

Should we try to classify Neurotic children upon broad lines, it is possible to do so from *the direction of their conflicts*, and in this way still to preserve the similarity between them and the neurotic manifestations of adults, since Freud has shown us that the adult outbreak is seldom the first stage of neurotic illness. Let us attempt such a formulation, remembering, however, that although early phases of the disease show identical characteristics in the main principles, they still vary in degree, as well as in the fact that the child is often suffering from real deprivation of infantile impulses, whereas the adult only remembers it and in phantasy dreads its recurrence. The child will therefore need actual help sometimes in dealing with difficulties of environment, whilst the adult requires the action of the treatment to enable him to settle them himself.

Accepting that the chief characteristic of Neurosis is conflict, what may its directions be during childhood and which elements produce the disturbance? We may at the outset postulate five main groups, which, with the exception of the first and third are those given by Freud in his masterly paper on the Neuroses and Psychoses. (Coll. Papers Vol. II.)

The groups formulated by Miss Chadwick and which she discusses in detail are:—

- (a) Infantile Impulses seeking gratification in conflict with repression;
- (b) The child in conflict with infantile impulses, conversion hysteria, and anxiety hysteria.
- (c) The child in conflict with infantile impulses, obsessional neurosis.
- (d) The child's ego in alliance with infantile impulses in open conflict with parents, society and environment.
- (e) The child in conflict with reality.

She then discusses the Treatment of the Neurotic Child.

Problem of the Treatment of the Neurotic Child.

It seems scarcely expedient to conclude this paper without a short account of ways of treating these children, which have as an object the *radical cure of the causes* by which they come into being. To deal with the symptom alone, or stop short at diagnosis, seems far from satisfactory and against the principles obtaining in other branches of medical science.

Difficulties lie in the path of discovering a method which adequately treats all factors, yet a grasp of the causes should put us in a better position to see what is wanted. The main points for consideration in treatment are as follows:—

I.—A thorough investigation of the direction of the conflict and the causes whence they spring. Amongst these, we should not rest satisfied with those that lie in the environment, bad home conditions, insufficient impulse gratification, too severe deprivation, but should try to include some knowledge of the amount of repression and guilt that are present, and whether these have taken shape as neurosis, reaction-formation or partial, unsuccessful sublimation, as well as learning about the phantasies the child may have built up for itself from the germs of reality.

How, may one ask, is this information obtained? Certainly not from direct questioning of the child or the parents, because neither can give us the truth. The child seldom gives the parents away, even if he could put his trouble into words. *We must remember always that the action of repression is of practical importance and is not a mere technical label.* The child feels unhappy, aware of shame or guilt, but can tell of no cause for these feelings. The parents are in a similar quandary. We have already suggested that injurious home influences spring from parental repressions, or the struggles of their ungratified impulses craving discharge upon the children. Thus the parents provide unreliable information on this account, because they

actually know no better, or because this represents their wishes.

It is for us to discover what we want as we continue the treatment, which can be done through a modified psycho-analysis, suitable to the age of the child, by which we may obtain news of the wishes, thoughts and phantasies of both unconscious and conscious mind, through allied words and actions, play and mimicry. By this means both analyst and patient learn the secrets of the troubles, only the latter finds them out rather more slowly, when the repressions, which have originally stolen away the causes, become less intense and the shame and guilt diminish.

II.—In this way the treatment not only provides us with a source of information, but furnishes an outlet for repressed emotions, raises too severe repressions and gives the phantasies healthy ventilation. Another important point to bear in mind relative to the question of the treatment of the phantasies, those of introversion especially, that a second person participating in them, turns them into a game, and restores them to reality. Another function of the psycho-analyst will be to supply accurate information upon matters of bodily and sexual functions and to answer the questions of the child as they arise or when it is expedient to do so.

III.—The third essential factor to consider in the treatment of the neurotic child is the influence of the *Transference Situation*, now recognised as one of the most significant elements of psycho-analytic treatment. We find the analyst put by the child in place of the parent and thus serving as a new parent ideal, whose more tolerant attitude will be gradually adopted in place of old standards so that the process of identification materially assists the cure. The neurosis is played through again "in the tumbling-ground" of the transference situation, with a fresh parent imago, who does not retaliate nor construct deeper repressions and new conflicts by personal response of unconscious material to the sometimes violent outbreaks of unconscious material during the analytical hour. This, naturally, is easier for a trained analyst to accomplish than the parents for two reasons, the first because there is no intimate, emotional tie between the two, and secondly, since the analyst in the course of training is prepared for the work by a thorough investigation of his or her own unconscious processes and knows the history of personal infantile impulses, from psycho-analysis carried out by an expert. Obviously the training of such persons is a matter of importance, as well as the choice of suitable persons, but that is not within the scope of this paper.

These are some of the chief aims of treatment to liberate the emotions and tensions of the neurotic child, and suggestions upon methods employed. Naturally, when we know the direction of the conflict and the symptoms from which the child suffers, we are guided by them in the choice of materials to use, because each child is better able to express him or herself in one medium rather than another. The vehicle matters little as long as it serves the purpose for which we strive. Available space makes it impossible to detail all the possible means that can be used, the signs of progress and of temporary arrest, which is resistance. We learn through experience what barriers are most common in the different forms of neurosis, as well as those which come from some unconscious response on the part of the analyst.

The paper may be closed perhaps with a few hints concerning obstacles caused by the inter-relation of parental conflicts to treatment itself. These prove a serious menace. Dr. Meng, of Stuttgart, prefers to analyse father, mother and child in severe cases, but this is not always practicable. The unconscious of the parent will often cause all treatment of this kind to be refused, because of unwillingness that a stranger should interfere between them, and convinced that no one can know more about a child than his parents,

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