The Rubic's Cube Approach: A Multi-Dimensional Model for Working with Children

MA. LOURDES ARELLANO-CARANDANG
Ateneo de Manila University

From 1980 to 1981, a game known as the Rubic's cube caught the attention of children and adults all over the world. The rubic's cube craze became a worldwide phenomenon. The Rubic's cube is a plastic cube composed of many smaller cubes which have six different colors. For each color there are nine cubes. Parts of the cube may be rotated so that the puzzle may be solved. To solve the Rubic's cube all of the six colors must have their own sides. In other words, the aim of the game is to arrange all the smaller cubes into a simultaneous vertical and horizontal fit to form the total single plastic cube. It was observed that children and adolescents seem to do better in this game than adults.

There is an almost visual similarity between this toy and the multidimensional model for approaching children's problems that is presented in this concept paper, which involves the "vertical" and "horizontal" integration of the total child as the first 2 dimensions.

Clinical practitioners such as child psychologists, psychiatrists, social workers and other mental health professionals hardly have the time and energy left to conceptualize from their practice. The physical and mental demands of clinical practice leave little time for theory writing. This conceptual comprehensive model comes out of a need to articulate a way of approaching any problem in children that is presented for consultation and/or management. It is an attempt to theorize and conceptualize from what had been found to be effective in over a decade of clinical practice, teaching and research. This framework has also been found to be helpful when shared with parents and teachers. In this respect, this paper is directed to practitioners, parents and teachers and all those involved in the care and upbringing of children.

THE FIRST DIMENSIONS: A VIEW OF THE CHILD AS A TOTAL PERSON

In the Rubic's cube game wherein the player must arrange the smaller cubes to form one whole big cube, the player must consider all sides of the cube. He must see to it that the colors fall in their proper places when viewed from all sides. Similarly, the child has to be viewed from all sides or aspects of his total personality—the intellectual, emotional, physical, social and moral or spiritual. Although this statement seems to very basic and somewhat commonsensical, observations show that this point of view has been repeatedly overlooked even by practitioners themselves. A good example of this oversight is the classic case of a child who was being treated for emotional and behavioral problems for

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several months. It was only discovered after the child reached Grade III that his hearing was only functioning at a 50 percent efficiency level. Again, take the more common case of the child who has not been able to learn because of poor eyesight. A few times the author has come across children being seen by practitioners for behavioral problems when in fact, they had been suffering from undetected seizures for several years. In these simple cases, the physical aspect of the child's development had been overlooked because of the tendency to focus solely on the presented of the tendency to focus solely on the presented problem or chief complaint, thereby neglecting the other aspects of the child's total person.

In everyday life, there are many more cases of what can be termed as a "lopsided development" of the person. Consider the case of the brilliant executives with highly developed intellectual and analytic minds but who are also not able to relate effectively with their subordinates, superiors and peers, not to mention their wives and children. These are persons whose intellectual capacities reach the very superior level but who are emotionally retarded. They are emotionally and socially undeveloped, personally unaware of their own and other's feelings, and they are unable to catch the personal meaning of words and other communications. Needless to say, they cannot understand the feelings of others. They cannot empathize.

Perhaps our educational system is the most easily visible culprit in its overemphasis on the intellectual development of the child to the possible neglect of the other aspects of the child's development, especially the emotional and moral aspects. This issue was discussed in the Ministry of Education's most recent project, PRODED (Program for Decentralized Education), in connection with the revamp of the elementary curriculum and the formation of teachers in 1982.

In clinical practice, when a child is brought in for consultation, the assessment would not be complete if the five aspects of the child's development are not considered. Without this constant reminder the practitioner or clinician could easily simply focus on the presented problem. Recommendations coming out of psychological assessments would be more comprehensive when these aspects are all taken into account, no matter what the presented problem is.

When considering the intellectual aspect of the child's development, the child's general intellectual capacity is not the only important information. It is usually more helpful to look into the profile of intellectual functions (Rapaport, 1975), and to pinpoint the child's strengths and weaknesses. Is he able to discriminate essential from nonessential elements? Can he offer solutions to simple problems? How about his ability to remember and to manipulate numbers? These are only some of the questions that come up when one tries to understand the child from his intellectual side.

On the emotional aspect, how does the child feel about the situation? What emotions are in conflict? What basic emotional need is he responding to as he tries to communicate this need through maladaptive and attention-seeking behaviors?

Morally or spiritually, what kind of values are the child's actions based on? What kind of values predominate? Is he able to develop a sense of right and wrong Is his superego or conscience adequately being developed?

Socially, is he able to relate to others effectively? Can he make and keep friends? Does he have any close friends? As his circle of significant others widens, is he aware of the consequences of his behavior and its impact on others?

Physically, are his senses intact and working properly? Is his motor coordination adequately developed? Does he have any noticeable physical defects? On the other hand, does he have any outstanding physical assets?

These are only some of the questions that can help us understand the child better. But all these questions remain in the abstract unless they are integrated with the second dimension of the model which is the vertical or developmental dimension.

SECOND DIMENSION: THE CHILD'S DEVELOPMENTAL LEVEL

At this point it becomes clear that the different aspects of the child's total person must inevitably connect with the stage of development that the child is in at the moment in order for these questions to become meaningful. Like the Rubic's cube, the horizontal dimension and the vertical dimension have to interact properly together.

The developmental framework is adequately formulated by such developmental theorists as Jean Piaget on the intellectual or cognitive development, Eric Erikson on the emotional or affective development and Lawrence Kohlberg on moral development (Maier, 1978). Each of these theorists focuses on one aspect of the child's development but they all agree that growth and development come in an invariant sequence and that there are clearly identifiable sequences or stages of development. There is certainly a need to consider them simultaneously in actual work with real-live children. One of the greatest advantages of the developmental approach is that it is optimistic and future-oriented. Essentially, it requires assessing the level of the development that the child is in at the moment and then using that as a baseline from which to go on forward to a higher stage. The child is not labeled and pegged at one state of development. Rather, the developmental stage is considered along the different aspects horizontally, taking care to focus on that aspect that seems to be lagging behind. The integration of these vertical with the horizontal dimensions ensures that the child does not lag behind considerably on one or more aspects of his development.

The following cases illustrate the need to look at these dimensions:

Case 1: Dolores* was referred because of failing grades. Dolores was in Grade II at the time of referral. Emotionally, she was very confused about being adopted by an unmarried aunt. Dolores had a tutor who taught her for about two hours everyday. At this point, the tutor was about to give up because she was complaining that Dolores was not capable of learning. When asked what subject matter she was teaching, the tutor answered that she was trying to teach the subject matter in Grade II which she should be learning by now. The tutor was then instructed to assess what her actual level was and use that as a starting point. It was only after this that

*All names of cases cited have been changed.

the tutor happily reported that Dolores could actually learn. This was only after the actual level of the child's development was used as a baseline for further learning.

Emotionally, she was at a lower stage of development, where limits and learning to trust were still the basic psychological needs. She was not yet at the age of needing to experience a sense of competence, which came later, as a basic emotional need.

Socially, Dolores was still trying to figure out relations within her own family. She seemed to have mixed feelings towards the significant people in her life, like her brother who was left behind with her natural mother in a poverty-stricken environment.

In terms of values, she was adjusting to a totally different socioeconomic life style, from having a poor to a rich mother-figure who could offer her all the material things she never used to have before.

Physically, Dolores needed adequate nutritional care. She also lagged behind in her fine motor development. All these were considered in helping Dolores develop fully. Learning started to take place only when she was accepted at her level and all recommendations were based on her present stage of development (horizontally) as a starting point in all areas of her development (vertically).

Case 2: Rey was a six-year old gifted child who was referred by his mother to determine his IQ level and to find out if he was being affected by his adoption. Intellectually, he was at the Very Superior level, his IQ being at the level of a nine-year-old almost equally in all the subtests. Emotionally, however, he was still a six-year-old who needed to play and be a child. Furthermore, the theme of his projective play and other projective stories revealed a great amount of hostility. Although Rey was accelerated to Grade I with the condition that he could further be accelerated to Grade II if he found the Grade I subject matter too easy, the parents and teachers had to be reminded that he was still a child emotionally, socially and physically and even morally. This was important because it was observed that both the parent's and the teachers' expectations had been set at the nine-year-old level in all aspects of his development because of his outstanding intellectual ability. His emotional conflict towards his father's lack of time for the family seemed to be contributing to his hostility.

Case 3: Roger was a 17-year-old boy who was mildly mentally retarded. He was referred by his parents because they wanted to know how he could enter high school after having failed three times in Grade VII. Instead of trying to help them get him to high school, the parents were told of his present intellectual level and how he could be helped to gain a sense of competence which was the basic emotional need at the moment. He was enrolled in a technical school where he learned how to repair clocks. Developmentally, he was at that stage wherein the basic psychological need was a sense of competence. Socially, he was advised to get into a group of younger boys at first and, later on, he was moved to an older age level. In the process, he began to look more attractive as he gained self-confidence. Intellectually, his IQ increased by about 15 points. Instead of labeling him mentally retarded and stopping at that point, the developmental needs were looked into and the

developmental levels were used as a starting point for facilitating his growth on all the other aspects.

Case 4: Marina was a 15-year-old second year high school student who was referred by her mother after having seen a neurologist and internist for what seemed to be organic symptoms. She complained that she was losing her sense of concentration, she could not learn as quickly nor as much, and even her writing was much more difficult and slow! She said she could no longer retain information and her memory was failing. She feared that she was "flunking in all her subjects for the first time." Marina was a top student who was president of the Student Council and a very socially active teenager. At the time of referral, she was extremely anxious and worried that all her grades would be failing for the first quarter.

Because she as very bright, it was explained to her that she would indeed fail the first quarter and that was how it should be. She was made to understand that her emotional side was trying to catch up with her intellectual side because it was too far behind. She was also told that in order for her to get better, she had to take care of that emotional side and allow herself to feel whatever feelings she had repressed and suppressed. In the course of therapy, she got very good insights about her feelings toward her family, more specifically, towards her having a beautiful mother and an older sister who made her feel left out and very different from the rest of the family. She admitted that she really never allowed herself to feel sadness or anger because the most important thing was to achieve academically and she would spend hours studying just to fulfill the expectations that her parents and she had of herself. She realized that she had been denying that part of her and her energy was being drained in the process. Her acute neurotic depression lifted after about 4 sessions wherein she allowed her emotional side "to catch up with my intellect." After the therapy, she felt herself to be a freer and a more caring person, especially towards her classmates who were getting lower grades and those who were less intellectually endowed.

Case 5: Cesar was referred for petty stealing and because of a more recent episode wherein he stole the ring of his parents' friend. Cesar was a six-year-old bright boy who looked quite sad and passive. When given several tests, his scores were found to be in the very superior range, although he seemed to have an obsession for money. Without the parents realizing it, Cesar had absorbed the values of the paternal family who were in the upper economic strata of society. His family also associated closely with a circle of rich families who had an abundance of material things. Emotionally, following Erikson's 8 stages of man (Erikson, 1967), Cesar seemed to be at the stage of Autonomy vs. Shame or Doubt, wherein the basic psychological need was for clear and consistent limits to help him realize his sense of will. Cesar was asking for limits from his father since it was his mother who was very close to him. After the father gave him a regular time during which he could teach him and just be with him, spelling out the do's and don't's patiently, the symptomatic behavior disappeared and Cesar became a happy person who was also expressive.

The need for integrating the total or horizontal dimension with the developmental or vertical dimension in any child is very clearly seen at this point. However, from the above examples, especially the last two, one can observe that these two dimensions will not present the complete picture unless the child's behavior is seen in the context family and the community that the child lives in. This brings us to the importance of looking into the third dimension—which is a contextual consideration.

THIRD DIMENSION: CONTEXTUAL CONSIDERATION: VIEWING THE CHILD'S BEHAVIOR IN THE CONTEXT OF THE FAMILY AND COMMUNITY

As glimpsed from the last example cited above, the attempt to understand a child's behavior would be limited if one did not consider the meaning of the behavior in terms of its family context. What is the message underlying the behavior? In deciphering or decoding the maladaptive behavior, one has to find out what the child is trying to say to the family or about his family through the more obvious behavior or signal for help.

Case 6: Ramon was a 5-year-old boy who was referred by his parents after having been examined by a neurologist because of his extremely aggressive behavior, his screaming bouts in the house, and his hurting of his younger siblings. There were also times when he would just be crying, saying that he wanted to die.

Intellectually, Ramon was functioning at the Superior level. He was a very perceptive and sensitive boy who absorbed much of what was happening around him.

Emotionally, he was an anxious boy who needed some form of limit-setting from his father. He was also sensing some conflict between his parents who at that time were into arguments and "cold wars" intermittently.

Socially, he did not get along very well with his peers since the only other children he could play with were his younger brother and sister who he fought with most of the time. In school, he did not have friends and he was always fighting with his classmates. He was also constantly screaming at his mother who was worried about her son's lack of respect. He seemed to be deliberately disobedient and stubborn as if testing her limits all the time. The father who was younger than the mother was not actively involved.

When the parents were told at the initial feedback conference that Ramon needed firm, clear and consistent limit setting from his father, they did not seem to take it seriously until one day he smeared his feces on the face of his classmate. After this, the father became alarmed and stepped into the picture more decidedly and with more conviction.

During the therapy, the theme of Ramon's drawings and projective play always centered around a disaster happening in the house like a hurricane, an earthquake, etc., signaling that he was sensing some impending disaster in the family.

The most telling incident happened when he expressed his desire to die. Upon questioning, it was discovered that he wanted to die because if he did, he would go

up to heaven and become very powerful like God and he could then help his family here on earth. He was also observed attempting to open the therapist's bag to get money. He stated that he needed ten pesos because it was his father's birthday and he would give it to his father as a gift because they needed money very badly.

Ramon was the eldest in a young family with 4 children. He had very young parents who were financially largely dependent upon the paternal grandmother or *lola* who held the power in the family. While his play unraveled the theme of impending disasters to the doll house, it was learned that they were about to lose their mortgaged house if the *lola* did not come to their rescue. The young parents, without knowing it, were giving the child messages that life was very difficult, that survival was so hard and that they might not be able to make it on their own. It is important to note that the family went around with the well-to-do crowd and there was an atmosphere of needing to keep up with the Joneses. Although not really "poor," they felt very much below the economic status of their peers.

Upon closer questioning, it was learned that the parents argued about their financial difficulties very often and that the mother was talking one day to a friend over the phone about her fear losing the house, which Ramon could have easily overheard. The atmosphere in the home was full of tension and fears.

Looking at the meaning of the behavior when seen in the context of the family and extended family, one can infer that Ramon was sending 2 messages: One was that he wanted his father to come in more consistently and firmly to help him control his impulses because he was not yet able to do it himself at the developmental stage. More importantly, he was very worried about survival and was therefore asking for help for his family. He perceived that his parents might not survive without help in different areas. He needed to be reassured that his parents could take care of him and his siblings and that they would all survive. The parents had to make him feel that they could handle their responsibility as parents so that he would not need God's power to help them. He was wishing that he would be able to fulfill their role as parents in a more confident manner.

When the message was communicated to the parents and the paternal grandmother in a mother's feedback conference, they understood the message clearly and they worked towards an arrangement that provided more emotional and physical security. The father set the necessary limits and spent regular hours with Ramon. The *lola* changed her overpowering ways. In a few weeks, Ramon's symptomatic behavior disappeared.

This contextual view seems to be of utmost value especially when working with Filipino families, where the child has to be constantly attuned to the family goings-on in a very subtle way, and where he has to feel his way (*pakiramdam*) in order to have his needs met by the many adults around him (Carandang, 1979). Using the family systems approach, Andolfi (1979) considers the child's behavior as the signal of some stress or conflict within the family system. Diagnosis then largely involves the assessment of the function of the child's symptomatic behavior within the family system.

A more straightforward example is that of the "Family Barometer" (Carandang, 1979), wherein the bed-wetting behavior of a ten-year-old girl was related to the degree of marital conflict and tention between her parents.

At this point, one can clearly see the need to consider all the above dimensions in understanding and helping the child develop fully. But the model would not yet be complete if one did not include the fourth dimension which is the child's own inner experience of the problem.

FOURTH DIMENSION: THE CHILD'S INNER WORLD

After all of the above considerations, there is one more dimension that could deepen the clinician's assessment. This concerns the child's own point of view. How does he make sense of all that is happening What feelings are stirred in him? How does he see it all?

For the clinician to be ultimately effective, he has to be able to enter into the child's world and see and feel it from that standpoint.

Sulfa Wolff (1969) is very emphatic in her assertion that the impact or the effect of any stressful event depends on the child's level of development. The child will be affected by the stress depending on his own perception of the stressful event, which is in turn largely determined by his cognitive and affective level of development at that point in time.

> Ben, an intelligent and perceptive seven-year-old, after trying very hard to get the attention of his stepfather, expressed his feelings thus: "Why are children not important in this world? Why do they still have to be born and why do they have to be born little? Why can't they just be born big already?" After suffering from the obvious favoritism of his stepfather towards his 3 other younger natural sons, he felt discounted and helpless about the situation. If only he were bigger and older, he could at least do something about his life!

In one family where the parents were in the process of separation, the 14-year-old voiced out the thought that it would be best if his parents separated because they were always fighting and this was the only way to end/stop the fights since his mother had already suffered too much. The eight-year-old boy only wanted to see his parents together again whereas the 11-year-old confided her fears and feelings of loneliness for her daddy. A 5-year-old boy who was well on his way to being labeled a problem-child, asked another boy upon entering the playroom, "Why are you here? Are you also a bad boy?"

From a sensitive 8-year-old boy, this remark was heard, "Why can't my mother and father be friends. Even if they don't live together, they can still be friends. When they are enemies and they fight, I feel so hurt that my chest is about to burst half-open!"

Or take the case of Ramon (mentioned earlier) who wanted to die so he could be powerful enough in heaven to help his parents on earth.

In order to deepen one's understanding of the child as a fully human person, it is extremely important to enter his being and see the world through his own eyes. This existential or phenomenological viewpoint completes the framework and serves as the final integrating inner-core in this multidimensional approach. In one's journey into the fascinating and sometimes unfathomable (to the adult) world of the child, one needs to know what he is doing and why he is doing what he is doing.

This basic integrative framework is presented as a guide in enhancing the assessment and therapeutic endeavors of those adults who are involved in helping children and their families.

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