Psychopathology from Infancy through Adolescence

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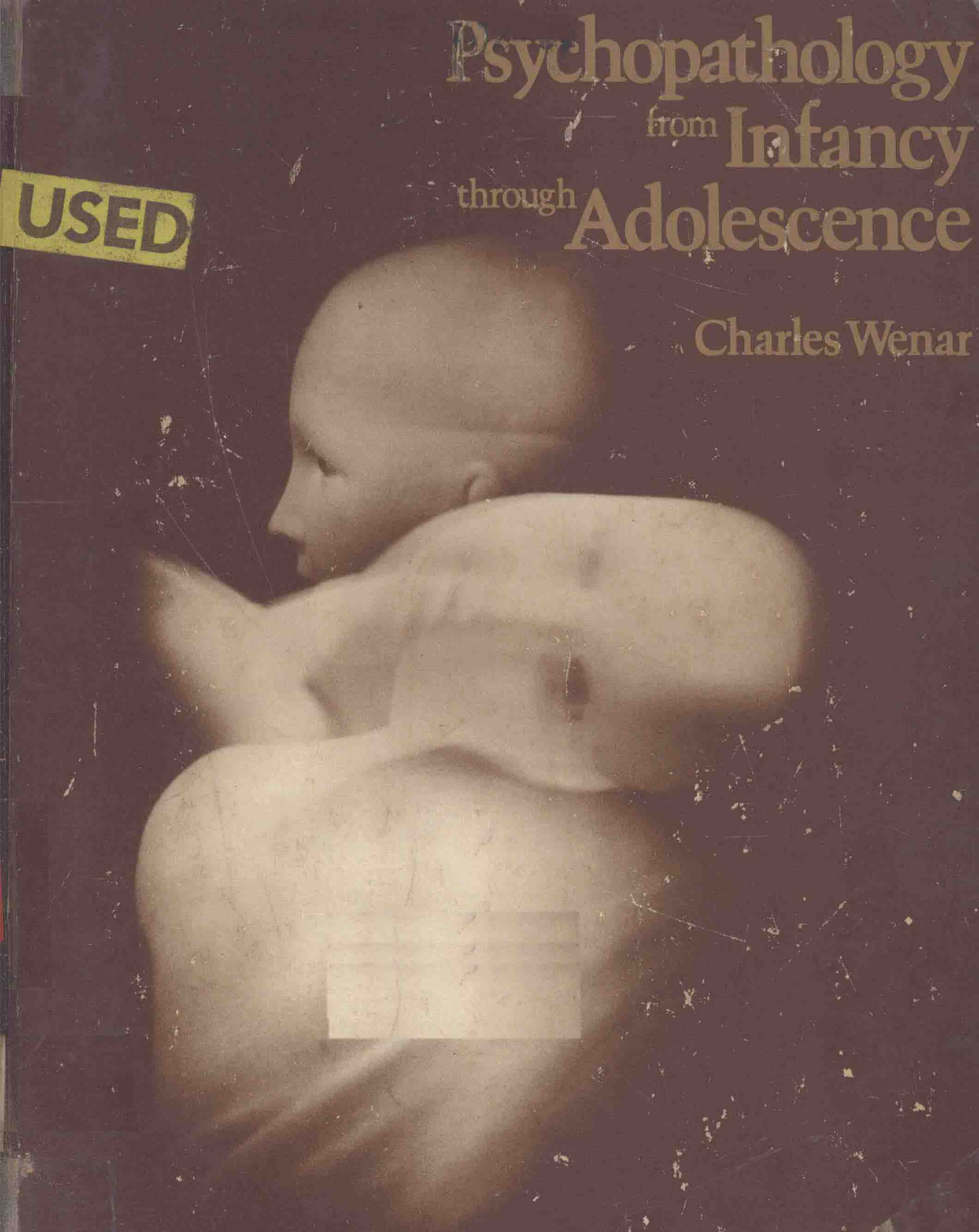

PSYCHOPATHOLOGY FROM INFANCY THROUGH ADOLESCENCE

A DEVELOPMENTAL APPROACH

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A Note to the Instructor

The primary goal of this book is to place child psychopathology in a truly *developmental context*. This involves more than merely locating various disturbances in infancy, the preschool period, middle childhood, and adolescence, as is usually done. Above all, it means viewing each psychopathology within the context of its history and future consequences. Thus, the description of a given disturbance is just the starting point of an exploration of its early roots and its impact upon future behavior. It is this interest in a broad span of time that defines a developmental approach. The developmental perspective of this book is its distinguishing characteristic.

However, the book goes further by defining psychopathology as *normal development gone awry*. Disturbed infants, children, and adolescents are not a breed apart; rather they are individuals whose growth has been diverted from the normal path. The time-honored explanation of psychopathology in terms of fixations or regressions is the best-known example of normal development gone awry, but it is too limited to cover all that is now known about disturbed behavior. Therefore, in exploring the various psychopathologies, this book also discusses other kinds of deviations. By the same token, the chapter on normal development is not an isolated unit as it is in many texts. Rather, the interplay between normality and abnormality is a theme that runs through the discussion from beginning to end.

In addition to examining the ways in which normal development can go awry, this book raises the question of *why* it does. Answers are

sought in what are called contexts: the organic context (e.g., the central nervous system, genetic factors), the intrapersonal context (e.g., the child's affects and cognitions), and the interpersonal context (e.g., parent-child and peer relations), as well as the superordinate context (e.g., the family, groups, socioeconomic status). To help answer the question of how present disturbances may affect future development, considerable use is made of longitudinal studies, many of which challenge long-held beliefs, such as the close relation between childhood and adult neuroses.

The theoretical orientation of the book is *eclectic.* Freudian, behavioral, Piagetian, and other theories are introduced where they help to explain the psychopathology under consideration. Special attention is paid to research findings and methodology, and a variety of methodologies are discussed and illustrated along with their advantages and limitations.

Treatment is presented at both a specific and general level. A section on the treatment of choice follows the discussion of each psychopathology. Research and reviews, rather than clinical reports, are the primary sources for these sections. Then, three of the major schools of psychotherapy (Freudian, Rogerian, and behavioral) are examined in detail, with special attention to their developmental underpinnings. Family and group therapies are also discussed. *Prevention* is dealt with in the context of the community mental health movement along with such topical issues as child advocacy and children's rights. *Assessment* is reviewed from two vantage points. The first concerns the general problem of defining and classifying childhood disturbances. The descriptive psychiatric approach is contrasted with factor analysis, and controversies surrounding the medical model and DSM-III are discussed. One chapter is given to a detailed description of the techniques available for clinical assessment, including the interview, tests, and behavior assessment, not forgetting the clinician's own experience and sensitivity. Finally, clinical vignettes interspersed throughout the book are part of a general effort to convey to the student what it is actually like to *function as a professional* concerned with understanding and helping children.

The book is intended for advanced undergraduates and beginning graduate students. It is assumed that such students will have had an introductory course in child development. While not essential, such a course provides a desirable background for the references to normal development in this text.

A Note to the Student

Question: How can you tell developmental psychologists from other psychologists?

Answer: Instead of asking "*How* are you?" they ask, "*Where* are you in your life?"

This modest joke undoubtedly contains more truth than humor; it captures the spirit of a special viewpoint, which is called developmental. The present is important, yes, but the quest for understanding extends back into the known past and forward into the speculative future. How you were as an infant, a preschooler, a school-aged child, and a teenager has left its imprint on how you are today, just as how you are today has implications for your adult years and old age. It is this special time perspective, viewing the present within the context of the entire life span, that is at the heart of developmental psychology.

One of the primary goals of this book is to help you to think about *disturbed behavior* in developmental terms. You will be introduced to a number of psychopathologies, or behavioral abnormalities—preschoolers who are almost oblivious of their environment; school-aged boys who cannot resist the impulse of the moment to steal or fight or "go wild" with excitement; teenagers who literally starve themselves to death trying to achieve what they believe to be an ideally slim figure. Fascinating as the descriptions are, they serve only as a point of departure in the quest for answers to the questions, What events in these children's past might account for their current plight? and How will their present disturbance affect their future development?

The key to understanding disturbed infants, children, and adolescents is that something has gone wrong with their development. They are not a breed apart; quite to the contrary, they have much in common with their normal counterparts, except that something along the way diverted them from the path of normal growth. Thus childhood psychopathology can be viewed as *"normal development gone awry."* What is this something that prevents healthy growth? The possibilities are numerous and range from a damaged brain to a bleak or brutal home to a punitive or indifferent society. In the search for the (typically) multiple roots of a given psychopathology, you will become acquainted with both the theories and the research that best account for it.

If psychopathology is "normal development gone awry," then a general guide to the normal growth is necessary to understand it. Such a guide will be provided and it will figure prominently in all discussions. Another reason for knowing the details of normal development is that behavior is sometimes considered psychopathological because of *when* it occurs rather than *what* it is; thus the willful defiance of authority that is normal during the "terrible twos" would be regarded as disturbed behavior in a teenager, and rightfully so. Since psychopathology can be a failure to outgrow or a subsequent return to behavior that was once age appropriate, a knowledge of when behaviors appear and when they should disappear is essential.

However, this book is concerned not only with the nature, origins, and consequences of disturbed behavior but also with *prevention* and *remediation*. What can be done to decrease the likelihood that a particular psychopathology will occur? And once it has occurred, what can be done to set the child back on the path of healthy growth? You will learn what specific remedial measures are most effective with specific disturbances and you will be introduced to the major types of psychotherapies and preventive programs.

And there is more. You will learn something of the history of the study of disturbances from infancy to adulthood, the problems involved in defining and categorizing these disturbances, how professionals go about deciding whether a given child is disturbed and, if so, what kind of disturbance exists. Finally, it is hoped, you will begin to get something of the "feel" of what it is like to work as a professional—the special personal demands, the surprises, the disappointments and rewards, and the problems involved in dealing not only with parents but with other health care professionals, school principals, judges, and politicians as well.

To understand and to help children whose development has gone awry is surely a demanding and frustrating undertaking. Fortunately it is also a very exciting one.

Acknowledgments

Two colleagues have helped me immeasurably in my efforts to view all childhood psychopathology developmentally. As always, I am most indebted to Ann Garner for her encouragement, her critical eye, and constructive comments. I am also grateful to Ping Serafica for being a sounding board for my ideas and a source of enlightenment.

At Random House, Virginia Hoitsma was enthusiastic about the manuscript from the beginning, but continually implied, however gently, that a good thing could be made better. Sylvia Shepard was unerringly on target in her specific critiques. Judith Kromm was endlessly patient in her attention to the myriad of details involved in turning the manuscript into a book.

And I am grateful to my wife, Solveig, for providing me with my model of a model child clinician—merely by being herself.

PSYCHOPATHOLOGY FROM INFANCY THROUGH ADOLESCENCE

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1 ▪ The Developmental Approach

YOU ARE A CLINICAL CHILD PSYCHOLOGIST.[1] A MOTHER TELEPHONES YOUR OFFICE FRANTIC over the sudden personality change in her boy. "He used to be so sweet and then, out of the clear blue sky, he started being sassy and sulky and throwing a fit if anybody asked him to do the least little thing. What really scared me was last night he got so mad at his brother, he ran at him and started hitting him with all his might. His brother was really hurt and started screaming, and my husband and I had to pull them apart. I don't know what would have happened if we hadn't been there. I just never saw anybody in a rage like that before."

What is the first question you ask?

YOU ARE AT A COCKTAIL PARTY AND, AFTER LEARNING THAT YOU ARE A CLINICAL CHILD psychologist, a former star-quarterback-turned-successful-business-executive takes you aside. After some rambling about "believing in sexual equality as much as the next fellow," he comes to the point. "Last week my son turned to my wife and announced that when he got old enough, he was going to become a girl. When my wife asked him where he got a crazy idea like that, he said that he thought boys were too rough, and he liked to be with girls more. I know he's always been a 'mama's boy,' but I'll be damned if I want any son of mine to have one of those sex changes done on him."

[1] This and subsequent sections will concern the experiences of a hypothetical clinical child psychologist. However, the experiences themselves might apply to any professional who is involved with the mental health of children. All names are fictitious.

What is the first question you ask?

YOU ARE A CLINICAL CHILD PSYCHOLOGIST CONDUCTing an initial interview with a mother who has brought her daughter to a child guidance clinic. "She has always been a sensitive child and a loner, but I thought she was getting along all right—except that recently she has started having some really strange ideas. The other day we were driving on the highway to town, and she said, 'I could make all these cars wreck if I just raised my hand.' I thought she was joking, but she had a serious expression on her face and wasn't even looking at me. Then, another time she wanted to go outside when the weather was bad, and she got furious at me because I didn't make it stop raining. And now she's started pleading and pleading with me every night to look in on her after she has gone to sleep to be sure her leg isn't hanging over the side of the bed. She says there are some kind of crab creatures in the dark waiting to grab her if her foot touches the floor. What worries me is that she believes all these things can really happen. I don't know if she's crazy or watching too much TV or what's going on."

What is the first question you ask?

The first question is the same in all three cases: *How old is your child?*

OVERVIEW

Our general concern is with time—or, more precisely, with change over time.

Our specific charge is to understand psychopathological disturbances of childhood.

Our procedure will involve placing various psychopathologies within a developmental context and examining them as instances of *normal development gone awry*.

The three vignettes illustrate this procedure. Whether the described behaviors are regarded as normal or pathological depends upon when they occur in the developmental sequence. All three are to be expected in toddlers and preschoolers but would be suspect at later ages. It is not unusual for a docile infant to become a willful, negativistic, temperamental tyrant during the "terrible twos." If the child were 10, however, his attack on his brother may well represent a serious lapse in self-control. In a like manner it is not unusual for preschool boys to believe that they can grow up to be women because they have not grasped the fact that sex remains constant throughout life. If an adolescent boy seriously contemplated a sex change, this would be cause for parental concern and professional attention. And finally, ideas of omnipotence and a failure to clearly separate fantasy from reality are part of normal cognitive development in toddlers and preschoolers; their presence from middle childhood on suggests the possibility of a serious thought disturbance and an ominous lack of reality contact.

The vignettes also provide us with our first clue to understanding child psychopathology as normal development gone awry: psychopathology is behavior which once was but no longer can be considered appropriate to the child's level of development. This was one of Freud's most brilliant and influential insights. The general thesis that adult disturbances have their roots in childhood continues to be a pervasive etiological hypothesis accepted even by those who reject all other aspects of Freudian theory. We shall make use of the same developmental hypothesis but apply it within childhood itself. As we examine various psychopathologies we shall discover that there are many variations on this theme of psychopathology as develop-

mentally inappropriate behavior; therefore we shall constantly be seeking the specific developmental model which best fits the data at hand. We shall also come across some unexpected exceptions for which the model itself does not seem to hold.

At the applied level, the developmental approach underlies the child clinician's deceptively simple statement, "There's nothing to worry about—most children act that way at this age, and your child will probably outgrow it"; or its more ominous version, "The behavior is unusual and should be attended to, since it might not be outgrown." A considerable amount of information concerning normal development must be mastered in order to judge whether the behavior at hand is age appropriate, as well as whether a suspect behavior is likely to disappear in the course of a child's progress from infancy to adulthood. In addition, the child clinician must know which frankly psychopathological behaviors stand a good chance of being outgrown with or without therapeutic intervention and which are apt to persist.

Incidentally, to state that behavior is outgrown is not as much an explanation as a label for ignorance. While certain psychopathologies tend to disappear with time, exactly what happens developmentally to cause their disappearance is not known. In fact, the phenomenon has rarely been investigated. The best we can do is to recognize that "outgrown" is a nonexplanation.

Before we set out to understand child psychopathology as normal development gone awry, there are a number of preliminary matters to be attended to. First, we must present a *general developmental model* in order to examine various characteristics of development itself. Then we must select those *variables* which are particularly important to the understanding of childhood psychopathology and trace their normal developmental course. Our vignettes, for example, suggest that the variables of self-control, sex, and cognition should be included in the list. We shall also have to select the *theories* which will contribute most to the developmental approach. Next, we shall turn to a descriptive account of the *behaviors comprising childhood psychopathology*, since these are the behaviors we must understand in terms of our developmental perspective. And, finally, we must examine *longitudinal studies* which have followed groups of normal and disturbed children into adulthood, since these studies will provide a general guide as to which psychopathologies are apt to persist and which are likely to be outgrown.

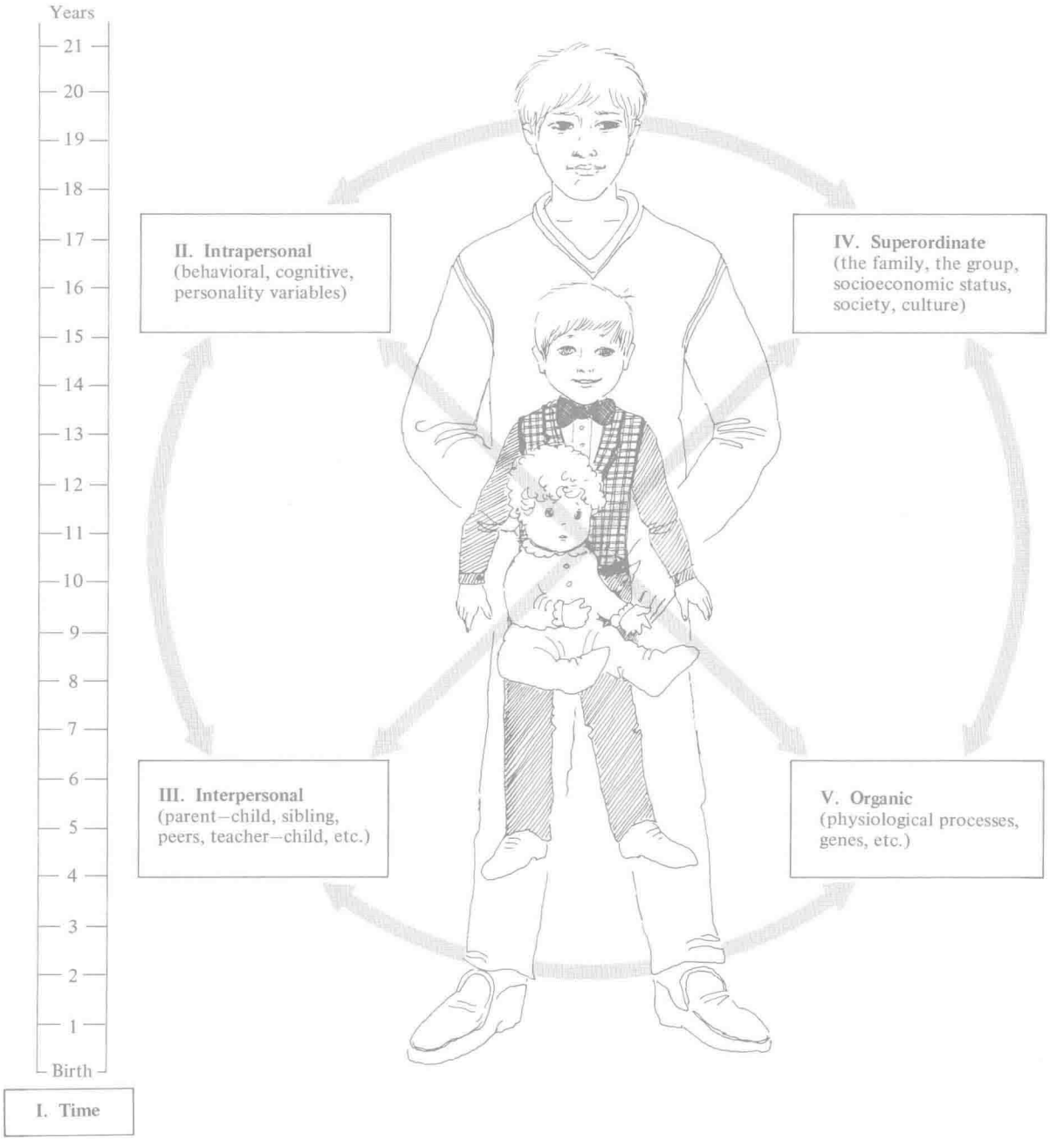
The General Developmental Model

Our general developmental model includes the time dimension along with intrapersonal, interpersonal, superordinate, and organic variables. These five categories will be referred to as *contexts*. They can be represented schematically as shown in Table 1.1.

TIME. Since our general concern is with change over time, our task would be simpler if there were agreement as to how change should be conceptualized. There is not.

Some psychologists anchor change in chronological time. Gesell is a prime exemplar, since he links crucial behavioral changes to chronological age. In tracing the child's relation to the parents, for example, he describes age 6 as a time of high ambivalence toward the mother, cravings for affection being followed by tantrums and rebellion. Age 7 is calm and inward, the child being companionable, sympathetic, anxious to please. Age 8 is stormy again, with the child demanding the mother's attention while being exacting, rude, and "fresh," while 9 marks a return to self-sufficiency, eagerness to please, and affectionate behavior. And so it goes (Gesell and Ilg, 1946).

A different way of conceptualizing change



Contexts II–V interact at all points in time as well as over time.