

CHILD PSYCHIATRY
AND PREVENTION
PÉDOPSYCHIATRIE
ET PRÉVENTION
KINDERPSYCHIATRIE
UND PRÄVENTION

Edited by / Edité par / Herausgegeben von

D. ARN. VAN KREVELEN

Proceedings of the Fifth International Congress
of Child Psychiatry

Scheveningen 24-30 August 1962

VERLAG HANS HUBER BERN
UND STUTTGART

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JAHRBUCH DER PSYCHOANALYSE

Beiträge zur Theorie und Praxis

BAND III

Herausgegeben von: K. Dräger, A. Mitscherlich, H. E. Richter,
G. Scheunert, E. Seeger-Meistermann

Unter Mitarbeit von: M. Balint, Th. Benedek, K. R. Eissler, A. Freud,
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Der dritte Band des «Jahrbuches der Psychoanalyse» erscheint in neuer Ausstattung. Der Grundsatz, Theorie und praktische klinische Probleme in ein ausgewogenes Verhältnis zu bringen, wurde beibehalten. Auch die theoretischen Beiträge dieses Bandes sind «kliniknah». Der Wunsch, es möchten mehr deutschsprachige Erstveröffentlichungen erscheinen, wurde erfüllt. Dieser Band zeigt, daß auch im deutschen Sprachgebiet die Psychoanalyse zunehmend kräftiger gedeiht.

VERLAG HANS HUBER BERN UND STUTTGART

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LIST OF CONTRIBUTORS
LISTE DES COLLABORATEURS
LISTE DER MITARBEITER

ADLERSTEIN, A. M., Ph.D., Bureau of Social Research, Trenton (New Jersey)/U.S.A.

APLEY, J., Consultant Paediatrician, United Bristol Hospitals, and Shaw Lecturer in Diseases of Children in the University of Bristol, Bristol/England

ASPERGER, H., Professor für Kinderheilkunde an der Universität Wien, Wien/Österreich

BOLLEA, G., Professeur de Neuropsychiatrie infantile à l'Université de Rome, Rome/Italie

BRIM, ORVILLE G., JR., Sociologist and Assistant Secretary, Russell Sage Foundation, New York (N. Y.)/U.S.A.

BRUN, GUDRUN, Medical Director of the Department of Child Psychiatry, Bispebjerg Hospital, Copenhagen/Denmark

CAPLAN, GERALD, M.D., D.P.M., Associate Professor of Mental Health at the Harvard University School of Public Health, Boston (Mass.)/U.S.A.

DUCHÉ, D.J., Professeur agrégé à la Faculté de Médecine de Paris; Médecin des Hôpitaux de Paris, Paris/France

FOLCH CAMARASA, L., Profesor de Higiene Escolar de la Universidad de Barcelona, Barcelona/España

HAFFTER, C., Dozent für Kinderpsychiatrie an der Universität Basel, Basel/Schweiz

HART DE RUYTER, TH., Professor of Child Psychiatry at the State University of Groningen, Groningen/The Netherlands

HEUYER, G., Professeur Honoraire de Psychiatrie infantile de la Faculté de Paris, Paris/France

HUDIG, JOHANNA C., Children's Judge and Extraordinary Professor of Juvenile Law at the State University of Utrecht, Rotterdam/The Netherlands

ISAMBERT, A., Directeur de l'Ecole des Parents et des Educateurs, Paris/France

KANNER, L., Professor emeritus of Child Psychiatry, the Johns Hopkins University, Baltimore, (Md.)/U.S.A.

KOCH, H., Landes-Obermedizinalrat, Rheinisches Heilpädagogisches Landesjugendheim Süchteln, Süchteln/Deutschland

- KOUPERNIK, C., ancien chef de clinique à la Faculté de Médecine, assistant à la Salpêtrière, Paris/France
- VANKREVELEN, D. ARN., Lecturer in Child Psychiatry at the State University of Leyden, The Hague/The Netherlands
- LEBOVICI, S., Secrétaire Général de l'Institut de Psychoanalyse, conseiller de l'OMS pour pédopsychiatrie, Paris/France
- LINDEMANN, ERICH, M.D., Professor of Psychiatry at the Harvard University, Cambridge (Mass.)/U.S.A.
- MICHAUX, LÉON, Professeur de la Clinique Neuro-psychiatrique infantile de la Salpêtrière, Paris/France
- MILLER, E., Fellow of the Royal College of Physicians; Honorary Physician in Child Psychiatry to St. Georges Hospital, London; Emeritus Physician to the Maudsley Hospital, London/England
- OJEMANN, RALPH H., Professor of Educational Psychology and Chairman Preventive Psychiatry Research Committee, State University of Iowa, Iowa City, (Iowa)/U.S.A.
- PASAMANICK, BENJAMIN, Professor of Psychiatry at the Ohio State University, Director of Research, Columbus Psychiatric Institute and Hospital, Columbus (Ohio)/U.S.A.
- ROSE, JOHN A. †, Director of the Philadelphia Child Guidance Clinic, Associate Professor of Psychiatry at the School of Medicine, University of Pennsylvania, Philadelphia (Pa.)/U.S.A.
- SIMMONS, JAMES E., M.D., Professor of Psychiatry and Coordinator of Child Psychiatric Services, Indianapolis (Indiana)/U.S.A.
- SPIEL, W., Dozent für Psychiatrie und Neurologie an der Universität Wien, Wien / Österreich
- STUTTE, H., Professor für Kinder- und Jugendpsychiatrie an der Universität Marburg, Marburg a. d. Lahn/Deutschland
- TARJAN, GEORGE, M.D., Superintendent and Medical Director at the Pacific State Hospital, Clinical Professor of Psychiatry at the School of Medicine, University of California at Los Angeles, Pomona (Cal.)/U.S.A.
- TRAMER, M. †, Prof. Dr. med. et phil., Leiter des Forschungs- und Informationsinstituts für Kinderpsychiatrie, Bern/Schweiz
- WUNDERLICH, CHR., Dozent an der Universität Mainz/Deutschland

PREFACE

The contents of this book may not be looked upon as the usual congress proceedings, though it must be admitted that much of what has been said at the *Fifth International Congress of Child Psychiatry* (held at Scheveningen, The Netherlands, 24-30 August 1962) may be learned by reading it. Its greatest shortcoming lies in its incompleteness, since it does not include the short papers, in spite of the fact that these are on the whole remarkably interesting. A solid argument is that it was absolutely impossible to publish more than the obliging reader is offered here. Another excuse is that it would be unwise to relapse into a sin against prevention: one of the criticisms passed on the congress was that its programme was too overloaded to justify the topic of prevention of mental disorders. For all that it is hoped that many participants may find in this book a souvenir reminding them of a few valuable and stimulating hours.

The Fifth Congress has been characterized by intense concentration insofar as it focused the attention upon the single problem of *primary prevention*. This decision had been made in view of the newness of this topic in child psychiatry. In order to intensify the sound of the new idea it seemed desirable to bespeak the attention of the congress members to primary prevention only. Hence it followed that freedom of speech could not be given: there was no room for 'free' communications, only those papers have been accepted that were related to the principal theme: *Primary Prevention of Mental Disorders in Childhood*.

A second measure was the formation of a limited number of discussion groups, presided by competent professionals, meant to exchange views on several practical problems in the light of prevention. In order to ensure the highest possible level of discussion the groups had to be kept small. It appeared that the interest to participate was so large that a selection of the applicants had to be made. Thus, this part of the programme has caused as much disappointment as enthusiasm.

Undoubtedly the difficulty to find the best speakers presents itself at all international congresses. In order to find a solution of this problem a circular letter was sent to all national societies of child psychiatry with the

request to give information about publications and/or research in the field of preventive child psychiatry. Hence, a certain guarantee was given that those professionals who were well up in the subject – at any rate in the countries where a society of child psychiatry existed – would not escape attention. It appeared that not all experts who had been proposed could be scheduled to speak. This meant that a choice had to be made. Needless to say that it was imperative that this choice was absolutely objective.

In this connection the work of the *International Preparatory Commission* (I.P.C.) must be mentioned. A generous gift of the 'Grant Foundation' made it possible that this commission – created in order to prepare the scientific programme – regularly assembled. One may rightly say that five conferences have preceded the official congress. The meetings had a threefold purpose. First of all they aimed at the accomplishment of a clear concept of the theme, its problems and limits. Secondly, the task of the members consisted in the selection of the speakers. Finally the aim of the conferences was to syntonize the speakers chosen.

The choice of the I.P.C. members was a problem apart. Obviously there had to be a core group to start with. It was a matter of course, that some of the Officers of the International Association should form part of the preparatory commission. They were joined by two child psychiatrists of countries in the vicinity of the host country¹. Moreover, as a consequence of their nomination the speakers elect were invited to participate in the I.P.C. This measure has proved to be extraordinarily useful, since it enabled them to familiarize themselves with the idea of prevention.

Another stringent rule concerned the guided discussion. In order to prevent the petering out of discussions at the plenary sessions, spontaneous contributions have not been admitted. A great number of recognized experts had been invited to comment upon the papers, the summaries of

¹ I would like to express my deep gratitude to my co-members for their sympathy and assistance, which have been both encouraging and stimulative: Mrs. KIRSTEN VEDEL RASMUSSEN, Prof. GERALD CAPLAN, Prof. LÉON MICHAUX, Prof. HERMANN STUTTE and Dr. EMANUEL MILLER. The presence of Prof. KRAPF (W.H.O.) as an observer has been an extraordinary support.

The organizer of the Fourth International Congress of Child Psychiatry, Prof. VÍTOR FONTES of Lisbon, has done a great honour to the Netherlands and bestowed a real gift upon the whole child psychiatric world by the edition of a book that is completely devoted to the organisation of pedopsychiatric services and agencies of child protection in the Netherlands (Vol. XX of 'A Criança Portuguesa').

which were sent in advance in order to give them opportunity to thoroughly study the main points. The same method was used in regard with the co-referent, who had the task to open the discussion. There were two motives to direct the discussion. It often appears that a discussion is guided by personal character traits, such as enthusiasm, aggressiveness, vanity, ignorance even, a whole of worse guides than an unassuming commission. Further, it was thought to be interesting for the audience to get to know the opinions of the grand-masters of their professions.

The first meeting of the I.P.C. was devoted to the definition of the concept of prevention and the delineation of the congress theme. This was necessary in view of the fact that the word prevention is used in three meanings, viz.: (1) the prevention of lasting mental inadequacy, by means of rehabilitation procedures; (2) the early interruption of pathological conditions, by means of case-finding and early treatment; (3) the preservation of mental health, by strengthening the individual's resistance against pathogenic forces and by combating the noxious influences. Only if used in the last sense prevention is concerned with the community as a whole, this is primary prevention.

The second meeting of the I.P.C. (at Cambridge, U.S.A.) took place in the presence of sixteen american experts, each of whom presented a paper. These have been published in a book, that may be considered as the pace-maker of the present volume. As a matter of fact the book: 'Prevention of Mental Disorders in Children, Initial Explorations' (edited by Gerald Caplan) has become a standard-work in the field of preventive child psychiatry.

To benefit the discussion at the third meeting of the I.P.C. (held at Paris) the same procedure was followed. European experts were invited to prepare preliminary papers, which had been sent to the participants considerable time before the beginning of the conference. At this meeting the speakers for the plenary sessions and their co-referents were nominated and recommended for election to the Board of the International Association.

At the fourth meeting (held at Cambridge, U.K.) the speakers-elect were invited to join the core group of the I.P.C. At this conference the plan for the methodical arrangement of the subject matter was worked out. It was decided that at the first plenary session a general review of primary prevention would be given, to be followed by the presentation of papers on primary prevention of somatic and psychosocial noxae at the second and third plenary session respectively. The fourth congress day was meant

for the subject of social action. It was agreed that each theme would be treated in a general way, followed by a specific example, meant to illustrate the ideas developed in the preceding synopsis. Both the general and the specific topics were to be dealt with by two speakers, the latter of whom would open at the same time the guided discussion following each pair of papers. On the fifth congress day a panel discussion should be the gist of the closing session. It was to be expected that this method of dealing with the material furnished by the discussion groups would be far more efficient and stimulating than the reading of a number of statements, the soporific at the closure ceremony of so many congresses.

At the fifth and last I.P.C. meeting before the congress (held at Scheveningen, The Netherlands) all speakers and co-referents as well as the chairmen of the discussion groups came together in order to participate in what might be called a rehearsal before the public performance.

It is not astonishing that the congress has been compared with the examination day of school children in Switzerland at the end of their scholastic year. On this day the children make their appearance in festive clothes, they are offered a banquet and they are afforded the opportunity to show their parents what they have learned during the past year. No comparison goes on all fours. It may well be that the organizers of the congress have been sitting for an examination before the audience. Nevertheless it has been their intention to involve the observers too, to oblige them to further thinking not about, but with the organizers. It is hoped that this book will contribute to the attainment of this end, and that the study of the 'final examination' will stimulate its readers to such an extent that the idea of prevention of mental disorders in children may be verified.

D. ARN. VAN KREVELEN

PROBLEMS OF PREVENTION

by D. ARN. VAN KREVELEN

Twenty-five years ago, when the organizer of the First International Congress of Child Psychiatry, professor GEORGES HEUYER of Paris, addressed the members of the congress, he expressed his doubts as to whether it was right to hold a congress of child psychiatry. His concern had been aroused by the fact that the congress of mental health that had been convened in Paris shortly before had devoted a section to the mental health of children. The Second International Congress of Child Psychiatry, held in London after World War II (1948) formed part of the International Congress of Mental Health. Would it not seem to be a demonstration of the growth of our own discipline that the Fifth Congress of Child Psychiatry has been devoted to mental health, to the *prevention* of mental disorders in children?

It has been said that child psychiatry as such is a matter of prevention. Those who hold this view argue on the assumption that an emotional disorder that has been eliminated during the years of childhood, can no longer be considered a problem for the same person in adult years. Though there is no certainty on this point, another argument seems to be in favour of the before-mentioned idea. Starting from the principle that the treatment of the maladjusted child will have no effect whatsoever unless the parents can be influenced at the same time, it must be admitted that therapeutic intervention in the case of one child is bound to modify the environment in such a way that all the other children in the family will benefit from it. This would mean that all child psychiatric action has a preventive aspect.

For all that, the field of child psychiatric activity has increasingly been considered as a curative one. Since the trend of child psychiatry is to pay attention to younger and younger age groups, the onset of cases of illness is traced back to the earlier years of life. One might well say that the perceptive power of the child psychiatrist is improving. An example is the discovery of Early Infantile Autism, which can be diagnosed in the first months of the child's life. Nevertheless, the concept of preventive child psychiatry has come into use, and is obviously meant to distinguish two

different spheres of child psychiatric action. What, then, is the object of preventive child psychiatry?

If one sets out to define the concept of prevention one first of all feels the need to realize what one wishes to prevent. The physician, in general, is inclined to connect the concept of prevention with that of illness. The psychiatrist is confronted with all kinds of 'sociopathic behaviour' like criminality and alcoholism – conditions that without any doubt bear some relation to mental disorders, but which are by no means identical. A source of resistance arises for the man of science when he comes to the conclusion that all discussions on prevention threaten to peter out. Only if the object of prevention is limited to mental disorders, does the role of medicine and psychiatry become much clearer.

It must be acknowledged that the question is still far from simple. This derives from the fact that in child psychiatry the dividing line between sociopathic behaviour and illness is even vaguer than in adult psychiatry. The complexity of the problem is quite striking when we study the definition of child psychiatry as given by the pioneers of our discipline. I quote as an example HEUYER's definition of child psychiatry: 'La psychiatrie infantile étudie tous les troubles mentaux qui gênent l'adaptation spontanée de l'enfant à son milieu social: la famille, l'école et la vie professionnelle.' This definition reveals two basic principles: (1) the child forms part of a social environment to which he is expected to adjust himself; (2) mental disorders interfere with the adjustment.

It follows, therefore, that stress is explicitly laid on the degree and the mode of adaptation (spontaneous v. compulsory). Difficulties of adjustment are being put under the spotlight. The question arises to what extent can misbehaviour be considered as ill conduct. Indeed, the mentally disturbed child behaves in a peculiar way, he is maladjusted. But we should not forget that this statement is only relatively valid. It is not true that all well-adapted children are mentally healthy in the pedopsychiatric sense (e.g. the unobtrusive, obedient, neurotic child), nor is it true that all maladjusted children are mentally ill. Adjustment is no more a sign of healthiness than lack of adaptation is a mark of illness.

Another problem arises. Let us take note of the comment HEUYER adds to his definition: 'Les réactions de l'enfant aux troubles mentaux se manifestent par les anomalies du comportement et de la conduite. C'est du dehors que l'attention est attirée sur le trouble morbide. C'est le milieu familial ou scolaire qui souffre des réactions de l'enfant et conclut à la maladie ou à l'anomalie. Ce sont les parents ou le maître qui jugent de