Child Psychiatry and the Social Setting*

By PORTIA HOLMAN

One of the aims of child psychiatry is to support and supplement parents who are having difficulty in their task of socializing their child. At least as important an aim is to keep within bounds the cost of socialization. This cost is certainly excessive when social demands on the parents stifle natural, biologically determined, attitudes to the extent that they provide a noxious rather than a facilitating environment for their child.

The social setting of the child, in my view, includes the parents, and, conversely, that of the parents includes the child, though this may be an unusual way of using the term. But this implies no disregard of factors external to the family. Our President, Professor Ferguson Rodger, in a letter to *The Times* (28 January 1966) referred not only to the effects of the "total social situation" on an individual's mental health but also to the psychiatrist's special interest in and special knowledge of these effects. Nevertheless, still far too little is known, and the child psychiatrist must feel that it is important and urgent to know more. We know that the *material* conditions of the higher socio-economic classes contribute to the 'facilitating environment' (Winnicott, D., 1965), and there is plenty of evidence to show that the environment of the lowest social classes is a formidable impediment to mental health. We have only to think of the wastage, the terrible toll of unfulfilled promise that Dr. Douglas showed in a recent paper (Douglas, 1965). It is not necessary to labour this point, since child psychiatrists can hardly fail to be aware of it. In the area served by this hospital, for instance, many patients come from neighbourhoods (as described in the Newsom Report, 1963) which "present a sorry picture of drab, tumbledown dwellings in narrow, mean, little streets. The homes are in a deplorable condition. Damp and badly-maintained, too many of them are overcrowded. . . . We know that in shared houses or blocks of flats neighbours are sometimes offensive and hostile, that children are often frightened to go outside their own door. We know that mothers cannot let little girls (or, indeed, little boys) go alone to the park, we know of racial tensions that poison life in many places." Colin McInnes tells us that in Notting Hill *every* coloured person lives in fear. And, unfortunately, in the same area, so do many white families.

In these conditions problem families accumulate. Some may be 'feckless', while some become problem families through no fault of their own. Whatever the reason, the effect on the children is much the same. If a family is evicted for non-payment of rent and sent to a hostel a day's journey away, the child is uprooted from school, from clinic, from special teaching, from arrangements that may have been made to protect him from parents who cannot function as parents. Since what he may value, and what may be all-important to his stability, is his relationship with the school caretaker or cleaner, to say that there are good schools and child guidance clinics in other places is no answer. Similarly, when a husbandless mother is sent to prison for receiving or shop-lifting, this may put an abrupt end to plans that have been carefully worked out to compensate the child for his mother's deficiencies and his lack of a father.

Children are moved around with scant regard to their convenience or their feelings. When parents are rehoused or change their job, it may be inevitable that their child leaves a school where he is happy for one where he is not, but the child taken into care may have added to the miseries of losing his family the sorrow of losing his friends, both people of his own age and teachers and other older people who matter to him.

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* Chairman's Address to the Child Psychiatry Section, R.M.P.A., 12 February 1966.

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This is one illustration of the general principle that even more important than material conditions are the strains and the help in withstanding strains that come from other people—i.e., from what anthropologists call the culture. From social anthropological studies a good deal of information is available about the 'culture pattern' (the 'expectations, standards and practices') (Benedict, R., 1935; and Dixon, R. B., 1928) of primitive societies and even of small fairly homogeneous communities that are sometimes found in the midst of more complex societies, surviving in relative isolation. The anthropologists' conclusions, relevant to our purposes, are in brief: (1) in such communities culturally determined child-rearing practices largely determine personality structure, (2) even in complex social groups no one is entirely immune from cultural pressures, and (3) a culture, as well as an individual, may be sick (Kardiner, 1956). No such studies, as far as I know, have been made in England, but the social setting is interesting many American workers.

The analysts tell us that a person may choose his setting to serve his purpose in resolving intra-psychic conflicts. This, is *prima facie*, highly probable, but in my view the cultural setting is more often *imposed* during the time when culture patterns are being transmitted from parent to child.

The Newsons (Newson, E. and J., 1963), in their valuable study of child-rearing practices in Nottingham, describe this process. Although there is still much to be found out (one of the Newsons' most impressive contributions was their account of the difficulties in the way of getting reliable information), some of the pressures to which parents are subjected were clearly shown in their study and often show up in child guidance practice, if not in ordinary social life. To give one important instance, there is the expectation that in all circumstances the parent should control the child. This cultural expectation presses particularly hard on the immature or the anxious parents, who find themselves between the upper and nether millstones of the demanding (and, therefore, uncontrollable) child and the insistence that they should, at all costs, control him. 'He shows me up' expresses an intolerable humiliation.

'Am I too soft with him?' is an oft-repeated question

Child psychiatrists are bound to give priority to the child and to consider the sufferings that the parents may cause the child, rather than vice versa. In general, they tend to attribute childhood disturbances to faults in the personality, attitude or feelings of the parents. But parents, even if the main lines of their personality have been laid down earlier in their lives, are still capable of change, and may find parenthood a stress that changes them for the worse. If parental defences are fragile, a child may press on them to the point of breakdown; the pressure may revive in some parents infantile patterns and regressive behaviour. Many of these adults might lead unremarkable or even successful lives if they remained childless, but reveal deficiencies and disorders once they are faced with a child, particularly should he be handicapped or more than usually difficult (Laing, 1964; Pitfield and Oppenheim, 1964).

This parental plight is seen at its worst when the child is disturbed (and, therefore, disturbing) when one or both parents are severely disturbed and the culture relentlessly insists that they exercise control. When this combination exists the psychiatrist may be confronted with a child barely distinguishable from a psychotic. It is only when in a stress-free or stress-low environment the child has gradually shed some of his abnormalities of behaviour that it becomes clear how his symptoms have been caused. It can then be seen that, in his parents, socially determined behaviour has more or less destroyed even such a strong biological impulse as maternal warmth.

We hardly know enough to specify any of the parameters of 'working-class' culture or subcultures, though we do not doubt its existence or its difference from middle-class culture. We know too little about what in the individual family is socially determined and therefore acceptable, and what is individual idiosyncrasy and deviation.

The culture pattern will affect parents in respect both of the aims they have for their children and of the means they employ to attain them. This does not imply that the aims are conscious, nor that the parents have a com-

plete picture in their mind of the sort of person they wish their child to be. Indeed, it is quite probable that many of their aims are mutually contradictory. They have both short-term and long-term aims, and if it is said that culture is a determining factor in both this is not to deny the even more forceful part played by unconscious instinctual motivation. There is, however, what would now be called an image which the culture pattern tends to stereotype, both of the adult— the finished product—and of the child. In what, for lack of accurate information, I am calling the working-class culture, I believe (possibly quite wrongly) that the image of the child varies little between one age and another, and in this is one big difference between the working-class and the middle-class image. I have been told that the definition of the spoilt child is 'the child next door', but I am inclined to believe that many working-class families cherish the illusion that round the corner the children are quiet, clean and obedient, come to meals when they are called, go to bed without demur, never quarrel with their siblings, and, above all, never draw attention to their anal or genital preoccupations or the strength of their feelings of love, hate and jealousy. Not only is this fantasy held, but also the belief that it can be made a reality in their own family by a judicious mixture of bribes, threats and punishments at no cost to anyone.

When these aims are too remote from the attainable, too assiduously sought or pressed too early in life, reality will bring a rude awakening; the disaster being greatest when the rigid application of the formula is the outward and visible sign of the parents' psycho-pathology— when it masks their hostility to or rejection of the child, or the fact that they have not the love, concern or warmth to be good enough parents.

When the child reaches the age of five, the teacher takes over some of the socializing functions. The teacher, too, may have an in-built distorting glass, provided by his or her own unresolved conflicts, and can only convey ends and means as he or she has seen them, but at least the teacher is affected by something in the nature of a systematic error which varies comparatively little from child to child. Teachers are in a position to be more objective than parents about ends, though often their image of the desirable adult is derived from a culture pattern greatly at variance from that of the children in their care. They should be (but often are not) more sophisticated than parents about the means to attain these ends. They, too, are under pressures, and these they will pass on to the children. Thus, some children may be under two lots of pressure, and it is against this double load that those in the latency period may protest by behaviour disorders.

At least equally important pressures come from what is now inelegantly and imprecisely called the peer group—other children in the same class, the same school, the same neighbourhood. In the primary schools they may be allies, but often they are bullying enemies who add their quota to the already over-burdened child. In adolescence, their pressures tend to be opposed to those of parents and teachers. Influenced by his contemporaries, with his intelligence reaching its peak, curiosity may well lead the adolescent in a direction diametrically opposed to that wished for by his elders. If he asks them why they urge him in a particular direction, they may not have an answer. He may, therefore, be ready to believe his contemporaries that there are no moral imperatives and that the only important commandment is the eleventh, "Thou shalt not be found out".

SUMMARY

The parents are the most important part of a child's social setting but, in reverse, the child is an important part of the social environment of the parents. Social class, cultural patterns, as well as material circumstances play a part in deciding what is expected of any given child. Child psychiatrists are not always adequately sensitive to the part played by their patient's social setting.

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