Childhood Misery and the Health Care System

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This article is a contribution to the understanding of the misery of children and adolescents in the present-day situation of chaotic social change. Two main points will be presented. One is that the pervasive use of medical explanations for children's emotional and behavioral problems serves to obscure the responsibility and inability of families and communities to raise healthy children. The other is that the use of mechanistic[1] medical knowledge in the treatment of these problems makes it difficult to effectively help children.

Every day millions of children are emotionally crippled by an adult world unable to provide what they need for healthy development. Irrational child rearing and educational practices exert a powerful deleterious effect on the bioemotional structure of the young. The scope of the problem is only hinted at by statistics from the U.S. Department of Health and Human Services because, in general, only the more severe cases are reported. The number of abused and neglected children has more than doubled in the last decade, from 1.4 million to 2.9 million annually. The number of children seriously injured by abuse has quadrupled from 143,000 to 572,000 annually. Abuse and neglect are also the leading cause of death among children under the age of four and account for 2,000 fatalities a year among children of all ages (1).

Although many laws and programs to aid and protect children have been implemented by government and other institutions in the U.S., the results have been generally poor. Child protection agencies and development evaluation centers created throughout the country have

[1]The mechanistic approach ascribes the etiology of behavioral and emotional disturbances to abnormalities in the structure and mechanics of biomolecules (neurotransmitters, neuropeptides, receptors). The laws of physics and chemistry are applied to biological functions overlooking what is specific to the living organism.

been ineffective in improving childhood conditions and in reducing physical abuse and neglect.[2] All of these efforts have been limited by their inability to reach the root of the problem: The transmission of somatic and characterologic armor from one generation to the next in the early years of life.

Reich's profound insight into the necessity of allowing the child to develop according to the individual's biological needs and the bioenergetic laws of nature has been largely overlooked or ignored. Instead, as always, children have had to adapt to adult needs and preconceived ideas about what a child ought to be. Classical psychology, including child and adolescent psychology, lacking a functional basis and the ability to recognize the significance of the sexual life of children and adolescents, has had a limited capacity to understand and help. Rather than studying the emotional and expressive language of infants and how to prevent the development of armor, mechanistic psychology attempts to objectify and quantify human behavior and mental life through the application of epidemiological and statistical methodology. This results in a great amount of data which has limited applicability to solving the problems of everyday life.

Childhood and Present-Day Social Changes

The economic, social and cultural changes of the last fifty years have modified people's lives to an extent unprecedented in human history. With the breakdown of the traditional authoritarian family structure and with other major changes in family and community life, human society finds itself in a period of chaotic transition. Unable to return to the old institutions and ways of living, it is also unable to create more life-positive, work democratic social conditions and healthier child rearing practices because of the biological armor of its members.

[2]An article in the *Psychiatric Times*, March 1996, is entitled "Children at Risk." Among other things, it informs that: "Last October, after a decade of introspective and critical research, the Washington, D.C.-based Carnegie Council on Adolescent Development published its concluding report and confirmed that the prognosis [for children and adolescents]is not good. In the aftermath of dynamic social change, profound scientific and technological discoveries, and expanded means of communicating, American society has in damaging ways divorced itself from the developmental needs of its children. 'Millions [of children] are growing up, under conditions that do not meet enduring human needs for optimal development,' the report said. 'They are not receiving the careful, nurturing guidance they need from parents and other adults.'"

In this social context children and adolescents are innocent victims, families struggle with or are at a loss as to how to raise them, and schools and teachers are asked to shoulder basic responsibilities which were previously (and naturally) assumed by parents. Increasing numbers of children are raised in foster care and residential centers or in single parent families (25.7% of all U.S. households in 1993). In New York State alone there are some 47,000 children in foster care at any given time. And, of course, children continue to be exposed to the negative consequences of divorce, domestic violence, and parental drug and alcohol abuse.

For thousands of years, the patriarchal family raised children according to the requirements of a sex-negative society. Children's needs were suppressed and their emotional misery was ignored. In this past century traditional community life and the extended family have all but disappeared or been radically altered, reducing the support available to parents and necessitating a dramatic increase in the use of babysitters, day-care centers and preschool programs. One consequence is that the education of children has become more socialized[3], placing more demands on the child than ever before. Another is that children's problems and the difficulties adults have in raising children have come much more to the attention of the public. Adults are often unable to understand children and their needs. This inability combined with the reaction to their own childhood experience has generally led to license taking the place of authoritarian upbringing. In response to the resulting chaos parents are increasingly seeking help and turning to the mental health profession. *What was initially a social and educational problem has become a medical one. The "bad" child of the past has become the "emotionally disturbed" child of the present.* A seemingly scientific explanation has been substituted for a moralistic one. "Seemingly" is an appropriate word because the study of children's emotional misery from the biochemical perspective of the mechanistic medical model can never adequately comprehend or

[3]The child finds himself under the influence of rules and regulations that are based on the fact that he is a member of a social group. This situation places demands on him different from those placed by the family, where relationships are based on a natural bond and have an immediate affective nature.

explain such misery or its origins. In trying to classify various symptom complexes into a system of mental disorders[4], the child's misery and its central importance is often overlooked. Another consequence is that psychopathology or problematic behavior is viewed and treated as any other medical problem. (Anxiety attacks, aggressive behavior, or sadness are thought of in the same manner as headache or skin rash.) Without a functional understanding, modern medicine can only offer behavioral and pharmacological treatment.

When children with problems become difficult to manage in their own environment, they are referred to the mental health professional. Often it is the school staff that makes the referral. The message is "We are unable to handle this child. Please help us."[5] In today's schools where classes are overcrowded, teachers are overburdened, and license the norm, it is not surprising that professional intervention is necessary. Unfortunately, however, psychopathology is seen from the perspective of armored man and not as a symptom of disturbed bioenergetic functioning. Consequently, the existence of bioenergetic factors in the child as well as the reality of somatic and characterologic armor goes unrecognized or unappreciated. The mental health professional cannot see the child's suffering (and symptoms) as the manifestation of a powerful struggle between the child's biological need for emotional contact and the contactless, sex-negative attitudes of armored individuals in an armored society. In his attempt to help, the mental health professional usually relies on mechanistic interventions derived from the fields of pharmacology and behavioral science. He is thus limited in his efforts to bring about an effective solution to the child's suffering and emotional misery.

[4]The Diagnostic and Statistical Manual of Psychiatric Disorders (DSM) edited by the American Psychiatric Association is the best example of this approach. Symptoms and signs are grouped together and labeled without reference to the specific character type of the individual who is experiencing those symptoms. Therefore, individuals of different character types can receive the same diagnosis and the same treatment, a situation akin to treating all fevers with aspirin, regardless of etiology.

[5]Another aspect to consider is that the "problem" child may be healthy or relatively healthy. Because he is able to stand up for his vital needs, he is not always a "good" child and can pose a problem for his educators. One consequence of the failure to distinguish between healthy and neurotic development, i.e., between primary and secondary impulses, is the tendency to equate the character trait of "goodness" with health.

Behavioral Therapy

For the behavioral therapist, dysfunctional behaviors are learned responses to environmental stimuli. They can be eliminated with the use of behavioral modification techniques. After unacceptable behaviors are identified, a course of intervention is formulated and applied. This can usually be done most effectively only in a specialized environment — a psychiatric hospital or another treatment facility. In these institutions external ward structure governs the child's life throughout the duration of his stay. In other words, the therapeutic environment determines what the child will do. (This was at one time known as "discipline.") Behavioral expectations such as "Keep your hands to yourself," "No silly behavior," "Sit properly in your chair," "Talk about your feelings," are assigned according to each child's specific problems. Behaviors that are the natural expressions of childhood, such as running, laughing, and expressing excitement, are discouraged. Behavioral interventions are taken seriously by the treating staff and the child reacts with either passive acceptance or secret rebellion. The result is often a perpetuation of neurotic functioning and an immobilization of the child's vitality. Instead of providing a safe environment in which the child can feel and express emotions, he is put in behavioral constraints.

This does not ignore the positive effects of behavioral therapy for specific children and circumstances. Clinical experience shows that it is often helpful in controlling the child's behavior, at least in the short-term, and where contactlessness is a problem, it can help him to make contact with the emotions underlying his problematic behavior. However, these effects are generally of short duration and in the long-run the behavioral approach often fails. Some clinical vignettes are illustrative.

> L is a ten year old girl whose parents are alcoholic. She has been physically abused by her parents as well as by some of her siblings. She has been in foster care for several years. Her disruptive behavior is related to the fact that she wants to be with her parents. Before admission to the psychiatric ward she ran away from the foster home and didn't want to go back. While L was being returned to the foster home she physically assaulted the foster care agency worker, and several police officers were required

to immobilize her. Once in the hospital, she presented herself as a tough girl who didn't want to give in. Her behavior was fairly good, except for hostility toward the therapist. She participated in the behavioral modification program on the child psychiatry unit and did well. After three weeks she was discharged. Six months later she was hospitalized again. She had been placed in a residential treatment center and while on a visit to her parents had refused to go back and became violent.

R is an eight year old boy brought to the hospital because of injurious behavior toward himself and his sister. Approximately three months prior to admission he had been placed in a foster home because his mother was using drugs and neglecting her children. R wanted to go back to his mother. He didn't have a clear understanding of why he and his sister were taken from her. R thought that this happened because he was "bad" and blamed himself. This was not the first time that he had been separated from his mother. When R was born he was cared for by his maternal aunt, with whom he stayed until the age of three. He was later removed from his aunt's care because of neglect. He was placed in foster care for two years until he went to live with his mother. After another two years with his mother, R was once again removed. He was brought to the hospital with the suggestion of starting him on neuroleptic (antipsychotic) medication. Thorough evaluation concluded that there was no present need for medication and R was enrolled in the behavioral modification program. After one month, his behavior improved and he was discharged. In the following year, R was admitted to the ward on two other occasions, indicating failure of the behavioral therapy he received during his first hospitalization. With this information, it was decided that pharmacotherapy was necessary and he was tried on several different medications.

These examples show that behavioral therapy is usually effective only for short periods of time. It usually fails in everyday life, even when applied by the most dedicated parents who nonetheless find it difficult to use behavioral charts, rewards and punishments consistently over a period of several years.

Psychopharmacology

As psychopharmacology has developed, medications have been increasingly used in the treatment of behavioral problems. This reinforces the belief that children's behavioral and emotional problems are similar or identical to other classical medical illnesses. This medical model rationally requires the establishment of a proper diagnosis and the implementation of an appropriate treatment. With the use of medications, however, the problem of children's emotional misery is oversimplified and reduced to biochemical-neurotransmitter dysfunction. Its bioenergetic significance and that of other behavioral and emotional symptoms caused by disturbances of parent-child contact is lost or overlooked.

The use of medications is also associated with low cost. In today's health care environment, short-term therapy (behavioral) and medications are generally the only psychiatric treatment reimbursable by many HMO's and health insurance companies. Medicating the child is thus a simple solution: for the frustrated, exhausted parents who are unable to take care of their child, for the schools who can't allow the disruptions and risks associated with the problem child, and for the foster care agencies who are often too overburdened to take full consideration of the emotional needs of the child.

However, even as a flawed "solution" to children's misery, medication presents difficulties.[6] The "right" medication is not always effective in treating the same problem in different children. A child may develop tolerance to a medication and the symptoms may reappear. Side effects are another significant problem and are often unacceptable to the child and his family. The child usually doesn't like to take medication for a number of reasons including not wanting to appear different from his peers. The following case vignette is illustrative.

> M is a twelve year old boy who was having problems at home and at school. He was defiant toward his mother and his teachers. He fought with his peers and was involved in street gangs. Admitted to a psychiatric hospital, he was treated with lithium

[6]Most psychopharmacologists steadfastly maintain the belief that they are moving in the right direction. That issues of efficacy, side effects and non-compliance aside, it will be possible one day to discover the proper medicine for children's unhappiness.

carbonate. After four weeks, he was discharged because he had obtained significant behavioral improvement. A month later he was brought back to the hospital. He had stopped taking medication due to poor supervision by his mother. His behavior had further deteriorated and he had been stealing and fighting. Placed in the same psychiatric ward, he was re-evaluated and it was concluded that he didn't need to take lithium. Instead, he was treated with behavioral and psychological interventions. He stayed in the hospital for several months and was eventually discharged to his mother's care. The defiance and spite frozen in his body (the shoulders pulled backward, the retracted pelvis, and the significant lumbar lordosis) went completely unnoticed.

Psychotherapy

Psychotherapy could be the ideal treatment for childhood emotional problems, but it is an instrument that can only be used by a limited number of people, given present-day socio-cultural conditions.[7] It also requires well-trained therapists, much time and effort, and it cannot satisfy an ever-increasing demand.

These circumstances, among others, have brought about attempts to find faster and easier treatments. This has resulted in the proliferation of therapeutic modalities and therapists, unfortunately not all of whom are responsible and adequately trained. The function of psychotherapy has also changed over the years. Rather than seeking to modify the individual's structure, psychotherapy is filling a void created by the present–day inability of individuals to take care of themselves and of parents to take care of their children.

Since his early years, Reich thought about the problem of widespread misery in society and the limited possibilities of individual psychotherapy. In the preface to the first edition of *Character Analysis* he asks, "In a city like Berlin there are millions of people who are neurotically ruined in their psychic structure, in their ability to work

[7]Socio-cultural conditions refer to the low socio-economic status of most patients coming to mental health clinics, to the relative instability of their life conditions, and to the general lack of formal education. These factors are often associated with a less satisfactory outcome of psychotherapy.

and enjoy life; every hour of the day, familial education and social conditions create thousands of new neuroses. Under these circumstances, is there any sense in a book which discusses individual analytic technique, structure and dynamic of the character, and such things? This all the more as cannot give any useful directions for a mass therapy of the neuroses, for brief and reliable treatment?"(2)

Reich thought about these questions until he was able to place individual therapy in the proper perspective of providing the necessary knowledge for the mass prevention of neuroses. He states, "The first prerequisite for a future prevention of the neuroses is a theory of technique and therapy based on the dynamic and economic processes in the psychic apparatus. First of all we need therapists who know what enables them to change structures or why they fail in this task. If we try to fight a plague in any other branch of medicine, we will examine typical cases of the disease with the best possible methods in order to be able to point the way to the epidemiologist. We do not concentrate on individual technique because we overestimate the importance of individual therapy but because only a good technique can provide us with those insights which are necessary for the wide goal of understanding and changing structure."(3)

By asking these questions and using a functional approach, Reich came to discover the processes of somatic excitation and armoring. He distinguished primary and secondary drives, realized the importance of an economically regulated sexual life for the prevention of neuroses, and discovered the emotional and sexual misery of children and adolescents. Most other psychoanalysts could not comprehend these aspects of Reich's work. Instead, by pursuing the path of ego psychology and object relations theory, they gave up the libido theory and focused on the analysis of unconscious mental activity and fantasy. As a consequence, even today's psychotherapists do not have a clear idea of what makes their treatment of patients successful.

In light of the limitations and problems described, it is not surprising that the results in relieving childhood misery are generally poor. Often, the use of more potent medications, repeated hospitalizations or placement in a residential treatment center are the only alternatives left. Some other examples will illustrate this situation.

M is a ten year old girl. She was placed in foster care when she was four months old. After four years of living in the same foster home, she was removed from it. Since then she has been in three or four other foster homes for increasingly shorter periods of time. Because of her difficult behavior she has been placed in a day treatment program. M was brought to the hospital for admission as a result of her numerous temper tantrums. She didn't want to stay in the hospital and became angry and fearful. She needed to be medicated and isolated. The episodes of explosive rage continued throughout most of her hospital stay. Eventually she improved and was discharged. Back in the day treatment program, her episodes of rage reappeared and the treating staff considered hospitalizing her again.

A, a twelve year old boy, had been placed in foster care several years ago after his mother died and his father was arrested and sent to jail. A was brought to the hospital because he ran away from each of his foster homes. The foster care agency wanted to place him in a residential treatment center. A wanted to stay with his new foster mother from whom he had not run away. He said that he ran away before because he was mistreated and that the only person he trusted was his father. His dream was to be with his father when he came out of jail. When A was told that he was going to be kept in the hospital, rage, misery and tears filled his chest and face. He struggled hard to contain them. He gave into some sobbing, but he literally swallowed the deep crying. Once again he felt betrayed. For the duration of the hospitalization, A was not able to get over the anger and the misery of being in the hospital. After two weeks he was discharged to the foster home. The recommendation was that he go for psychotherapy once a week. A did not want to go.

One can easily see how many of these hospitalizations could be avoided were it not for troubling social and family circumstances. These children and others like them have not as yet developed a psychiatric illness and they are often hospitalized because caretakers cannot take care of them, or as a preliminary step to placement in a residential treatment center. They have behavioral and emotional problems that result from a disturbance of their bioenergetic functioning, an understanding unknown to contemporary psychiatry. If

left untreated, these problems will result in classical psychiatric illnesses or personality disorders of adulthood. While "problem" children are often difficult to treat using therapies available to classical mechanistic medicine, they respond well to medical orgone therapy because specific problems of armoring and bioenergetic functioning are addressed directly.

"Emotionally disturbed" children are individuals in the process of developing armor. When the primary impulses of the individual are thwarted, the immediate reaction is anger. If this anger is in turn suppressed, the individual may appear compliant, but on the inside he will experience resentment and rage toward the world. A large "No" will be present in his character structure and his anger will be easily triggered by external circumstances. Children and adolescents are particularly susceptible to aggressive reactions because their armor is still in a dynamic state and not structuralized. They are therefore often unable to inhibit their impulses. Other consequences of the suppression of primary biological impulses are emotional contactlessness and failure to assume appropriate responsibilities. Conversely, when the infant and child are allowed to develop without major frustration of biological and emotional needs in a loving and contactful environment, he will be capable of rational functioning and social responsibility. He will be able to love and will feel in contact with himself and others. *It follows that the only effective intervention is the prevention of chronic armoring in infants and children.* The implication is that parents, educators, and society at large must take full responsibility in raising children. For the parents, this will require them to stop turning their parental responsibilities over to government agencies, social services, and to "experts." For society, structural and cultural changes that are mindful of the needs of infants and children, that will protect the spontaneous functioning of life within them from extraneous and noxious interference, will have to become part of daily life.

REFERENCES

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3. Ibid., xxi.