular situation to forestall future crises of this type. The concern would be primarily with the *behavioral management and maintenance of an overall system* for meeting and overcoming such eventualities. In a third large segment of group care settings, attention would be drawn to the interaction between the staff and the youngster, with major emphasis upon *helping this particular individual in learning to hurdle a problematic daily dilemma*. Each of these three alternative approaches mirrors decisively different views of group care. Let us examine the characteristics and ramifications of each. At this point there can be little doubt about the writer's own strong leaning toward the developmental interaction approach.

The acknowledgement of the writer's predisposition is partially an effort to clarify communication with the reader, but is also an attempt to help the reader identify his or her own perspective. The challenge here is for each of us (and for each group care program) to articulate our own orientation, and our ultimate objectives based on that orientation. Pronouncement of a service's theoretical preference and organizational goals clarifies and gives direction to program development and frees staff for creative and accountable efforts. The alternative is to establish a service's policy by relying on a prescribed set of procedural goals (Seidl, 1977). Procedural accounts do provide staff, especially beginning workers, with direction and security but basically stultify organizational intent, ultimately limiting the care givers' personal investment.

A managerial program perspective, which is probably the most common emphasis in our contemporary group care field, requires a clear outline of the major daily program features. In

general, this kind of program assures residents of a stable and orderly life experience to which they are expected to adapt. The uncomplicated structure of the service, limited program resources, unsophisticated demands upon residents, and the small staff required, render these programs appealing to the public (Burmeister, 1960). The programs' emphases on the children's or youths' adaptation, i.e., fitting into the service, represent the strengths and limitations of this perspective. The structure makes uncomplicated demands at a time when life tends to be most complicated for the child. These services tend to be clear about expectations. However, there is no guarantee that the children's effective adaptation to institutional life will be transferable or applicable to effective living beyond the confines of the program (Durkin & Durkin, 1975).

A *behavioral perspective* and its token economy derivative (Kazdin, 1977), the second previously cited theoretical conception, has attracted interest in recent years, particularly in the United States, and especially in programs associated with correctional endeavors (Phillips, Fixsen & Wolf 1973; Whittaker, 1979, pp. 88-98). A behavioral perspective places the accent upon achieving specific accountable changes in children's or youths' ongoing behaviors in order that they can fulfill the expectations of their immediate social environment. Early accounts of behavioral approaches have shown astonishing results (Browning & Stover, 1971; Fixsen, Phillips & Wolf, 1973; Phillips, Phillips, Fixsen & Wolf, 1973). Subsequent experience with identical techniques, including an adherence to a token economy, has brought out that the results have not been as readily duplicated and the results are possibly attributable to factors other than the inherent reinforcement techniques. It seems to this author (Maier, 1975) and others (Kirigin, Braukman, Atwater & Wolf, 1978; Phillips et al., 1973; Whittaker, 1979, p. 59; as well as Wolf, Phillips & Fixsen, 1974) that the behavioral approach is valid for its quality to teach behavioral training. When the impact is reviewed for its overall effect, however, change seems to have been achieved through the counseling person's powerful continued involve-

ment *with* the care receivers. The care workers' continued review and negotiations with their care receivers about behavior and about the points earned seem to be a central factor in effecting change, rather than the award or the denial *per se*. Psychologists instrumental in setting up these programs observed that an honest give-and-take and warm relationship is an essential component of every treatment program (Phillips et al., 1973). In short, effective change can be attributed to a combination of the care persons' involvement and the children's actual learning of more acceptable behaviors along with an increased experience of efficacy. In addition, and most essential, effective change has been an outgrowth of a new power alignment. That is to say that care personnel and the children are actually in charge of their own daily life situation as they dispense together the points, tokens, or other rewards. A segment of power has come home into the living unit (Maier, 1975, pp. 417-19).

The preceding observations have been introduced to raise questions about group living programs which primarily rely upon a token economy or other forms of purely behavior modification techniques for their utilitarian appeal. Such programs may create for their residents an artificial system with a heavy stress upon compliance and a barter existence in human relationships. Such an outcome may not be the actual objective of the service, and the service may not provide a style of life which is desirable or advantageous once a person is back in regular community life.

A third variation among basic group care approaches is group living as an *interactional experience*. Learning to live and living to learn could describe its central theme (Maier, 1975). The term "interactional" in the labelling of this approach implies that it places heavy reliance upon process rather than outcome *per se*. This approach also builds upon a developmental perspective. The group living experience, with its continued process of daily interactions focuses on the learning opportunities rather than on problem diffusion. In sharp contrast to the previous two approaches, problems are not avoided but exploited. Difficulties are not seen as obsta-

cles but as sources for learning. Stress is placed upon learning to live within the residence and thus upon acquiring life skills for functioning beyond the confines of institutional services.

Residential group care as an arena for everyday life experience

Children or youth in group living require life experiences within their immediate environment which assist them to feel comfortable but which also challenge and stimulate them. The manner in which such experiences are utilized within the residential community serves to foster continuous development and readiness for life within an ordinary family. Two illustrations might be in order here.

Let us first picture a table of five adolescent girls eating their attractive evening meal. They are rather happy if not boisterous. Such a tension-free mealtime is possibly quite an achievement for the girls and the staff of the unit; but it also can be conceived of as the mere beginning, rather than an outcome, in the staff's and the residents' experience. Staff is challenged to assist the girls to expand their conversation, to have fun together when fun is not easily come by, or to be serious when a wisecrack too quickly glosses over worries and personal tensions.

At another time group care staff is confronted with three girls screaming at each other, one being accused of wearing a belt, dip and make-up belonging to another girl and used without permission. The accused girl charges that the other two are "always doing that" with her belongings. Undoubtedly the girls' unit has an understanding (a policy) with regard to borrowing personal belongings. It can also be readily assumed that such a policy, however well contrived, does not prevent alternate practices. The worker is faced with helping the girls straighten out this violation of their understanding about respecting each other's belongings. The managing of this phase of an everyday problem is merely a tangential problem in comparison with the worker's more pertinent task. That task hinges on two principles:

(1) What can each one do with her own resources to find pleasure in dressing and make-up?

(2) What ways can be examined to facilitate the graceful sharing of wanted items?

The latter includes dealing with their mutual feelings about each other, as well as developing the capacity to ask effectively for an item which may or may not be withheld. The emphasis in both of these practice illustrations is that everyday life events within the group serve to enliven and enrich the youngsters. Such events do not, of course, rule out trouble within this system. Troubles are, after all, the grist for growing.

The developmental aspect of an interactional perspective

An interactional approach in group care, as outlined in the previous paragraphs, builds upon a developmental conception of human beings. The developmental progression of children and adolescents, as well as those with variations in their developmental (designated as "pathological" in other frames of reference) is seen as a continuous cyclic pattern of growth and change, a progression that is relativistic rather than linear. Life is conceived as a process in which the human being is in a continuous search for stimulation, variation, and new experience rather than a homeostatic balanced, stimuli-free existence (Kuhn, 1970; Maier, 1978a, 19868). Most important, a non-homeostatic conception challenges us to value people for their capacity to reach out and to develop more fully rather than for their low risk striking for balance (Maier, 1974). With this perspective our work with children or adolescents focuses on what to do in the midst of trouble rather than on how to get the kids settled down. Managerial and behavioral approaches are concerned with problem avoidance or removal, as if the road of life were free of difficulty. In contrast, group care within a developmental perspective challenges the program to search for content, for forms of interaction which can provide the residents with continued stimulation and learning opportunities. Difficulties are a built-in ingredient and are "par for the course."

The normalization principle

“Normalization” of life experience, a powerful notion originating in the Scandinavian countries and introduced as an ideal in the United States in the early 1970s, endeavors to utilize styles by which children or youth can live as typical (culturally normative) an existence as possible in order to establish personal behaviors and life events which are as culturally conventional (normative) as possible (Horejsi, 1979, pp. 44-45). Normalization does not mean being “normal”; rather it connotes that each individual’s life ought to be as close as possible to the essence of the life experience of his or her contemporaries. This concept seems to simple and obvious; yet experience has shown that the application of the principles may be a threat to the *status quo* of any setting (Horejsi, 1979, p. 45). Normalization might mean the establishment of a “normal” rhythm for the year. For instance: vacations break into routines; seasonal changes bring with them a variety of cultural activities, foods, and alterations in routines. A rhythm for the week underlines a variation between school or work days and rest or leisure days. A rhythm for routines requires a progression where routines do not dominate but are interspersed in a day full of other activities. Clearing the table for instance, is as much a function of anticipating a subsequent activity as of the necessity to get the dishes washed.

The notion of normalization challenges staff, for example, to have a child make purchases at the nearby store even if the desired item (e.g., candy) could be obtained more quickly and economically and with less problem potential right within the premises. Group care units require petty cash not merely for emergencies but for providing the youngsters with expanded learning experiences of attending to errands for everyday items. Toothpaste purchased at a store counter, a mere “normal” acquisition, has greater meaning to a child than a tube from the supply closet!

Rehearsive practice

Let us turn to another avenue for enriching the life and treatment aspect of residential group life. The author postulates that a proactive

stance is preferable to a reactive posture. To put it in another way, it is more useful actively to pursue creative avenues for change than to attempt to modify procedures in an effort to facilitate smoother outcomes. In fact, as long as much of the work focus is upon overcoming difficulties, a lot of energy goes into impacting children’s behaviors at a moment when they are less open to change. A child who is upset about missing belongings, for example, has little interest at that moment in learning how to safeguard and take better care of those belongings. Our attempts to do intensive work for change at such a moment is apt to be singularly ineffective.

The notion of rehearsive practice places the emphasis upon learning when learning has a chance. Rehearsal of new and different ways of managing specific events can be addressed at moments of little stress, in a context of fun and interest-awakening procedures, and above all, in a situation where residents and staff can become fully engaged with each other. During such a period of practice the group care situation becomes the arena where children or adolescents learn not only to do the “what” of the moment, but the “how” of the future.

For example, in an institution for adjudicated teenagers some youngsters are on a go-it-yourself schedule. They are asked to manage their own timing for getting up, leaving for school or work, being on hand for meals, etc. Self-management is not a reward for previous good behavior, but it is rehearsed and learned for life’s demands beyond the residential protectory. In this unique practice situation, focus is less upon what these residents can manage and more on what they can eventually learn. In addition, staff may practice with them in spare moments how to deal with such problematic situations as “arriving breathless but late at work.” Learning occurs with actual rehearsing potential alternatives to such an undesirable but everyday event. It is important to note that more effective behavior is secured not by talking about these problematic situations but by concretely practicing them.

One more illustration: leave-taking and preparation for adapting to a new environment is a factor inherent in the life of each youngster in

residential group care (Bale, 1979). Preparations for leave-taking and the actual departure can be faced with a child soon to return home as a real event, and used with the others as an opportunity to rehearse for the eventual day of their departure.

Earlier in this chapter we witnessed the group care counselor practicing with Ray and two of his unit mates how the former could discourage teasing by disregarding provoking comments. Ray had to practice these behaviors. Rehearsal practice in a period of, and as part of, an interesting experience made it more possible for Ray to engage himself and to learn. Special situations creating simulated life occurrences are for fun but also for keeps; new ways are practiced toward successfully facing previously problematic situations.

A rehearsive approach can also provide workers with a handle for dealing with acquisition of behavior that ordinarily would not be possible in the "hothouse" culture of institutional life. It is important to consider the *portability* of the behaviors;¹² in other words, inventing ways of doing things which children can effectively employ once returned to regular community living.

Children in residential care possibly need, even more than other children, to develop and rehearse their power to hold their own at home or at school, as well as within the environments of their group care program. Since institutional programs tend to diminish rather than enhance the residents' power, special rehearsive situations may have to be created in which the residents can practice using their power to hold onto their turf and to impact their own life situations. In a group home in the United States, as illustration, residents agreed to help Carl insist upon his rights whenever he felt slighted. They challenged him to stand up for his rights even if this meant disagreement and the necessity for others, including staff, to alter their own immediate preferences.

Conflict behavior is another feature which may require special attention by means of the rehearsive approach. In general, in everyday life at home or in group living situations, conflicts tend to be avoided or at best reduced, and to be

set aside as quickly as possible. Often this is done with a shift of concern away from the person's intense response to apparent difficulties, diminishing the individuals' opportunity to learn new skills in handling conflict and to work further on the aspects which stirred him. Conflict situations may have to be specially and persistently exploited to assist the youngsters (as well as staff) in developing new ways of dealing with conflict (Maier, 1975, pp. 412-13).

Learning to care for others

Finally, parallel to learning to deal with conflict, children require assistance in learning to demonstrate caring (Kobak, 1979). Children in group care, as probably their contemporaries anywhere, not only need love and affection, but also want and need to love others. Learning to care for others is acquired first by experiencing this care oneself; secondly by having caregiving modelled by esteemed persons; and ultimately by opportunities for providing some care for others. As so much of the residential program is geared toward the provision of care, residential settings have to be vigilant in seizing opportunities where children or youth minister to others. Special opportunities have to be created, such as an individual child fixing a mug of cocoa for him- or herself *and* a friend; sharing the concern of an unhappy roommate by trying to do something for the other not necessarily to elicit a change in mood but as an expression of compassion.

Learning to care is also fostered by having opportunities for personal enmeshment in the care of dolls, stuffed toys, plants, and pets,¹³ and by volunteering for attending to others in distress in and away from the institution. It is amazing how children, severely in want of attachment themselves, can get absorbed by the plight of children in heart-rending distress in distant places. Caring as an expression of love for others (humans, pets, or objects) has to be anchored in individual desires to do something, and in delivery of the care themselves. In learning to care, the caring process is the central issue. A child becoming concerned over another child in the home community, a frequent occurrence with many young residents, deserves a worker's fol-

low-up. A call, visit, or note by the child to this real or assumed friend, regardless of whether the child's message can effectively offer comfort, is an important opportunity to experience reaching out to another human being. Some children are apt to express their affection to peers, others to younger children, and not surprisingly, many can share with their elders the very kind of care for which they themselves long. All require their respective opportunities (Wrenn, 1972).

Programming and freedom, play and productive work

Play and work, programming, and spontaneity — the many components within one segment of this chapter may seem perplexing. It may help to clarify if we conceptualize that programming deals with the effort of guaranteeing the residents a sound diet of everyday life experience which will hopefully enrich development. The essence of programming is not the scheduling of special events but envisaging and planning a day which promises to satisfy: with adults to support and to guide, with routines which serve to relax, where old ways of doing things are tolerated and new ways are possible, and above all, where life can proceed for fun and for keeps.

Work or play for children, adolescents, and hopefully for adults, involves strong personal investment and opportunities for self-realization. It is essential for children to have ample opportunities for work, activities where they can invest themselves and see the outcome (productivity) of their efforts as useful (marketable) to others. In one program the adolescents are asked to contribute four hours a week of work. Work projects are recommended and posted by the youngsters and staff. Once a resident signs up for a task, a commitment has been established. These teenagers work and frequently they work more than required. Their work assignments are a challenge to them and have value in their own eyes and the eyes of their community. Among some of their tasks are painting, genuine repair work, errands with the maintenance person, and fixing things for elderly neighbors, or cleaning up the sports field after a public event. Such tasks are extra; differ-

ent from the daily chores of cleaning up their quarters, washing dishes, or emptying trash containers, which are routines. The routines are necessary and time consuming, but they do not constitute challenging work experience.

Parallel to work, play is children's major avenue for learning, for exploring, for verifying themselves and, above all, for interacting meaningfully with others and environmental events in general. "Play is active, energetic, creative and imaginative ... It is a vehicle by which youngsters learn of their world, of its construction and how they fit into the scheme of things" (Wilson, 1977, p. 249). In play children not only deal with their difficulties; play is foremost a vital resource for learning by trial and error, to risk and to do for fun what is either too scary for real or what is better not done or not done yet. It is human to dare oneself and others in play; it is also human to do in play, "just for fun," all the things which are taboo or at least not quite proper in ordinary life. In play we can win or lose without permanent repercussions; in play one can hurry or dally. In play, moreover, persons can practice and experience essential behaviors which can scarcely be tried out otherwise. Where else but in play can children or adults effectively practice all being outstanding or at playing unashamedly: the fool, to wait and to take turns while on the edge, to outwit, to cheat or to steal within permissible bounds without being caught, to co-operate, to hold back or to give for the greater good. Many forms of play have as a major ingredient a sampling of these: to bluff, to cheat, to steal, to annihilate as well as to share, to team up, or to save the day for all. Consequently, to play "high court" or Star Wars, Bionic Woman, or Treasure Island can provide a rich give-and-take in fun and learning.

In no way in the light of our contemporary knowledge can this writer reconcile the notion that play serves as a reward for or as reinforcer of good behavior. On the contrary, play is learning itself. Play provides sustenance for life, including good new problematic behaviors for further learning. The more disturbed or distressed children are, the less able they are to fall back on play as a help-rendering process. In

other words, when play is needed most it is least at hand. With such an understanding, play often must be encouraged or induced as an essential ingredient of a child's daily life.

Program planning includes the creation of opportunities for children to do things together, to work, to play, and to fulfill the necessities of daily living (routines) in such a way that the customary procedures do not become high points of the day. Instead, each day's activities stand out for their challenge and adventure, with routines built in as a matter of fact. Program planning serves also the purpose of assuring each child ample private life in the inherent fishbowl existence of group living. Simultaneously frequent joint activities will link together the residents of each unit; periodically the unit will be linked with other units of the program, and whenever possible connections will be made with people beyond the institutional barriers.

Provision of activities for children and youth in group care is such a vital area of concern that special attention needs to be called to additional comprehensive resources for this aspect of group care services. Readers may find the following publications helpful. Although some of these resources date back some decades, their content is still pertinent: DeNoon, 1965; Nicholson, 1975; Plank, 1973; Redl and Wineman, 1957, pp. 318-94; Whittaker, 1969; and Wilson, 1977, among others.

... And when the expected is not done

What should be our response when clearly enunciated expectations are not fulfilled? Such a question will likely bring forth a flood of answers or at least personal tension. Some readers may respond with the thought: "Stand firm and make them!" Others may protest vehemently: "It should not happen!" while many readers may be inclined to respond that "There must be discipline!"

Perhaps the real concern should be with the fact that our expectations are important. We value what we expect of a child. In other words, the focus should be on the expectation rather than the violation. Focus on the violation ultimately

comes to revolve around authority issues and a power struggle over who runs the place (Polsky, 1962); while continued concern with expectations maintains the original concern with what we value to be important.

Let us imagine a group of adolescents who return later than mutually agreed upon from an activity, or who "forget" to pick up clothing strewn about their rooms. These kinds of situations are in conflict with a set of general expectations. Basic to this conflict is the clarity and degree of importance of these expectations rather than the implied disregard for the adults associated with these expectations. The care workers of the adolescents would have to explicitly convey again that they count on the youngsters' adherence to basic expectations. The expectations still stand regardless of being late or neglecting to straighten out belongings. Most noteworthy, non-compliance does not necessarily alter standards or become an issue of disobedience; rather non-compliance requires a persistence to find ways of meeting these expectations. The focus has to remain upon assisting children to learn to do as requested rather than struggling with them over who sets the rules and necessitating the establishment of a way of proving that expectations have been carried out. This latter approach shifts the issue from concern with standards to a power struggle over "who is on top" (Ebner, 1979),

Let us imagine the rather common occurrence of an adolescent storing her clothing in helter-skelter fashion on the bottom of her open closet in the face of her care worker's explicit demand to straighten out the disorder. The worker is now faced with many alternatives for dealing with this training situation — namely the care of clothing. Among other alternatives, a worker could take up techniques with this resident demonstrating how she can get it done. A worker could do the job *with* the adolescent to convey the importance of the task. The worker could insist upon priority for this task before time could be given to other activities, or the worker could reiterate her *personal* dismay and with it, her personal concern. The latter would leave the youngster to wrestle with her own conscience over the matter. Incidentally, in the

case of a worker with a close attachment with the youngster, more persistent learning would typically occur with the last approach. The youngster's value acquisition would be most intimately challenged by the worker's strong personal appeal; by the worker's identification with her requirements, and in turn, by the girl's identification. We note in this example that the worker does not doubt her authority or power position. In each of the techniques employed, the focus has been on attending to the task.

In the foregoing paragraphs we tried to deal with the ever-present concern for discipline. Emphasis has to be upon assisting a child or youth to fulfill expectations in terms of their actual appropriateness. No direct consideration has been given in the face of non-compliance to what should be done or when and how children should be punished. Concern centers around the critical incident, critical for the child's or youth's learning, rather than the worker's self-esteem and survival (Beker, 1972).¹⁴ The question then shifts from the kind of punishment each piece of violation requires, to what can be done toward the individual's mastery. It is assumed that children and adolescents learn in many different ways. Every possible medium for learning is to be utilized (Whittaker, 1979, p. 38) as children and their care givers struggle together. Ways need to be found for learning to live together while living to learn, and for adding new styles continuously to meet and to fulfill tasks yet undone.

Residential life as prelude and extension of a child's home life

Concurrent work with family and child in group care

Residential care is conceived in general as a temporary measure, even if placement sometimes promises to be for a considerable part of an individual's childhood. A child is placed, assigned, or committed — however the technical language

denotes it — as a "client" of the group care service. The child never *moves* there. Basically, children conceive of their family setting as their home and their home community. Such awareness requires that linkages with the previous home, friends, and other basic community contacts remain part of the child's life while in placement. Moreover, these continuous contacts evolve into participant roles and possibly even recipient roles of agency service in helping facilitate the child's successful return to his or her regular community.

As already implied, children do not lay aside their previous attachments and associations by a mere placement to a new care setting. Old relationships continue; they impact the quality of new ones, especially if these previous associations have been touched by uncertainty and *conflictual* alignment. The notion of a sense of having a past with continuity is essential for the children. Their care giving service needs to work with the children's past alignments and community affiliations as an integral aspect of the children's lives. The same position could be justified on a humanitarian basis; it is their right. Those people who have been intertwined in the child's life have a continuous stake, interest, and commitment; parents, friends, and others cannot be locked out by the altering of a child's care arrangements.

In these days of rapid communication contacts can be maintained by phone, exchange of letters, and face-to-face encounters either by children returning to their home sites or by family and friends dropping in at the group care place. Many child care group settings set as part of their policy the return home of children on weekends or for other regular periods. By means of these contacts child and parent are able to see each other and honor their attachments, however smooth or difficult, so that all can be actively assisted in acquiring skills for dealing with one another. These continued child-parent contacts require active assistance and planning by the group care service. Both parties, separately and together, need to be helped with the progression of their relationship. Counseling by social workers (Magnus, 1974), family therapy for all parties involved (Letulle, 1979), child

management and human relationship skill training by the child care workers (Webster, Somjen, Shoman, Bradley, Mooney & Mack, 1979), and any or all of these three interventive approaches may be applicable.

Most important in the approach suggested here, there is a shift away from conceiving placement in a linear model. Instead group care and home life are viewed as meaningful and interweaving components. In this framework, when the child returns home for a short or long stay the group care worker's interest, concern, and active involvement will go along. Conversely, while a child is in group care the parent (or parents) wants to know, should know, and is entitled to know of the child's life in the institution.

To facilitate contacts between the children in group care and their families, special thought needs to be directed toward providing an environment which furthers spontaneity and natural give-and-take. Among other factors, these encounters can be enlivened within the group care setting by a comfortable and inviting meeting place. Furniture has to be practical and adaptable for rearrangement to suit the situation. Preferably such a place should also include facilities where people can prepare food right on the spot for eating together. Eating assists with linking people. Often a parent wants to provide and is missed for his or her "special" cooking. Child care workers might also on occasion join these gatherings. Indeed child, parent(s), and care workers are full partners in residential group care. Parents and care workers need not be competitive as alternate care givers; they are really co-care givers and are actually "co-parenting" (Berkman, 1979).

"Visiting" home

In preceding paragraphs the author purposely avoided referring to parent's or children's visits. The author has been made aware of the inappropriateness of our use of this term at a time when parents are challenged to become more engaged in long range planning for their children (White, 1979). What do we convey when we urge parents to visit their children and schedule children to visit their homes?

Incorporation of parents' and others' active assistance into the group care program: In addition to continuous and meaningful contacts between child and parent, group care services may also want to search out ways in which the parents and other relevant home community contacts can be interwoven into the group care's service program. Involvement of parents, etc., in special events as spectators or participants or even as co-sponsors, are all possibilities. On other occasions, some parents, former teachers or friends, can be involved in helping with the painting of a room, a big cookie bake, a canning spree, a fix-the-bicycle day, spring gardening, or an ordinary house cleaning splash. These extra hands undoubtedly will provide a boost, and more important, parents and child care service become partners. Children and parents can also see and experience each other in different ways while being involved in a joint enterprise. At such work parties it might be even more advantageous when parents and their own children are not working together. Parents can then relate more easily to other children and perhaps a child could learn more easily about his parent's capabilities and contributions through the eyes of other children. Still more natural is the solicitation of family involvement when there can be ordinary give-and-take, such as stopping by spontaneously, thereby encouraging participation and exchange of information by an orderly but basically open-door policy. Parent(s)' and others' participation in parents' groups, advisory councils, service projects, or special task groups of the service, provide other avenues for sharing in the provision and hopefully the direction of the group care service (Whittaker, 1979, p. 7 and ch. 6).

Partnership in care and treatment: The essential nature of a continuous partnership of the child, the group care agency, and the client's family or other relevant parties in devising the best care and treatment within the group setting can be well buttressed by recent research. These studies find a positive relationship between parental involvement and effective planning and successful outcome following foster (Fanshel, 1975) and group care (Durkin and Durkin, 1975). Moreover, much effort in residential care

work is typically directed to overcoming the residents' unusual susceptibility to undue peer pressure. Such peer pressure is lessened in the face of stronger parental ties (Bronfenbrenner, 1970).

It is important also to point out that a good range of research findings over the past two decades have concluded that the effectiveness of residential treatment is more highly correlated with the amount of help children receive with their post-institutional problems of living than with the nature of their residential experience as such (Allerhand, Weber and Haug, 1966; Taylor and Alpert, 1973). Post-institutional follow-up work logically requires the joint work of the persons involved in the actual group and home care: the child care workers (Maier, 1975 p. 414), family members, social workers, and possibly other key persons (siblings, grandparents, neighbors, teachers, etc.)

A host of questions can be rightly raised whether this broadside approach is feasible at all. Ample case illustrations can be offered in which clients' families have either been perceived as unable or unwilling to co-operate and there will be situations where all efforts will be to no avail. In the majority of situations, however, the clients' families can be involved on some reasonable level, with range and degree of involvement varying greatly. This working partnership typically will not be smooth or complete; it will generally require an all out effort to move along in as active and synchronized a way as possible.

The group care service environment

What has been outlined as a full partnership between clients' home and group service environments can be also repeated as a refrain for the mutual involvement of the group care setting and its peripheral social and physical environment. Regardless of whether it is located in a densely inhabited area or in an isolated country spot, every group care setting has neighbors, a community, institutions, local events, and notable landmarks within its vicinity which make up its living environment.

The group care service, residents as well as all staff members, are in turn actually neighbors,

community members, and a decisive service addition to their particular community. The group care service has a host of rich program opportunities in the utilization of neighbors (which in rural settings include the chickens, cows, horses, or pigs). Program is also enhanced by the mere fact of being a constituent part of the community — on a social, economic, and political level, the service has an intrinsic identity as one contributing institution among many others (schools, post office, churches, service clubs, businesses, and so forth). These aspects open up to residential children multi-resources for varied contacts and potential new footholds for a sense of belonging. To cite one illustration: a child writing or dictating a note to someone on the "outside" requires the purchase of a stamp at the post office. Thereafter, the note has to be mailed. The course of that piece of mail from post office to delivery offers the possibility of establishing a sense of one's place in a regular continuity of the world beyond the child care center. (Youngsters who have absolutely no ordinary contacts back home to write to still have their present or former social service workers, old teachers, policemen, or others they may recall.)

The environment of the group care setting provides the immediate social realities for program. As such these realities should be utilized and ultimate utilization depends much on the staff's own sense of anchorage in the community. Consequently a service has to expend considerable ingenuity and resource in assisting staff to be and to feel part of the community. This means seeing to it that staff members first feel fully a part of the agency itself, secondly that they have time and resources to become acquainted with the community as part of their work expectations, and lastly that staff members are continuously dealt with not only as constituents of the service but also as members of a joint community.

Concluding summary

Looking back over this chapter we have been drawing an ever widening circle of environments; the rings expand like the rings of a pebble thrown into a pond. With every expansion each ring has become more inclusive, while the center has become a fuller part of the whole. We started out with an everyday scene of group care. The difficulty of a single child intrinsically drew in other children and their child care workers. In reviewing a number of ordinary struggles which children face in their everyday growing up process, particularly when they have to deal with multi-primary attachment experience, we have been alerted to the pivotal role of the nurturing person. These primary life experiences that we have witnessed are strongly impacted by the spatial arrangements and accessibility to resources. As Bettelheim once wisely proclaimed, "Love is not enough" (1950).¹⁵ We paraphrase him, "neither love nor space are enough." We have learned that even the most caring workers within the most promising setting must be knowledgeable about human development and the application of such knowledge to the everyday care of children. Curiously enough, much of residential work deals with the contradiction of differentiating and uniting. The moment the child leaves his or her home efforts have to be directed toward his or her return. New associations in the residence must not obliterate past and future ties. Ultimately then, group care extends beyond mere alternate care. It demands joint participation and the caring efforts of all parties in the child's life constellation.

Finally, in our visualization of this full partnership of child (or youth), his or her family and kin, and group care service program, we have briefly acknowledged that the group care service has its own neighborhood as a vital resource for clientele and staff—and a rallying ground for temporary anchorage. If we place a high value on the child as a full part of this network, we note that the group care service has to ensure that staff themselves experience anchorage and ready entry into active community participation. Assured of these prerequisites, group care

staff can venture in similar direction with the children or youth under their care.

Notes

1. In earlier literature such counseling sessions have been defined as "marginal interview." They occurred "marginally" to the ongoing case-work or psychotherapy (Wineman, 1959). Presently such counseling is more realistically conceived as part and parcel of the group care and treatment processes.
2. Feeding, clothing, and attending lovingly to a child's needs are essential parenting features. However, the care worker becomes essentially "the professional caring parent" when ordinary parenting does not sustain a child's regular development.
3. See Morris F. Mayer's dictum that an effective intervention has to meet the dual criteria, "It has to be logical and it has to be psychologically correct" (Mayer, 1958, p. 140).
4. "Buffer zone" refers to the personal spatial distance each person requires for his or her sense of personal privacy. These requirements are both idiosyncratically and culturally determined (Horowitz, Duff, & Stratton, 1970).
5. One may wonder whether an old bust has a place in the livingroom of a residential treatment unit. In this instance, the eleven 13-year-old boys had incorporated this "built in" piece of sculpture of the founder of the place as a useful feature of their living space.
6. Credit for this cogent observation goes to a colleague, Monte Berke, Mercer Island Youth Service, Mercer Island, Washington.
7. Conversely, the negation of physical comfort is a vehement message of nonacceptance. Consider the studies of penal settings, punitive expressions and the accounts of concentration camps. In each of these accounts, a restraining or denial of bodily requirements signify the one-down positions, disdain and isolation these captives had to endure.
8. The Peanuts cartoon of Linus with his blanket is a classic illustration of the human significance of a transitional object.

9. We need merely to envisage the young people of the 1970s as they wrapped themselves in corners, front entrances, or passages. detached from life around them, as well as these young people's insistence upon "doing their own thing" amidst the close life of their communal living arrangements.

10. In fact, children or adolescents rarely destroy things which they conceive as fully their own and they themselves enjoy. It is the author's experience that children at moments of severe anger, including temper tantrums, destroy many valuable items. However, somehow their radio, picture of a genuine friend, and cherished pieces of clothing, etc., survive their seemingly blind path of destruction.

11. See Jon R. Conte's searching cogent monograph on time-out procedures (Conte, 1978).

12. Appreciation to Ted Teather for introducing me to this descriptive term.

13. This necessity for caring opportunities suggests that pets, plants, pretty things and pseudo-art objects, brief service projects, etc. are apt to be more than marginal features of a residential treatment program.

14. Beker(1972) is an excellent reader and teaching tool on the manifold individual and group crises which occur in the run of a day, week and month in a residential group care setting.

15. It is the title of Bruno Betelheim's first end most impactful publication: *Love is Not Enough* (1950).