

Understanding and Management of Psychosomatic Problems in Children

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In general, psychotherapy of children follows the same principles as psychotherapy of adults. Naturally, the approach has to be adjusted to the child's age and intelligence. If it seems to be difficult to induce a child to talk, solicitation of verbal information should be postponed until rapport has been established by other means. Adler believed that "those children who find difficulty in speaking or in making contact through speech usually do not have strong social feeling" (2). At any rate, parents and their substitutes have to be included in the therapeutic scheme. Alfred Adler's questionnaire prepared for use in child guidance will prove helpful even to the experienced psychotherapist (2, 3).

The behavior of a child may be looked upon as his particular, goal-directed way of dealing with given situations. His "reactions" to any given situation—more precisely: his actions in any given situation—are to a considerable extent conditioned by his first experiences. Therefore, revelation of disturbances in the child's early adjustment and relationships is important in order to re-direct his mistaken goals and thus change his manifest behavior. This can be achieved only if we understand the goals the child pursues and are familiar with the child's idea of success and with his judgment of his position in any given situation. We must accept the child for what he is and help him to realize that he can be successful by using "socially accepted" means to reach a positive goal. We also have to realize that in the pathogenesis of a child's mistaken goals and judgments, mistaken methods used by parents and other significant persons represent a major etiological factor. Elisabeth Harrison observed that "due to drive for power many parents dull their children's abilities to think, by thinking for them. They neglect to give them an opportunity to make their own choice as to what is right or wrong" (10). In dealing with chil-

dren's problems, genuine interest in the child and sympathetic understanding of his problems are more important than authoritarian firmness against discrepancies and inconsistencies in the child's goals or evaluations. We have to accept Alexandra Adler's viewpoint that "all children who give trouble have trouble" (4).

Proper interpretation of children's functional symptoms presupposes two important considerations:

1. We have to realize that an infant's modes of expression are extremely limited. Differentiation between "emotional" and "bodily" expressions takes place gradually. During his development the child senses whether his symptoms are attended to with care or anxiety. If an infant discovers that any time he makes a certain noise he will be taken out of the crib, he certainly will make use of that certain noise with increasing frequency and for various purposes. This experience may be interpreted by the infant as an indication that bodily expressions constitute a means for achieving attention. Many children are "conditioned" to a mistaken and harmful attitude which actuates them to strive for attention, admiration and recognition more than actual accomplishments. Many conflicts in early and later childhood may be solved by showing the parents their mistaken training methods and by re-educating the child directly or through the parents.

2. It is quite normal for a child to consider himself inferior to older children and to adults. When such a child grows up in a "normal" environment, witnessing and experiencing co-operation among parents and family members he will courageously face such an inferiority feeling. He will try to overcome it by useful, co-operating achievements: by studying, co-operating in school and at home, helping other children, making friends, etc. Such a child, due to his correct interpretation of his own experiences and proper training may not only equal the older children but actually outdistance them. However, if a child lives in an environment where praise is more important than accomplishments, the child learns to use all sorts of makeshifts as purposeful compensatory mechanisms to secure praise and above all to avoid failure and blame.

A short case history should illustrate how functional symptoms may be used as mistaken compensatory mechanisms in a child with improperly managed inferiority feelings:

An eight-year-old girl was often excused from school because of a stomach ache. She had been suffering from recurrent attacks of stom-

ach cramps followed by diarrhea, usually when a test was pending or when she was called to the blackboard. That was her solution to the problem, created by competition with an older brother who was considered a "brilliant" pupil. She preferred to be sick or even lazy so that nobody could find out what she thought and believed of herself, namely, that she was unable to do her school work as proficiently as her brother and thus never could achieve the admiration her brother enjoyed. Simple encouragement of the child and the parents made her well, as she and her parents and teachers learned to understand that by harder work it would not be difficult to achieve good results. (We firmly believe that any child—unless mentally deficient—can accomplish his school work successfully by proper training and understanding.)

It is common observation that somatic symptoms—especially gastrointestinal disturbances—are for many children a legitimate excuse to avoid unwanted situations and tasks. We also know that uncompensated or mismanaged deep feelings of inferiority may lead to a feeling of insecurity and/or anxiety upsetting the normal physiology of the autonomic nervous system, causing disturbances in function of certain organs which may or may not have been inflicted with "organ deficiency" (6). It is evident that where symptoms persist, a thorough physical examination is indispensable. When the results reveal no structural disease but an "organ inferiority" or "functional disorder" a psychological approach should be included in any scheme of management of the case. It is difficult to determine in such a case where counseling ends and psychotherapy begins (15). The counselor or the psychotherapist must be able to understand the meaning of the child's symptoms in order to deal with them with any hope for successful adjustment of the child (7).

We believe that children, just as adults, have to face the "three tasks of life":

1. *Friendship*, which for the child means: adjustment to his peers.
2. *Work*, which according to the child's age means: helping younger siblings or other children; co-operating with other members of the family; school work; taking over some duties and responsibilities such as working in groups; being on time in school; helping classmates whenever feasible, etc.
3. *Love*, which in a child who has experienced the love and understanding of his parents and siblings without being dominated means:

a comfortable feeling of attachment. This is the only sound preparation for love in adult life, i.e., acquiring the attitude that giving and receiving are equally important in any approach to love and sex.

We believe with Frederic Pierce that "every human being must live in a herd if he is to live successfully, and his satisfactory adjustment to the herd depends upon his learning at the earliest possible period in life that he has to be co-operative. Failure in the life of a human being has to be defined in terms of the failure of the group" (14).

In certain types of the so-called problem children certain behavior patterns may frequently be observed.

The only child often shows the first lack of social feeling when he has to share the attention of his parents with an expected sibling. If the child is not properly prepared for co-operation, his first mistaken idea is to maintain the status quo at any price. He thinks that he is the only one who is to be showered with love and gifts and give nothing in return. Among the methods applied to maintain such a status quo we sometimes find exaggeration and utilization of minor somatic symptoms, the wish to be or becoming sick, even intentional self-injury.

Pampered children manifest various symptoms of a similarly mistaken attitude; or, as Alfred Adler puts it, "There is more than one road to a certain goal." Kindergarten and school are usually the first "situation tests" where close co-operation with the teacher and school-mates is required. If they are not prepared to take on the tasks inherent in school life, we may notice, at this early age, the neurotic "yes-but" attitude: "Yes, I like school, but I don't like the children"; or "Yes, I like school, but I don't like the teacher who doesn't let me go to the bathroom when I want," etc. Pampered children who have never experienced the need for co-operation and subordination and who are used to dominating their environment are unable to cope with the new situation on their old terms. Those children often develop temper tantrums and various somatic symptoms as presumably effective means toward their "four goals"(7).

Neglected children often feel that they live among enemies whom they have to fight. They are rarely able to cope with their deep feelings of inferiority because they have seldom experienced the co-operative spirit and constructive encouragement necessary for successful compensatory efforts. Their life-style is characterized by a fear of losing the ground they are on.

A typical case of a neglected child was a six-year-old illegitimate girl whose symptoms were bedwetting, thumb sucking, and inability to get up in the morning in time for school. She was characterized as pretending and disturbing the class by her continuous talking. When she was thirteen months old her mother married and left her to the care of the grandmother to whom the baby became deeply attached. After the grandmother's death, she was adopted by her unmarried aunt. Her symptoms developed when she was four and one-half years old. Psychotherapy was instituted when she entered school. In this the aunt's understanding co-operation played an important role and the brief therapy was highly successful. In this case it was apparent that the bedwetting represented what Dellaert called "infantile form of neurosis" or "social disease." (Dellaert has accepted the theory that organ inferiority directs the choice of symptoms) (6).

Physically handicapped children prove probably most convincingly Adler's thesis that physical impairment influences but does not determine the development of personality. Through such cases the unprejudiced observer may clearly learn how physical symptoms may be used as excuse for withdrawal, as a means of achieving special privileges or of dominating the environment. But one may also profitably note how (over)compensatory dynamisms may create strength out of weakness (8, 12).

The following case history is given because it also demonstrates the Adlerian concept of the significance of dreams (which in this case could be falsely interpreted as "prophetic"):

A cross-eyed and conspicuously short, scoliotic thirteen-year-old girl felt extremely unhappy when she noticed that all the boys paid attention to her attractive girl friends but never to her. Once she dreamed that she was walking with several girls along the street. She wore a college uniform with two golden stripes. Now, in her dream, all the boys looked at the golden stripes admiringly. This dream, as we know, was not a "prophetic" sign, but an attempt at a solution to her problem, which was how to attract the attention of the boys, despite her appearance. She was telling herself in her dream that she could successfully compete with attractive girls by working harder in school. This she did and later she pursued a highly successful academic career which fully compensated her for her physical shortcomings.

Neurotic children may develop functional disturbances which frequently are extremely difficult to recognize as such and may puzzle

even the most experienced experts. It should be emphasized that some irrelevant, incidental "objective findings" do not exclude the existence of a neurotic disorder, just as a "negative report" does not prove the "neurotic" etiology of the symptoms. We often deal with a neurotic exploitation of minor somatic symptoms.

A ten-year-old girl, an only child, had been under constant medical care for severe lack of appetite and for marked underweight. In school as well as in all other activities she appeared to be vivacious, ambitious, and intelligent. After prolonged unsuccessful use of tonic medication, Simmond's disease was diagnosed. (The energy seen in this child—like that of children suffering from "anorrexia nervosa"—was in marked contrast with the apathy usually apparent in Simmond's disease. This important differential diagnostic feature had already been described by Sir William Gull in 1868.) The family history revealed that both parents were "typical neurotics" and attributed unwarranted importance to feeding habits. The father proudly remarked on innumerable occasions: "Yes, at this age I was thin as she is, but my parents were poor and I did not get the food she gets. She can have anything she wants, if she only would eat." With such a background it became clear that psychotherapy of the child as well as of the father was indicated. The father soon realized that his daughter would not give up her symptom of anorrexia as long as it served her purpose of keeping everybody at her disposal. After a therapeutic session, the child mentioned to her father that she was hungry. He immediately drove her to a restaurant where she asked for an adult portion. The father urged the waiter to hurry with the food lest his daughter might lose her appetite. This, of course, she did. When the food was served, the girl hardly touched anything. The father angrily gave her a humiliating scolding, made her pay for the food out of her allowance, and stopped talking to her for the day. The aim of psychotherapy in such a case is to achieve the father's co-operation in dismissing the importance of the presence or absence of appetite on the one hand, and to make the child aware of her purposive, self-centered behavior on the other.

In conclusion it should be reiterated that in dealing with "unjustified" somatic complaints of children—especially of so-called problem children—the absence of serious organic pathological changes should be ascertained, and the role of a possible organ inferiority and of the "functional" aspects in the creation of the complaints determined. The psychic element in functional disturbances may best be revealed by understanding the meaning, i.e., the purposiveness of the particular symp-

tom in that particular child. The pathogenic role of the environment in such cases should not be overlooked, since parents, teachers, or other significant persons have frequently to be included in the psychotherapeutic scheme.

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