Behavior Disorders in Infants, Children, and Adolescents

EDITED BY

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Preface

As a former practicing clinical child psychologist and as a current teacher of child psychopathology at the undergraduate and graduate levels I have felt the need for a text that would address the disorders of children with understanding and a high degree of scholarliness. It is my belief that this aim can best be achieved by asking experts in a particular field of child psychopathology to share their knowledge with us. At the same time I have seen it as my job as editor to ensure a certain uniformity of style and that the contributions are distinctive and readable.

This book can serve as either an undergraduate or graduate level text. It takes as its basic framework the latest classification system of the American Psychiatric Association (DSM-III), not because it is the best or final word on the subject, but because it is the official nomenclature and so is the one most likely to be used in the United States. A number of its chapters are unusual and rarely presented, such as "Sleep Disorders" and "Psychosexual Disorders." We trust that you will wonder, as I did, how such topics could have been neglected in the past.

We hope you will find this book informative and helpful. Things change, and the certain convictions of one time become the dated beliefs of another. What does not change is the quest for understanding, humility about what we know, and respect for views that differ from our own. We trust that those attitudes are reflected in this book and that they will be enduring.

John M. Reisman

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OVERVIEW

Introduction

This book is in two parts. The first provides a consideration of issues important to an understanding of the field of child psychopathology. Chapter 1 presents, within a historical context, the major theories used to explain why children misbehave (etiology). Chapter 2 discusses concerns related to categorization (diagnosis) and critically evaluates the official psychiatric classification system (DSM-III) for disorders in childhood. Chapter 3 examines the prevalence and outcomes of disorders, with special attention given to results of their treatment. The second part of the book is devoted to detailed examinations of particular disorders, and how they are identified and defined in DSM-III. In each of these eleven chapters, prevalence, assessment, etiology, treatment and outcome for the specific problems are discussed.

Part I makes clear why there is so much disagreement in psychopathology and how it is that estimates of the prevalence of disorder can vary so widely. It also makes clear that DSM-III has use insofar as it serves as a stable frame of reference for communication, but that it is best regarded as a flawed and temporary expedient. This is to say that while DSM-III provides a framework for this book and diagnostic criteria are endorsed, they are not given an unqualified approval and in many instances are given no approval at all.

Within this section there are no chapters devoted to psychologial testing and treatment. Instead, it was thought preferable to present matters of assessment and treatment in relation to the disorders. Of course in a broad and true sense this book is devoted to nothing but assessment and treatment.

CHAPTER 1

Models of Child Psychopathology

John M. Reisman

Throughout history people have been puzzled and concerned about the misbehaviors of children and have endeavored to understand and explain them as best they could. Why are children disobedient? Why don't they learn? Why don't they listen to the good advice of their parents? Why do they act silly or sad or peculiar? These questions have been asked repeatedly, though never in any prior age with the scientific rigor, energy, and comprehensiveness of our own.

That there are even distinctive periods in human life known as childhood and adolescence, which extend over the years from birth until sexual maturity and the assumption of adult responsibilities, is a relatively recent development in human history. Two major forces acted to bring about this modern awareness and demarcation of youth. The first involved economic and industrial changes brought about by the growth of technologies and machines. This reduced the demand for labor and the need for children to enter the work force, with the result that the period of childhood could be prolonged, both voluntarily and through compulsory education. Within the United States the first compulsory school attendance legislation was enacted in Massachusetts in 1852, and it was not until 1918 in Mississippi that all the states had such laws (Cremin, 1961).

The second major force was the advance in medical science. Prior to this century infant mortality rates were very high and children died from a variety of illnesses—diphtheria, polio, smallpox—whose virulence only within recent years was substantially reduced, if not almost totally eliminated. For example, the infant

mortality rate in England toward the end of the nineteenth century was about 142 deaths per 1,000 births (Despert, 1970, p. 93); by 1980 the rate was about 12 deaths per 1,000 (Lunde, 1983). As a result of medical progress the likelihood of a child's survival appreciably increased, with a consequent increase in parental involvement and concern about the welfare of their children (Aries, 1962).

In industrial societies, such as the United States, the increased duration of dependence of children upon parents and adults and the increased proportion of children born who were expected to grow into maturity sharpened governmental awareness of the psychological and educational problems of youth and made socially compelling the search for their understanding and treatment. Unlike previous periods in history, ours regards childhood as of enormous importance, perhaps of the greatest importance, in development. We know little children can have big psychological problems, that they can be emotionally conflicted, terribly unhappy, and seriously cut-off from reality. We acknowledge the validity of their concerns and opinions. Moreover, we believe there is a community responsibility to do all that can be done to help them have satisfying and productive lives. So accepting are we of these attitudes and values that it is difficult to appreciate their newness and the accomplishments they represent.

The purpose of this chapter is to describe the various models proposed concerning the psychological disturbances of children. These models constitute recurrent themes whenever treatment and etiology, the study of origins or causes, of a specific disorder are discussed. These explanations are models, in the sense that they broadly describe the origins of psychopathology, which vary somewhat in the individual case depending upon its peculiar circumstances. We shall be considering five models: (1) nature, (2) medical or biogenic,(3) psychodynamic, (4) behavioral, and (5) ecological or systems model. In the sections that follow we shall see how each of them has influenced, and continues to influence, how people view and deal with children's disorders.

The Nature Model

One of the oldest explanations is that children behave as they do because they were born to so behave or because their personalities are expressive of their inherent natures. Children who are slow to learn, it is argued, are born with certain defects of reason or intellect; aggressive children are born with pugnacious qualities; kindly children have gentle natures, and so on. Or, it may be contended, it is inherent in all humans to exhibit certain personality characteristics at certain times in their development. Or, it is in the nature of the human organism to be selfish, impulsive, obstinate, and curious.

The nature model is expressed at one extreme in the traditional reproach of one parent to another that any objectionable behavior of their child "must have come from your side of the family" and, at the other extreme, in the sciences of genetics and sociobiology.

Historical Development of the Nature Model

In Biblical times it seems to have been assumed that many behaviors or traits were inborn, particularly those that appeared to be intractable or not easily modified. A common behavior of children, disrespect

and disobedience of parents, was of special concern, and led to a drastic and straightforward prescription for its elimination:

> If a man have a stubborn and rebellious son, which will not obey the voice of his father, or the voice of his mother, and *that*, when they have chastened him, will not hearken unto them: Then shall his father and his mother lay hold on him, and bring him out unto the elders of his city, and unto the gate of his place; And they shall say unto the elders of his city, This our son *is* stubborn and rebellious, he will not obey our voice; *he* is a glutton, and a drunkard. And all the men of his city shall stone him with stones, that he die: so shall thou put evil from among you; and all Israel shall hear, and fear (Deuteronomy 21: 18–21).

Among the ancient Greeks and Romans, and many other early peoples, infanticide was practiced. Infants born with obvious physical defects were killed. Older children, whose behavior developed into markedly deviant patterns, were thought to be idiots: incurable, stupid, hopeless. They were not pitied, and no obligation was felt to rear them. Viewed with contempt, they were at best tolerated, and if too burdensome, were abandoned.

Hippocrates (460–377 B.C.) and Galen (130–200 A.D.) are credited with developing one of the first temperament classification systems (Watson, 1963, pp. 14–15, 80). *Temperament* refers to inherent tendencies to exhibit certain qualities of personality as a result of one's physical structure, glandular and nervous system functioning, or bodily functioning in general. Hippocrates thought that there were four liquid secretions, or *humors*, in the body—blood, black bile, yellow bile, and phlegm—and that diseases and disorders were due to imbalances of these fluids.

About 600 years later Galen related excesses of the humors to definite types of personality. An excess of blood was assumed to be responsible for an ardent, optimistic, warm temperament (sanguine). Too much yellow bile predisposed the person to irritability and flashes of anger (choleric). Abundant black bile led to a temperament dominated by moodiness and depressed affect (bilious). And an oversupply of phlegm accounted for a personality characterized by sluggishness and indifference (phlegmatic).

Although this system must have had some appeal, since its types have found their way into our language, a more popular view down through the centuries was that it was in the nature of children to be willful, stupid, and disobedient. The more obstinate and deviant the behavior of the child, the greater the stupidity, and up to a point, the more vigorously adults had to combat it. Adults did this by inflicting punishments.

In the days of the Roman empire teachers routinely made use of the lash, the rod, and the whip to bring unruly children under control. The state exercised major responsibility for the education and rearing of most children, as it did in the days of ancient Greece when children were conscripted and trained for military service (Despert, 1970).

The emergence of early Christianity as a powerful religion and force had two relevant effects. First, it gave support to the need of children for strict discipline by its concept of original sin. Second, since it was thought to be in the very nature of humans to be impulsive, morally weak, and easily led astray by temptations, the church encouraged parents to be watchful over their children and to play a more responsible and significant role in their upbringing.

No doubt the church also played some role in softening the attitudes of people toward the deviant and retarded. Among the educated and the nobility in medieval Europe, the "stupid" came to be regarded