

CHILD PSYCHIATRY.

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A CRITICAL review of work covering a period of years, in three of which war has reduced papers from the Continent almost to *nil*, must necessarily be incomplete. Lines of investigation, however, follow a pattern which has suggested the following arrangement for this review :

(1) Normal development of the child, including the important studies of Gesell (1940, 1942) and Valentine (1942).

(2) Organic problems, increased by the work on electro-encephalography. French authors retain their prevailing interest in neuropsychiatry, while attention is drawn by many authors to the importance of minimal organic signs in apparently pure neuroses or behaviour disorders.

Linked with this, but not as yet proven organic, are the psychoses of childhood, with an undoubtedly growing interest in their recognition at an early date. Failure of development, consequent on a severe and early psychosis, reproduces the picture of organic dementia, though it may more truly be in fact a failure to exert normal function.

(3) Psychopathology has been held to include not only problems in diagnosis, and in mechanisms, but also the still confused realm of psychosomatic medicine.

(4) The war itself has its direct (and tremendous indirect) repercussion on every aspect of children's medicine. The references to direct results of bombing and shock are few, but needless to say the effects of evacuation have been widespread. Interestingly enough, the authors have discovered no references in the American literature devoted solely to overseas evacuees, possibly because the necessity of exerting supreme tact and avoiding reference to a subject fraught with such a high emotional content.

(5) New lines of investigation, particularly on the Continent, have tended to concentrate interest in various approaches to the study of personality, and their application in treatment. No attempt has been made in this study to cover the field of purely psychoanalytical work which will be found in the various psychoanalytic journals. It is interesting to note an increasing desire to use what might broadly be called the methods of normal behaviour—the child's play, his drawings, his fantasies, and to interpret these as means of access both to his problems and his adjustments.

SECTION I.—NORMAL DEVELOPMENT.

Gesell and his co-workers (1940), continuing their studies on the pre-school child, and collecting and correlating much previously published material, trace the growth of the normal child through the first five years. In combining a catalogue of developmental norms with a study of behaviour and of mental growth, the pattern of development is seen as a series of cross sections at different stages. Gesell demonstrates that the earlier recorded observations of infant development are "bound into an organic continuity" with the pre-school years, the whole becoming more significant by including, not only cerebral growth in terms of complexity, but also recognition of emotional problems associated with those of growth, and problems which may exist separately in mother and child.

The same approach is taken further by Gesell and Amatruda (1942), when they consider in detail development in both normal subjects and oligophrenics, relating neuro-motor patterns to normal stages in development and to abnormal events which have deflected development. A table called the "diagnostic syllabus" illustrates the extent to which earlier patterns, such as the open drooling mouth, normal at 40 weeks, are seen identically in sick children with organic lesions such as follow encephalitis.

Here, again, the role played by minimal traumata in determining "local" retardation, such as co-ordination control, is stressed, and valuable illustrations are given of the harm caused by earmarking as defective a child who is using normal intelligence to overcome such a handicap.

A full description of the technique used in making and recording observations is given. The description of the retardation imposed on pre-school children by an institutional upbringing is a classic, and a warning to all who assume that contact with other children at an early age means the same thing as companionship. No more cogent plea for normal family life has ever been written.

Valentine (1942), psychometrically considering his own children in a detached and dispassionate manner, gives a different, more philosophical history of mental development. His observations lead him to regard as important the individual variations, not only in tempo, but in the direction of interests and abilities. These tend very largely to reveal permanent traits.

SECTION II.—ORGANIC.

The study of organic problems in the child's brain is chiefly of interest in elucidating such conditions as hyperkinesis, and in drawing necessary attention to the readiness with which organic causes give rise to behaviour disorders expressed in much the same way as those arising in emotional disorders. The most striking of these is a paper by Langford and Klingman (1942), describing a small group of children with cerebral tumours who presented familiar patterns of behaviour disorders. Something of the same ground is covered by Strauss and Werner (1942), who observe qualitative differences in the verbal intellectual functions. Experimental situations were devised to analyse behaviour involving the grasp of concrete relations. Three tests were used, the main feature common to all being the selection of objects on the basis of their belong-

ing to another object, or to a pictorial situation, thus invoking the grasp of conceptual relationships. Characteristic phenomena, differentiating the brain-injured mentally defective child from the non-brain-injured normal and mentally retarded child, were found. General characteristics present were (1) forced responsiveness to stimuli, (2) pathological fixation, (3) disinhibition, (4) dissociation.

Strauss and Kephart (1940) describe an attempt to differentiate, by a new rating scale, two groups of mentally retarded children, the one with organic brain damage, the other without. They admit that the standardization of the scale is not complete, and the numbers too small to warrant conclusions, but this preliminary note suggests that by applying a rating scale, descriptive of behaviour traits, an indication of organic damage is given by those children with a high score of erratic, unco-ordinated, uncontrolled, uninhibited and socially unacceptable behaviour. Numbers tested were only 27 boys and 13 girls, with a mean I.Q. of 59 in the exogenous group and 60 in the endogenous group.

Head injuries in children were discussed by Northfield (1942). Gross brain injuries due to air-raids were described, stressing the child's greater powers of recovery, and instancing remarkable tolerance of gross injuries from which a complete recovery seemed to have been made. In contrast Lanigan (1942) describes three cases of middle meningeal haemorrhage in children, following very slight trauma, illustrating the equally important situation where the danger lies in overlooking the significance of serious sequelae. These are neurological problems, rather than psychiatric, but such cases may be among those with after-effects indistinguishable from other behaviour disorders. Zander (1940) describes the psychic sequelae of encephalitis, epidemic, post-vaccinal and post-infective, noting the high proportion of acute hallucinosis and delirium followed by minimal objective signs, often masked by behaviour disorder. It is clear that this clinical picture is by no means confined to cases of encephalitis lethargica, and many have their slight physical signs overlooked. Of such are some hyperactive children discussed by Russell (1942), citing the role played by organic syndromes, post-encephalitis, birth trauma, and in fact all conditions likely to result in minor neurological residual changes. The author regards as almost more important the part played by a restrictive environment. The role of anxiety is discussed, and case-histories are given which illustrate the importance of seeking other than organic causes and cures by physical remedies such as bromides.

Stewart (1942) describes the pathological investigation of 50 cases, of cerebral diplegia, disposing of the theory that cerebral diplegia can, in all cases, derive from a uniform morbid process. The role of prematurity in such cases has probably been much exaggerated in the past. Stewart favours the theory of pre-natal origin, in line with Collier's conception of primary degeneration of cerebral neurones. Investigation of anaemia and nutritional deficiency may throw new light on this diverse clinical picture. In these 50 cases, gross pathological changes were present in all but nine brains. There was a high percentage of microcephaly, and abnormal convolitional patterns were present to the naked eye. Microscopically 8 per cent. showed no abnormality of the

cortico-spinal path, but there was a wide variety of other abnormalities present in upwards of 3,000 slides made during this investigation.

Benton (1940) investigated a neglected subject, giving a useful list of references to the current literature dealing with the mental development of prematurely born children. He defines the concept of prematurity, quoting accepted criteria, and correlating these with other factors such as social and economic status. He quotes various follow-up studies indicating the frequency with which premature birth is associated with subsequent retardation in intellectual development. Brander makes a study of psychopathic and neuropathic traits in prematurely born children on attaining school age. He points out how frequently organically based symptoms may be neurotically determined. The study covers 376 children between the ages of 7 and 15.

Electroencephalography.

Of recent years there has been an increasing interest in the problem of electroencephalography in children. A large number of papers on the subject have been published, but care is needed in the interpretation of many of these owing to insufficient control against normal children.

The tendency of children with behaviour disorders to have abnormally slow waves in their EEG was first reported by Jasper, Solomon and Bradley, (1938), who studied a group of 71 children and found abnormalities in 71 per cent. In 1939 Lindsley and Bradley reported a small group of five behaviour problem children in each case showing EEG abnormalities suggesting an underlying basic disturbance of the central nervous system. These observations were corroborated by Lindsley and Cutts (1940), who after comparing a group of children with behaviour disorders and two control groups concluded that the characteristic abnormality was an excessive amount of 3 to 6 per sec. activity.

Grey Walter (personal communication) confirms that 60 per cent. of behaviour-problem children have EEGs which are abnormal by adult standards, and considers that the only specific abnormalities of significance are :

1. True epileptic phenomena such as "spike and wave."
2. The six cycle per second rhythm.

Brill and Seidemann (1941) investigated the effect of hyperventilation on the EEGs of normal children, and demonstrated a tendency towards dysrhythmia in the younger children diminishing with advancing age. These and other workers (Brill, 1942; Gallagher, 1942; and Strauss, 1940) have also tried to correlate the EEG findings with personality changes and other psychiatric disorders, but it is obvious that further exploration and elucidation is required before final conclusions can be reached.

Experimental Therapy.

The effect of drugs on behaviour problem children with abnormal EEGs was studied by Cutts and Jasper in 1939, who tried the effect of benzedrine and luminal on a small group of these children. Marked improvement in behaviour was observed in about half of these with benzedrine therapy, but clinical changes were not found to correlate with changes in the EEG. Luminal was found to be definitely contra-indicated. Confirmation of these findings

was made by Lindsley and Henry (1942), who conclude that behaviour may be improved without modifying essentially the electro-cortical abnormalities.

Bradley and Bowen (1940 and 1941), in an investigation with larger groups of hospitalized behaviour-problem children, giving daily doses of up to 40 mgm. of benzedrine, found marked improvement in behaviour in a large number of these and improved scholastic performances in a small group.

Investigation by Bradley and Green (1940) showed no significant effect on performances on the revised Stanford Binet and on a battery of psychomotor tests. The apparent intellectual improvement produced in certain situations is thought to be due to the effect on the emotional attitude of the individual towards his task rather than to a specific action.

Bender and Cottingham (1942) investigated the use of the drug in a wider group of psychiatric disorders, and found it a useful adjunct to treatment of the neurotic child when combined with a personal psychotherapeutic approach.

Psychosis in Children.

A study to check the validity of the statement that there is an analogy between schizophrenic and child thinking was made by Despert in 1940. Verbal productions from both groups are presented and compared, and the difference between the two with regard to thought and appreciation of reality is striking. True delusional or hallucinatory characteristics were absent in the fantasies of the 2-5-year normal group, and the responses which appeared nearest to them were found to have a strong emotional basis. This would appear compatible with the report by Bender and Lipkowitz (1940) on the hallucinatory experiences of 16 children, excluding psychotic or organically ill children, including an analysis of a questionnaire in 81 unselected children, from which it was concluded that hallucinations, or as Despert would call them, "pseudo-hallucinations," developed as an expression of a severe discrepancy between the child's own needs and drives and reality, and were a vivid form of the fantasy which is a normal process of a child's development.

An attempt to clarify the diagnosis of schizophrenia by an enumeration of the particular characteristics which specifically distinguish it from other forms of childhood maladjustment is made by Bradley and Bowen (1941). Attention was focused on such overt activities as could best be observed and recorded from an objective viewpoint, and a tentative list of eight behaviour symptoms were compiled from the prolonged observation of 14 children in a children's neuropsychiatric hospital. The behaviour traits were listed under the following headings: Seclusiveness, irritability, day-dreaming, bizarre behaviour, diminution of interests, regression of interests, sensitivity and physical inactivity.

Despert (1938) emphasizes that schizophrenia in children is not so rare as previously believed. She discusses a group of 29 children admitted to the New York State Psychiatric Institute from 1930 to 1937. Nine of these were under 7 years old on admission, the remaining 20 between 7 and 13 years. She attempts to classify them into groups according to the type of onset—acute, insidious, or insidious followed by acute, precipitated by an exogenous factor—and relates the symptomatology shown and the progress of the illness to the grouping and also to the age of the child, but stresses that the extreme fluidity

and variability of symptoms makes classification difficult. Acute anxiety is said to be of bad prognostic import.

Work of a different type on childhood schizophrenia was undertaken by Clardy, Goldensohn and Levine (1941). They published a preliminary report as a result of a research project to determine the possibility of the presence of organic factors in these children. Seven cases with ages ranging from 9 to 13 years were observed continuously for from three to seven years, and were studied using the technique of pneumo-encephalography, electro-encephalography and psychological tests. They report that five of the seven children showed evidence of organic diseases of the brain, probably of hypoplastic basis as judged by the pneumo-encephalogram, while all seven revealed the presence of slow waves in their electro-encephalograms. They advocate further investigation along these lines.

The difficulty of diagnosing the deteriorating psychoses in children, both from each other and from other disorders such as mental deficiency which may present a very similar picture, is observed by Lay (1938). A review of the literature on child psychosis is given, with a full bibliography, followed by a description of six psychotic children seen at Guy's Hospital Clinic. Four of these cases were thought to correspond closely to dementia infantilis, owing to their acute onset, rapid progress and early age-incidence, and showed marked speech disturbance with good preservation of motor activity. The other two cases were of encephalitis and hyperkinetic disease respectively. All the cases had various features in common, and it is pointed out that symptoms previously mentioned as characteristic of schizophrenia and dementia infantilis may occur as a result of encephalitis.

Further contributions to the study of dementia in childhood have been made by Bovet (1938) and Creak (1939). The article by the former describes a single case of organic dementia of unknown origin in a child of 4 years 3 months observed over a considerable period, and contains a useful list of references on this disputed subject. Creak gives a short clinical account of various forms of deterioration coming under her own observation, and contrasts these with the major psychoses of childhood, indicating many points in common.

Interest has arisen in the treatment of schizophrenia in children by convulsion therapy. In 1938 two children at Bellevue were given cardiazol convulsions with resultant good social remissions but with very severe fractures of the thoracic vertebrae. In 1941 Cottington described a modified seizure treatment by the use of β -erythroidin, thus preventing fractures in nine out of ten cases. The clinical results were encouraging, but the final evaluation of the treatment must of necessity await further observations.

SECTION III.—PSYCHOPATHOLOGY, INCLUDING PSYCHOSOMATIC PROBLEMS.

For the purposes of clarification, this large section requires subdivision as above. It appears to us important to emphasize the fact that the dividing line between the subsections is not clear and distinct. Such an article as that of Huschka (1942) indicates very clearly how coercive bowel training of a child with all its emotional associations to the toilet trainer, in this instance a nurse, and subsequent uneasy relationships with his parents, led to a degree of con-

stipitation which was confidently declared to be organic by the pediatrician who referred the case.

Enuresis.

Work on the problem of enuresis has been undertaken in the last few years along many divergent lines. An attempt has been made at classification by various authors, but as yet no satisfactory system has been evolved, and there is a wide divergence of opinion.

The correlation between enuresis and other behaviour traits has been worked out in detail by Michaels and Goodman (1939) and published in a series of papers. They find a higher incidence of enuresis in the groups labelled psychopathic personality, psychiatric behaviour problems and mental deficiency. Persistence of the symptom is longest in these groups and shortest in normals, the psychotic group being intermediate.

Another study based on somewhat similar lines involving a far larger group of children is made by Schachter and Cotte (1941). They put forward a study of 1,962 children over three years. Fourteen per cent. of these are bedwetters at some time (cf. Michael's percentage of 19.3 in a group of 1,000); 8 per cent. are classified as chronically resistant to all treatment. An attempt is made to analyse out associated character traits and a high proportion were found to be mentally retarded, 18 per cent. to a degree not stated, while a very high proportion show minor behaviour disorder. Attention is drawn to the frequently neglected associated encopresis. The study is useful because of the large number of children investigated, but lacks the deeper insight shown by Tramer (1940), where a more detailed observation is made of the psychosomatic accompaniments, with particular reference to disturbances in the sympathetic nervous system.

A far more useful aetiological classification is given by Gerrard (1939). She gives an analysis of 72 cases. Seven of these were due to physical causes, four to faulty training and the rest psychogenic. Five of these were regressive in character, in which wetting developed as an episode of total personality regression precipitated by a new sibling. Eight were designated as revenge response cases—a regressive act on a conscious plane. One case was hysterical, resulting from identification with the father. The remaining cases fell into the class of true enuresis, that is, a symptom forming part of a neurotic syndrome. A study of the psychopathology of these patients, six of whom were fully analysed, disclosed fear of harm from persons of the opposite sex developing from three factors working together: destructive wishes to the rival parent; traumatic sexual experiences or information; and experiences of parental seduction or rejection, depending on the sex of the patient.

The importance of environmental factors is stressed by Wexburg (1940), who makes observations on the frequent association between enuresis and unfavourable social surroundings. He notes the high incidence in institutions, and advocates that treatment should aim at establishing a normal emotional relationship between the child and his environment. Both he and Mowrer and Mowrer (1938) note the relatively large group of children in whom faulty habit training is the predominant causal factor, and consider that it plays a

large part in many others where emotional considerations are also involved. The latter authors, working on this principle, have evolved a technique of treatment based on the conditioned reflex whereby the child is awakened by an automatic mechanical arrangement set in action by the first few drops of urine voided.

A somatic manifestation of underlying emotional conflict which is rarely recognized as such is that of obesity. This point of view is put forward by Bruch (1941). The author observes that the maternal attitude to these children is ambivalent and overprotective, owing to the mother's own immaturity and insecurity, and that the home factors retard the development of the child and lead to inactivity and overeating. The child's response is primitive, with disinclination to leave the pleasures and security of infancy, and eating becomes the outlet for his aggressive impulses. The author recommends that treatment should develop more dynamic outlets for the creative drives of the child other than the static form of physical largeness.

The psychological factors associated with eating difficulties in children are the subject of a study of Lurie (1941), who analyses the social and psychological factors in 25 cases. Emphasis is laid upon the following psychic mechanisms as causative factors—the protection of the child's dependent status, revenge motives towards the mother, and self-denial to assuage guilt feelings.

General information of a widely diffused kind, including symptom formation, is given in *Die Neurosen des Kindesalters*, Stuttgart, 1939 (reviewed in the *Zeitschr. f. Kinderpsych.*), published by Emlie and written by Prof. Franz Hamburger from the Children's Clinic in Vienna. He gives a survey, with many practical suggestions, the outcome of 30 years' work in a pediatric clinic. In spite of a medical and neurological bias, it succeeds in revealing even to the lay person, many of the processes at work in neurotic symptom-formation.

Passing from the psychosomatic disorder typical for children, the other extreme is reached by those neuroses in which the picture corresponds with that seen in adults. A typical obsessional neurosis is described by Pearson (1940) with a full description of the history, symptomatology and the underlying psychopathology in an 11-year-old boy with a compulsion neurosis. Descriptions of hysterical blindness found in children are given by Wolff and Lachman (1938), and Beverly (1942) remarks on the frequency of acute anxiety states in children similar to those seen in adults. He describes 9 cases, all of whom had panic attacks. All these children were rejected or had apprehensive parents and were timid, inhibited and cowed. He notes the frequency of an alarming experience as a precipitating factor, and compares these states with the commoner forms of mild anxiety seen daily.

A study of homosexual trends in children is made by Bender and Paster (1941). 23 cases are classified into three major groups according to the age and to the psychopathology.

1. Psychosexual abnormalities in relation to difficulties in the early period of infant-parent relationship.
2. Homosexual attachments of early adolescents with symbolic and social implications.
3. Sex play between children of the same sex in pre-adolescent stage.

Social and Environmental Factors.

Difficulties in the satisfactory adjustment of the child to his environment may be met by an increase in the fantasy life of the child, or where this fails to compensate for the inadequacies of his emotional life or to supplement his environmental experiences, an outlet may be found in socially unacceptable behaviour.

Bender and Vogel (1941), in a study of 19 cases and a survey of publications and of the use of the theme in popular literature, conclude that the creation of fantasy companions in childhood is a positive and helpful psychological mechanism used during a time of need and then given up. The form and extent of these fantasies are specific to each child, and a study of them gives insight into his problems. The various psychological mechanisms which are represented in this way include the personification of the id-impulse, ego-ideal, super-ego and aggressive and guilt trends. Therapy which includes environmental readjustment will cause the companions to disappear wholly or partially into the unconscious, from which they may reappear if the stress again recurs. Bender and Lipkowitz (1940) (*vide supra*) observe that in the same way hallucinations in non-psychotic children are formed by the child's efforts to bridge the discrepancy between an unsatisfactory reality and his own needs, the latter being increased in constitutionally or organically inferior children. They have found that the largest number of hallucinations are found in negro children, who not only have a constitutionally more facile fantasy life, but have to face greater deprivations.

Where the increase in fantasy life fails to make a social adjustment possible antisocial behaviour may develop. Yarnell (1940) describes an investigation into the psychopathology of children who start fires. Sixty cases were studied, of whom 60 per cent. were between 6-8 years, and of whom only two were girls. The children were found to fall into two groups showing markedly different pictures. In the pre-adolescent group the act was chiefly of symbolic significance as an expression of fantasy, fire being the most magic and primitive aggressive weapon within the reach of the child, a weapon used as a reaction to the deprivation of love and security which was a frequent feature of the homes from which these children came. In the adolescent group different mechanisms and reactions were found.

Stealing as a neurotic symptom was investigated by Menaker (1939). The cases studied were those of six boys treated along analytic lines and six more boys on whom the material was obtained from social workers. A study of the aetiological mechanisms revealed that the unconscious content of the symptom was an attempt to retrieve from the mother those things of which she had deprived the boy, e.g. oral and anal satisfactions and the possession of a penis.

Macdonald (1938) observes in a study of eight boys showing criminally aggressive behaviour correlated with passive effeminate personality traits that the psychosexual development had remained at the pregenital level, and notes that no satisfactory relationship was made with the father or father-substitutes, the boys developing a complex relationship to an aggressive, dominant, rejecting or punitive mother. "Children and Adolescents who Kill" is the title of a paper by Bender and Curran (1940). This includes the case-histories of two

homicidal children and four adolescents and a study of the psychopathology involved. The mechanisms in the children and adolescents differ, the latter showing some of those typical of adult aggressive criminals. An analysis with examples is made of overt death wishes in children which arose from rivalry situations for the attention of the parent against other adults, siblings or other children. This rivalry might be accentuated by various factors such as external factors, a foster home situation, organ inferiority or educational difficulties leading to feelings of inferiority, and a tendency was noted to identify with aggressive parents and pattern after their behaviour. The authors stress the child's bewildered, violently emotional reaction following his act, and his inability to accept the immutability of the death of his victim. The frequency of the idea of death in the fantasy life of children is shown by Anthony (1940) in her book, *The Child's Discovery of Death*. The idea of death becomes emotionally charged through being brought into association with memory-complexes relating to birth and to hostility and aggression. The recognition of the inevitability of death is connected with the development of conscious logic, during which process the child has to give up his belief in his magical powers. This book is an important contribution to psychological theory.

Parent Child Relationships.

Emphasis on the role played by the child in the interplay of family relationships is made by Stern (1940) in an article which does not embody much new work, but is worthy of study. He opposes the usual psychoanalytical theory, and contrasts the peaceful family with that where strife is frequent, and where periods of negativism in the child do much to throw in fresh problems. He stresses the danger of lasting effects from such a disturbed environment, and draws attention to the difficulties imposed by such social problems as illegitimacy, believing these to be often underrated. Stern proposes a philosophy at once far deeper and yet far more elastic than the accepted "Oedipus complex," and cites Adler's work in this connection.

Periods of negativism are normally experienced in the upbringing of every child. Benjamin (1940, 1942) gives a detailed study of a group of such behaviour difficulties as tempers and negativism in a group of 167 young children observed in U.S.A. from 1931-1938, contrasting them with a similar group observed earlier in Germany. Interesting are the contrasts both in income level and size of family, the problems in U.S.A. occurring quite as frequently at high income levels, and with a heavy preponderance in the two-child family and in only children. Karl Heymann (1940) takes a similar group of older children, and notes how frequently highly intelligent children from 5-7 years become strained and anxious during the early, so-called latency period.

In contrast to the above a large number of articles have been written laying more emphasis on the role played by the mother in behaviour problem children. Field (1940) has collected information about the background and personality of the mother in a small group of cases, and has studied the influence of her personality on her choice of mate, marital adjustment and relationship with her children. Field attempts to correlate her findings with the behaviour

manifestations in the children. The maternal attitudes in this group were in marked contrast to those in a group of schizophrenic children, and showed a high proportion of inadequate personalities with neurotic and infantile traits and consequent poor marital adjustment.

A somewhat unusual study is that of Jacques (1942), in which 1,500 consecutive case-histories were studied, in 586 of which misconceptions of the parents played a more or less significant role. Certain behaviour items were found to be particularly often misunderstood. False notions of cause and effect, of heredity and prenatal influences with misunderstandings of terminology led to an unsatisfactory attitude.

SECTION IV.—WAR.

As might have been expected, the impact of the war on childhood has produced some quite definite reactions, although many fewer than were expected. There is universal agreement that only in rare cases does the child react severely to bombing experiences. This statement must be qualified, for where there has been severe exposure to bombing, or resultant loss, say, of a parent or sibling from it, or where the child has witnessed adults being afraid, the resulting disturbances may be, at least temporarily, quite severe. Such cases are rare and, in general, evacuation has produced more troubles than bombing. Of course, very many more children have had cause to react to evacuation. Anxiety directly relating to the war is usually shown by children who have had other anxieties previously, and this is well substantiated by Gillespie (1942). Bodman (1941) points out that of 8,000 school-children, 4 per cent. showed strain in Bristol during the blitz. Even under severe stress, such as a ward of children in a hospital which received a direct hit, reactions tended to be few and brief. Of the 54 child in-patients, 61 per cent. showed a varying degree of strain for three weeks up to two months. Only 11 per cent. showed any signs after seven months, none of them being under 1 year or over 5½ years. The usual practice seemed to be for the child to reject the incident by never speaking of it for a time, while later he would formulate it in repeated recitals. After 7½ years it was more often looked on as an adventure, and over 11 years there was usually evidence of concern for others. Remarkably similar findings are recorded by Brander (1941) of Helsingfors in his observation of children in Finland during the war with Russia. He notes a few reactions of a depressive kind, which he regards as most likely to follow severe loss or deprivation, and a number of acute hysterical states, which tend to recover rapidly. He makes the interesting observation that long-term evacuation to Sweden proved more successful than moves in which the child was still easily accessible to the parent, and that compulsory evacuation is more likely to be followed by an adverse reaction than is voluntary evacuation.

The problem of evacuation in this country was discussed by Cameron (1940) and others, and a notable study was the Cambridge Evacuation Survey (1941), which provides one of the few systematic studies of evacuation. The work was done on children of school age mainly from the London area whose mothers were not in Cambridge. This selection threw the age-group as a whole significantly higher than that of the evacuated population as a whole.

Particular attention was paid to the foster-parent-child relationship in an attempt to assess factors making for success or failure. No exact conclusions are drawn, but facts and figures are freely made use of in the various tables.

Certain basic principles emerge: the need for more preparation at the reception end, the risk of interference, intended or accidental, associated with parents' visiting day, the fitting of the right child into the right home, and the need for play centres in the more congested areas.

The problems of evacuation of nursery school children were realized early in the war. The original scheme was to evacuate no unaccompanied "under-fives." When it was found that mothers of such young children were not always content to stay away in remote country districts, the problem of war-time nurseries became an issue of national importance. The more strictly psychological aspect of the problem is extremely well and simply given in *Young Children in Wartime*, by Freud and Burlingham (1942). The harm done to the very young child who is cut off from personal individual attention, referred to above by Gesell, is stressed by these authors, and again by Bender (1941) and Bakwin (1942). *Mental Hygiene* (1942) has a whole number set aside for papers on the effects of war on the child. The articles reflect the authors' view-points rather than reporting on any specific piece of research. Again, the emphasis is repeatedly laid on the reality of the deprivation and consequent anxiety which the child is directed to face.

The *Journal of Pediatrics* contains an important article by H. Stuart, of Boston, dealing with the need for an efficient child health service, drawing a lesson from France. The article describes a visit to France under the auspices of the Rockefeller Foundation Health Committee, primarily to see to gross physical needs, food distribution, etc. The total disruption which may occur when a country is stripped of its foodstocks, means of transport and its able-bodied males could hardly occur here or in U.S.A., but faced with total war, the lesson is timely. The particular aspect of disrupted family life as dealt with by Smith, R. (1942), and Burns, C. (1941), deals with the unexpectedly frequent symptom of encopresis in evacuees, relating it to unsuitable foster homes in many instances.

On the general problem of children's reactions to war is an important article by Bender and Frosch (1942). This study of the reactions to war of children between 7 and 13 years (by questionnaire method) shows that marked anxieties, directly as a result of the war, are not much in evidence, and clinical pictures, solely determined by the war, are absent. A tendency to weave neurotic conflicts around the war situation is observed, especially in children with severe personality disorders. The war certainly has some influence on play and on the fantasy life of children. Threat of possible separation from home is the main anxiety factor, so that already insecure children are the most likely to become problems if this relationship is threatened. Finally, a very important article, summarizing impressions both from this country and from U.S.A., comes from Pritchard and Rosenzweig (1942), who discuss the different effects of stress on aggressive and non-aggressive types, seeing in this some relation to psychosomatic and psychoneurotic manifestations.

SECTION V.—PERSONALITY STUDIES.

During the years under review a good deal has been written on the exploration of personality in childhood, by means of tests devised to release and reveal different aspects of fantasy life. The enormous field of literature on the Rorschach test is not reviewed here, although much has been done in modifying the original test, so as to apply it to children.

The classical methods of Murray's Thematic Apperception are adapted to children, and the results interpreted on broadly psychoanalytic lines by Balken and Van der Veer (1942). Excerpts are given from cases illustrating the variety of factors determining form and content of fantasies, and the ways in which they reflect past emotional conflicts and defences, and present reality situations.

Stern (1938), using the method first described by him in 1937, takes a number of formless shapes which he calls the cloud pictures and uses these as a projection method, asking the child what he sees, getting him to outline such forms as he describes, and then deliberately suggesting that he "sees" a cat. The results are noted and scored according to definite criteria. It appears from the results that personality affects the "score" far more than do age, intelligence, race or sex. Another interesting test situation is elaborated by Bourdel (1939), where the child is given a list of 438 book titles from a children's library, covering a wide range of subjects. He is asked to choose not less than 5 nor more than 10 titles, and is given the first book of his choice. While clinically inapplicable at the present time, the method is ingenious in its simplicity, and freedom from any apparent "test situation." Tramer and Baumgarten use a questionnaire method, following the lines of well-known "interest questionnaires," finding in the results clues to whatever the child feels lacking in himself.

Of the whole series, perhaps the most interesting work comes from Baumgarten. Tramer (1941), who discusses her investigations on a group of children and adolescents, who were shown a series of pictures concerned with common situations involving social relationships. One, for example, shows a child crying, another a child stealing sweets when unobserved. Adopting a standardized procedure the child is helped into the situation in such a way that he rapidly comes to identify himself with what the author aptly describes as "counsel for the prosecution" or "counsel for the defence"—in other words, children whose main concern is to restore what is lost. These tendencies are linked with such fundamental features as aggression and anxiety, and in use the test can lead very rapidly to an understanding of some of the fundamental psychic traits.

Drawing.

A study based on expression of the child's fantasies using the medium of drawing is described by Harms (1941), who by the technique to be described obtained valuable information about the inner life of the child. The article gives many interesting examples with illustrations.

The method of investigation used involved three separate elements or steps :

1. The exercise of abstraction : As in line-analysis, the child was asked to express a series of words such as dancing, happiness, depression, by a single

line. He then illustrates his own list of words. This element was found to be too general and abstract to be used alone, and was followed by what Harms describes as—

2. The opening of the emotions : Here a series of words with either positive or negative emotional contents are put before the child, and he is asked to represent one using only colours and forms and avoiding all concrete objects. He is thus compelled to express emotions such as joy, pain or pleasure in abstract form. Thirdly Harms employs—

3. The fact test : This is designed to lead to the direct unveiling of any individual abnormality, i.e. the revealing of factual circumstances. The child may either choose a concrete topic such as a nightmare, or may be asked to represent the first thought that comes into his head following a sudden interruption.

The results obtained are of great interest, and are helpful in giving insight into juvenile psychopathology.

Play Therapy.

The uses and abuses of this term and the varying techniques employed were discussed in the Section on Play Therapy in the *American Journal of Orthopsychiatry*, 1938. In this Gerrard (1938) compared play or "superficial" therapy with psychoanalysis or "deep" therapy, pointing out that in the latter, treatment is divided into three stages : an introductory stage in which the child's difficulties in terms of specific reality situations, his conflicts and defence mechanisms, are explored with the development of a positive transference to the therapist ; a second stage of the analysis proper ; and a third stage of re-education in which the child is aided to use his new-gained freedom to express himself more adequately in his outside activities. She suggests that in superficial therapy the second stage be omitted with the maintenance of therapy on the level of catharsis and re-education. A description of an interesting analytic case-history of her own is published in the same volume and is discussed in full.

Levy (1939) has developed a technique which he has named Release Therapy, based on the principle of catharsis. He preferably uses this technique in selected cases showing a definite symptom picture precipitated by a specific event, and he then introduces this event into the play for the purpose of abreaction of anxiety. In addition to this specific play situation he recognizes and uses two other forms of activity : the simple release of aggression and infantile pleasures, and secondly, the release of feelings in standard situations such as sibling rivalry.

The use of created play situations in therapy is also employed by Conn (1938). In this technique a number of doll characters are used for each of which the child speaks. A description of the play interview is given in various articles by this author.

Arising out of the work of Levy and Conn, Solomon (1938, 1940) has described a form of play therapy which is a modification of Conn's technique. He, too, re-enacts situations from the child's life employing a group of dolls with the active participation of the therapist. In contrast to Conn, however,

no identification of the dolls is made and the play remains impersonal, while a new addition is made in the form of a doll representing the therapist. The therapeutic value lies, he suggests, in the release of hostility to parents and siblings, the alleviation of guilt feelings, the expression of love fantasies, the incorporation of therapeutic suggestions and in desensitization by repetition. He reports this improvement in technique as valuable in diagnosis and therapy in the emotional problems of children.

In recent years interest has arisen in group therapy. Gabriel (1939) describes her experiences in treating a group, the constitution of which was originally unplanned and quite accidental. Her results led her to advocate group treatment as a valuable form of therapy, which should be supplemented, however, by individual treatment and by social work in the home and school. The gains produced in this form of treatment are the release of feelings and inhibitions which were more freely expressed in the presence of other children, and the realization produced that other children have similar feelings. A further advantage is in the reactivation of the family set up enabling the participants to re-enact sibling rivalries in the group situation.

A similar principle has been applied to adolescent boys and is described by Curran (1939). He describes a method of group catharsis by play-acting. The boys, a group of behaviour problem children with ages ranging from 12-14, were in-patients in Bellevue Psychiatric Hospital. They wrote, produced and acted their own plays, and group discussion was held afterward with the psychiatrist, who later followed up any leads given in individual interviews. The subjects chosen were illustrative of the boys' problems, mainly of aggressiveness in home, school or hospital, and he, like Gabriel, found that children will admit to aggressiveness more freely in the group and were able to bring up more intimate problems. In another article published in 1939 he gives a more detailed account of the organization of this group of adolescents in the ward, with a fuller report of their group activities and the opportunities for group observation.

A somewhat different type of group therapy is described by Bender and Boas (1941). This is in the form of free dancing to the accompaniment of percussion drums. The children are encouraged to express themselves with their bodies, thus forming a field for release as well as an opportunity for the therapist to gain valuable material about the child's fantasies. They found that this form of rhythmical free expression stimulated the child's primitive and deeply buried fantasies.

REFERENCES.

- ANTHONY, S. (1940), *The Child's Discovery of Death*. London: Kegan Paul.
 BAKWIN, H. (1942), *Amer. J. Psychiat.*, **97**, 1158.
 BALKEN, E. R., and VAN DER VEER, A. H. (1942), *Amer. J. Orthopsychiat.*, **12**, 68.
 BAUMGARTEN, F., and TRAMER, M. (1941), *Zeit. f. Kinderpsychiat.*, **8**, 11 and 50.
 BENDER, L., and BOAS, F. (1941), *Amer. J. Orthopsychiat.*, **11**, 2.
Idem, and COTTINGTON, F. (1942), *Amer. J. Psychiat.*, **89**, 116.
Idem, and CURRAN, F. J. (1940), *J. Crim. Psychopath.*, **1**, 297.
Idem, and FROSCH, J. (1942), *Amer. J. Orthopsychiat.*, **12**, 571.
Idem, and LIPKOWITZ, H. H. (1940), *ibid.*, **10**, 471.
Idem, and PASTER, S. (1941), *ibid.*, **11**, 730.
Idem, and VOGEL, F. (1941), *ibid.*, **11**, 56.

- Idem*, and YARNELL, H. (1941), *Amer. J. Psychiat.*, **97**, 1158.
- BENJAMIN, E. (1940), *Zeit. f. Kinderpsychiat.*, March.
- Idem* (1942), *Amer. J. Dis. Child.*, June.
- BENTON, A. L. (1940), *Amer. J. Orthopsychiat.*, **10**, 719.
- BEVERLEY, B. I. (1942), *Amer. J. Dis. Child.*, **64**, 585.
- BODMAN, F. (1941), *B.M.J.*, ii, 486.
- BOURDEL, L. (1939), *Zeit. f. Kinderpsychiat.*, **6**, 38.
- BOVET, L. (1938), *ibid.*, July.
- BRADLEY, C., and BOWEN, N. (1940), *Amer. J. Orthopsychiat.*, **10**, 782.
- Idem* (1941), *ibid.*, **11**, 92.
- Idem* (1941), *Psychiat. Quart.*, **15**, 296.
- BRADLEY, C., and GREEN, E. (1940), *Amer. J. Psychiat.*, **97**, 388.
- BRANDER, T. (1939), *Zeit. f. Kinderpsychiat.*, **6**, 1.
- Idem* (1941), *ibid.*, **7**, 177.
- BRILL, N. Q., and SEIDERMAN, H. (1941), *Amer. J. Psychiat.*, **98**, 397.
- Idem*, MONTAGUE, H., and BALSER, B. H. (1942), *ibid.*, **98**, 4.
- BRUCH, H. (1941), *Amer. J. Orthopsychiat.*, **9**, 467.
- BURNS, C. (1941), *B.M.J.*, ii, 767.
- Cambridge Evacuation Survey (1941), Edit. Isaacs, S. London: Methuen & Co.
- CAMERON, H. C. (1940), *Proc. R.S.M.*, **33**, 374.
- CLARDY, E. R., GOLDENSOHN, L. N., and LEVINE, K. (1941), *Psychiat. Quart.*, **15**, 100.
- CONN, J. H. (1938), *Amer. J. Orthopsychiat.*, **8**, 130.
- Idem* (1939), *Amer. J. Dis. Child.*, **58**, 1199.
- Idem* (1941), *J. Pediat.*, **19**, August.
- COTTINGTON, F. (1941), *Amer. J. Psychiat.*, **98**, 397.
- CREAK, M. (1939), *Lancet*, March 18, p. 626.
- CURRAN, F. J. (1939), *Amer. J. Orthopsychiat.*, **9**, 215.
- Idem* (1939), *Amer. J. Psychiat.*, **95**, 1365.
- CUTTS, K. K., and JASPER, H. (1939), *Arch. Neur. and Psychiat.*, **41**, 1138.
- DESPERT, J. L. (1938), *Psychiat. Quart.*, **12**, 336.
- Idem* (1940), *Amer. J. Psychiat.*, **97**, 189.
- FIELD, M. (1940), *Amer. J. Orthopsychiat.*, **10**, 293.
- FREUD, A., and BURLINGHAM, D. (1942), *Young Children in Wartime*. London: G. Allen & Unwin, Ltd.
- GABRIEL, B. (1939), *Amer. J. Orthopsychiat.*, **9**, 146.
- GALLAGHER, J. R., GIBBS, E. L., and GIBBS, F. A. (1942), *Psychosom. Med.*, 134.
- GERRARD, M. (1938), *Amer. J. Orthopsychiat.*, **8**, 1.
- Idem* (1938), *ibid.*, **8**, 409.
- Idem* (1939), *ibid.*, **9**, 48.
- GESELL, A. (1940), *The First Five Years of Life*. London: Methuen & Co.
- Idem* and AMATRUDA, C. S. (1942), *Developmental Diagnosis*. London and New York: Harper Bros.
- GILLESPIE, R. D. (1942), *Psychological Effects of War on Civilians and Soldiers*. London.
- HARMS, E. (1941), *Amer. J. Orthopsychiat.*, **11**, April, No. 2.
- HEYMANN, K. (1940), *Zeit. f. Kinderpsychiat.*, March.
- HUSCHKA, M. (1942), *Psychosom. Med.*, **4**, No. 3, July.
- JACQUES, E. (1942), *Amer. J. Orthopsychiat.*, **12**, 224.
- JASPER, H. H., SOLOMON, P., and BRADLEY, C. (1938), *ibid.*, **95**, 641.
- LANGFORD, W. S., and KLINGMAN, W. O. (1942), *Amer. J. Dis. Child.*, **63**, 343.
- LANNIGAN, J. P. (1942), *Lancet*, ii, 65.
- LAY, R. A. Q. (1938), *J. Ment. Sci.*, **84**, 105.
- LEVY, D. (1939), *Amer. J. Orthopsychiat.*, **9**, 713.
- LINDSLEY, D. B., and BRADLEY, C. (1939), *Zeit. f. Kinderpsychiat.*, **6**, July.
- Idem* and CUTTS, K. K. (1940), *Arch. Neur. and Psychiat.*, **44**, 1199.
- Idem* and HENRY, C. E. (1942), *Psychosom. Med.*, **4**, 140.
- LURIE, O. R. (1941), *Amer. J. Orthopsychiat.*, **11**, 452.
- MACDONALD, M. W. (1938), *ibid.*, **8**, 70.
- MENAKER, E. (1939), *ibid.*, **9**, 368.
- MICHAELS, J., and GOODMAN, S. (1939), *ibid.*, **9**, 59.
- MOWRER, O. H., and MOWRER, W. M. (1938), *ibid.*, **13**, 436.
- NORTHFIELD, D. C. (1942), *Proc. Roy. Soc. Med.*, **35**, 393.
- PEARSON, G. (1940), *Amer. J. Orthopsychiat.*, **10**, 136.
- Play Therapy Section (1938), *ibid.*, **8**, 499.
- PRITCHARD, R., and ROSENZWEIG, S. (1942), *J. Abnorm. Soc. Psychol.*, **37**, 3.
- RUSSELL, J. A. (1942), *Amer. J. Dis. Child.*, **163**, 94.
- SCHACHTER, M., and Mlle. COTTE (1941), *Zeit. f. Kinderpsychiat.*, November.
- SOLOMON, J. C. (1938), *Amer. J. Orthopsychiat.*, **8**, 479.
- Idem* (1940), *ibid.*, **10**, 763.
- STERN, W. (1938), *Zeit. f. Kinderpsychiat.*, **5**, 5.
- Idem* (1940), *ibid.*, May.

- STEWART, R. M. (1942), *Proc. Roy. Soc. Med.*, **36**, 25.
STRAUSS, A. A., and KEPHART, N. C. (1940), *Amer. J. Psychiat.*, **96**, 1117.
STRAUSS, A. A., and WERNER, H. (1942), *J. Nerv. and Ment. Dis.*, **96**, 153.
STRAUSS, H., RAHM, W. E., jun., and BARRERA, S. E. (1940), *Psychosom. Med.*, **1**, 34.
STUART, H. (1941), *J. Pediat.*, **19**, 736.
TRAMER, M. (1940), *Zeit. f. Kinderpsychiat.*, **7**, 77.
VALENTINE, C. W. (1942), *Psychology of Early Childhood*. London: Methuen & Co.
WEXBURG, E. (1940), *Amer. J. Dis. Child.*, **59**, 490.
WOLFF, E., and LACHMAN, G. S. (1938), *ibid.*, **55**, 743.
YARNELL, H. (1940), *Amer. J. Orthopsychiat.*, **10**, 272.
ZANDER, V. (1940), *Zeit. f. Kinderpsychiat.*, **8**, 4.