

A new Approach to the Problem of Psychoneurosis in Childhood

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In this paper I give an outline of some cases of psychoneurosis in children treated at the Children's Clinic for the Treatment and Study of Nervous and Delicate Children, and a sketch of the methods by which they are treated.

Since these methods are new and are put into practice through a rather unusual machinery, in order to understand the cases it is necessary that I should describe what these methods are, and how and where they are carried out.

The Children's Clinic is an out-patient institution which treats children suffering from psychoneurosis and conduct problems and some forms of physical illness. During the current year the complaints for which children were referred included: anxiety, arson, backwardness, cruelty, debility, enuresis, epilepsy, insomnia, loss of voice, mutism, nervousness, night terrors, pilfering, post-concussion character change, sleep-walking, truancy and unmanageableness. To these have since been added asthma and claustrophobia.

No mentally deficient child is accepted. The social class of the children received is similar to that of children attending the out-patient department of any specialist hospital. The aim of the Clinic is to give continuous treatment combined with observation and study. Very careful records are kept of each case.

Now the basis of every attack upon a problem must be a conception of the nature of the problem. Such a conception, in the case of so wide a list of troubles within the narrow range of childhood, trespasses inevitably unto the question of the nature of disease itself. It is possible and it is our hope that study of Children's disease undertaken from the angle of this work may in the end throw light upon that problem also. It is for this reason that I have chosen to present cases of physical ailments and mental states rather than conduct problems.

The standpoint from which this work is undertaken is that a neurosis represents the reaction of the whole child to his Whole circumstances. To be effective, an attack which

arises out of such a conception of the nature of neurosis must therefore concern itself equally with all the factors that make up the situation.

The circumstances of a child include his home and school environment, his economic situation, and the permissions and prohibitions of the section of society to which he has been born. The child himself consists of his physical heredity, his bodily constitution, his mental endowment, and the emotions and desires with which he has come to the world. These various forces can for convenience be grouped as environmental, physical and individual.

It is a commonplace that a child is the product of his environment. No child can give us an account of his environment. It is necessary to have experienced two states before one can be aware of either, and having known one state only, his own, a child is totally unaware of much of that which actually forms the colour and background of his life. A child has no knowledge of social behaviour, of ethical ideas, of ways of life, other than those of the family within which he is brought up. He has no standards for comparison, no way of escape from what he sees and hears. Inescapably and inevitably, parents are equated for him with absolutes, and what exists in his home becomes to him of the very nature of the universe. To a burglar's son, burglary is work; to a gipsy family, movement, to a yeoman, stability, are of the nature of the universe.

Some grasp, therefore, of the character of the family group from which a child comes is a necessary preliminary to an understanding of that child: and information to this end must be collected apart from the child, and by a worker specially trained to an understanding of this type of work.

The next factor to be considered is the physical: and there are certain characteristics of childhood that make the physical background to a neurosis in childhood of peculiar importance.

About the physical constitution of childhood there is a remarkable fluidity: metabolic factors, comparatively stable in the adult, can swing from one extreme to the other in a child, with startling rapidity; disappointment can be the cause of a severe rise in temperature, and the onset of organic disease can be shown, not in pain, but in depression. It is often in the case of a child exceptionally difficult to separate a physical from an emotional cause. A child is not, as an adult, aware of himself as a consciousness apart from his body: a pain felt by a young child is pain felt by the whole of his body; he is unable to describe it, very often unable to locate it correctly. Mental and physical tend to be identified, and the child can give no accurate description of either. Moreover, children

having no standard of a norm, do not know when they are being different, and are apt to accept as normal whatever happens to them, however abnormal it may actually be.

Not only is this true, but the processes of growth are still largely unknown to us. We have little idea as yet of the mechanisms of interaction of the different factors: thymus retraction, skeletal development, coordination of involuntary muscle, sexual development, all are forces we inadequately comprehend. We have so little knowledge of the normal that we are unable to appreciate small departures from the norm. In too many cases it is gross disease alone that we are able to recognise.

Similarly diet and hygiene have more influence on health and disease in childhood than at any other time. With the depression of repeated infectious illnesses upon the mental health and vigour of a child every educationalist is only too familiar it appears, for instance, from recent work, that so simple a thing as extra milk can affect this infectivity and, through it, the child's whole attitude to life.

Metabolic factors also have a far greater significance in the child than in the adult. Alkalosis and acidosis, anomalies of the calcium or phosphorus metabolism, are, under conditions of stress, capable, in children, of precipitating a neurosis. In some cases they are even able in themselves to produce the whole phenomena of neurosis. Every neurosis contains elements from each of these sources, and each element needs to be studied and evaluated separately.

But when all has been done that can be done on these sides, there remains untouched the kernel of all neurotic problems, the child's own mind. Whatever a child feels or thinks, it is impossible for him to give an adult an account of it and, moreover, if he should try to do so, his words will in all probability mean to him something quite different from what they convey to us.

Eric, a small boy of four with a severe neurosis, was piling wet sand into an enamel ring, and patting it down firmly with his hands. He then made a hole with his finger right down the centre, withdrew it slowly, looked down the hole saying, "What a deep dark hole." The worker playing with him said, "Is there anything at the bottom?" Eric: "No." Worker: "Would you find anything if you went down the hole?" Eric: "Yes, I should find myself at the bottom," He then emptied the sand out and it became a pudding. Worker: "Do you boil your pudding?" Eric: "Yes, in the boiler of my engine. I am going to make a very large pudding, and if I can make the very largest pudding in the world then"—in a low, deep, portentous voice as though it had terrific meaning—"then a horrible, fierce ugly world will come and eat (pause) the piano." Worker: "Have you a piano at home!" Eric: "Oh, not our piano (pause), no, not a piano, the chairs." Worker: "Then there would be no chairs to sit

on." Eric: "They would all be melted away." Worker: "Why melted away?" Eric: "Because the world would eat them up and it is very hot inside." Worker: "What sort of world?" Eric: "The big world that is round and turns round."

To a small child words are playthings. He likes the sound of them. he will experiment with the meaning of them: but when it comes to serious communication, words in the way we use them are of very little use to him.

If we are to get in touch directly with a child's mind if we are to know what it is really feeling and thinking. we need to learn to understand the child's natural idiom, and that is not speech but play and action. Speech considering as a logical structure is not spontaneous in children: action is. A child is not a logical reflecting being, —he does not when he is by himself use his brain for connected thought. Instead he plays out his ideas as they leap up in him in pictures, and uses for that play any material that comes to hand. If we are to understand him at all and understand the conflicts that come in his mental life we must find a way in which his play can be shared and understood and the thoughts that lie behind it gradually pirated together. Until we can do this. the kernel of every neurosis will elude us.

In order to make possible an approach to the problem of psycho- neurosis in children that would contain all three factors. the social. the physical and that of the child's own outlook, the Clinic from which these cases are drawn, was created. In that Clinic the social environment of the children is studied by a worker with six years' experience of children's social work in England, and an American training in Mental Hygiene. The family side of the case is in her hands.

A very thorough physical examination is made of every child on entrance, and any morbid features promptly dealt with Diet and hygiene are carefully revised, and a record of these kept. On certain carefully selected cases, biochemical studies in the laboratories of Dr Edgar Obermer are carried out. The doctor under whose charge the child has originally come for his physical examination supervises his physical well- being throughout his stay in the Clinic and keeps closely in touch with him throughout his attendance. He has no share in the. psychological treatment. This is carried out in tho playroom by a special staff.

A rhythm department helps in the treatment in all cases, and gives great assistance from time to time in diagnosis. Every child goes to dancing at some time during every session.

Although the Clinic is open every day for office work, the children and their parents attend on only two days in the week, from 2.30 to 5 pm. Each child is expected to attend

twice a week, though for some the distance that they come makes this impossible, and once a week is perforce accepted.

The difficulties and limitations of continuous psychological work in circumstances of this kind are very great and need to be taken very awfully into account in evaluating the results. Outbreaks of infectious illness in the home, the arrival of a new baby, washing day, coughs and colds or a school treat, all tend to interrupt attendance. Long distances, cost of fares, unemployment all make for irregularity. Limitations of parental outlook make difficult or impossible much that we should like to do with the children and often greatly delay results, particularly in the case of sex difficulties and sex instruction.

Furthermore, the school child is the property, as it were, of the school attendance officer and severe pressure is always there to return the child to School—that is, to discontinue attendance at the Clinic at the earliest possible moment. Finally, the child is brought for the symptom, not the underlying difficulty; once the symptom has disappeared, or even become so much lessened as not any longer to cause acute difficulty at home or school, the tendency is for the child to be withdrawn from the Clinic. One has to be content with the best that one can do, taking all the circumstances into account.

As understanding of the cases to be presented depends upon the work in the playroom, something must be said about its nature and technique.

The room itself is large, furnished with tables of varying heights, and any, medium, and normal sized chairs; and upon these a quantity of very varied play material is set out.

There are also two or three zinc trays about 2 Ft. 3 in. by 1 ft. 6 in., and 2 1/2 in. deep, on tables fitted with castors, which offer scope for work with dry sand, wet sand, and water. For use with them, miniature models of the components of an ordinary and a savage world—houses, trees, transport, people, animals, etc—stand beside them in nests of drawers. Trains are absent.

Coloured blocks of various sizes, mosaics, stencils, paints, carpentry materials, construction toys of many sorts, meccano, Klyptiko models, a coffee grinding machine and other domestic articles are also provided and continuously used.

Water can be obtained outside the room and there is a lavatory near

With very few exceptions no suggestion is made to the children as to the material they shall choose for play. Each child is free to choose what he will. For every session a

record book is kept, in which are noted the time devoted to each occupation and the order in which each child chooses its occupations.

Children from one year to school-leaving age at present work together in the same room. This is undesirable and will be changed as soon as possible. The handling of older children with younger children is exceedingly difficult—it is only the existence of some overflow space that makes it possible.

The atmosphere of work in the room has the following characteristics:

1. Individual difference between workers is minimised as far as possible, and all workers are dressed alike. No worker is allowed to develop a particular relation to any child, and the assignment of children to workers changes frequently. The transference factor is thus reduced to a minimum.
2. Every worker is trained to accommodate his body to the child's, so that his head will be on a level with the child's. Size by itself in an adult is terrifying to a child.
3. No prohibition or condemnation—in spite of the sternest provocation—may be used with any child. The worker plays and works under the direction of the child. Everything done or said by the child is accepted without remark or comment as natural and inevitable. It is difficult not to react to sudden plasticine thrown at one's head, water squirted in one's face, or sand poured down one's neck, but in the end each worker learns to control such reaction.
4. Only two unbreakable rules exist. That no child may injure another, and no harm may be done to Clinic property.
5. Explanations to the children of their conduct or of phantasies are given by me only, since it is here the danger point lies, and I am alone responsible for the psychological welfare of the children. For the understanding that lies behind such explanations, myth, folk tale, fairy tale, and legend are good allies; peasant customs, anthropological reports, psychoanalytic research, the work of Piaget, ritual, magic, animism, and isolated biographies, all give clues. In child analysis of any kind we are at the beginning of a new study; nothing is certain, nothing can be predetermined. We grope in a dense mist, knowledge of one's self and experience with childhood are perhaps the best guides to groping in the right direction.

Although my admiration for the work of Mrs Klein and her group is very great, and in spite of the fact that without it my own work would not be possible, not being a trained

psycho-analyst, I do not feel myself qualified to use with the children directly psycho-analytic interpretation, however much I may myself benefit in my understanding of them by a knowledge of psycho-analytic findings. Interpretation of symbols by that theory is a very strong explosive to the mind of a child, and I feel convinced should not be used by others than those properly trained in its technique. There is of necessity some relation between my mode of approach and the psycho-analytic play technique, though the angle of attack is different, and it is, I think, worthy of note that in spite of this fact, the phenomena produced by my children in such very different circumstances are so often closely akin to those described by Mrs Klein. But in evaluating the phenomena, though I find myself very greatly indebted to Mrs Klein's work and to her group, it does not seem to me possible, until there is full publication of the child material from which these conclusions are drawn, to form any definite opinion as to the ultimate validity of the interpretations given by her to them.

For the rest, play with a child in suitable setting will often give, in a simple drama, a picture of the conditions at home that hours of conversation with the adults concerned will hardly amplify.

What then occurs in a room of this kind? The children come in one by one and take curiously little interest in each other. Each child, with very little help, selects the occupation that interests him, and sets to work in a group or with a worker, careless on the whole of what goes on around him.

Very careful notes are made by each worker at the end of each session, of what he or she has observed. These notes are revised by me twice weekly in conjunction with the head of the playroom.

Now let us turn to the cases themselves, and see how this works out and what actually happens. In all instances names given are fictitious.

The first case we will take is that of Richard Ford, who was referred from a hospital as suffering from epilepsy. He was a well-grown intelligent lad, 11 years old, and of a prepossessing appearance.

His mother was a caretaker, living with her own mother in good-class West End houses and, owing to her constant moves, the boy had been to nine schools.

The father was an interpreter, a very irresponsible man, moody and unreliable, who, at the time Richard attended the Clinic, was living abroad and refusing to come back to his wife.

The mother's mother was Irish, a well-balanced and normal individual, but her father—who had been at one time well off—died in an asylum at forty-eight and had had G.P.I. at the time of his marriage. Richard's mother was convinced that Richard's condition was due to inheritance from this grandparent.

The father's people were Dutch and of good stock, but he himself had had venereal disease and been unfaithful to his wife since 1918. He was 'gassed' in the war. He is said to be very silent, to bite his nails and pick his fingers and to smoke to excess.

The mother, the only parent with whom the Clinic came into contact, was a genteel woman of very slow mind and quite extraordinary stupidity. She had a way of finding the simplest situation difficult, and in spite of superficial friendliness proved very resistant to co-operation. She deeply resented her husband's attitude to her and her son's illness, and combined exaggerated devotion to Richard and spoiling of him, with ingrained disapproval and the constant expectation of disgrace. She had no control over the boy, and expressed herself as being exasperated with him. She looked upon the epilepsy as incurable and, in a sense, as an obscure form of judgment upon herself.

According to the mother's account, the boy had no respect for his father, who had no control over him at all. Richard is said, however, to be afraid of his father, who had little understanding of the way to deal with children and would, for instance, suddenly give him a severe smack for no particular reason and badly startle him. Everything he said and did that adversely affected the father personally was regarded by the father as a serious offence—everything else a matter of indifference.

The mother describes the boy's attitude to her "as if he had a dual personality." One day he would be very loving to her and on another day would rush at her and bite her arm, shake her, hit her, and have fits of leering at her, which he owned he did to annoy her. There would be violent scenes in the home if anything occurred to thwart him.

The boy's relation to his grandmother was much better than to his mother.

These three people lived together in empty houses. The economic resources were adequate.

The physical history of the boy was a disturbed one. His mother had had a fall during pregnancy and a severe shock. Labour and feeding had been normal except for an early weaning, and development was normal. He was circumcised at 2 years. At 2 he had a severe fall; at 3% he was delirious from a scald on the chest. Whooping—cough, chicken-pox, measles and tonsillitis followed each other rapidly and he was said to have

frequent headaches. After X-ray treatment for ring-worm at 7 he was said to have facial twitchings; at 8 after a fall from a hayrick he had slight concussion; at 10 was treated at Tite Street Hospital for another heavy fall and a had cut on the left knee. In October 1928 and in the following April, he fainted in the street and was grey and cold for a long time after.

Psychological history up to the onset of fits was as follows:

A happy infancy; easily trained and clean at 6 months. Very destructive and fond of pots and pans and things that jingled or made a noise. Between 2 and 3 years said to be 'pedantic;' a solitary child, always on the go, always occupied; with a tendency to domination and cruelty. He liked pulling off the wings of flies and being cruel to the kitten. But he enjoyed helping in the house.

At 11 years he was described by his mother as a born snob and a born sergeant. If with people he looks down on, such as workmen, he is odious; if with people of culture, charming. During the last two years a change is said to have come over his character: he has taken to being only in the company of small boys whom he enjoys terrifying, and shuns the company of boys of his own age.

Since about the same date he has become very restless, and when he goes to the Park he dashes about, waving his arms up and down with very rapid movements and running in a circle, pretending with such conviction to be an aeroplane or motor-car that his mother says she "sometimes thinks" he is an engine."

Onset of fits. About nine months before he began attendance at the Clinic, failing all other attempts to discipline or control him, his mother sent him to R.C. school noted for its strict discipline. This school he hated. For a time he was allowed to go home at weekends, and then every Monday there would be a scene when he would lie on the floor and cling to his mother and beseech her not to send him back again. He walked away from the school twice and his mother took him back. At 7.30 a.m. on April 7th, while the boys were forming up to go to chapel, he became unconscious, and fell down a flight of stone steps. He was put to bed and shortly afterwards was taken from the school. The first actual fit occurred a month later, in his' sleep, and had all the characteristics of definite epilepsy. There was general twitching, he frothed and bit his tongue, rolled his eyes and was quite unconscious. Between that date and the date of his first attendance at the Clinic (19. 9. 29) he had ten fits in all. The characteristics were the same. They occurred in sleep; he usually passed water. The fit lasted from three to five minutes. He was drowsy for eight hours and when he waked, complained of headache in the back of: the head, but was not aware that anything had happened. He then sat up and vomited copiously (green and frothy). When

he got up he was normal and wanted to run about. He complained of feeling top-heavy when he had to stand still, or in school and sometimes he got an attack of laughing and being exalted. No petit mal was noted, though the doctor who referred the child to the Clinic reported that Richard gave an account every now and then of not being quite aware of himself.

Throughout his attendance at the Clinic the boy presented quite a remarkable picture of emotional ambivalence. The shyness inseparable from a first attendance at any new place disappeared on the second session, and a mood of violent activity took its place, but balanced in its turn by a feeling of order so exacting as to give a sense of compulsion.

A note on the first day of attendance says:

Richard became interested in toys and set about to mend, with a hammer and tacks, a lid which was broken. Rather clumsy at it, did not at first realise that his tools and bite of wood were inadequate, but was persistent and methodical: finally came to the worker and said that the job was impossible as it would need finger nails. As the cupboard was being tidied he arranged the box wood excessively neatly, fitting the little hits at the bottom with great care; he grew tired of this and threw the rest on top, linking them down. This was really all that was necessary. Built a fortress with a single tall tower in the centre, out of big blocks: well done, and he enjoyed this. He then tidied everything up in sight very methodically, evidently enjoying this, and having a compulsive sense of order.

On the second day:

Good sense of how to use tools, etc. Evidently fond of mechanical toys, clockwork and no on, but when asked whether he was going to be an engineer he said he was going to be a carpenter, engineering was too dirty. Asked whether it wasn't rather fun to get dirty occasionally, he said half-heartedly 'yes.' Very gentle and kind to Michael (aged 2), takes him and shows him his clockwork toys. Settled to make elaborate matador engine'. Very difficult, but Richard was persistent and would not give it up. Still' much interested in' Michael's doings.

This relation was in direct contrast to the account given of him from the outside. The quiet fit soon passed: (26. 9. 29.)

Had a ball and threw it rather hard at one of the workers. Stood with the ball poised to destroy another child's building. Worker said "Why not destroy your farm?" Ended and danced about, throwing the ball as near the other child's work as he 'accidentally' could.

His' aversion to messy substances came out strongly: (14. 10. 29.)

Richard said he did not feel like doing anything, he was so tired. Said he had slept most of the day before. Decided to play with the sand tray. Made a sea with clay walls but did not like touching the clay and each time he touched it, rinsed his fingers. Finally he asked worker to do the wall while he banked up the sand. Later he got more used to the clay and helped. He made harbours with wooden ships to sail. Seemed interested and worked at it for 1½ hours till called off for dancing. Made rocks of clay m' the middle and built a wooden lighthouse on it. Very anxious because a little clay got on his' trousers.

In the fifty-four hours previous to this visit he had had two fits. These were the last fits he had.

The aversion from messy substances changed very rapidly and on 24. 10. 29

Asked for clay and said in a surprised voice, "I rather like clay now." Made much the same as before—a sea with a pier going into it, a lighthouse and various harbours. He shut these off at first and let the water through, sometimes with a rush and sometimes through a tunnel under the clay. Had a bridge made in wood to put across, and tried to place a little figure on it, but it was too unsteady.

During this time he showed in conversation his sorrow at not having brothers and sisters of his own:

Talks with imaginary boys in bed about all the events of the day. They don't talk to him—just act as listeners. He does not see their faces. In conversation he says sadly that he is an only child and has no brothers or sisters. The rhythm reports are interesting:

10. 10. 29. On his arrival at the Clinic he was extremely happy and eager. Very stiff movements in the upper part of his body, dragged his feet in marching and lurched along as if it were an effort to walk. Used the right side of his body when possible. No freedom of movement at all. Most pleasant child to deal with, a happy disposition and anxious to please. Gets no free movement at home. Body seems thoroughly unbalanced.

24. 10. 29. Irritated by mother's presence. Movements becoming steadier. (Third attendance) Does his best; has admiration for beauty. Generous and kind and always ready to praise work of other children.

28. 11. 29. Stance becoming more manly and movements much freer. Time and rhythm good. Can co-ordinate with arms and legs.

In general reaction to work of the Clinic Richard showed as it were two layers: on one he was a dignified, well-mannered, intelligent boy, well up to the standard for his age: on the other, a rebellious, impulsive, entirely uncontrolled child of 3 or 4. These alternated, and we allowed them to express themselves freely without comment.

After a little while, when a certain amount of material had collected, I had several long talks with Richard, in which the material was examined and commented on, and explanations given to Richard of the way human character was built up, grew and developed, and why discipline was necessary.

In the meantime the reports from his mother showed steady improvement. October 12th was the date of the last fit that he had. On January 7th he went back to school. In March of next year he was able to take a holiday at Hindhead, and thoroughly enjoyed it. His mother moved their address again and the boy went to St Michael's School, Westminster. The head teacher reported to Mrs Ford that his work was good and that he was making satisfactory progress.

As no more fits occurred and the boy seemed physically quite well, and was settling down at school, the mother ceased attendance. From our point of view this was a pity because at home his conduct was still unsatisfactory and we would have liked to have kept him long enough to have got this in order also.

At home Mrs Ford complained that Richard was incapable of accepting responsibility even for obvious matters. He forgot to clean his teeth, brush his hair, etc. and had little concentration. He was passionately fond of woodwork and was given plenty of scope for this at home. It was suggested to her that she should try to give him ample praise. for the things he did well in order to counteract the amount of correction and the reminders that she felt it necessary to administer to him. She maintained that she did so and was careful not to let the boy get a feeling of hopelessness and discouragement.

The striking fact about this case is of course the shortness of treatment—the boy attended altogether eleven times. No medicines were given. In spite of this' short period of treatment, to date—18 months from the last fit—no fits have recurred and he has become adjusted to school life and discipline.

The second point of interest, especially in contrast to the next case— also of an epileptic, a girl of the same age of 11—is its ambivalence, and what one might call its lack

of shape. There is no particular order or sense about what he does, and on one afternoon many varying activities may be attempted and violent changes of mood shown. After the first day there was no inhibition and his emotional release, which was wild, slowly came down to normal. He showed little or no phantasy and what he did was of an objective kind— e.g. reproductions of scenes seen—but on the other hand his understanding of tools was good.

Contrast this case with Mary Clark, aged 11, referred to us on November 16th, 1929, for a complaint of “losing herself for a moment.”

When the child first attended she was having definite attacks of petit mal:

She began to nod her head and upper part of her body forward in jerks, definite but not violent, hands curled in but not clenched, eyes vague. After about half-a-minute to one minute she sighed and relaxed and looked up as if to orientate herself as to where she was.

Because it was thought desirable that she should cease for a time to attend school, and we could bring this about only by recommending convalescence involving absence from London, convalescence was recommended for Mary and she went for a month into the country to stay with an aunt. Mary was well while away, and was not brought back to us on her return. But shortly after, one evening at the Brownies, she was taken suddenly ill with a definite epileptic fit.

Her history was as follows:

Mary is the third child of a family of three—the other two being brothers. Her father—a man of 42—was born in London of a Sussex family, general health and intelligence very good. Entered fishmonger’s trade at the age of 11 and, except for the War, has remained in it ever since. Had rheumatic fever twice—heart not affected, but acute arthritis in one leg has crippled him since 1910. His parents still living, but in 1923 he quarrelled with them and did not see his mother for a year. They are of normal stock, with no nervous trouble in them or the rest of the family.

Her mother, a woman of 46, was born on a Berkshire farm—educated in a country school—in service until her marriage. Health good—no history of nervous or mental trouble. Well-balanced, very sensible, high standard of morality and honesty, very self-denying and hardworking and generous to a fault. Her own mother who died recently used to have crying fits and could not keep quiet. Was always on the look—out for danger and expecting accidents to happen to the children.

The family live in three rooms at the top of a three—storied house, sparsely furnished but scrupulously clean, situated in a fairly quiet street having a small yard at the back.

Of the two brothers, Fred, a boy of 15, did very well at school and now is apprenticed to a plumber and keeping on his education by attendance at evening classes. George, 13, is at the Regent St Polytechnic on a scholarship and has done excellently in every way. He is said to have been nervy as a little boy but now to have grown out of it,—to have had fears of water at first, but now to be a competent swimmer.

The family atmosphere is good, except for one period of stress before the father went to hospital, when his temper was unbearable.

Mary's Physical History was uneventful. An easy confinement, breast-fed for three months and weaned gradually. Very severe pneumonia and bronchitis at 2, measles at 7, and scarlet fever at 11. Lately complained of headaches. Good appetite, sleeps well, bowels regular, no enuresis.

Her Psychological History showed the history of the 'model child.' She was a happy infant, never naughty, did everything normally, played well. Always very clean, no enuresis, as soon as she walked wanted to play with water. Never frightened. Has slept in a separate room since she was 2 years old.

At 4 3/4 started school. Always good reports; enjoyed school; always truthful, never got into trouble, no tempers; was very often teased by her brothers but stood up to them. The only bad point admitted by anyone about her was that she was lazy at home and rather spoiled and did not like helping in the house. The only anomalous event was that when 15 months old, suddenly she shut her eyes and refused to open them for three days.

The onset of trouble came in the following way. In May 1929, Mary started working for a Junior County Scholarship. Both her brothers had done well in scholarships. At midnight one night at this time the mother was awakened by hearing the door open. Mary came in in her night dress, came straight up to the bed and said, "You always make me get the water." The mother said, "I don't know what you are talking about." Mary said in a rude, abrupt manner, very unlike her, "Yes, you do." The mother took her back to her own room, saying "Whatever made you do that?" and Mary said, "You came out here first, didn't you?" in the same rude manner. She then got into bed and did not remember anything about it in the morning.

Head-nodding was first noted in June. In September she had scarlet fever and in January was moved up three classes, and found the work very hard. At this point, on Wednesday, January 29th, the first fit occurred. On the Sunday following she had a second fit at home and on the Monday resumed attendance at the Clinic. She continued to attend until October of that year, and fits ceased by June. Each fit had the same characteristics. She would be sitting quietly at home, suddenly fall back, cry out, become cyanosed and quite unconscious, this would last two minutes, she would go into a deep sleep afterwards, sleep six to eight hours and wake in the morning knowing nothing about it.

In character Mary was the exact reverse of Richard. Where he was wild and uncontrolled, she was the picture of quietness and obedience. Where he was uncoordinated and lacking in integration, she showed a character of monotonous evenness.

My description on her first attendance was:

A very good quiet little girl, rather stout, has a way of bending her head slightly down and looking up at one. Talked re-scholarship and she showed a clear feeling of burdensomeness about this and about school work.

Her work at the Clinic falls into four periods. Period I. During this period she was a shy quiet little girl, occupied with normal tasks, and with puzzles. Strong inhibitions.

18. 11. 29. Fm design on a sheet of paper. Began with red square. At first had evidently no ideas and just sat looking at the pieces, then fumbling with them.

17. 2. 30. Helped Nellie Smith with jigsaw puzzle, then cut out crêpe paper dresses for dolls, very neatly. Made a man with the grotesque mosaics which she drew on paper and coloured. It was a little difficult to draw her out, but at last she said she would really like to make a bag with beads.

Very occasional vindictiveness appeared.

26. 2. 30 Indians had Landed in England, had no home, went to people's houses and if they couldn't have their' homes, they would shoot the English people. One Indian had been captured and strung up on a tree until' the English had finished their work when they were going to shoot him. Another Indian was shooting a turkey for food. Dreamed of Indians years ago, Indians coming into the kitchen.

Her attitude to the work and herself was a discouraged one:

27. 2. 30. In conversation she said, (a) "I don't like this work," (b) to Reggie, "It don't matter what you do, it only gets knocked down or broken up." Worker said, "I don't agree. You might as well say it's no use making a cake, it only gets eaten up." This made her think a bit, then "A cake isn't wasted when you have eaten it." Worker: "Neither is a beautiful thing if it gave you pleasure to look at it. I like to see beautiful things, don't you?" Mary: "Yes, I like ugly faces. You've got a nice face, mine's ugly. I like ugly faces."

Four fits altogether occurred during this period. About March her demeanour changed and Period II (March 3rd, 1930, to April 7th) showed an entirely different picture. The 'goodness' which had been wearing thin just before this, broke up and a wild period of uproariousness set in, together with an interest in aggression and destructiveness.

27. 3. 30. This child is untidy and behaving in a very hoydenish fashion. She does a 'Bunny Race,' squatting, about the Clinic, climbs over obstacles fearlessly, and begs to dance and play ball. She wheedles for more time for rough games, and talks of dancing as "Oh, oh, just lovely." She is difficult to keep at any occupation for long unless it is very active or rather messy, like sand pies.

Delight in messy substances appeared also:

24. 3. 30. Finding another child playing with wet sand, joined in saying, "I like this," and rubbed her hands in it, becoming rapidly dishevelled and dirty. Played with sand, got hands dirty, and enjoyed making a mess. Was delighted at being allowed to make mud pics and clay work and made herself thoroughly messy and dirty.

Also an interest in food:

27. 3. 30. Playing with plasticine or sand, she makes toffee apples or fish cakes, or other edibles, and says lusciously "Um, don't talk to me about fish cakes, makes my mouth water—umm," smacking lips.

And in body shapes:

10. 3. 30. Made a grotesque figure finally called a woman, though not originally intended for either sex, naked. but with a hat. The size of the nose and lips much too large for the face. Small arms and legs, enormously long thick tail. Afterwards made equally grotesque man with long arms and legs and no tail. She enjoyed doing this immensely.

You will note the contrast between her flow of ideas at this period, and her original inhibition. Two fits occurred in this period, and both near the beginning. Meantime at home the following changes were taking place:

6. 3. 30. Mother complains of Mary becoming cheeky and was encouraged to feel that this is a good sign. Mary does not like helping with the housework.

10. 3. 30. Parents giving Mary more freedom.

13. 3. 30. Mary seems to be better in every way.

20. 3. 30. Mother reports that Mary's behaviour is 'nearly normal.'

Twenty-five days after the last fit, the Clinic was closed for Easter and for the reorganisation of the case records system. During this period of six weeks, Mary had seven fits. She returned to the Clinic on June 2nd, and a period of listlessness alternating with wild spirits kept her till August. Fits ceased with her return.

Her former delight in messy substances turned to a negative reaction against them, but a new main motif showed itself in an interest in the other sex, boys and girls, and in the appearance of masochism.

16. 6. 30. She suddenly asked me [male] if I would like to be a girl. I asked why. She said she would like to be a boy so as to be able to play football and cricket in the street so that the "copper could run after her."

3. 7. 30. While painting, Mary discussed with another child caning at school. Both said they had never been caned. Mary said she would like to be caned.

Physically she showed signs of approaching puberty. The fits did not mm and, as the mother reported:

22. 9. 30. Mary was much fitter physically; more alert, more mature in taste and reactions; knows her own mind better and strives to achieve her end.

4. 12. 30. Mary continues to make good progress; is more responsible and very helpful to the house. Is now going to cookery and housewifery courses at school; plays netball at school; goes to the Guides.

The fits having disappeared, she ceased to attend the Clinic, in spite of the fact that head-nodding occurred occasionally. On the physical side Mary was seen by Dr Obermer, who made a mini metabolic study. His diagnosis was as follows:

The basis of the condition was that of a labile thyroid, undergoing extra pre-pubertal strain, as shown by an extraordinarily high iodine figure up to 64-6 grams.

(Two complete tests were carried out; one in between fits and one immediately after a fit.) On first test:

12. 2. 30. Then was a certain degree of acidosis with lowered alkali reserve. I think that any um external or internal strain will show in this child disproportionate acceleration of metabolism for a short period, during which time there will be an excretion of excessive quantities of phosphorus and possibly calcium. This is followed by a period of thyroid exhaustion correlating with a deviation of the acid base equilibrium to the side, and until this retarded metabolism, with diminished excretion of calcium and phosphorus, has lasted long enough to restore the balance, she is in danger of a convulsive explosion.

Whereas previously Mary had had no idea what she wanted to do in Mr, she now decided for herself that she wished to work in a florist's, and was able to adhere to this desire until her mother became adjusted to it and gave her idea of scholastic distinction for her daughter.

We see therefore a child whose primitive emotional drives have been waded by herself with such fear and dislike that they have been put under undue repression, with a resulting stultification of character development. Everything had been concentrated upon the desire to win Approval, to emulate the brothers, to be better than they. The prospect of a final demonstration of her inadequacy by the inescapable scholarship examination was intolerable to her, and the "epilepsy" occurred.

Release of the primitive trends in a permissive atmosphere set free the machinery of growth. A removal from the horizon of the (unconsciously) so-much-dreaded examination, released her from this threat to her ego; a way of escape was no longer necessary, she could allow herself to be well. On the physical side this was supplemented by Ac Phos Dil In. XV t.d.s. over an extensive period, but with no appreciable result. Previously she had iodine for a short time, but this seemed to aggravate the condition. No bromide was given. The mother had a bromide prescription for use in emergency, but it was never used.

We have therefore apparently in these two cases an identical pathological phenomenon arising from opposite sets of emotional factors, and as far as the psychology of the children is concerned, passing through opposite mechanisms for relief.

Let us now take two parallel cases of enuresis, and consider the same factors.

Eric Compton was a small boy of 4, referred to the Clinic for night terrors, a shut-in personality, passionate anger fits, and enuresis from birth. He was the elder of two, the second child being a girl, and came of comparatively well-to-do parents. The mother had been poorly during pregnancy, had jaundice just before his birth, difficult labour, twilight sleep, instrumental birth, the baby's head being badly bruised with forceps. Breast fed 3 to 4 days only, because of jaundice in mother and baby. Development normal, circumcision at 6 weeks. Always very difficult to get him to give up faeces and urine, had constipated stools and much wind. He was a clean baby, never dirty, always careful and serious, only really laughed at 2½ years. He had never ceased to wet his bed.

His little sister was born when Eric was 13 months old. He gave no indication of his feelings, but has had violent fits of jealousy since. Made up an imaginary playmate called Joan (his sister's name is Margery).

Father aged 39, one of five, very healthy, started as a teacher but gave it up for city business. Gave the impression of severe habitual restraint, sense of humour remarkably deficient, outlook on life very serious; undemonstrative, attached to wife and children, has a certain degree of insight, but little intuition.

Mother was severely neurotic and received treatment from a psychological physician in the parents' department at the same time. She was 37 years of age, one of four. Suffered from nightmares and sleepwalking in childhood, still wakes at night, shouting. Fears of black cats, and of being chased and falling down wells. Temperamentally irritable with children, weepy, no energy, but a competent attractive woman, depressed with her own failure and determined to do all she can to get it remedied.

Eric on his first appearance:

26. 9. 29. Was a well developed child with an alert adult manner, frowning expression, and an air of being inturnd., e.g. his remark at the first session, "Leave me alone, I have a great deal to think about." He appeared as though he never smiled and certainly never romped as a child of his age usually does. Solid and heavy in all his movements, does and says everything with great emphasis.

Eric attended the Clinic altogether thirty-one times spread over intervals of eleven months. During his first period— September to January—with the exception of work with Montessori apparatus, his whole energy was absorbed in water play. During this time, enuresis was diminishing but present. He was an exceedingly interesting child. Much of his work is of serious symbolic value, but unfortunately too long to quote here.

Examples of his play are as follows:

17. 10. 29. Had fish, swans, tins and frog. Worker had a can of water. Eric got banana squirt and spent whole time in filling it and squirting, and would scarcely pay any attention to anything else. Finally played game with worker of squirting at far edge of tray (he was not interested in squirting at any of the animals) and on to the floor beyond. This gave him great pleasure.

25. 11. 29. Eric was playing with a toy lavatory; he placed it on a heap of sand and said, "It's a pump on a mountain." He filled and refilled the cistern and pulled the plug. then fillml the pan itself and watched the water running down, saying' "it's going down the pipe." . . . When asked what he was putting in the pan he said, "I put the water in and it goes rumpety, rumpety, rumpety, rumpety, and comes out lemonade."

His general demeanour at this time was as follows:

3. 10. 29. Worker saw him sitting on the seat, having refused to dance with the others. Went and asked him if he would sit on the floor with her and copy what the others were doing. He replied, "must sit on the seat. I have such a lot to think about." At that minute dancing finished, and being told he could go, he dashed off his seat and to the door alone.

His inhibitions slowly broke up and a certain amount of emotional freedom appeared.

The enuresis began to lessen and by the middle of February had entirely disappeared. It has never reappeared. The faults of character, the lack of contact between himself and his family showed little change, but screaming fits were fewer.

At the end of this period, and just before the cessation of the enuresis, an identification with a train appeared. Eric became a train continually, both at home and at the Clinic, and carried it out to the minutest detail.

24. 3. 30. Came into the room and as usual just stood and looked round. On being spoken to made a sh-sh-ing noise. Said he was a steam-engine. When asked what he would like to do, could not think until suggested to him to make a mountain for the engine to go up.

5. 6. 30. Announced in the room that all his coal and steam had given out. He had no more. Repeated this, saying it was because he had come so far. Began hissing and shuffling several times on the way to the playroom but checked himself.

12. 6. 30. Responded with enthusiasm to suggestion of playing at trains, beginning at once to puff and make movements with his arms to and fro. Explained this quite clearly; he was the whole engine; steam came out of the funnel, his mouth; his arms were the connecting rods. Seemed very sure of mechanical details. Said he was not always an engine, sometimes a tram.

This lasted through an attack of measles, and after he returned to the Clinic, only disappearing six-months later (mid—July).

At the same time he began suddenly to make tunnels and put 'trains' made of any material through them, and also chimneys.

5. 6. 30. Eric was building houses with chimneys. The great point all the time was height. "Look how tall." "This is going to be very tall." Talked incessantly, and Would Not allow additions or assistance with his work. No order and no scheme in his work. In some instances it did not faintly resemble a house, but the idea of height, chimneys and smoke ran throughout. For smoke he put large solid cubes. He did not like smoke, he said, but, liked the fires inside.

12. 6. 30. Game into the room as steam engine. Got tired of trying to make an engine with bricks. and said, I will make a lovely tall house." Frequently he said, "a tall, tall house with chimneys," in a far-away voice.

3. 7. 30. When playing with steamboat and water said steamboat was in Looking-Glass Land. When asked what Looking-Glass Land was like, he said it was all chimneys and chimneys and chimneys, even chimneys to eat with. He eats and drinks these, but does not like to drink, it makes him hot.

About this time his manner altogether changed and aggression and contempt appeared, together with wildness of behaviour.

20.1.30. Eric was running backwards and forwards in the room, rushing at the workers in turn, banging into them shouting "Biff, biff," laughing as he did so: was wild and enjoying himself, but not vindictive.

Here the conversation came about the fierce, destroying world, quoted earlier.

Mention of the family, and aggression against the family began to appear:

31.7.30. He made a tram which had to travel under the sea completely closed up. In it were his own people, father, mother and sister. Later the tram went to a town called Puddin or Poison. Presently, playing skittles, he wanted to hurt me very much because he thought I was his sister 'Marj.'

But at the same time the cessation of night terrors was reported, and at home a much better adjustment to the family was being achieved. Eric began to be more spontaneous in every way, and to show affection to his parents. He was on holiday from the end of July to September, and when he returned was much more normal in behaviour, both at Clinic and home. Aggressive play was much less marked, the train phantasy had disappeared, but a new feature, a love of messy substances appeared:

2. 10. 30. With both hands he got going with sand and water, pouring on the water in one corner till he had got a slosh and saying over and over again, "But it is lovely to make a mess," and dabbling in the mud, but only with the tips of his fingers.

20. 10. 30. Eric made circular islands with his fingers in the sand, and now and again burying his hands in the sand with evident joy, he announced "Now I am the dirtiest boy in the world."

As his mother had now nothing she wished to complain of, Eric was discharged, and on his discharge the mother reported that Eric was behaving like a normal boy in every way. Enuresis completely cleared up, no screaming fits or night terrors, plays happily with his sister, no longer any train play. When in tears they soon disappear, the child has his own way of coping with his difficulties. When he is angry, Eric says to his mother, "I want to hit you but cannot, so have to cry."

The characteristic features of this boy as seen in the playroom were the wealth of his phantasy and its dominating power over him; the repetitive nature of his play, and his tendency to repeat over and over again the same phrase; and his detachment from what is

going on around him'. His first remark when asked to go to dancing was characteristic of him.

Let us now take another case of enuresis, also a small boy:

Ian Baker, 5 1/2 years old, suffered from screaming fits and enuresis. He had also had epileptic attacks, and was under treatment at the West London Hospital for them at the time of his coming to us. These had cleared up before he began attendance and he was transferred from the West London Hospital to the Clinic.

The boy was the ninth living of fifteen pregnancies. One maternal aunt died in an asylum and there is considerable alcoholism on the father's side. The child was sent to the infirmary at 5 1/2 months for wasting, and remained there till 14 months, as a congenital heart was suspected. On discharge he still did not thrive. At 2 1/2 years the question of fits was raised; his last fit occurred on June 28th, two days before his first attendance at the Clinic.

The child was a miniature replica of Richard Ford. He was entirely uncontrolled, unable to settle to anything for longer than a few minutes, running wildly from one occupation to another, in each case showing quite remarkable mastery of tools and constructive material. Tunnels and holes appeared in his play, but water play was not so persistent as in the case of Eric Crompton.

During November and December, owing to circumstances at home, we sent him away to a convalescent home which works in connection with us, where he remained for 2 1/2 months. During the last month there the, enuresis entirely disappeared, the character difficulties lessened considerably.

This however does not help the difficulty; to be able, to adjust to life when one's mother is not present is useful, but carries a human. being only n Very little way. It is the task of psychological medicine to help such a child to adjust to life when his mother is present as well, and this we attempted.

As with Richard, no coordination appeared in his activities. I—lis attitude. to life was determined to a very large extent by his mother's attitude to him.

His Father was a man of violent temper, brutal and alcoholic, and neurotically jealous of his wife. He would allow her to do nothing and go nowhere that was not connected with the care of her family and her home. Ian's fits had been a godsend to the mother as, since they tended to occur at night, she had been able to take him into her

room and make the care of him a protection against the exigent sexual demands of her husband, and he had become the apple of her eye.

Meanwhile her own state of health became very bad. Concentration on our part on her health gradually weaned her from exclusive concentration upon Ian, and began to give him a chance to develop on his own. Gradual progress began to show. Through allowing his wildness full outlet without reaction a certain interest in and desire for concentration began to appear. Enuresis lessened. From having been constant, it is now only twice in ten days. Screaming fits have disappeared. The school teacher reports:

4. 3. 31. Steady progress. There is a great difference in Ian. He is more amenable, shows more interest and concentration, is more ready to settle down to steady work, and much more tranquil.

The conduct difficulty at home nevertheless persists.

The interest in this case lies in the parallelism with Richard Ford, and the contrast of both phenomena shown and progress of improvement with Eric Crompton and Mary Clark. Where Eric found himself through emotional release, Ian will do so through progress into co-ordination of his primitive drives and integration of his ego. Where Eric and Mary are over-integrated, Ian has not integrated at all. Where Eric and Mary show abundant and ready phantasy, Richard and Ian are devoid of it. Both show ability with the manipulation of objects, and in both cases the character difficulty at home has remained unresolved.

A similar parallelism can be shown also for speech defects. Time makes it impossible to give you both cases. One was a boy with aphonia referred to us from King's College Hospital Speech Department for acute anxiety and inability to face life. This boy had to be restrained before he left us from fearlessly hanging head downwards, from iron railings over a stone court, and his chart shows the same general characteristics as Richard and Eric's. Grace Carter, the uncoordinated member of the two, is the more interesting, and shows certain features which may throw light on the mechanism of certain inexplicable murders which have been reported in the press of late.

Grace was a little girl of 7 1/2—, referred to us by an exemplary family for failure to speak intelligibly. There was always difficulty with her speech 'from when she first began to speak at the age of two, and it was reported from the school to which she first went that she gave the appearance of a deaf-mute. She was fond of singing, and would sing about the house, though it was not stated whether or not she used words to do so.

The paternal grandmother had also been backward in talking, and at the age of 4 was still unable to make herself understood.

The father was a government servant, a hard silent reserved man, unapproachable, very conscientious and with a high moral standard for himself and his family, no spontaneity, and no sense of humour.

The mother, aged 34, was a fair cheerful French woman, who gave the impression of trying very hard by discipline of her own nature to live up to her husband's standard, but of being herself in reality much more spontaneous and cheerful.

There was one other child, a boy of 13, healthy and active, not intellectual, but unusually good at games and mechanical pursuits, in striking contrast to his sister's clumsiness.

The academic ambitions of the father for his children had been disappointed by the son, and he turned to Grace in expectation of their' fulfilment. This she was unable to do, being of slow mentality, and having no particular intellectual gifts.

Grace's psychological history was that of a placid and amenable infant, and a happy and contented child. She was stated by her mother to have been very active, very clean, very particular, very good. Apart from acute jealousy of her brother, which seemed to amuse rather than trouble the parents, she had never given her family any trouble, and neither father nor mother had any complaint whatever, apart from the speech difficulty, to make concerning her.

The physical history was uneventful, apart from the significant factor of constipation which had existed from infancy in a more or less intractable form, showed no abnormality, and physical examination revealed nothing of interest.

I saw her for the first time on October 28th, 1929, and dictated afterwards a note to say that in all probability her first plain-spoken words or vigorous action would be of a kind displaying a violent aggressive or murderous quality. .

On 31. 10. 29, at the end of the second day she had been with us:

Grace suddenly waved in the air a wooden revolver that she had made out of Kliptiko, and then rushed round the room with a beaming face, shooting everybody. She drew in her arm and then flung it out at each person, with a stabbing movement. All her movements were very quick. She ran forward, rather bent up, again' when she had to go,

and this time she rushed round—with no revolver in her hand—and shot everyone. grownups and children alike, then shot herself and fell dead.

Her characteristic form of release was now in full swing. Whenever Grace became excited she ran round the room killing people, holding out her hand as a pistol; or showed her desires in another manner, as follows:

4. 11. 29 Came up, put her arm round my neck and squeezed with all her might, then squeezed with both hands round my throat.

There was no doubt at all of her intention in this act, as although she was only 8 she had quite remarkable muscular strength, the force of the action was for a time actually embarrassing and needed deliberate and careful disentangling. The intention behind however, was never univalent. At the same time, on most occasions, the opposite emotion would appear, as for instance:

7. 11. 29. Flung her arms round and kissed Miss B. several times, and then went and hit other people with equal abandon.

2. 12. 29. She flung herself on L. W. and hugged and throttled her several times.

This alternated with play at killing herself and being dead.

Notwithstanding this aggression inaction she was negative to the idea of cutting up, and to handling or moulding soft material.

4. 11. 29. At first Grace persistently said “No” to plasticine.. . .I continued to make shapes in plasticine and cut them out. Grace asked me not to, but I continued, and finally as if roused to action, she took the tool, her manner changing from negative to negative, and said, “Very well, we will cut it all up, and then it will be finished.” This she did, almost with passion, until all was finished, placed in the box and the lid shut down.

Her time, when it was not given to running violently about, nor to speech tests nor rhythm classes, was occupied in constructive work. She was different from the other two in that her object-interest was poor, and her movements and muscular control, or eye-hand coordination, clumsy and unbalanced.

The necessary movement of aggressive impulses from action in reality to action in phantasy, which is part of our usual technique, was very difficult to accomplish in this child, and never really succeeded.

During this whole time, her mother when questioned, stated that she continued at home to be the good little girl, and that no rudeness or of any kind appeared in her home life.

In the meantime speech steadily improved, and on 14. 7. 30 had become so far normal that her mother discontinued her attendance at the Clinic. On 4. 10. 30 when the social worker called to ascertain how matter: were going on, the mother reported that:

Grace is at school. She is talking quite normally, and gets along very well. She is slightly naughty, but Mrs Carter seemed to expect this. They were trying to give but man pity-outlet with Clubs, etc. At home there was less trouble between Grace and the lumbar; they seemed more engrossed in their own pursuits and on the whole (him was buxom more mature in her behaviour.

This child thus shows a third type. She is uncoordinated, like Richard, and violent, like Ian. She is dissociated into two layers, as Richard was, but to a much more severe degree. She is capable, as he was not, of "placing her mask entire as she left the Clinic. In contrast to either of those, however, her phantasy capacity was sound, only it must be a phantasy capacity she acted out—she was negative to the idea of playing it symbolically. So' heavy was the charge of emotion behind her drama that it made all precision of movement impossible, she was very clumsy.

A very marked point of contrast with both Eric and Mary lay in her affective capacity. Whereas they were withdrawn from their parents and showed no affection to parent substitutes (ourselves), once the ban against emotion current in the Carter household was removed, Grace's affection poured out like Niagara——both components, the hate and the love, being equally unmanageable in strength.

It is not at all necessary that a case should take this kind of course. For instance with Foster Cook, a boy of 4 who was referred for poor health, depression, weeping, lack of appetite and occasional vomiting.

The father had asthma badly and was subject to hay fever. The mother as a child had had fainting fits and bilious attacks. She was now healthy, but a very foolish woman. Foster was her only child, and her

whole life centred in him. He had had tonsillectomy performed at hospital eighteen months before coming to us, and was said by the mother to have wasted away, and never to have been the same again. He cried at the smallest thing, fainted when knocked—according to his mother—and at the sight of blood, and even at that of a bandage.

The child attended the Clinic four times altogether and then returned to school well. During the first two of these he was inseparable from his mother refused to take part in anything going on around him, or show any initiative or enjoyment. In the interval, urine tests and a careful physical examination having been carried out, a diagnosis was made of “a condition of acidosis, cause unknown,” with the recommendation of glucose and alkalis', accompanied by restriction of fat in the diet. These were prescribed and put faithfully- into practice by the mother, and as a result the symptoms complained of disappeared. By the fourth visit the condition was reported to have cleared up. The child was back at his nursery school, looking well, and behaving normally. This is an instance of an apparent neurosis arising from a physical condition which was resolved by physical means.

Another child of three, Susie Appleyard, who was referred to us for lemming" attacks, showed an interesting course. She was the elder of two children and came of working class parents.

Her father and mother had been living together before Susie's birth and her advent is said to have had a great effect upon Mrs Appleyard's character. The house they lived in was in a low neighbourhood, and the family living above them was disreputable and drank heavily. Mrs Appleyard was said to have been a very slovenly mother and to have left the children screaming for hours together. It seems fairly certain that Susie was frightened by a drunken lodger found lying in the passage. The father was a steeplejack, and had a good character. He seems to have had little to do with the children, and his wife to have been very fond of him.

After a second child was born they moved to a better quarter.

The mother is said to have had two falls while carrying Susie, and birth was instrumental with a long labour. The baby had a black eye owing to the forceps, but was normal and weighed 9 lb. at birth. Breast fed for four weeks, and rapidly weaned. Throve well. It is said that she had several bad falls in her first year, but she developed rapidly, no illnesses.

According to both Mrs Appleyard and her neighbour, the child was always grizzly, always bad-tempered, and “never seemed a proper baby.” She was easy to train, napkins were left off at nine months, and no interest in faeces noted. She was a very destructive

child and loved tearing things to pieces. but was particularly clean and very particular 'how she ate.' She did not have. a crawling stage. walked suddenly and was very independent.

When George, the second child was born she was 11 months old. She took his arrival well and up to six months was very fond of him. When, however, he began to sit up in a high chair and appear as a rival instead of a plaything, her affection turned to hate. and she was always wanting to hurt him. Mrs Appleyard complained that she hit him. She went to school very early and was said to be stubborn and to take all the teacher's attention. If she was in the centre of attention she was good, if not she screamed.

She picked her nose, sucked her thumb, and bit her nails. A few weeks before she started attending the Clinic she began to scream at night also. After a fit of screaming she would lie down and go to sleep again. The other fits of screaming occurred in the day and she could go on for three or four hours. No means were effective for checking her. By the time she came to the Clinic both parents were worn out with the strain of coping with her.

Her relation to her father was ambivalent. Sometimes she would let him caress her and would play with him, at other times she would scream and kick if he touched her, and say "Jesus will never love you, he will love me but not you."

To the mother her reaction was similarly uneven. Sometimes she loved her and sometimes ignored her. She did not seem ever to be actively hostile. Both children slept in the parents' room.

Susie attended the Clinic 22 times from September 29th to the end of January 1930; then, as her parents said she had become perfectly normal in behaviour, she ceased to attend. This we very much regretted, as there was a great deal that needed to be done before I could in any way feel her to be secure against a future breakdown.

During her first attendance a certain shyness showed, but this gave way rapidly to violence.

3. 10. 29 (2nd attendance). When the worker who had been playing with her left her. Susie went 'mad dog' through the Clinic. Knocked down her own blocks and those of another child. which amused him, and the two played at throwing things about. Great noise, Susie ring-leading. Went to table where plasticine knobs were, and house, and garden and little fat man. Crushed house, and worker encouraged her to cut up little man and knobs. Frightened at this, then descended upon it.

Her activities were destructive rather than aggressive. She did not attack the children themselves or the worker, as Grace Carter had done, but did everything in her power to be offensive to them and destroy their work. Her movements were very swift, and in a couple of minutes she was capable of destroying the work of four or five children.

10. 10. 29. Sum come in from dancing and destroyed the work of three children on different tables in less than five seconds, scattering mosaics right and left. As these were collected she scattered them again.

Destruction took two forms: actual aggressive destruction in relation to other people's toys in reality; and phantasy destruction chiefly directed towards a certain person called Charlie.

20.9.29. She played for a long time burying a. goose and a little chicken which was called Charlie. Kept on burying Charlie, and then all the animals, calling them all Charlie. Worker was not to help bury the animals. "Why was Charlie buried?" "Because he had taken off pins from piggy's legs." She then emptied and filled pails with sand... took a bottle and filled it with sand.

3. 10. 29. Susie began playing with rabbits and buried them one by one. Mother, father and little girl and baby rabbit. because they had spilt something over the tortoise. They were buried "as if they had never been." Then she buried rabbits again. The policemen would take them away because they had been rude. Called him nasty and evil and began spitting.

7. 10. 30. Susie took other people's things for the sake of taking them, not using them in sand "because he's naughty, he's smacked little—" 1. Then the fish is dead "because he's got water in his eyes." Another fish is dead "because he's got water in his eyes" Susie put clay on top of it, saying "let me do it."

The idea of guilt was tremendously strong with her, and appeared mostly in her play. The worker was naughty, the baby naughty, the rabbit had to be buried because it was naughty, her left hand was naughty?" There must quite clearly have been some incident concerned with an individual called Charlie and a lavatory at some early stage.

3. 10. 29 (going to lavatory). She pretended worker was a naughty old man. Susie spat at her and hit her. and locked her outside and made noises with her mouth at her. "Why was he naughty." "He wanted to come in there." "What would he do?" "He would put on a light."

The situation to which she referred was very difficult to clear up in the. am that she was with us, as insufficient material appeared. Her mother said she had always referred to herself as Charlie: there had been a drunken man in the former lodgings, and there was some idea that his name was Charlie, although her mother on another occasion called him George. There was also an Uncle Charlie in the Navy, a harmless, jovial fellow usually away, to whom Susie had an ambivalent attitude.

There was throughout her stay continual play with the lavatory, chiefly centred in the idea of locking in. Her mother could remember no incident to which this might refer, and the time was too short to allow the incident to develop fully in play.

Screaming fits, which occurred from time to time at the Clinic, had always the some characteristics: something would rouse a state of anxiety within her and she would begin to scream. It was never possible to have her mother far away for long. She would demand to go to her mother, dart to her, bury her face in her skirt and continue to scream,—the note rising, if nothing was done to relieve her, to one of pure terror with an acute feeling of imminent disaster, where. it showed every evidence of remaining for a long time. All work at the Clinic progressed, these attacks grew fewer and fewer.

The child was too young to carry out much in the way of constructive phantasy, and the urgency of her emotion was too great to allow of the formation of any elaboration of phantasy.

Her mouth sensations were intense:

30. 9. 29. Susie left her mother fairly early, sucking her thumb vigorously, absorbed in this paid little attention to coloured blocks. Worker drew her hands down gently. She did not resist but went on sucking her lips. Intense absorption, to point of trembling in this sensation. Ran hands over lips, which she extended as if sucking an orange.

4. 11. 29. Didn't want to play at anything. Kept amused a little time with sucking toffee, showing it in her mouth and letting water dribble out.

Also her dislike of dirt.

She was apt to use obscene names for the workers.

Withal she was a delightful child, small and well-made, with periwinkle blue eyes, and a face of remarkable intelligence. For the whole of the first part of her attendance, this was entirely spoiled by her expression, which showed a degree of malignity very strange

for a small child. Her mouth was always shut in a hard line and, for the greater part of the time, fists tightly clenched.

Water play occurred, but was usually associated with the lavatory, or with watering a garden.

18. 11. 29. A little toy lavatory was produced, complete with plug. On seeing it, she seemed to be a little anxious and said "What's that?" She was asked what she thought it was, and replied, "It's a pail?" We said, "Is it?" Then with considerable joy she said, "It's a lavatory," and began filling the cistern. When she had made it flush over once or twice she asked me particularly to fill the pan and hold it up so that the water could run out on to the tray, "So that I can water my garden."

21. 11. 29. Went to lavatory with her mother and returned to play with toy balmy. Filled cistern gingerly and put little girl doll on seat, and looked to see if plug water had wound doll's bottom after she had pulled plug.

No pleasure in pouring, as occurs in the enuresis children, and which would have been normal for her age.

Behaviour at school improved first (about October 10th, 1929), but behaviour at home was exceptionally bad. She had on one week-end torn up paper with the parents' consent until they could bear it no longer, and then screamed to excess.

About this time interest in colours and in paint appeared:

17. 10. 29. Desired to paint. Wanted lots of water, poured it deliberately over all the paints; preferred red to all other colours, painted daubs of red over figures in advertisement book, over sheets of plain paper and finally painted her left hand red, carefully and with interest. Evident horror fascination for the colour. When her hand was thoroughly red, she called it dirty. Worker asked if blue paint was dirty too. Susie (Daubing in blue), "Yes. very dirty." She then discovered brown, and daubed it on her hands. Evident horror. She repeated "dirty, dirty, dirty." Soon went to wash her hands, came back and continued painting but kept hands clean. Seems to get sensational pleasure in cleaning up red paint spilt on table and floor.

Some weeks later it became clear that we had arrived at a standstill. Susie's power of concentration, which had been steadily improving, had begun to wane: anxiety attacks to become more frequent, and I took her myself for three interviews. Owing to the difficulty of separating her from her mother, Mrs Appleyard was allowed to be present at these, but

Married to remain entirely neutral, which instructions she faithfully carried out. Susie and I then faced each other.

It is difficult to give an impression of the delicacy of touch with which work of this kind must be carried on. Anxiety in a child is a very acute experience, and capable of exceeding any suffering of the body. I am continually being impressed with the extraordinary courage of children, and the astonishing way they will face and attempt to deal with their own. To be able to succeed with a child of this kind, it is necessary at all times to sense fairly accurately the wax and the wane of anxiety and to deal with it accordingly.

Susie was at first placid and then terrified at finding herself alone with me. We played grotesques and water games for a while, then she started throwing down towers erected on the floor. Security was what she was so acutely needing, but at a level which would touch her real anxiety, and up to this date that level had not been accessible. Gradually it began to appear. At this point the attitude of the worker is of central importance.

The slightest feeling in oneself of fear or of anxiety, irritation or annoyance, impatience or lack of kindness, and the frail bridge is broken, the child is alone with its anxiety once more. In this case the bridge did not break down, and slowly in this atmosphere of protection a very orgy of destruction overcame Susie. I assembled material systematically, and with as little variation as possible, and presented her interminably with the same row of scarlet bricks poised on a blue board. These she hurled to the floor.

After twenty to twenty-five minutes of concentrated annihilation, she burst into tears—real tears this time of simple weariness and affection, and climbed on to her mother's lap and hid her face in her shoulder. Our task was more or less done, and although there was, by the conditions of treatment, necessarily no outgoing of affection between Susie and myself, we felt as we left the room that we understood one another.

Progress from here was rapid. In the playroom aggression ceased altogether: at home, the arrangement we had just completed for Susie's removal to a Babies' Hostel to give her parents a rest, was refused, because "Daddy was so pleased with Susie he would not let her go from him." Her relation to her small brother entirely changed. The centre of interest shifted, from aggression, to what Susie was and was not, a big enough girl to do. At her own request she was allowed to bring her small brother into the playroom, and played with him sympathetically.

Early in December the class mistress states that the limelight tendency has almost faded away. Susie is friendly, more peaceful, obedient, and child-like.

The end of January and February 1930 was occupied with measles. Sane attended only once in March, when her mother remarked that she had become more like a normal child.

In the meantime another child had appeared—this time a sister, and on 13. 10. 30 the following report was made:

Susie was behaving very well indeed. There were no outbursts of temper, and Susie was amenable and very easily handled. The same story is told at school. There they had found the child had a passion for writing. She was given every opportunity for both at home and at school. The mother could report nothing abnormal. The child appeared to be making a very good adjustment.

The expression on Susie's face changed, and the hardness went out of it: in its place an extraordinarily lovable little girl appeared. She attended once to report in October 1930, and was so changed as not to be recognised by some of the workers who had known her well before. But her sense of guilt is still strong, and I regret that we have had no opportunity to do more for her.

It is often held that the unconscious symbolism demonstrated by psycho-analysis arises from the conviction of the analyst. That may be so, but it is a very curious and striking fact to find the same symbols as are and to appear constantly in dreams and phantasies occurring regularly and spontaneously in children as widely different as ours, and under circumstances, where so little of the psycho-analytical situation exists.

It is impossible in so small a compass, and where selection has had to be made out of so large a mass of material, to give any idea of the wealth of phantasy, both acted and in speech, that these children produce, but I hope later on to be able to make a collection of symbols which constantly recur, to estimate their frequency of appearance, and the mental conditions with which they correlate. For the present, one has only the impression that the material produced does bear striking resemblance to that with which one is familiar in the symbolism of dreams and the unconscious phantasies of adults.

It would seem irrational on the face of it that play in a pleasant room could have my effect at all upon so deep-seated a trouble as a character defect, or touch in any way a condition such as epilepsy. What then is the mechanism at work in these cases? The reply is not easy, and I think it can only be found in the nature of childhood itself.

It is a commonplace of adult analysis that relief only takes place through emotional realisation, or the conscious and comprehending reliving by the patient of the experiences that lie at the root of his neurosis. It is the combination of repetitive experience with understanding of experience which is the lever of cure.

In our children rarely, and that only in the dissociated or uncoordinated group of cases, is any attempt made to give the children comprehension of what they are experiencing. With others, as for instance, with Susie and Grace, no explanation is given and yet relief takes place. This is not what one would expect, and therefore some mechanism other than that usually accepted must be at work.

The clue to this strange state of affairs to me lies in certain characteristics of childhood. The emotions of a child are intense and overwhelming, the possibilities of expression open to him very poor. The child is terrified by the furies he feels rising within him, frightened of his own aggression, cramped by the impossibility of the expression of his love life, conformal by his own, ignorance of his own phantasies. He stands in an impossible situation. Parental prohibition has led him by introjection to condemn large pieces of himself, but these pieces do not die, they remain active within him. Parental or educational limitation on the other side too often give only scant material and opportunity for expression of the good powers he feels surging within him. Lack of understanding, of knowledge of life, make it exceedingly difficult for him to find satisfactory substitutes for pleasures he has progressively to relinquish; a chance cold or vitamin deficiency lowers his vitality and makes him tired and out of sorts. and unable to deal with life. The total conflict is too severe and a neurosis is the result.

But the major part of these factors are temporary; the child grows all the time, he becomes able to do a great many things he cannot do now, to become capable of adjustments far beyond any that are within his reach earlier to have knowledge and understanding that he cannot at present imagine.

What I would suggest is. that in this way of working I have described, we find learn his anxiety by the provision of security—that security being given by our acceptance of everything he produced, and our lack of auction to it; secondly, we draw off some of the excess of emotional energy which has become dammed up behind the neurosis, by giving it out— let in symbolic play, leaving only such a charge as can be dealt with in the natural process of growth. Thirdly, we give him a framework of stability that reinforces the child's own struggles to achieve interior stability, and reassure him as to the non-reality of his own aggressive impulses.

But here one doubt arises. What is cure, and have we really cured our child' when its symptoms are removed? With an adult this problem is not so difficult. Even if we do not succeed in fundamentally freeing him, when we remove a symptom, it is only very rarely that we do him any harm. But with a child the issue is not so simple. It is quite definitely possible that the disappearance of a symptom may be brought about by the operation of forces which will mean a limitation of possibilities of growth for that child in after life. Truancy, stammering, a nervous tic, may be audience of a refusal of the best part of the child to submit to the machinery of circumstance. Disappearance of the symptom can be brought about as much by a deeper repression as by a resolution of the conflict that lies behind it. How are we to know which has happened?

Susie. for instance, stopped screaming, she became adjusted to her school condition and to her home, but her face wears a wistful expression: the source of her anxieties about Charlie was not found, nor the deeper roots of her distress.

By what. wisdom can we know whether we have really helped this child, judging from the standpoint of her afterlife? Or whether we have to reinforced. the socialised part of her as to repress her anti-social impulses beyond the levels to which possible expression can at present be given in symptoms, only to find it adolescence or later life she pays the price of this added repression in depression or neurasthenia?

This is not a bogey that I am raising in order to be depressing, but a very real and acute problem that I feel should be faced. The child who is neurotic, whether his trouble be asthma or delinquency, is a part of a necessary contest, — child versus the social order. In which side of this content are we most interested? It has been said by Ernest Jones.

. . . that neurosis is an expression of the same forces and conflicts that have led to the loftiest aspirations and profoundest achievements of our race, and that neurotics are often the torch-bearers of civilisation, and this I feel to be true.

To take away a child's suffering by making him good can very often be achieved by superficial means, but when we do so are we doing the best for ourselves and him? We stand at a stage in the world's history when the moulds in which society is cast are wearing thin. The pressure of the machine is upon all of us. Social experiments in this and other countries are continually reminding us how little it is possible to forecast the kind of society our children will grow up to share.

Neurosis developing in the child means that he and social life are not fitting well together. The fault may be on either side.

I am in most profound disagreement with Dr Adler in his conception of the neurotic as lacking in courage. The qualities in a child that prevent him from fitting into the forms of society he knows are frequently precisely the qualities that, once realised and controlled, may ultimately enable him to do his part in the recreation of social forms.

What we hear called for on all sides to-day is creative ability and individuality. What we need is not a greater power to conform but a greater power to recreate our society; and what we are attempting to do in this approach that I have tried to put before you, is to set these individual children free and in touch with their whole personality, so that they may find their way to full and voluntary service of the best ends of snotty; not necessarily by repetition of the character of their parentage, but by finding their way to new values undreamed of by their parents and which will be fit vehicles for the new life they find welling up within them.

I have a profound belief in the neurotic child; well handled, I believe he is excellent material for the well-being of the next generation.