

EMOTIONAL PROBLEMS OF CHILDHOOD

Edited by Samuel Liebman, M.D.

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Preface

THIS IS THE FOURTH in a series of volumes directed to the medical practitioner on topics relating to the handling of emotional problems encountered in his everyday practice. Originally, these chapters comprised part of the Eighth Annual North Shore Hospital Lecture Series. The various authors have presented their material in a practical manner so as to make it easily understandable and utilizable in the physician's office.

It is felt that the medical practitioner is in a strategic position for treating emotional illness, as it is the nonpsychiatric practitioner who sees the patient first. We believe that the medical practitioner can, should and must treat many of the minor emotional problems. His patients have confidence in him, go to him for help and frequently are prepared to talk a great deal about their problems if he will give them an opportunity to do so.

This volume deals with the emotional problems of childhood. The attention of the physician is drawn to these problems in many ways. The child or the adolescent may be brought to him for help because of various difficulties into which he had got at home, at school, in the community, etc. Or, the parents may present themselves for help based upon their reactions to the child and his problems. Management of these emotional problems at the outset will prevent them from becoming deeply rooted or engrained and will tend to avoid more serious psychological problems in later life. Thus, by helping the child with a problem we can look forward to making the future a better and a happier one.

The American Academy of General Practice granted postgraduate credit for attendance at these lectures. We are happy to announce that the Board of Directors of the North Shore Hospital and each of the authors have assigned the royalties from the sale of this book to The American Psychiatric Association.

SAMUEL LIEBMAN, M.D.

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1

Psychological Aspects of Pregnancy and Parent-Child Relationships

Therese Benedek, M.D.

PSYCHOANALYTIC AND DIRECT OBSERVATIONS of the interaction between parents and children afforded the material on which psychoanalysis has based its formulation of the psychodynamic processes that regulate interpersonal relationships in general. It is not surprising that with increasing knowledge of these processes it became obvious that the interaction between parent and child begins in the dim unremembered past of the individual's existence. The old question, "When do you begin to educate your child?," to which many wise men answered, "At birth," has changed. Today, one assumes that the interaction between parent and child begins at conception.

Conception is the momentous event when a new organism, a new individual, begins its existence. The vicissitudes of this new organism during 280 days of gestation are determined by the phylogenetic heritage of our species, which is modified by the particular heritage of the particular parent.*

* Should the parental heritage involve severe mutation affecting significant organ systems, the embryo will be severely damaged or will not survive.

2 Psychological Aspects of Parent-Child Relationships

From embryology and pathology we know that the tempo of growth—the differentiation and the organization of tissues and organ systems—occurs at an immensely rapid pace during intra-uterine life, rendering the fetus highly susceptible to damage. Accidental events, such as infectious diseases of the mother during pregnancy, or serious emotional disturbances may influence, transiently or permanently, the development of the fetus. Thus, modern science has brought into the focus of scientific investigation the anxieties that have surrounded pregnancy and child-birth as long as mankind can “remember” through mythology and folklore.*

For a long time psychoanalysis dealt with these anxieties as problems of the mother only. Recent investigations, however, indicate that intra-uterine life is not a complete, undisturbed bliss but, rather, the beginning of a “struggle” (G. W. Corner, 1944), the significance of which may become recognizable only after birth, sometimes many years later, when the adaptability of the organism is tested by the necessities of living in complex environments.

The newborn, after the passively experienced ordeal of being born (to which we usually refer as the *trauma of birth*), falls back into a semicomatose state similar to the mental state in the later stages of intra-uterine existence. Hunger and other physical discomforts arouse him from this state to demand the care of the mother, which ensures his survival and growth. But parturition is a trauma also for the mother. It interrupts the physiologic and the emotional “unity” of pregnancy. With the birth of the infant, parenthood changes from fantasied expectations to an actual and an emotional reality. The emotional reality of parenthood, its deep joys and gratifications, as well as its worries and anxieties, are preformed in the psychological processes accompanying preg-

* It touches the chords of modern psychodynamic thinking when a book entitled *The Anatomy of Melancholy*, by Robert Burton (1621), states: “If a mother is discontented or disquieted or if by any casualty she be affrighted and terrified by some fearful object heard or seen, she endangers her child. For the strange imagination of a woman works effectually upon her infant, that, as Baptista Porta proves, she leaves a mark upon it.” Since Burton, many others have catalogued the horrors affecting the mother which cause an ill-effect on the fetus. Though people today do not admit such superstitions, the psychoanalyst often recognizes the struggle against an archaic anxiety which the woman cannot reveal lest she be stamped bizarre or disturbed.

nancy. Yet, it seems unsatisfactory to date the problems of pregnancy from its actual beginning—from conception.

Psychoanalysis views life as a continuum; each experience, each new phase of development, is determined by the past of the individual. Beyond this, the psychodynamic processes connected with procreation transcend individual existence. During pregnancy and through the manifold activities of motherhood, the woman repeats, albeit with particular cultural and individual variations, a pattern of behavior which is characteristic of the species. Therefore, whatever complex learning processes are necessary to bring motherliness, and also fatherliness, to its full fruition, these behavior patterns originate in an innate anlage, in the *instinct of procreation*. We are all only a link in the chain of generations. However complex the developmental processes are through which the individuals of each sex reach their maturity, they repeat, physiologically to a greater degree, and psychologically to a lesser degree, the patterns which they took over from their parents.

THE MOTHER'S ROLE IN PARENTHOOD

When a mother takes her baby to her breast and the infant begins to exercise the sucking reflex, prepared and even practiced during intra-uterine existence, in this act the woman submits to her mammalian instinct to feed. The infant's need to be fed and the mother's preparedness to feed represent the interacting motivation which maintains mother and child as one (symbiotic) unit during the period of lactation. In this basic function of motherhood we can separate the physiologic processes which prepare the woman for nursing from the emotional attitudes which appear in her mothering activities. The former, the physiologic motivation, is innate, determined by her femaleness; the latter, the emotional preparedness to nurse, to succor, to take care of the infant, originates in the oral-alimentary relationship which she experienced with her own mother during her own infancy. This thesis is amply demonstrated by careful observation of the mother's overt behavior toward her child and, even more, by the analysis of her dreams, fantasies and symptoms. Thus, mothering, nursing, caring for the young, represent a complex behavior

pattern which derives from the developmental interaction of innate and of learned processes.

In general, mothering is the same whether the child is a girl or a boy. Yet, in the unconscious layers of the biologic anlage, the psychic experiences of the oral-alimentary phase will be used for different purposes in girls and in boys. In girls, the *orality*, i.e., the *receptive tendencies and the identification with the mother*, becomes directly integrated with the reproductive function as it develops after puberty. The boy's development, naturally, is different; his identification with the mother must give place to identification with the father in order to lead him to his male function in procreation.

The little girl's innate femaleness soon becomes obvious in her behavior. Besides her flirtatious interest in the other sex, her play with dolls reveals the "little mother" already in the 4 year old. The little girl's motherly gestures, her inventiveness in play, in expressions of her fantasy, often appear more motherly than those that the child has experienced with her own mother, or sometimes even more than the same girl is able to experience when she becomes a mother herself. It appears that playing with dolls is not only imitation; nor is it merely identification with the mother; doll play expresses a need originating in the instinct of procreation, which directs the childhood fantasies toward a future goal of her maturation in motherliness. Interestingly, play with dolls usually is given up before puberty, before the hormonal regulation takes over the physiologic and the emotional preparation for motherhood. In societies where families have many children or live in groups, little girls practice early, out of necessity, what they have learned through unconscious identification from their mothers. In our civilization, school and other requirements influence the personality development in other directions and often build up defenses against the innately feminine tendencies.

Sexual maturity, the attainment of physiologic and emotional readiness for completion of the procreative function, is a gradual process. When the girl is in a period of prepuberty, production of estrogenic hormone, "the hormone of preparation," begins. Estrogens stimulate the growth of the genital organs, as well as

the secondary sex characteristics. *Menarche*, the first menstruation, definitely announces puberty. Menstruation, however, does not mean that the girl is physiologically mature and emotionally ready to accept "the feminine role." Parents of adolescent girls, especially their mothers, well realize that the development of the girl through identification with the mother is not a smoothly evolving process. This manifests itself often in reluctance, in conflict, even in open rebellion, during adolescence.* Such fluctuations in the behavior of adolescents reveal the interaction between physiologic and psychological processes which lead toward the development of motherliness.

Motherliness is the characteristic quality of woman's personality. Although we recognize this quality already in the play activities of the little girl, actually it comes to maturity only well after puberty as *a result of sublimation achieved through the cyclic repetition of the preparation for motherhood*. In order to elaborate on this statement, it is necessary to discuss briefly the function of the ovaries.

It is in accordance with the two phases of the female reproductive function — copulation and childbearing — that the ovaries produce two hormone groups: (1) estrogenic hormones (or follicle-ripening hormones), which stimulate the ripening of the egg cell; and (2) the hormone of the corpus luteum, progesterone. Progesterone is the hormone of maturity. In monthly repetition it prepares the endometrium for the implantation of the ovum, and, if conception occurs, it allows gestation to proceed. If impregnation does not occur, the corpus luteum degenerates, the progesterone production declines, the endometrium breaks down and menstruation follows.

Each of the ovarian hormones activates a characteristic psychodynamic response, so that in correlation with the ovarian cycle an emotional cycle evolves. The hormonal and the emotional cycles represent a psychosomatic unit: the *sexual cycle*. The sexual cycle begins during menstruation, or soon after the flow has ceased.

* The period of adolescence from puberty to complete sexual maturation may take several years. Its duration and course depend on the culture in general. In fast-moving civilizations such as ours, the course of adolescent development may change from one generation to another.

6 Psychological Aspects of Parent-Child Relationships

Corresponding to the estrogenic hormones (follicle-ripening phase), the emotions are motivated by an active, object-directed, heterosexual tendency, the biologic aim of which is to bring about copulation. At the height of the sexual cycle, at or about the time of ovulation, the direction of the prevalent sexual tendency changes; it becomes introverted and concentrated upon the self. As if the psychic apparatus had registered the somatic preparation for pregnancy, the woman's interest shifts from extraverted activities inward to her own body and its welfare. The heterosexual desire appears to be masked by feelings which may be characterized as "preparation for motherhood." The fantasies accompanying this preparation depend on many factors. Age, the level of emotional maturity, and external conditions, such as marital status, influence the wish for pregnancy and often turn it to fear. Yet, the analysis of the premenstrual phase of the mature woman reveals the disappointment, the deep sense of loss, when the drive, pent up as if waiting to be used, recedes because impregnation did not occur.

If one analyzes the dreams and the fantasies, the conflicts and the symptom formations during the lutein and premenstrual phase of the cycle, one is impressed by the intensity and the frequency of the preoccupation with the problems of motherliness. These problems vary in the same woman at different stages of her life, and even from cycle to cycle. In neurotic and immature individuals, as well as in young girls, often the tendency toward childbearing is expressed as a passive wish to be the child and to be taken care of by the mother, or in complaints about not having been taken care of adequately. In other instances, the anger and the hostility toward the mother alternate and blend with fear of pregnancy and childbirth, with hostile feelings toward children who overburden the mother and may destroy her. A comparative study of the lutein phases through a number of sexual cycles reveals the significance of progesterone stimulation for the developmental processes. Commencing with the introversion of psychic energies at the time of ovulation, the increased receptive and retentive tendencies, which are characteristic of infancy, mobilize various aspects of development toward motherhood. As one follows the changing emotional content of the

psychoanalytic material in each sexual cycle, one can observe step by step the "reconciliation with the mother"; that is, the resolution of the conflicting tendencies toward motherhood. The "noisy" manifestations of conflicting tendencies characterize many adolescents in our society. Yet, in general, unobtrusive are the processes which lead to the culmination of woman's psychosexual development toward motherliness.

It is a physiologic characteristic of woman that her propagative function requires an increase of metabolic processes. This is reflected in the emotional manifestations, which are motivated by the intensification of receptive tendencies; these are the psychic representations of the need for fuel to supply energy for growth. The actual need of an increase of metabolic energy is minimal at ovulation and during the lutein phase of the cycle. But, as if the psychic apparatus were registering the signal for future needs, the emotional preparation is so intense that it has enabled us to make the following formulation: the passive-receptive and the narcissistic retentive tendencies represent the psychodynamic correlates of the physiologic processes of motherhood.

In this light the psychology of pregnancy is easily understood. The interaction between mother and child begins at conception. If conception occurs, the corpus luteum maintains its function, which then becomes more and more intense. The enhanced hormonal and general metabolic processes which are necessary to maintain the pregnancy produce an increase of vital energies. This is the most obvious manifestation of symbiosis, i.e., the reciprocal interaction between mother and fetus. The pregnant woman in her vegetative calmness, enjoys her body, which is like a reservoir newly replenished with libidinous feelings. While such feelings enhance her well-being, they also become the source of her motherliness; they increase her pleasure in bearing the child and her patience in regard to the discomforts of pregnancy. Her concentration upon her body and upon its content during pregnancy make the pregnant woman appear withdrawn, sometimes almost into a dream world in which she lives with her child; she is passive and even regressed in comparison with her usual level of activities and ego integration. Yet, the very condition which appears regressive actually represents growth, not only on

the biologic level, since it is preparing the life of a new organism, but also from the standpoint of the mother's personality development. While the mother senses her growing capacity to love and to care for the child, there is actually a general improvement in her emotional balance. Many neurotic women, who previously suffered severe anxiety states, become free from anxiety and/or depression, and have the "best time" during pregnancy. Nevertheless, some women become panic-stricken and severely depressed during pregnancy; others, having organized the anxieties of motherhood as a symptom, actually avoid pregnancy and/or become sterile. "Normal" pregnancy, however, enriches the somatic and the psychic energies of the woman to such a degree that she may master her previous conflicts and even "outgrow" them. The physiologic and the psychological upheavals of pregnancy speed up the maturational processes which are necessary for the smooth course of the interaction between mother and child after parturition. As is well known—and this is true not only of humans but of most mammals—the total maturation of motherliness is not completely achieved at the birth of the first baby.

"Parturition is the interruption of the physiological mother-child unity. The 'trauma of birth' has been studied often from the point of view of the infant; its significance for the mother has been relatively neglected. I do not refer here to the obstetrical traumata and the resulting pathology, but rather to the fact that when the newborn leaves the womb the mother's organism must also become reorganized. In some sense, this may be considered as a trauma for the mother. The hormonal and metabolic changes which induce parturition, the labor pains and the excitement of delivery, even without intensive use of narcotics, interrupt the continuity of the mother-child unity. After delivery, when the organism as a whole is preparing for the next function of motherhood—lactation—mothers, especially primiparas, may experience an 'emotional lag.' For the nine months of the pregnancy they were preparing to love the baby. After delivery, they may be surprised by a lack of feeling for the child. Usually, love for the newborn wells up in the mother as she first hears the cry of her baby. The sensation of love reassures the mother of the con-

tinuity of her oneness with her child and she may relax and wait serenely to receive her child on her breast. It is different if the mother, instead of love, feels a sense of loss and emptiness; if she has the feeling of a distance between herself and the infant; if she views the baby as an outsider, an object, and if she asks herself with estrangement, 'Is this what I had in me?' Mothers having such a disquieting experience usually muster all their self-control to suppress this feeling and try to summon their previous fantasies to establish an emotional relationship with the infant. Such mothers, disappointed in themselves by the lack of love, feel guilty, become anxious, and with this the insecurity toward the child begins."*

The further development of the mother-child relationship depends on the personality of the mother; she may develop a depression and withdraw from the child; she may turn against the child, who exposed to herself her failure in loving, and reject it; or she may overcompensate for the fear of not being able to love enough and may become overindulgent and overprotective. This early postpartum *emotional lag* is a critical period, during which the husband's relationship to his wife, his readiness to gratify his wife's dependent needs, is of great importance. The postpartum woman, for biologic and psychological reasons, has a regressive tendency and, therefore, has a great desire to be mothered. Through the love which she passively receives, she may be able to overcome the depression and give love to her child.

Whether the mother, through the feeling of love, is able to maintain the sense of unity with her child, or whether she has to miss this most significant gratification, the organism of the mother is not ready to give up the symbiosis after parturition. The need for its continuation exists, not only in the child, but also in the mother, whose physiology prepares to continue the symbiosis by lactation.

The psychosomatic correlations during normal lactation have not been studied closely, because lactation is a contented period in the woman's life. The hormonal function (related to lactogen production), which stimulates milk secretion, usually suppresses

* Benedek, Therese: The psychosomatic implications of the primary unit: mother-child, *Am. J. Orthopsychiat.* 19:642-654, 1949.