A Discussion of the Relationship between Child psychiatry and Children's Medicine

Read to the Child Psychiatry Sub-Commitee of the R.M.P.A

At The London Medical Society

February 23rd, 1944

The subject I have been asked to put before you today is a discussion of the relation between Child Psychiatry and Children's Medicine. I submit that this is a particularly fortunate moment for such a consideration. The publication of the white paper last weekend confronts us with the reality of imminent changes in the conditions of our professional work, but gives at the same time a latent period before the proposals become law when we can put forward suggestions for the moulding of the proposals within the general framework of the bill.

It is not often that any professional group has an opportunity to assist in the deliberate planning of any aspect of the life of the community, and it is our duty and our privilege to do our best and see that the knowledge we have of the mental and emotional processes in children is fully used for the benefit of all the children of the community Hospital made in order to investigate this very point. The results of this analysis were that she found such cases to be very few in number and to form a very small percentage

As we are psychiatrists meeting within the bounds of society for the study of mental disorders we should perhaps consider first the question psychosis in children.

Dr Winnicott in a recent letter to the B.M.J. made the startling statement that:

"One might have been content to let research into the value of a shock therapy take its own course if it had not been for a certain communication which I received with regard to post-war planning. I was told that when peace comes an institution will be set aside for psychiatric illness in childhood, in which psychotic children will be treated by shock therapy. Just like that. Now my friend Dr. Rogerson may be gravely in error in thinking that psychosis in childhood is rare. In my opinion it is common. What schizophrenia and depression and paranoia and hypomania look like in childhood is a matter outside the scope of this letter, but the point is that the vast majority of cases recover spontaneously

with right management, or, at any rate, manage to find some way of life which suits the type of personality. Those who use shock therapy in the treatment of adults generously admit that they have no idea how it works when it does work. I hoped by mobilising general medical opinion to make it impossible in England for this research to be done on children."

(Feb.12th.1944)

Now this is a difficult statement because one does not know to what conditions exactly Dr. Winnicott is referring Dr. Mildred Creak some years ago read a paper to the R.S.M. giving the results of an analysis of (I think) 10 years of records of the children's dept. Of the Maudsley Hospital made in order to investigate this very point. The results of this analysis were that she found such cases to be very few in number and to form a very small percentage of cases investigated, when organic cases were excluded the numbers were smaller still.

This is certainly my own experience and that of 10 years of straightforward unselected reception at the I.C.P of cases referred rom the general array of London and Home Countries

A good deal depends upon the ages Dr. Winnicott is including in the word 'children' but more upon his definition of 'psychosis'. There is a well known tenet of psychoanalytic theory that normal children, in the process of development pass through stages of overt behaviour and apparent subjective experience which bear strong resemblance to adult psychosis. If it is to these he is referring?

Another point one needs to know the age-period covered by Dr. Winnicott with the 'child'. If the adolescent is included then all the forms of early schizophrenia will enlarge the total figure, but at the same time confuse the administrative picture, since at these ages, all but the public and private school educated children have left school and are at work.

This is a point which could very profitably be taken up for discussion by this Society. Does psychosis exist in children? If so in what forms? At what ages and in what numbers? What is its usual course?

If we are going to discuss the more serious morbid conditions of childhood and those involving the greatest administrative problems we should next take the large class of the primary amenities and the grave problem they represent. But I what, with your permission to leave these on one side for the moment.

Instead let us pass to the third group of children, those suffering from some form of neurosis, and I would like to suggest that these may be usefully grouped as follow:

A Children showing disturbances of subjective experiences, that is the frightened and the inhibited children, those who are the subject of phobias and those who find it impossible to mix normally with their fellows.

B Disorders of behaviour, which are disorders of personal behaviour not involving offences against what might be called the legal aspect of social behaviour.

C Those disorders which involve failure to fulfil the legal obligation of society, usually termed delinquency

D Cases of educational difficulty. In none of these is the child'e own body directly involved. We need therefore to add to these classes

E Failure of physical function, either positive, such as anorexia (where the symptom is an inhibition of positive bodily function or such a symptom as enuresis where it is a failure to develop a normal control of function.

This group of troubles can appear at any age and can display itself in any area of a child's life, at school, at home, when away from home or school, or can cover the whole of a period of his life.

In considering groups a to e we are still in a region which can be considered as coming within the province of strict psychiatry as the aspects of the child involved are those of his affective life, his intelligence and his social behaviour, all, with the possible exception of true delinquency, conditions with which, when they appear in adults, psychiatry is directly concerned.

There are, however, the psychosomatic disorders to be considered, such conditions as asthma, vaso-motor rhinitis, headaches, anorexia nervosa, habit spasm, eczema and so on, where many observers have demonstrated the existence of the psychogenic facto. We have then to show reason why we should neglect the work of Hubble and Winnicott and myself in showing the personailktiy factor in cases off convulsions, rehumatism and other conditions; and finally I would ask your attention to the specific contributions such as chronic debility, failure of normal resistance to infection, chronic constipation and so on.

If we are to consider the situation presented by all these children from the administratrix angel the next to be asked is where are these children usually to be found and under those care do they normally come.

If we take the population by age groups we are confronted at once with the fault which less marked today than it has ever been before and gradually disappearing, yet still goes through the whole of society and will have to remind ourselves that in plans made for the advancement of psychiatry we generally direct the major part of our attention to provision for that section of society whose children attend the state schools. Thus one part of children under five are to be found under the care of general practitioners and the others attending the Infant Welfare centres.

For those in their homes there is as yet no provision, a very small percentage of general practitioners, if the country be taken as a whole, have any idea that psychiatry as a branch of medicine has anything to offer to add to their facilities for dealing with the problems of the under fives, and there is no liaison at all, as far as I known between the psychiatric services and the infant and toddler clinics.

If we consider the under fives in hospital we have the O.P.D. in possible not more than two children's hospitals with a psychiatrist on the staff, such as for example Dr. Winnicott at Paddington Green, and the beginning of a suitably equipped department at G.O.S.

Now theoretically children of this age are referred to Child Guidance Clinics but examination of the age statistics of Child Guidance Clinics show that the proportion of very young children attending is small and minute in relation to the total child population of this age, moreover on the whole that the type of complaint touched is only that which has a nuisance value, such as the screaming etc.

The second age group, the 5-14 year-olds are in schools either those under the Education Authorities or outside that system.

The health of these comes under the school medical service for state schools, the general practitioner and the children's hospitals or general out-patient services or the General Practitioner and Consultant Pediatrist.

In those towns where a Child Guidance Clinic exists, or the O.P.D. of a Mental Hospital, a certain proportion children in the schools suffering, at any rate from complaints a - d, will be sent there. Though in almost every such centre in the country the whole available time of every number of the staff is completely occupied, and there is a waiting-

list of children, yet only a small fraction of the total bulk of children in any town needing help are reached.

This is for three reasons:

Discrepancy between the maximum number of cases which can be received at the existing clinics and the size of the child population.

Ignorance on the part of parents and teachers of the facilities provided and ignorance on the part of the general medical community as to the part which child psychiatry is capable of playing in maintaining and improving the health of the child community.

For rural communities so far practically nothing exists and the children of the higher income group, though theoretically eligible for treatment alongside those of the children from Government schools, yet in matter of fact do not do so, or only in insignificant numbers, nor would the form of treatment offered in the ordinary clinic be easy to adapt to their needs, since it is not yet the custom for social works to be accepted in the homes of this section of the community. Evidence from private practice goes to show there is not difference in need of psychotherapeutic help between the children of the two social classes.

We we come to the age group 14 - early maturity the picture changes completely. While the children from the high income groups are still in school, and so to some extent administratively accessible, the child from the state school at 14 or 15, has become a wage earner, and there is at present no administrative provision for his needs, though the clinic and the O.P.D.'s are accessible for the small number who can independently find their way to them.

Let us now go back to the classes of complaint we have listed and pass on to consider what methods of treatment we have to offer,

Perhaps you will agree with me that there are at present the following methods which are used to attack the psychiatric problems of children:

1. Re-education and education of the parents of the children complaining
2. Examination of the whole of the child's home environment and the bringing about of adjustments in it.
3. Examination of the school situation and work with school and children to bring about a better adjustment of each to each.

4. Removal of the child from an environment to which he is unable to adjust to one which offers better hope.
5. Direct psychiatric interview between physician and child.

For these methods to be possible it is necessary that: The parents should be accessible and the school willing to give cooperation.

Suitable alternative environments be available.

The child be of an age and in a situation where direct contact with a psychiatrist is possible.

If we pass thoughtfully in review the categories of children we have listed above it will be seen that these possible prerequisites exist only for a strictly limited number of children and the following difficulties exist:

1. Above a certain level it is impossible to send a social worker to study the home environment or deal directly with the parents.
2. As education is at present contracted, only those schools which come under the L.G.A. are open to the visits of psychological specialists coming to them from outside, though cooperation in this region is increasing.
3. The existing provision of suitable and specialised environments is very strictly limited and evacuation problems have brought this very strongly home to most of us.
4. Many children needing treatment either have no living parents or these parents are non-cooperative or inaccessible to treatment.
5. Only a very small proportion of children suffering from physical disease, even of those conditions accepted as partly psychogenic, come within reach of the psychiatrist.
6. The direct psychiatric interview is unsuitable for children under junior school age.

We see therefore that as our services are at present constructed, they leave a great deal to be desired. The White Paper however, as far as children are concerned, makes certain very drastic changes and at the same time leaves there whole question open for replanning. It is pertinent therefore that we should pass to fundamental issues and ask ourselves: why do these children come to be in need for our help, and is there a real resemblance between the pathological psychological condition of children and of adults.

There is not question whatever that the adult in need of psychiatric treatment is a sick person. It is indeed a very interesting question whether an adult has ever been a better person, more valuable to himself or the state for an outbreak of psychiatric illness. In the case of adults this may be a curious and mainly academic question. But in the case of

children it is a very pregnant and vital enquiry and one that we need imperatively to consider carefully.

No one knows what is the ideal interaction between individual and society, no one can say whether the symptomless adult, as we know him, is the normal ideal man. The present state of the world suggests that this may not be so.

One of the gravest symptoms of the period in which we now live is the feeling of frustration which was so widespread in 1938 and the years before, and has made the war to some classes and to some individual almost a relief. This is the kind of inhibition we see in individuals which are relived by outbreaks of unsuitable energy, magnified on a very large scale.

In dealing with an adult who comes to us for help, I repeat we are dealing with a sick person who needs to be helped to become well. In dealing with children, we are dealing with a growing organism developing towards a goal we do not know.

I want here to put forward the suggestions that in work in children we are undertaking a task opposite too that which we undertake with adults. As child psychiatrists study in a minimum of cases we do occupy the situation we do with adults, of treating a human being who suffers from a condition of sickness need RESTORATION to health. Instead I would suggest that we occupy the position more of obstetricians to the developing personality of the child, and that forms of behaviour whose appearance in the adult would signify disease, in the child are often evidence of a latent and potentially healthy energy.

I know this is a revolutionary point of view, but 10 years of work in private and at the I.C.P. have shown it is not an illusory one.

I find myself now in a dilemma. How am I to gave an account of a different point of view and describe a fresh angle of attack on these problems and the technique used, tell you of the effect this technique has on cases and outline a a fresh line of attacks upon the national administrative problem all in a few sentences?

It is for this reason I have written to Dr. Methven in the name of out Member of Parliament and of the Committee of the Children's Clinic, which is the evacuated form of the Institute of Child Psychology, to invite you to come, with the Children's section of the R.S.M., to Berkh. In summer, if possible on Saturday, June 10th., to see a demonstration of method and of clinical cases.

I will try here and give a very brief resume of what I mean on the theoretical aspect. I am reading a paper to the British Psychological Society at their Extended General Meeting in Glasgow entitled: Discussion of Direct Projective Psychotherapy.

Let us forget for a moment what we know of adult psychiatry and take for an example the beginning of a child's life.

A child starts his life in the air so to speak. He is carried in midair from place to place and put down to rest with space above him and below him. When later to comes to move of his own volition it is still on a plane surface with no below to balance above. For this reason there is not difference in his experiences between difference varieties of things, forms, ways. We say they 'drop' or 'fall' or are 'thrown off' or 'put inside', but all these descriptions presuppose a personal experience of 'up', 'down', 'in' and 'out' which the child has not got.

A child opens his hand and the rattle in it disappears, he hits a ball on the floor, and rolling away it 'disappears', all are experiences of the same quality. It was, it is not, it is gone.

Later he becomes able to see (sometimes) where is now is when gone, but not why. By making a noise he can now and then affect the reverse phenomenon, the disappeared, reappears. Why? Again he does not know, nor what are the limitations and conditions of this power in him.

Similarly a pushing pain of gastric trouble, the pricking of a safety-pin from without , pain of teeth in the mouth and circumcision from without, the feeling of hunger and rage and the sensation of head bumped against the cost are distinguishable in intensity - perhaps - but not locatable in relation to consciousness.

In addition therefore to system with which we are all familiar and upon which much or our technique is built up, of formation of complex bundles of ideas and experiences by association, there us ab earlier form which also persists through life, of formation of bundles of experiences and ideas by identity - identity that is of subjective experience.

By this mechanism things, experiences, events which arouse similar subjective states are combined into a jellylike whole which remains are the kernel of the mind. The jelly is shot through with affect and the affect again builds identities, so that by the time the child begins to traffic with the world in speech there is already a mass of experience in him which is totally untouchable by speech. We all know that many children invent languages

of their own, and also that a child can communicate with another child where an adult is shut out.

Let us turn the medal over and take the outside instead of the inside. How is it that we really even as adults, judge of another man? Is it by the words he says? Surely only partially if at all - fundamentally. Is it not by a combined mass of deductions from intangible observations of his manner of walking, talking, the look in his eye, the tone of his voice? And is it not so that the individual himself often is quite aware of the effect his body is producing on us? That is to say, that the body expresses on its own, interior status of which we are hardly ware.

In children we find - we that is who look for them - that this jellylike primary core to the mind finds its expression in bodily states - in the bright eye and active body and enquiring mind of healthy childhood, if all has gone well, in the tired body ‘diseased’ tissue and inhibited mind of the neurotic child if things have gone badly.

What is needed to remedy these states is therefore a means by which they can be dealt with directly, a method by which immediate communication can be established between adult and child, the material of this jellylike core expressed and its absurdities and misconceptions straightened out.

To devise a means of this kind and test its applicability has been the core of the work of the I.C.P. for the past 20 years. The method is called Direct Projective Psychotherapy and consists essentially of putting into the child’s hand material objects who nature is suitable for the expression of this part of the mind.

The child - pretty well child - accept this material is immediately and by use of it, <u>do</u> express the contents of their jelly. With them then its nature can be worked out and explained and so cease to rivet attention and instead allow development to continue.

I would like to emphasis very clearly that it not the relation to the family which is there dealt with nor to the urges described by Feud, but a different type of experience. I would explain that Erik Hamburger Ericson in U.S.A. and Hebert Read in Britain seems to be discovering the same region. This is not in opposition to, but in addition to the modes of approach we already have.

This method provides a means of direct approach to the child of any age (also it could perhaps be said in parenthesis to adults) which is suitable both for well and ill

children, and those outside and inside hospitals and which, should circumstances make it necessary, renders the therapist independent of contact with the parents or school.

It needs equipment truly, but equipment of a nature which is fully within the scope of any organisation or institution where treatment of children is to be carried out. For these two reasons and for convenience in reference, the method is called Direct Projective Psychotherapy.

What it affects in the child is not so much the healing of a child who has become ill, but the release in a growing organism of energies inherent in that organism which, when set free, carry the child forward to new goals it could not have reached and in many cases could not have conceived for itself before. It therefore, I would suggest, meets one of the profound needs of the day which is for some individuals of creative dynamic energy.

After this very brief, and I feel very inadequate description of a new method of approach to the problems of the types of suffering in children that we have outlined earlier, I would like to try and sketch the place it seems to me - with this additional weapon in hand - child psychiatry high play in the life of the nation.

Two events during this war have altered our conception of the role that psychiatry and psychotherapy might play in the life of the community, and can serve as pointers for what we might accomplish in the future:

The first is the place that has come to be taken by the psychiatrist in the armed forces and the second the discoveries that are being every day in the rehabilitation services of the effect upon the healing of agencies, which, in the final analysis except for certain types of exercises, are mental and emotional and not physical.

I suggest that these two might serve as a basis for a new conception of the service child psychiatry might Redner to the nation and I would suggest the following working out:

First of all in a nation faced on all sides with urgent demands for allocation of building materials, any plan, to be effective, I submit must be integrated into EXISTING services and not set out to create new units demanding separate buildings and expensive establishments. I am going to separate what I want to say into two parts: organisation and training.

ORGANISATION: Since, as I have pointed out earlier, suffering in children which we can help exists everywhere, therefore we should be everywhere to meet it. It is clear however from the width of the field covered it is impossible that the whole should be covered by a

single administration. The essential question is where the seam, or seams, between the administrations can most wisely come. May I suggest that the differing nature of the complaints suggest a practical seam:

By the withdrawal in the White Paper of curative medicine from the education service, a natural division comes here, leaving within the educational system those complaints which appertain to education.

I would suggest that we urge therefore the regional appointment to the education services of psychiatrists to act parallel to the school medical officer and with the same aim, to insure that those children who in their school life show need of any of the kinds of psychiatric help we can give, shall be sent where they can get it.

Similarly on the technical educational side, appointment of educational psychologists.

These two between them should deal with the whole range of educational difficulty from amentia to early schizophrenia. This is true mental Health, and should - I suggest be dealt with, as suggested by the Feverhsam Committee, in alliance with the mental hospitals of the region in a total mental health programme.

In carrying this out much of the prejudice against the mental hospital will be neutralised. Many of the men and women who are parents of the children in the schools will have themselves consulted psychiatrists in the services and are familiar with the idea. It will be natural to them that their children should, in their turn, see a psychiatrist when in trouble in their school career. In this way Education service and the Mental Health Service can develop and interact with each other.

The natural seam that comes is the one between the two White Papers and leaves us on the other side of the seam all the other children. I suggest their needs can be directly met by the following provisions:

A. 1. Appointment to the staff of all hospitals treating children of psychiatrists trained in direct methods of child psychotherapy and on the same basis as the other members of staff I.e. with beds taking ordinary outpatients (such a measure will give the opportunity to assess what prop proportions of conditions for which children come to O.P.D. are mainly psychogenic in origin.

2. Creation in the O.P.D. of all hospitals offering treatment to children of a department organised on the lines of rehabilitation for adults for the direct projective treatment of children by mine or any other projective method.

3. Appointment to the staff of the Almoner's Department of all hospitals servicing any number of children of a social psychiatric worker who would the other two agencies by providing a link with parents.

4. Appointment, on parallel lines with the occupation therapist for adults of men adwomen trained in direct therapy to carry out treatment in the children's projective department under the psychiatrist on the staff

B. Equipment of all infant welfare centres with the minimum necessities for Directive Projective Psychotherapy and the appointment of regional psychiatrists trained in all forms of child psychotherapy, with a staff of trained lay people working under them, within the centres making use of waiting time of mothers for adaptation of some of the forms of group therapeutic instruction that have been found so valuable in the forces, also for the carrying out of Direct Projective Psychotherapy in the same buildings on the days the Clinics are not meeting.

C. Similar incorporation of direct and other forms of psychotherapy into the working of minor ailment and treatment centres for school children.

These three measures would make provision for all children in State, aided schools. For children in other types of schools and other kinds of homes it is suggested that certain of the Health Centres which it is proposed, should be created to be designed to contain psychotherapeutic. It should also be equipped for treatment of all children not already provided for by other branches of the service.

Suitable hostels will be needed to make this service complete by making it able to cope with problems also of rural districts.

MENTAL HEALTH SERVICES TRAINING AND RESEARCH:

I would suggest the following measures:

1. That to certain mental hospitals or psychiatric units in general hospitals children's wards be added for the admission of children from either the educational or medical

systems, in need of observation and any form of study and treatment for which the children's hospitals do not make suitable provision. These wards should be integrated into the training schemes for men and women wishing to take posts as child psychiatrists in either the educational or medical services.

2. That a pediatrist be attached to each of these wards and work be coordinated with that of psychiatrists carried out in the medical services.
3. That certain mental hospitals where the situation and buildings are suitable specialise in the creation of a specialised O.P.D. fitted with all the equipment suggested for the medical services with provision for creative work, rhythm music, dance, Direct Projective Psychotherapy and full arrangements for educational testing and specialised coaching and those form nuclear in the mental hospital organisation of the country as places where highly specialised investigation and treatment can be given of all cases offering problems in intelligence or affect development.

MEDICAL SERVICES: That certain children's hospitals both for acute and chronic cases be specially equipped for research work in the psychosomatic conditions of children and be integrated in the training scheme for child psychiatrists.

TRAINING:

It is suggested that the Diploma in Children's Medicine be reorganised and integrated with a

1. Reorganised child psychiatric section of the D.P.M. to form a qualification which would include direct experience of psychosomatic treatment of children in specialised wards in children and mental hospitals or in such institutions as the I.C.P. and Beacon House where all kinds of children's problems are tackled.

2. That the three years training given by the I.C.P. (or any similar institution giving training of equal standing) to lay men and women be recognised for the supply of staff to work in the new departments to be created in both medical and mental hospitals for children under the psychiatric staffs.

3. That an approach be made to the universities to ask them to remodel their training in psychology so that these make a sound basis for further training either as educational psychologists or direct projective therapists.

I suggest that such a scheme could be put into immediate operation and would absorb many of the men and women coming back from experience of psychiatry in the

forces and would at the same time provide a strong prophylactic force to act as midwife to the imprisoned energies of our children.

You will note that I have omitted altogether from this review the question of the treatment of delinquency - but that is because in my view this is a problem which his intimately linked with he whole youth problem of the country and needs to be considered separately and is so outside the scope of this paper.

Let me summarise then: I envisage a double service intimately integrated with in the existing services and fulfilling the principles of both the White Papers on Education and on Health, and operating in and through the existing services for Health and Education; those conditions which arise within education, included those concerned with mental deficiency, being integrated into the mental health services of the country and those conditions in which the psychosomatic factor is involved being treat prophylactically and curatively through the medical services of the country.