American Journal of Diseases of Children

Vol. 12

NOVEMBER, 1916

No. 5

THE NEUROTIC CHILD

SOME FAMILIAR SYMPTOMS AND THEIR PROBLEMS *

C. MACFIE CAMPBELL, M.D.

BALTIMORE

The intensive work done during the last twenty years on the functional nervous disorders of the adult has brought about a marked change of attitude in dealing with them. We are less inclined to attribute these disorders to hypothetical intoxications, nor are we satisfied with a mere reference to the basis of constitutional psychopathic inferiority on which they arise; the aim is now to find the meaning of each disorder, the rôle that it plays in the adaptation of the individual to the environment. We look on fever not as a disease, but as part of a mechanism of adaptation; so in a functional nervous disorder, whether it be a paralysis or blindness, morbid fears or obsessive thoughts or compulsive acts, we see adaptation to the complex environment, an adaptation which is inferior and unhygienic, but intelligible and often open to modification.

In studying these disorders, whether they belong to hysteria, the anxiety neuroses, the compulsion neuroses, or to less clearly defined neurasthenic and psychasthenic groups, one is compelled to go beyond the usual impersonal categories of internal medicine and to study the organized driving forces which are at the basis of human behavior. We are wont to assume that our judgments are the result of purely rational processes, that our actions are determined by purposes more or less clearly realized; we support our emotional prejudices by logical reasons, explain our preposterous behavior by the introduction of worthy motives, and in these reasons and motives our official personality finds much comfort. The unembarrassed study of the real biologic unit takes us beneath the surface to other dynamic factors, to more elemental and deeply rooted forces which drive us, but which we are used to ignore; we find that beneath the civilized surface the savage still survives, and the child may continue to direct the activity of the apparently emancipated adult.

* Submitted for publication June 10, 1916.

* From the Johns Hopkins Hospital.

* The Frederick A. Packard Lecture, delivered before the Philadelphia Pediatric Society, Feb. 8, 1916.

Neurotic symptoms to a large extent find their explanation in these underlying trends and among the determining factors of the symptoms a prominent place must be given to the attitudes, the problems and the conflicts of childhood. The psychopathologist is bound to have a keen interest in the problems of adaptation or behavior in childhood; he must observe the early indications of difficult adaptation, he must study the various types and early stages of unhygienic adaptation. The child, too, may then be found to have an unsuspected complexity of forces determining his behavior; here, too, the real biologic unit may be different from the conventional presentation, much more complicated than the cherub of the painter and the poet, or than the delightfully simple individuals who are supposed to inhabit our nurseries.

The recognition of this complexity may enable us to understand some of the nervous manifestations of childhood, which otherwise would be unintelligible. In this way the study of the adult and that of the child reinforce each other; beneath the adult reactions we can trace problems of the child, while the child's life at an early age may show indications of conflicts which tradition only admits in the adult. The psychopathologist, from his studies of the adult, is in a position to indicate to the pediatricist factors in the child which are apt to escape his notice, while the pediatricist has the opportunity of observing directly the reactions of the child and collecting material which will be of the greatest value to the psychopathologist.

A familiar situation may be chosen to illustrate the persistence of a childhood trend in adult life. The man of somewhat exaggerated independence, rather defiant toward teachers, heterodox in religion, very radical in politics, is inclined to explain his views as based on grounds of pure reason; but his general attitude of protest against authority may be merely the persistence of his old childhood conflict with the main authority of that period, the father. All trace of the original inarticulate feeling of protest may have been lost from consciousness, and yet it may survive and exert its influence beneath the conscious filial devotion of the adult. One does not have to look far to see examples of perplexing estrangement between father and son, mother and daughter; the antagonism is apt to be referred to some comparatively recent situation, and those concerned fail to see the childhood roots of the difficulty. It may, however, not be estrangement, but the reverse, that strikes us; there may be an excessive devotion and this may be the individual's defense against the latent disloyalty, as if the poor heir to a millionaire were to be morbidly worried about the trifling indisposition of the latter. Love and subconscious hate may be strangely blended and the devotion of the daughter to a mother, whose selfishness has dwarfed the girl's life, may draw its strength from both sources.

A girl marries an elderly and unsuitable husband to the bewilderment of her friends, who fail to appreciate at its true dynamic value the likeness of her husband, even in his faults, to the father, the object of her early devotion, and still the pattern by which unconsciously the emotional value to her of other men is determined.

These early affections may persist unmodified and direct the behavior of the adult to such a degree that we are entitled to look on this persistence as a neurotic symptom; it is an indication of the inability of the individual to pass from one phase of development to another, an evidence of want of emotional flexibility or maturity, a neurotic conservatism.

The persistence of this earlier attitude conflicts with the actual demands of the adult life; the man who unawares continues into his married life the affectionate attitude of the dependent child may be unable to account for strange difficulties of adaptation to married life, which find an expression in psychoneurotic symptoms.

This was the case in a married man of over 40, who was subject to periodic alcoholism, which masked recurrent moods of depression. An analysis of his case revealed the intimate relationship of these symptoms to the want of maturity of his emotional life, which had hampered his adjustment to married life. A cultured and apparently independent adult, he had much of the affectionate dependence of the child; although babified and protected from annoyances by his wife, he was not completely satisfied with her devotion, he grudged the love she gave her children, he seemed to crave some affection which he could not find, and at times in his moods of childlike desolation and helplessness he indulged in alcohol to excess. The basis for his unsatisfied longings seemed to be the persistence in his emotional life of the attitude of the child. From the age of 11 to 22 he had slept in the room of his widowed mother in order to attend to her invalid wants. When he was 22 an aunt said that she was going to wean him from his mother, and gave them rooms which were far apart. He became sleepless and lonesome, and it was to meet the sleeplessness which followed on this separation from his mother that his alcoholic indulgence owed its beginning.

The close relationship between his sleeplessness and his dependence on his mother was illustrated by an earlier episode. At the age of 17, on the death of his sister, he was sleepless for about a month; bromid failed to induce sleep; "the only way I could get sleep was to get into bed with my mother—it seemed to soothe me."

This neurotic exaggeration and persistence of the normal emotional dependence of the child on the mother could not be altogether laid at the door of unknown constitutional factors; it was no doubt fostered by the injudicious training given by the overaffectionate mother to her

only son. The mother probably did not realize that she might cultivate in her child a degree of emotional dependence which would be the dominant factor in his adult life and seriously interfere with his mature development. The patient himself had not realized the presence in his adult life of these driving forces, and derived immediate benefit from being put in a position to face clearly the actual factors underlying his difficulties in life.

The sleeplessness of this patient deserves attention; the comfort of the mother's presence responded to deep-seated cravings of his emotional life, which if left unsatisfied meant sleeplessness. In this case the situation was clear, and it is worth while keeping in mind the general principle that the sleeplessness of the neurotic adult may be due to obscure emotional cravings. The sleeplessness of the neurotic child, when separated from the mother's bed or room, may well be of similar origin; the temptation to resume the old sleeping arrangements may be great, but one must remember that the transition has to be made sometime and it is better to make it early than wait until habit has strengthened the emotional dependence.

The disproportionate or neurotic attachment for one parent may involve a converse antagonism to the other parent, it may be at the basis of jealousy of brother or sister, and these factors may express themselves indirectly in neurotic symptoms.

These facts may be granted to throw light on the neurotic disorders of the adult, but may seem of little application to the supposedly simple life of the child.

Before passing to the discussion of some cases which suggest that the same mechanisms are present in the child as in the adult, reference may be made to some other symptoms in the adult, as we shall meet similar symptoms in the case of the children.

A married woman of 32, never in love with her husband, with rather poor habits and standards, for some years had a rather intense sentimental relationship with a married man. About this time she began to show a quite exaggerated degree of personal cleanliness, washing her hands incessantly; the absurd but imperative cleanliness was the compensation for and indirect recognition of the underlying impurity which the patient did not care to face. The patient herself showed some insight into the mechanism of her disorder when she said, by way of spontaneous criticism of her symptoms, "It is better to have a clean soul than clean hands."

A similar explanation for the nervousness was found in the following case:

A schoolgirl of 16 began to fret about not being perfect in her school work, she read things over and over for fear she had not read them quite correctly; she wrote and rewrote letters; she showed a scrupulous worry about whether she had done her duty in asking her parents questions about her school plans.

This girl, with the obsessive striving for perfection in her less personal activities, had, as a matter of fact, been secretly living in a dissolute way for some time.

In the adult and the adolescent exaggerated standards frequently indicate the reaction of the personality to an underlying feeling of guilt, or discomfort, or inferiority; it is important to note that it is a reaction to this "feeling," not to the clearly recognized admission of these factors. There may be no clear recognition of them; consciousness may contain no direct trace of them; in fact the obsessive symptoms help to keep these intolerable elements from invading consciousness.

Such obsessive striving is not, however, limited to the adult and the adolescent; we find the same symptoms at an even earlier age.

A. G., a girl of 12, was brought to the dispensary of the Phipps Psychiatric Clinic Aug. 31, 1914.

The patient, a rather frail child, with some evidence of pulmonary tuberculosis, complained of many nervous symptoms. Her sleep was disturbed, and she had frequent night-terrors; she had distressing dreams of snakes and other animals, of the family being murdered, of her sister cutting her in pieces and sealing her up in cans. Even when awake at night she heard imaginary noises, such as bells ringing; she appeared also in her waking state to see animals chasing her. The mother suggested that these experiences might at least in part be misinterpretations of actual sounds.

During the following months the patient showed little improvement, the night-terrors and bad dreams persisted; on one occasion she talked of seeing snakes on the wall, and showed evidence of some suspicion, accusing her sister and mother of having talked about her.

In November the nervous symptoms were gone into more carefully. In sleep the patient tossed and tumbled in bed, but for some time had been free from bad dreams. If she read disturbing incidents in the paper, she slept worse at night. The mother, finding that she had to rise every night to quiet the patient, ended by taking the patient into her own bed and sleeping with her in her arms.

As to her morbid fears and scruples, she scrutinized every drop of water or milk to see that it was absolutely clean; she was afraid to eat if her hands had touched anything, and therefore was taking insufficient nourishment; she washed her hands constantly. In bed she worried over the possibility of having eaten anything without washing her hands; she was tormented by thoughts of having done something that might harm her, as, for example, "I think I swallowed a fly, will that hurt me?" She expressed fears of death, wondered if she had eaten enough to keep her alive till the morning. She fretted over minor acts of disobedience during the past day, and kept harping on them in distress "until the perspiration rolled off her." Every night she looked under the bed, fearing somebody might be there.

The patient was abnormally timid, hesitated to pick up a chicken for fear it might peck her. She was prudish and would not undress or bathe in the presence of her sister or mother. At the same time her timidity would not allow her to go to the outdoor toilet without her sister or mother coming in with her. Although at night she fretted over her disobedience and promised to amend her ways, in the daytime she was not very obedient, evaded all distasteful work, and the mother gave in to her "just to have peace."

During the following two months the patient on the whole slept somewhat better. She was now sleeping with her sister, but occasionally at night she

was scared and would call for her mother, wanting the latter to take her into her own bed. She still asked frequently if she were going to die, and at night asked if she would be well in the morning.

In January, 1915, the symptoms showed little change; at night, in bed with her mother, she spent over an hour asking incessantly whether she would be all right, whether she would die, whether anyone else of the family would fall sick. She discussed whether she had been sufficiently virtuous during the daytime, as, for example, "have I obeyed the doctor's orders and gone out enough today?"

In the daytime she was inseparable from her mother, would not go from one room to another without her. At her bath she insisted on being alone, but requested her mother to be in the adjoining room so that she could talk to her. She still scrutinized her food and drink very carefully, removed from her cereal any particle that was too brown; she washed her hands an unnecessary number of times.

During 1915 the patient made some improvement. Jan. 8, 1916, she was less timid and less prudish, did not cling so closely to her mother, in fact had on one occasion spent a whole afternoon with a friend away from her mother; previously she would not have thought of going anywhere without her mother. She now indulged in no unnecessary washing of hands, scrutinized her food less, and for some months had not asked if she was going to die. She still worried in an obsessive way about possible lapses, and at night repeated such questions as, "Am I a good girl?" The patient is now almost 14 years old and has not menstruated.

Can the obsessive cleanliness of this child, her exaggerated scruples as to her behavior, receive the same explanation as the same symptoms in the preceding cases? In that case we should assume an underlying feeling of discomfort with regard to personal factors, which the patient had not learned to face in a straightforward way. In the previous cases the personal conflict which was at the basis of the nervousness was in relation to the instinctive life, and it is possible that in the present case the same factors are at work, for the instinctive difficulties of the adult have their analogue in the life of the child. The patient was an extremely quiet and uncommunicative girl whose inner life it was not possible to fathom. In the treatment of such a case it is well to keep in mind the possibility that there are important trends beneath the surface, which do not express themselves directly; that these trends may have undue emotional value as a result of the influence of the environment; that the nervous symptoms may be merely a substitution or compensation for these subconscious factors. With this possibility in mind, the physician may do something to help the child toward a more healthy and open assimilation of factors, which to the child have presented an insoluble problem.

That we are not reading into the child's life a complexity of structure which only exists in the adult will be seen by some other cases, in which the underlying factors could be elicited. The problems presented by this girl of 12 have also cropped up in her cousin, a woman of 25.

The patient for more than a year had suffered from a morbid fear of contamination; this had developed after a bottle of douche medicine had been broken. The patient came to feel that everything might be contaminated, that she might carry the contamination to others; she was afraid to eat, for fear the dishes might not be clean; she slept for weeks on the couch for fear the bed might be contaminated; she sometimes spent eight hours out of the twenty-four in her ablutions. Out of her complete clinical history only one group of symptoms will be referred to, namely, those relating to her mother; these symptoms had made their first appearance at the age of 5 or 6. At that age, when she first went to school, she was accustomed to go half a block and then go back to ask her mother if she felt all right, if she felt she would die before the patient returned from school, if she were pleased, if she thought anything would happen, etc.; she sometimes repeated this performance two or three times before she arrived at the school.

In view of these symptoms we might be inclined to postulate merely a rather exaggerated emotional dependence of the child on her mother. The possibility of another interpretation is brought up by the following facts: This girl, with the great solicitude for her mother's welfare, from the age of 16 had tantrums in which she bit and scratched her mother, and called her "fool" and "devil." She had of recent years asked her mother somewhat perplexing questions, as, for example, "Mamma, do I wish you were dead? Would I rather have someone else for my mamma? Would I rather have you dead or living? Mamma, I don't mean that, do I? Is it just a bad thought?" The patient thought sometimes it was the devil that made her think those things.

Even before the age of 6 (the patient's statement) she often asked her mother if she were her mother's own child, or if she were an adopted child. Where do these elements come from that seem to contrast so strikingly with her official devotion to her mother? Must we assume that it is the devil at work, playing the same pranks he loves to play on conscientious ministers, who begin to find strange oaths and blasphemous remarks rising to their lips with obsessive force? In such cases a frank examination often shows that the life-long religious earnestness of the patient has developed partly as a defense against the recognition of elemental forces, which the individual obscurely feels can not be dealt with in the way that other human problems are met. So the neurotic devotion to the mother in the present case may be a defense against the recognition of a latent antagonism, which the personality feels itself unable to deal with. Such an antagonism may seem to some to be a rather rare perversion of the normal emotional life; on the contrary it is an inevitable result of the situation. The child seeks to assert itself, to dominate the environment, to live out its own natural trends, and in adapting itself to the necessary restrictions of an ethical environment it inevitably feels a restriction of its personality, and has some antagonism to the restricting forces. It is largely through the mother that the cultural environment brings its restrictions to bear on the child. So beneath the instinctive dependence and love of the child it is natural that we should find certain feelings of restriction and antagonism; and in the neurotic child both the oppos-

ing forces may have unusual strength, with symptoms such as those of the present case.

It may seem rather revolutionary to allow to a child of tender years an emotional life of such complexity, and it may appear especially difficult to accept such views in relation to the attitude of the child to the mother, where convention demands a unitary attitude of love.

The same peculiar blend of love and antagonism will perhaps be more readily admitted where we are dealing with a brother or sister, as in the following cases:

J. F., a boy of 7, was referred to the dispensary of the Phipps Psychiatric Clinic from the Harriet Lane Home, March 20, 1914. Following an attack of chickenpox in January he had shown peculiar nervous symptoms; previously of nice disposition, he was now rather irritable and sensitive; he did not want people to look at him and talk about him. Four days after recovery from the chickenpox he began to express odd ideas; he said that his feet were growing large and that his hands and nose and mouth were also increasing in size. After some time he ceased to express such ideas, but began to dream of snakes; he was now afraid to go into rooms alone, and one day when sent upstairs he was found shaking and crying, and claimed that he had seen a big black snake coming after him. He also dreamed of robbers. Some of his ideas seemed to depend partly on rather simple occurrences; thus, his fear that his nose was growing large may have been partly determined by the fact that his mother, when he had frequent nosebleeds, had warned him not to touch his nose or it would get big. Other symptoms seemed to have a rather deeper origin. The boy dreamed of robbers, but in the dreams the robbers killed his little brother B., and cut him up in pieces; he also dreamed that B. was drowned. The mother stated that the patient was very fond of B., but she remembered that when B. was a little baby, and nursing, the patient, 5 years of age at the time, used to try to push B. away from her. The patient himself, in discussing B. with the physician, showed clear evidence of some jealousy; he said, "B. is the pet and sits in mother's lap; he is the pet because he always sleeps next to mother." The patient's jealousy of his little brother may also have been at the root of the feeling that he had been growing quite small, "like B."

In the robber dreams, in which his brother was removed, and in the dreams of B.'s death by drowning we see accomplished something which no doubt corresponded to the obscure longing of the boy, the removal of his rival in his mother's affection. Through the disguise of the dream one could see some of the important emotional factors in the boy's life. The symptoms had developed after the chickenpox and might be considered as in some vague way the expression of physical reduction; but the chickenpox had not only caused a fever, it had created a new situation. Before the chickenpox the mother and the children had slept in the same bed; on the onset of the chickenpox he was left alone in the bed, while his mother and little brother slept on the couch. It is therefore intelligible that the latent feeling of rivalry should be rendered keener by this new situation, and the dream may well have been the expression of those trends, which in the daytime were not allowed to express themselves directly.

Whatever the mechanism of the dreams, they at least guide us to important forces which otherwise might escape detection. They enable us to realize something of the complexity of the child's nature, to see beneath the simple and naïve surface repressed factors of great personal significance. Already at the age of 7, in his reaction to a trying emotional situation, we see that the child, in accepting that restriction of his emotional demands, which is involved in the equal demands of others, has difficulty; he develops peculiar reactions, which in a way give expression to the repressed trends.

For the treatment of such a case it is important to recognize the real factors involved and not to be satisfied with vague hypotheses as to toxic processes or with references to constitutional instability. It is true that such a reaction indicates that in face of a sufficiently banal situation the individual has not shown the normal degree of adaptability; the situation has been a test of the constitutional nervous stability of the individual. While this is true and while the constitutional limitations have to be recognized, the true nature of the test must not be overlooked, the possibility of making it less severe must be considered, and the way discussed in which the child with his constitutional lack of resistance may be trained to develop these special qualities, which are of importance in meeting personal problems. In that case the reference to a constitutional basis will not mean a fatalistic attitude, but will be followed by a keener sensitiveness to the problems of the child and a more enlightened way of dealing with them.

Here again light is thrown on normal psychology by the study of the reactions of the neurotic individual; the above case illustrates in a clear and dramatic way the presence of certain factors in the life of the normal child, which otherwise might escape us. The evidences of jealousy shown by normal children are often overlooked or are treated as rather amusing and negligible factors; yet they are quite serious factors in the life of the child. The normal child, who asks the mother to throw the baby out of the window, is prompted by the same forces which, in the child mentioned above with less favorable nervous balance, led to disturbing dreams of disaster to the brother.

A case illustrating the presence of the same forces at a still earlier age was that of T. A., the delicate son of a nervous mother. When he was 19 months old a baby brother was born; the patient appeared to be rather upset by this event; he was in bed for three days, and the physician thought he was jealous of the newcomer, "heart sick." "He didn't seem to want to walk," and for some time he required to be carried or taken in the go-cart; it was as if he demanded the attention which was given to the baby. His mood seemed to change, he was a little "distant" with his parents.

On several later occasions he showed evidence of the same trends; he wished that the baby were not there, he said that his mother did not love him, "you won't see me any more," "the dear God loves me."

In the third year of his life he had three "spells;" the first was elicited by his mother slapping him for obstinacy in refusing to lie down; the child held

his breath, became blue in the face. The second spell came on when, after clamoring insistently for something, he was scolded by his mother; he held his breath, became blue, appeared to lose consciousness. The third spell came on after he had been struck by his little brother. The child died in his fourth year from pellagra.

Here again there may be some reluctance to see in a child of these years evidence of complex factors which we are rather apt to consider of importance only at a more mature period. It is true that it is only at a later period that they come clearly into consciousness, and are apt to form clearly recognized motives. But it needs little maturity of intelligence to have a craving for affection, to be self-assertive, to demand affection of an exclusive nature; a child can feel in a very subtle manner, its intuitions are keen, and we have to remember that our life is determined not so much by intelligence as by those driving forces deeply rooted in the instinctive life of the individual.

If one wish further illustration of the deep, underlying forces that sway the child's emotions, influence its reactions and are at the basis of many neurotic symptoms, there is available an extremely interesting presentation by Jung¹ of the conflicting forces in the nature of a girl of 4. The birth of a brother at that age proved to be a rather unsettling factor; the announcement of the probable arrival of the brother had already elicited the prompt answer, "then I would kill him." The problem introduced by this new factor into the situation of the child apparently led directly to the development of unusual moods, night terrors, ruminations, and some estrangement from the parents.

The fact that a child of 4 should have so much difficulty in assimilating a situation which many other children deal with in a very placid manner in itself gives one a measure of the nervous sensitiveness of the child. It is interesting, however, to note that before this very specific test was applied the child, who, it is true, was rather imaginative, had shown no evidence of nervous instability.

In paying so much attention to one factor in the life of the child, a factor it is true of cardinal importance, the aim has been to illustrate in some detail the important principle that neurotic symptoms may be the surface expression of complicated conflicts in the child's personality. No attempt has been made to sketch in all the main outlines of the child's life. There are many other problems before the child than those referred to; as he passes through the various stages of his evolution, he finds himself before succeeding problems of adaptation to an external regimen with regard to food and sleep and habits of the toilet, problems of adaptation to external restrictions as to his utter-

1. Jung, C. G.: Ueber Konflikte der kindlichen Seele, *Jahrb. d. psychoan. u. psychopath. Forsch.*, 1910, ii, 33.

ances and behavior, of adaptation to the conflicting demands of the other self-assertive individuals who make up his world. With regard to each successive problem the child may show a constitutional difficulty of adaptation, a tendency to a neurotic persistence in the earlier phase; and each topic has its own familiar group of symptoms, which it would take us too far to review.

NEUROTIC UTILIZATION OF SYMPTOMS

So far we have discussed the origin of symptoms, and have emphasized the fact that symptoms may in some cases be the resultant of an internal conflict, a sort of compromise between the opposing forces in the patient's complex personality, an attempted solution of a strained situation in domestic politics.

We now pass over to the sphere of foreign politics, and consider the rôle which symptoms may play in enabling the child to dominate the environment. That rôle may be important to estimate if we wish to handle the situation judiciously. Symptoms may arise in various ways; they may be the result of a personal compromise, or they may be the expression of a nervous instability which needs no special conflict to elicit them, or they may even be the product of some casual somatic disorder; once they have arisen they may serve a certain function, and be made use of for the adaptation of the individual to the environment. Symptoms, whether of neurotic or other origin, are liable to be utilized by the neurotic child. In taking up the discussion of this topic, the endeavor again will be to exemplify in detail our conception in relation to a very limited number of symptoms, rather than to cover in a more general way a wide variety of symptoms.

Among the gastric symptoms presented by neurotic children vomiting is not uncommon and in some cases this symptom forms a very serviceable help to the child for the attainment of his ends. In both the following cases the neurotic symptoms of the child were fostered by the neurotic mother; what is laid at the door of heredity may often with more justice be attributed to the influence of the neurotic atmosphere supplied by the mother.

R. N., a boy of 17, was hardly able to read and write, but showed a surprisingly good reaction to the standard intelligence tests. His apparent backwardness was due to the almost complete neglect of school education, which was only partly justified by earlier sickness. His parents had tried on several occasions to send him to school; he then complained of headache and vomited when he was only a few yards from the house. The father one day insisted on the boy going to school, but the boy fell on the road as if in a faint, and was immediately rescued by the solicitous mother; from that date no further attempt at education was made and the boy remained in an exaggerated dependence on his mother, which pleased her very much. At 17 he used to climb on his mother's lap, and to say that he wanted to remain "mamma's baby," and that he did not want to grow up. The mother had

fostered in the child an attitude which was extremely strong in herself. She felt that a thread connected indissolubly the life of her mother, of herself, and of her child so that if one died the others would necessarily die. She said that evidently the child inherited his love for her; she herself had loved her parents so much that she cried for two years after she was married, until her parents came to live with her.

The neurotic parent is seldom willing to see her share of responsibility for the difficulties of the child; in order to understand the difficulties of the child, it would first of all be necessary to face honestly one's own difficulties and understand one's own life. Fortunately the mother was sufficiently cooperative for the boy's general hygiene to be put on a completely different basis; he made quick progress in his studies, but whether he will be successfully weaned is a very doubtful matter.

In another case where the situation was very similar, the vomiting had a more direct reference to dietary matters.

The patient, an only son of 9, was very capricious as to his diet, he would take only what he liked, and no more than he liked; he would accept milk only if flavored with coffee; as a rule he demanded steak for dinner. If his mother urged him to take more of some dish he would say, "I will vomit if you make me take another spoonful," and he kept his word.

Headache is another symptom which the child, as well as the adult, finds easily at his disposal in the face of unpleasant situations. It is frequently extremely difficult to determine how far we are dealing with headache of quite independent origin, or how far it is part of an unhygienic adaptation. The difficulty is increased when we are dealing with a girl subject to recurrent headache and gastric symptoms, whose mother is subject to megrim, a markedly hereditary disorder. It is extremely probable that in a certain number of such cases neurotic headache masquerades as inherited megrim.

Of the nervous manifestations of childhood, none are more alarming than the various attacks which are liable to occur. The diagnosis of epilepsy is often difficult and it is well to keep in mind the possibility that an attack, even though presenting some of the features of an epileptic equivalent, may really form part of a subtle mechanism by which the child attains a desired goal.

In the following case the rather complicated attacks seemed to express the dissatisfaction of the boy with his situation, and led to his getting the desired change, after which the attacks ceased.

G. J., a colored boy of 11, was referred from the Harriet Lane Home to the dispensary of the Phipps Clinic, May 28, 1915. The patient had been having very frequent "convulsions" since one day early in February, 1915, when he had been struck on the head by a baseball, without, however, being rendered unconscious. On the evening of the injury he was said to have vomited two long worms, and during the night he had several "convulsions." From that date he continued to have attacks several times a day; in these

attacks he behaved in a peculiar way, he used to bite, snap, froth, sing, run about and appear to converse with imaginary people, for example, his dead mother. He used finally to fall down. Before the attack his head felt heavy and dizzy, he felt as if he had to eat something; he did not remember his conduct during the attack, but said that after it he felt weak and drowsy.

These attacks might have been considered as atypical epileptic equivalents of traumatic origin; they appeared, however, to bear a striking relation to the situation. The boy was living in the country with his aunt and uncle and was very anxious to come into town; his attacks apparently made it very difficult for his aunt to keep him in the country. The boy himself put the matter very naïvely; "It's no wonder I'm having spells, I can't see much; nothing to keep my mind going; there's something to keep my mind going all the time in the city; if any one speaks rough to me it just seems if my head were coming off my shoulders; I want something to play with to keep my mind going; there's nothing to do but go out and play in the dirt." During the patient's stay in the Harriet Lane Home (April 2 to April 10, 1915), no convulsions were observed; the physical examination was practically negative. He was readmitted to the hospital on April 26, 1915, as the attacks had reappeared on his return to the country. No convulsions were observed in the hospital. Arrangements were made for the boy to live with his father in the city and since being in the city the attacks have ceased.

The exact origin and nature of these attacks may be difficult to explain, but there seems to be no doubt that they were utilized by the child for his own purposes to obtain a desired result; how far such utilization is subconscious or how far there may be some deliberate cultivation of the attacks is difficult to determine.

In the following case there was not the same obvious gain derived from the symptoms:

B. M., a colored boy of 10, was referred to the dispensary of the Phipps Psychiatric Clinic from the Harriet Lane Home on Oct. 25, 1915. After a normal infancy he began at the age of 3 years to have, once or twice a year, "spells of weakness" lasting for a few minutes. These were described as a "limpness of the body giving way." "You could tell the spell was coming on, he would get quite limp, and would fall, he would groan for a few minutes and then get up." During the earlier attacks he would attempt to answer questions, and would complain of feeling bad. In the later attacks there was more difficulty in answering questions. For the past two years he had about three or four attacks a year; there never was a preliminary cry, he never hurt himself in falling, he never wet or soiled himself during the attacks. Sept. 14, 1914, he had an attack in which he fell in a field; he was carried into the house and placed in bed, where he groaned and moved about uneasily for about ten hours. During the winter he had two attacks.

In September, 1915, his mother at breakfast said that she was feeling bad; he said, "I feel bad too, my head feels numb and dead." After breakfast his mother told him and his sister to wash the dishes; he said he couldn't as he had pains in the stomach. When his mother insisted, he went into another room, lay down on the lounge, and ten minutes later was found on the floor rolling as if in agony; he fought his father off, and could not respond clearly to questions. For two days he continued in perpetual motion, rolling in his bed and crawling out of it. He talked of wanting to go on a blue train, he clamored to go to Columbia. He slept well at night; in the morning he resumed his thrashing around, but would pause when spoken to. He knew his father, but for several days did not seem to know his mother or the other members of the family. This "violent state" lasted for eight or ten days, after which he became quiet, although he still talked in a "flighty" way.

Apart from these episodes the boy had shown no evidence of nervous instability; he gave no trouble as to his food or sleep, there was no bed-wetting or night-terrors. In his relationship to the other members of the family he had shown no specially intense attachments.

The child had been accustomed from the age of 3 or 4 years to go once a year to camp-meeting; he himself was a "great preacher round home," he would perform before other children with much unction and was applauded for his imitations of the convulsive movements of the ecstatic.

Although nothing in the situation seemed to explain the attacks, the boy's obvious desire to impress his comrades and the prestige derived from his own peculiar attacks seemed to have much to do with their origin; and the development of an attack in face of an unpleasant task seemed to favor this conception of the disorder.

The utilization of symptoms in a neurotic manner can not be more clearly exemplified than in the contrast between the two following cases, in which the symptoms consisted of involuntary movements. In one case we see the way in which a symptom, casually occurring in a child of good constitution, and correctly treated by the environment, passes without leaving a trace; while in the other case a similar symptom, perhaps of equally casual origin, is made use of by the neurotic individual and elaborated into a rather striking clinical phenomenon.

In the first case we have an experience, described by Scholz,² which happened to himself when he was 10 years old. One day just before the writing lesson his right hand began to tremble, he could only make illegible scrawls, and with a certain pride he demonstrated the symptom to the teacher. The latter paid no attention to it, a little to the boy's chagrin, and his father, a physician, treated the matter as of no interest. The tremor never reappeared.

Contrast this with the following case of a school girl reported by Jung:³

In the second year of school in the writing class, which she disliked, her right hand began to twitch; soon she was unable to write, and had to give up the class. The involuntary movements spread and became general, a "hysterical chorea;" owing to these symptoms and to morbid fears her attendance at school was very irregular and at 12 was completely discontinued. On the onset of menstruation at the age of 15 the involuntary movements abruptly ceased, and were now replaced by a variety of other hysterical symptoms.

Here we see how a girl of poor nervous balance, which showed itself later in a variety of hysterical symptoms, had at an early age utilized apparently involuntary movements for a definite end. When the patient looked back on this period she realized that she had culti-

2. Scholz, L.: *Anomale Kinder*, p. 152.

3. Jung, C. G.: *Diagnostische Assoziationstudien*, ii, 31.

vated the disorder; she admitted that she could have controlled the movements if she had exerted herself and that it suited her to be sick.

It is probable that in some cases the relapses after a Sydenham's chorea represent, not a return of the previous condition, but the neurotic utilization of symptoms which the previous sickness has made familiar.⁴

ORIGIN OF NEUROTIC SYMPTOMS IN GENERAL

So far we have discussed two main topics. The first related to the fact that familiar symptoms may be the indicators of conflicts in the child's life, the presence of which is often not suspected; the recognition of these conflicts is important for the treatment of the child. The second topic was the way in which various symptoms, no matter what their origin, may be utilized by the neurotic child; it is necessary to recognize the circumstances which tend to foster the symptoms, if the situation is to be put on a hygienic basis. If the symptoms are utilized in the adaptation of the child to its environment, it is not meant thereby that the child does so clearly and deliberately; we are dealing with a biological adaptation in which conscious purposes may play a very subordinate, even a vanishing, rôle.

A third topic remains for discussion, namely, the origin and nature of neurotic symptoms in general, quite apart from their later utilization or the conflicts which in some cases they may indicate. The fact that a symptom may in some cases be utilized in a certain way, and may indicate personal conflicts, does not entitle us to conclude that in every case it is so utilized, and that it must always indicate such conflicts. There may be other cases in which the same symptoms are elicited by a great variety of causes as the expression of a constitutional instability. They would then be a measure of the nervous stability of the child, and their practical importance would consist in the indication that the child with such symptoms may not be able to meet the same stress and strain as his fellows, and may require certain special safeguards.

One of the earliest of such symptoms is that the infant is extremely easily startled; disorders of sleep may also be pronounced at an early age; other symptoms are an exaggerated conservatism with regard to diet, the refusal to be weaned and to make the regular progress up the dietary ladder; anomalies as to micturition and defecation may be met with; the child may show apparently capricious but determined refusal to pass water or to have movements at suitable times, and an apparent constipation may represent an early form of self-assertion, which may yield to coaxing or a whipping; vomiting, headache, chorei-

4. Thiemich, M., and Zappert, J.: *Die Krankheiten des Nervensystems im Kindesalter*, p. 193.

form movements, stammering, tics, and habit-movements have to be considered; while a great variety of attacks may occur varying in severity from the familiar tantrum of temper to epileptiform convulsions.

This list of symptoms is by no means complete and each symptom presents many special problems. Here again only a very few symptoms will be discussed.

As to the disorders of sleep, reference has already been made to the complex determinants which may be at the basis of some cases of sleeplessness. The night-terror (*pavor nocturnus*) so frequent in children may occur in a very complex setting as in the case of the 7-year-old boy described above and in the 4-year-old girl described by Jung. But it is important to recognize that night-terrors may arise in a very simple setting and may not indicate more than a vague nervous tension which we have difficulty in analyzing further. Thus Miss Shinn,⁵ in her charming description of the development of her niece, notes at the end of the fourth month an early indication of this phenomenon, and a still more definite episode at the seventh month. In some cases overstimulation before bedtime, especially emotional stimulation, such as is supplied by moving pictures, seems to be responsible for the symptom. Strohmeyer⁶ calls attention to the fact that in some cases the symptom is related to the nascent sexual instinct, which may be partly aroused by overcaressing and carelessness with regard to the sleeping arrangements. While the night-terror is as a rule a benign symptom, it may have a more dread significance, it may be an epileptic equivalent. This is considered by Aschaffenburg⁷ to be probable if the symptoms are accompanied by bed-wetting and if the child remains dull and confused for more than a few minutes, notwithstanding efforts to arouse him. Thiemich,⁸ however, lays no such stress on a much longer period of confusion and considers the connection with epilepsy extremely rare.

In the following case the symptoms seemed to be partly related to a very emotional experience which the imaginative child had undergone:

J. S., a boy of 8, Feb. 6, 1915, was referred from the Harriet Lane Home to the dispensary of the Phipps Psychiatric Clinic on account of night-terrors. The patient would wake up in a panic and for a period of fifteen or twenty minutes or longer would see imaginary animals and talk in distress about frogs, turning wheels, cannibals, etc.; the symptoms had begun at the age of 6; in the earlier attacks he would, after coming to himself, pass urine and

5. Shinn, M. W.: *The Biography of a Baby*, p. 195.

6. Strohmeyer, W.: *Vorlesungen über die Psychopathologie des Kindesalters*, p. 25.

7. Aschaffenburg, G.: *Der Schlaf im Kindesalter und seine Störungen*, p. 20.

8. Thiemich, M., and Zappert, J.: Footnote 4, p. 219.

go off to sleep. Of late the boy had wet the bed during these attacks; and, in addition to the night-terrors, he would occasionally in the afternoon become pale, and speak incoherently for fifteen to twenty minutes, referring to peculiar shadows or figures which he saw.

The boy had shown no nervous symptoms until the age of 6. At that age the mother wished to punish him, but thought a whipping would have little effect; she therefore put him down in the cellar, where she assured him the rats would eat him. He was much upset and owing to his screaming he was released in two minutes; he played about for an hour and then fell asleep. On waking from his sleep he started to scream, said that he saw rats and frogs and people. From that time the boy was troubled with bad dreams, in some of which he dreamed of rats. When he was asked whether any incident had ever occurred to make him dream of rats, he made no reference to the above episode. He tended to weave any recent dramatic experience into his dreams, which were peopled with the heroes of the moving pictures. The boy was of an unusually imaginative disposition, he was already a poet, and this trait may explain the quasihallucinatory phantasies in the daytime. Thus, he made reference to an imaginary boy smiling at him and to rather mysterious "chills" or clouds of smoke, which he saw or conjured up. "I think I see them a little now, chills, clouds of smoke . . . when I think of them, I can hardly forget it . . . it seems just like clouds of smoke, I don't really see them but I think of them and that makes me a little bit just like I see them. . . . I hollered out to mamma to stop them people, they were stealing the smoke . . ."

These utterances were rather a contrast with the frank, healthy appearance of the red-cheeked urchin; as a matter of fact, two weeks later the boy was already sleeping very much better, and the bad dreams and fantastic "chills" have been practically absent since that time. One further trait of the boy may be mentioned; in kissing his mother he had a habit of biting her. "I try to kiss but I can't; I just bite a little bit; I can't help it." He would kiss his little sister, however, without biting her. Notwithstanding the hallucinatory confusion, the bed-wetting, the afternoon attacks, in this case it is doubtful whether epilepsy has to be seriously considered.

An emotional episode seemed to precipitate the symptoms and to give them a certain color, but a similar picture can develop with no such apparent cause and we are bound to lay the stress on the constitutional nervous instability of the patient.

Bed-wetting (enuresis nocturna) is another very common sign of nervous instability. In some cases it is the response to a rather complicated situation, as in the case of a boy of 5 who showed marked increase of bed-wetting, occasional soiling and night-terrors, when removed from his mother and placed in an orphanage; when placed again with his mother the condition showed immediate improvement. The frequent connection of bed-wetting with masturbation is noted by Strohmeyer.⁹ In many cases, however, there is no trace of any of the above factors, and the symptom has merely the value of a neurotic indicator.

The vomiting of neurotic children may arise on the same general basis of neurotic instability; thus in the cyclic vomiting of children the symptom may develop where no special conflict can be discovered, and

9. Strohmeyer, W.: Footnote 6, p. 55.

the symptom seems to form part of no neurotic adaptation. It is not necessary to assume that the mechanism of the symptom is always as complex as in the cases reported above of the neurotic utilization of the symptom, or in cases such as that of Strohmeyer, in which the vomiting ceased after the child had talked over his masturbation with the physician and received reassurances from him.

Choreiform movements may represent the hysterical expression of repressed factors, and may be utilized in a neurotic way, as in the case of Jung, referred to above. In a great many cases choreiform movements seem to play a much less definite rôle and to have an explanation at a simpler biological level. They occur in a large number of children who show evidence of general constitutional inferiority, and they may represent a special type of motor inferiority going parallel with the inferiority which is present in the intellectual and the emotional life. Choreiform movements need not be associated with mental defect, but may simply be the indication of a rather special type of nervous instability.

Among the indicators of nervous instability sexual activities have attracted much attention. The exact rôle which the sexual instinct plays in the development of nervous manifestations in the child and in the adult is a subject of much debate, often rather acrimonious; the tendency undoubtedly in the past has been for us to overlook many of its manifestations, influenced by the altogether too simple conventional conception of the life of the child. Before considering, however, various symptoms as secondary to sexual activities, we have to recognize that the precocious development of these interests and activities and a disproportionate prominence of certain elements in these complicated functions are in themselves evidence of a neurotic instability, except in cases in which unfortunate external circumstances have forced the development of instinct. Thus precocious and excessive masturbation has to be looked on as evidence of nervous instability, as a symptom, and not only as a cause, of nervousness; and, in estimating the further nervous symptoms of the individual child, it may be difficult to know how far these are directly related to the sexual activities, or how far they draw their origin from a common source, from the underlying constitutional instability. It is extremely important that these factors should be estimated at their correct biologic value, and dealt with according to sound hygienic principles and not according to narrow inappropriate ethical standards. An open and healthy atmosphere will perhaps spare the neurotic child the development of methods of adaptation which may handicap the whole of the adult life.

A separate chapter would be required for a discussion of the various attacks which occur in nervous children. The exact relationship of many of these attacks to spasmophilia on the one hand and to epilepsy on the other is a problem of very great importance. In the individual case it may be difficult to draw the line between tantrums of temper in a neurotic child and spasmophilic attacks. Nor is it clear how far we should include under spasmophilia all those episodes in neurotic children, precipitated by definite emotional causes which we are not entitled to refer either to hysteria or to epilepsy, episodes to which Bratz¹⁰ has given the name of *affektepileptische Anfälle*, and which are referred to under a great variety of names by other authors. Among these attacks may be instanced Wegbleiben (as in the case of T. A.), narcoplepsy, attacks of vertigo and fainting, and attacks similar to petit mal and grand mal.

Further work on these disorders may enable us in a certain number of cases to formulate the constitutional inferiority of the individual in definite biochemic and physiologic terms, and may reduce considerably the number of those cases in which we are still forced to employ such general terms as constitutional nervous instability or neuropathic constitution. If in the preceding part of our paper we have emphasized the importance of the wider psychobiologic attitude for the proper understanding of neurotic symptoms, in the present sphere we are dependent on the researches of the pediatricist, employing biochemic and physiologic methods.

SUMMARY

The study of the psychoneuroses of the adult has thrown a good deal of light on the complexity of the life of the child; conflicts analogous to those of the adult are present in childhood, and may give rise to the same types of nervous disorder. The neurotic child may show at an early age difficulty in passing from one stage of adaptation to another, a tendency to retain the attitude of the earlier stage, an incomplete assimilation of the more mature attitude.

Familiar symptoms may indicate the presence of such a difficulty in the child's adaptation and the recognition and treatment of the difficulty will depend on a just appreciation of the complexity of the child's life, a complexity which is alien to the conventional conceptions of childhood.

In the study of the rôle played by certain symptoms in childhood it is useful to remember that these symptoms may be a method by which the child, more or less subconsciously, asserts himself and enjoys certain immunities or privileges.

10. Bratz, Emil: Die affektepileptischen Anfälle der Neuropathen und Psychopathen, *Monatschr. f. Psychiat. u. Neurol.*, 1900, xxix, 45, 162.

Although certain symptoms may arise in a very complex manner and persist owing to their utility, they need not have such complex significance; they may, as the indicators of a constitutional nervous instability, be elicited by a great variety of causes. The pediatricist, by the application of accurate methods to the study of these early symptoms, may contribute to psychopathology a much clearer formulation of the basis of some types of nervous constitution.

I take this opportunity of thanking Dr. Howland for his help in the preparation of this paper, and for placing at my disposal the pediatric records of several of the cases referred to.