

## Editorial.

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### THE PSYCHIATRY OF CHILDHOOD.

IT is exceptional to meet a psychoneurosis in an adult who has not exhibited neurotic traits in childhood or early adolescence ; so exceptional that when an adult patient of this type denies such traits it is very difficult to believe him. Similarly the numerous studies of persons who have developed a psychosis show a remarkable incidence of morbid personal characteristics at an early age. The evidence in this direction is so impressive for certain psychoses, especially schizophrenic and paranoid psychoses, that one theory of their etiology regards them as the end-results of a progressive habit-deterioration. The practical conclusion is clear enough, but communities and even psychiatrists have been peculiarly slow in applying it. It is curious that some modern developments in psychopathology have been partly responsible for the delay. The paradox depends upon what may be called the endogenous bias of the most influential, and especially the Freudian, schools of morbid psychology. They have emphasised the essentially endopsychic nature of psychological conflict, at the expense of the pathogenic significance (as others think) of the struggle between the individual and his environment. Environment is allowed to have a part only when introjection in abstract and idealised form has been hypothesised and the battleground changed from the surface of contact of personality and environment to a locus deeply within the psyche. Thus, in the Freudian conceptions, all the important pathogenic factors are those that produce conflict between the Ego, the ego-ideal, and the instinctive tendencies subsumed under the title of the 'Id.' It is hardly admitted that frustration of the self-preservative instinct by environmental factors can lead directly to a mental illness. This peculiar self-imposed restriction is however compensated to some extent by the Adlerian and Jungian schools.

No one who has worked with children, nervous in any sense, can fail to be struck by the immense influence of environmental factors, including not only the immediate family, but

also companions, school, teachers and the like, upon the production of symptoms; and similarly by the comparatively speedy and sometimes dramatic results it is possible to produce in children by treatment, including manipulation of the social surroundings. The part played by such influences as imitation and suggestion appears to be very great, and hints strongly that factors of this kind, which were so much stressed by the older psychologies, and which have been considerably neglected of late, may yet come into their own in the domain of morbid psychology. Such old-fashioned formulations as the need for outlets for self-expression, the importance of incentives and ideals, of habits, social contacts, games, and the like, have a direct application in the treatment of children's neuroses. There remains a residue in which more recondite psychopathological theories may be relevant but their application is another matter. Such psychoanalytic studies of neurotic children as we have had, especially those of Klein and Anna Freud, smack of the methods employed in the notorious case of Little Hans, and much confirmatory work is required before full acceptance of the findings can be granted. In this particular direction it should be possible from the study of children to arrive at more definite conclusions as to the relative importance of various instinctive tendencies of the child, and especially of the relative importance of self-preservative and sexual instincts in the production of symptoms; while the true significance of infantile sexuality may be more certainly gauged. From a wider standpoint, the extent to which traits of personality are inborn, the manner in which they are acquired, the role of example and imitation, witting and unwitting, the application of Pavlov's conceptions to the theory of the genesis of symptoms, and many similar problems call urgently for investigation. A field of first-hand study offers itself here, and should afford advantages over the approach to psychopathological questions through the dim historical stratification, with its mingled fossils of fantasy and recorded fact, exhibited by the adult mind. Nor can the physical aspects be neglected, especially the interrelation of biochemical deviations and such partial phenomena as enuresis, night-terrors, and some tics.

One of the great lessons that has yet to be driven home in this country is the close association between psychiatry and the public health, especially in the field of preventive medicine, of which a large and practically the most important part is that relating to children. Through such widespread social

factors as heredity, housing, poverty, ignorance, education, and employment, runs the thread of causation of nervous illness in children as well as in adults. Social inefficiency is in most of its instances homologous with nervous illness; while in children nervous illness frequently indicates a fault in the social environment. More concisely, in adults nervous illness produces social inadequacy; in children, it is commonly the result of social inadequacy, but here the inadequacy resides in the thing experienced rather than in the experiencing subject. If the inefficient adult is the child neurotic grown-up, then in the ultimate analysis of both instances the early environmental factors must bear a heavy responsibility.

The organisation of psychiatric work with children presents a problem of an administrative kind. The close affinity with social conditions demands an efficient intelligence service, for which a specially trained type of worker, the psychiatric social worker, has already proved indispensable. Liaison must be maintained also with the various societies and associations which handle children, and also with the schools. Obviously teachers cannot as a rule find time to devote to close individual observation of their charges; but the data of scholastic reports are very useful from the angle of intelligence and capacity to profit by education, while experience has shown the considerable value of observations made by an intelligent teacher on the behaviour and temperament of pupils. For the more accurate assessment of intellectual capacities, both of a scholastic and practical kind, and consequently also for guidance in the choice of a career, a person trained in the application of mental tests is of great value. A psychiatrist, a pediatrician, a psychiatric social worker, and a psychological tester are therefore the desirable members of a team for dealing with nervous or difficult children. At present, the tendency is for 'Child guidance clinics' to be established as clinics independently of hospitals. This means from the medical aspect a certain amount of isolation; it means increased difficulty of access to general and special medical departments, including especially organic neurology; it removes from the experience of the embryo medical man the most promising field of psychiatry, just at the time when psychiatry is being laboriously brought nearer to general medicine; and it misses the advantages of the prestige and tradition of hospitals in treatment and research. Whether the advantages of independence outweigh the disadvantages remains to be seen.