

# Children in Conflict

The early identification and treatment of emotional disturbance in children may help prevent serious psychological problems in adulthood

By Barbara Culliton

➤ ONE OF EVERY 10 children in the United States has a recognizable emotional problem. Most of these children could be rehabilitated, but only a fraction are. The rest carry their problems with them into adulthood and may eventually be counted among the one million Americans confined in mental hospitals, the three million treated as psychiatric out-patients or among the two million who never receive any help at all.

There are many reasons so few of these children receive counseling and therapy, one of the most important being that their "recognizable emotional problems" are never recognized.

Who is the emotionally disturbed child? What does he look like? Where does he come from? How, in fact, can he be recognized?

He looks like any child. He is not severely retarded or physically handicapped. A neurological examination would reveal no pathology. He is prob-

ably of average intelligence or above and often appears to be bright and alert. He can be rich or poor, black or white.

The emotionally disturbed child is more likely to come from the city than the country, and many authorities cite urbanization as a factor contributing to his problem. Too much urbanization seems to work against children in their growing years. It imposes too many rules, too many don'ts, and offers few channels through which they can release their tensions or express their joys.

## Country Child Can Run

The most natural and emotionally healthy ways of doing this are closed to many city children who have no place to safely run or yell or climb or even sit quietly alone. The country child on the other hand, can escape from his "civilized" family if he wishes and retreat to a field or tree. If he is angry he can run and run and run until his anger is worked out of him

or he can throw a stone without danger of getting himself into trouble by breaking mother's knickknacks or the grocery store window.

All this is not to suggest, however, that only country children are emotionally healthy. To say that is as patently false as it is to say that all city children are disturbed. What is important is that avenues of emotional freedom be available to the developing child.

Even though the immediate cause of emotional disturbance may lie in a child's social environment, in a world that is restrictive and frustrating to him in any number of ways, his particular adverse response to his world may well have underlying constitutional causes. That is, his physical and psychological characteristics, determined by a combination of genetic, biochemical and physiological factors, make him more susceptible to emotional illness than are other children. In short, an environment that triggers problems for one child might not be a disrupting influence for another, and one could hypothesize that a disturbed child, had he come from a different place or had a different set of parents, might not be disturbed at all.

Although children with problems are by no means a new phenomenon, it is only recently that concentrated efforts have been started to recognize and treat them. In line with these efforts, teachers must be taught to look for signs of trouble, more health facilities must be built or equipped to deal with children in the early stages of illness and thus cure, or at least control, personality disorders that might otherwise grow to monstrous proportions.

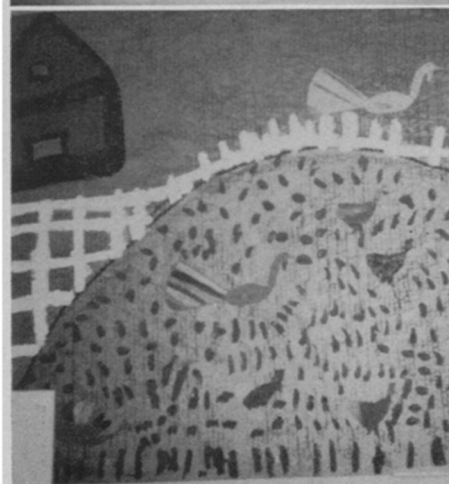
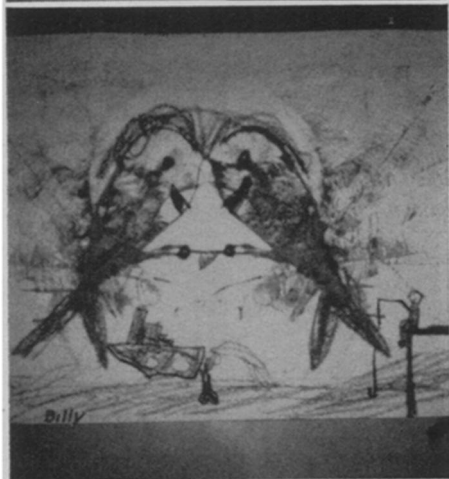
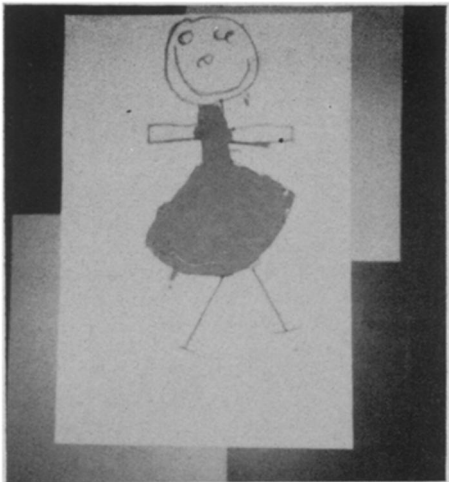
## Some Are Left Behind

Why is it that some children are brought to clinics and schools while others are left behind? Some come because perceptive parents or teachers recognize their need for help. But many come simply because their pattern of behavior is so disturbing or so atypical that their families or schools cannot stand to have them around, and so they ship them off to someone else to handle. Many are left behind because their illnesses are never recognized, because their problems do not show themselves in obvious or annoying ways. The child who continually smashes everything in his path, or who brazenly and regularly brings chaos to the classroom is far more likely to re-



Public Health Service

**AFRAID TO BE FREE**—The emotionally disturbed child is imprisoned by his own anxiety and fear of the world that seems to threaten him from all sides. Expert professional guidance may lead him out of the shadows.



ceive attention than the quiet and withdrawn youngster who is never a source of trouble. A busy working mother or insensitive teacher can easily miss indications of disorder in a child who does not obtrusively demand her attention.

Among those children whose problems are spotted, some are lucky enough to be treated at a comprehensive psychiatric center like the Hillcrest Children's Center in Washington, D.C., where Dr. Nicholas J. Long and a staff of fully trained doctors, psychologists and social workers offer the child and his family a variety of services, including a psychiatric outpatient clinic, a therapeutic nursery school, an elementary school and treatment program, and residential therapy for children who cannot live comfortably at home.

Hillcrest is among the pioneers in the field of comprehensive community agencies providing a range of diagnostic and treatment services under one roof.

### Business Is Learning

The business of childhood is learning and Hillcrest offers a therapeutic elementary school program dealing with about 40 children and their families. Five days a week, 11 months a year, classes of about eight children grouped according to their social rather than academic needs meet with two specially trained teachers. They work together at the job of knowing themselves and the world they live in.

At first glance, a class at Hillcrest is like any other small elementary class. Attractive, well-groomed youngsters begin the day seated quietly at their desks.

On one morning when this writer visited the school, a group of 10-13-year-olds, two girls and six boys, were learning about the habits and habitats of wild animals. A student teacher, supervised by two experienced staff members, read to the class and asked them to answer simple questions about what they had heard.

Most answered eagerly, nearly all correctly. But one by one, even within the first few minutes, their attention started to wander. A feeling of restlessness began to take hold. Finally, Sarah, who had been growing more and more tense during the short lesson and who could no longer control herself by clenching her fists or contorting her face, threw a tantrum to the particular delight of at least one of the other children who had been subtly precipitating the crisis. Immediately both children were taken from the class to an

*(Continued on page 125)*

**CREATIVE THERAPY**—The art studio at Hillcrest where these pictures were taken is a place where children are able to work out some of their fears and uncertainties by transferring them to paper. By studying what a child creates, a skilled therapist can make use of art in diagnosis and treatment.

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adjacent room where a teacher talked with each individually.

Why, one counselor asked, had John deliberately tormented Sarah? "Because I like to see her go 'waa, waa,'" he answered. And so they talked for a while about the reasons John got pleasure from aggravating others and his inability to ever stop himself from inciting Sarah's tantrums.

In another corner of the room a second counselor talked with Sarah and together they thought about why she had been so nervous and excitable that day. She was not sick, she said, or tired. She was afraid to face the second classroom activity of the morning, which was writing a story. She had lots of ideas, she told her teacher, but they left her quickly and since she was given no paper to write on she would have forgotten everything by the time the rest of the class began writing. And so, for a long time she and her counselor talked about her fears and he was able to give her confidence and assurance just at the time she needed it. One of the great advantages of a school with such a high faculty-student ratio is that there is someone available to help cope with problems and crises as they arise, at the very moment when they are most threatening and fearsome to the child.

By 9:30 the class was united again, all members present, and each student did write a short piece about what he expected to see or do on a field trip the class had planned for the following day. Most of them wrote simply that they would go on a bus and then ferry to the Point of Rocks where they would see waterfalls and eat hot dogs. One boy, the most advanced in the group, wrote in full smoothly structured sentences. Another gave his counselors insight into his pathology by writing this story:

### 'Help Mother'

"Look Ma. Cruty, dirty. No Potomac for me. No No No No No No. Not me. Just ferry for me. Help Mother. I'm on a cliff. Butt, Black Bear, Help."

A disjointed home life with no father and a mother seldom in evidence has made this child feel threatened by any new experience that faces him. His fear of his world is revealed in his brief story, which he finished by announcing to his class, "That's it. I'm not writing any more," and then by scribbling heavy dark lines across the unused portion of his page. In such a situa-

tion, the classroom teacher will show the pupil's story to the therapist, who will talk with the child about his anxiety during their next private session.

With stories finished, recess came. At that point, yet another boy, who had behaved beautifully during that first hour, could control himself no more and exploded in a fit of temper and frustration. A private session with a counselor, followed by private period in the art studio where he painted and worked with clay at will, helped him regain his self-control.

In short, what appeared on the surface to be just an ordinary elementary class at 9:00 a.m. had broken down by 9:15 and continued for a typical day during which it would be built up and strengthened, and then disrupted as its members ran out of the stuff that the average child has to hold himself in check or focus his attention. But, gradually, this process of special education, in which no one period lasts very long, and in which study is liberally laced with recess and sports and art, the invisible hurts of emotional illness begin to heal.

### Ideal Environment

The school tries to create, as much as is possible an ideal environment for learning. It tries to maintain a climate that encourages its pupils to examine themselves, to look for the cause of their difficulties internally and not settle for the easy way out.

Although the "real" world may be responsible for a child's inability to cope with himself and others, it is also a justification for his failure. He can always say, in effect, "why should I meet the vague or unreasonable demands of this crummy world?"

This is not an easy question to answer. The psychiatric school tries to create an ideal setting, one that is carefully designed to foster rehabilitation in every possible way. It tries to change its pace often enough to preclude boredom so that students cannot explain away antisocial behavior on the grounds of being bored. It sets limits to behavior which it considers reasonable and comprehensible, and yet maintains a flexibility that would be almost impossible for a public school to offer. And finally, it introduces the disturbed child to well-trained teachers who devote their energies to understanding his needs and who know when to offer love, when authority, when to pay attention and when to ignore.

While the child is enrolled in school, he is assigned to a psychotherapist for

at least weekly sessions. His parents receive guidance from the psychiatric social workers. Usually, the combined effect of a strengthened home environment and a specialized school environment, as well as regular psychotherapy, enable the child to return to his public or private school after two years. Supportive therapy will then be offered to him as an outpatient for a year or more, depending on his needs.

### Works as Preventive Medicine

More schools and centers like Hillcrest and its counterparts are needed if psychiatry is to be successful as a kind of preventive medicine, reaching the young and rehabilitating them for useful and creative lives. Institutions like Hillcrest are often supported by private donations. The work they do with a limited number of children is itself justification for their existence, but an additional *raison d'être*, and an additional reason they deserve community support, is that many are affiliated with local hospitals. Under the medical leadership of Dr. Reginald S. Lourie, Hillcrest, for example, offers training programs in psychiatry, clinical psychology, social work and education to about 25 young men and women yearly from area hospitals and graduate schools—professional people who will move from Hillcrest to other institutions and other areas, taking with them the background and know-how to establish more centers to help more young children and families in trouble.

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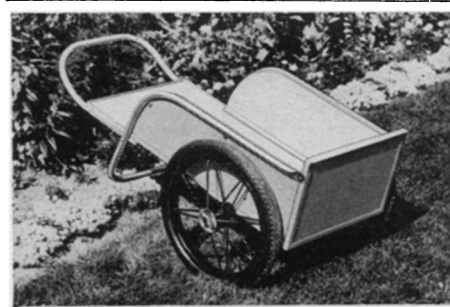
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