Remarks on Receiving the C. Anderson Aldrich Award

Anna Freud

I take the honour which is being bestowed on me today as another welcome sign that the estrangement between pediatrics and child psychology is nearing its end and the partners on either side are contemplating a serious engagement, if not the prospect of future marriage with each other. There are many other indications which point in the same direction. I only need to mention the fact that there are now places of learning where the head of the department combines in his own person training and functions in physical as well as mental child care; or that pediatricians are considered essential consultants in child guidance clinics, or that some pediatricians participate in the discussions of interdisciplinary hospital groups, or that, occasionally, child psychiatrists and even child analysts are called to the bedside of hospitalized children for consultation.

There is no reason, on the other hand, to feel entirely optimistic and to relax efforts towards further re-alignment. Cooperative attitudes between the two disciplines can also be regarded still as few and far between and, above all, confined to selected medical specialties and a small number of selected, furthest advanced, and enlightened centers. There exist still many children’s wards where bodily care is so paramount that any thought about the child’s mental concerns is excluded as intrusive and disruptive. There are, above all, the many surgeons who, rightly or wrongly, feel that their difficult task cannot be accomplished except by determined and exclusive concentration on the defective body part which needs repair. Whenever in ophthalmology the eyesight of a child is in question, this concern seems to blot out any regard for the repercussions on his mind. The same is true whenever a child’s actual survival is endangered, as it is in the most severe illnesses, after burns, serious road accidents, etc. There are many instances to show that it is possible to save a child’s physical life, but to do so at the expense of his present and future mental equilibrium.

I think we would be in a better position to carry cooperation into these disputed areas also, if we asked ourselves more consistently how, when, and why the initial split between the two aspects of the child was accomplished at all. It did not exist, certainly, in classical times when a sane body was considered the necessary prerequisite for a sane mind. There were, possibly, later repercussions in the medical field from the philosophical deliberations on the body-mind problem. But, it seems to me, that the two sides did not really fall apart until science and professional training made significant advances. There was too much to be taught and learned in either the physical and mental field to allow for time and interest to be spent on the other. Thus, specialization set in and, among others, the child became not only its beneficiary but also its victim.

By definition then, the only people who escape specialization today are the untaught nonprofessionals. A mother is severely criticized if all she does is looking after her child’s body without playing with him, talking with him, and stimulating his interests, or if she neglects his physical needs, is helpless when faced with his illnesses, and only concerned with his mental advances. No nursemaid is considered satisfactory unless she can entertain and comfort the child as well as feed and bathe him. In contrast, hospital, clinic, and school personnel are expected to remain strictly within their own professional confines. For a busy ward sister to concern herself with the child’s distress, fear, or boredom in addition to his physical symptoms may be considered a misuse of professional time by many hospital authorities.
During the first year of life when psychosomatic functioning is at its height, too ubiquitous to be overlooked. The mental pathways via thought and speech are manifestations in the body of conflicts, of fantasies as i.e., why medical care should not follow suit, i.e., on their minds not being distracted by worry or anxiety, and on their feelings of sexual curiosity and inquisitiveness being transferred onto the learning process. There is no reason at all why medical care should not follow suit, i.e., the realization that body function in health and illness is linked intimately and inevitably with the rest of the child's personality.

You may maintain that part of the necessary enlightenment in this respect has been accomplished already in psychosomatic medicine. Psychosomatic research has destroyed the fiction that physical manifestations need physical causation and has demonstrated convincingly the power of mind over matter, i.e., the relevance of psychology for physiology. In fact, I believe, our improved relationships with pediatrics would not be what they are today if there were not the recognition of the far-reaching influence on the child of parental relationships, of anxiety, of conflicts, of fantasies as manifested in the body realm by head and stomach aches, intestinal upsets, malfunction of limbs, respiratory troubles, skin eruptions, etc. Where, in spite of this massive evidence, any pediatrician remains doubtful still, he needs to be referred merely to the happenings during the first year of life when psychosomatic functioning is at its height, too ubiquitous to be overlooked. During a child's development, before the mental pathways via thought and speech are opened up, all excitation is discharged via the body. This means that fear, frustration, loneliness, anger, rage, etc., are expressed by the infant not only by crying but by means of sleep disturbances, of food intake, of elimination, or cumulatively by a general failure to thrive physically.

Nevertheless, psychosomatic mechanisms, important as they may be, are only one half of the story. While, due to them, the power of mind over matter has been made obvious in pediatrics, the reverse process, i.e., the impact of physical events on mental progress, is still waiting for similar recognition. All during his formative years, the child's mind is constantly bombarded and burdened by the excitations which arise from the physical side, i.e., he is at the mercy of his body. In fact, none of the essential tasks of progressive psychological development can be achieved without the body's compliance.

To enumerate only a few aspects of this interaction: (1) At the beginning of life, much of the infant's emerging feeling of self depends on his pleasure-pain experiences, and especially on the balance between them. In psychoanalytic language we say that the child's ego is built up on the basis of pleasure moments experienced when fed, comforted, cuddled, etc. If these moments are frequent enough, the infant's first conception of the external world is one of a dispenser of pleasure.

It is this picture which changes to the opposite if, due to prolonged illness in the first year, the painful stimuli outweigh the pleasurable ones. On the one hand then, the rudiments of personality building remain unstable and insecure; on the other hand, the surrounding world takes on an unpleasurable, hostile aspect from which the child withdraws instead of expanding towards it.

(2) Also during the first year, failure of successful feeding, for whatever reason, may tie the child psychologically to this phase of life for ever after by causing repercussions in the form of either unsatisfiable greed and demandiness or, conversely, restrictions and inhibitions of any kind of intake, mental as well as physical.

(3) Wrongly timed or badly handled interference with elimination (toilet training) has been known for a considerable time as the reason for extreme obstinacy dominating a child's character formation.

(4) At the toddler stage when muscular movement is the main pathway for the discharge of aggressive energy, any physical interference with it may distort normal drive development and even affect and delay speech development.
At the time when it is important for the child's feelings to go out towards the people in his environment, illness and physical pain promote the reverse process, namely the concentration of libidinal energy on the affected body parts.

At the time when, with much effort, the child has achieved bladder and bowel control, intestinal upsets undo this important advance, much to the child's distress.

When independent management of the body and its functions has become an important psychological matter for the growing child, illness forces him back into the position of a helpless infant whose body is under other people's control.

When modesty in physical matters is in the process of being established, exposure for medical purposes interferes with its consolidation.

Any damage to a limb heightens the boy's castration anxiety by arousing fears for the safety of his sexual organ.

Any interference with a boy's anal area, whether for reason of persistent constipation or for surgical repair, may have an adverse influence on his sex life by shifting sensitivity from the genital to the anal region.

And so on, almost ad infinitum.

Pediatricians are only beginning to realize how often their own actions add their weight to this long list of harmful consequences of bodily events on mental life. For the child patient it is, in fact, immaterial whether discomfort, pain, deprivation, restriction, and frustration are imposed on him by the illnesses themselves or by the medical and nursing procedures devised for their cure. Injections and operations, separation, isolation, dietary deprivation, and enforced immobility have their consequences for his mental development no different from those caused by spontaneous pain, injury, broken limbs, faulty heart action, paralysis, etc. Being on a diet which excludes his favourite foods, is felt and reacted to by the child as deprivation regardless of the reason why it happens. To have his hands tied is rebelled against as an intolerable interference no matter whether it serves the legitimate safeguarding of a postoperative wound or the unwarranted interference with the child's auto-erotic activities such as thumb-sucking and phallic masturbation. What happens here for the pediatrician is a wide and in many respects still unexplored field of work.

In conclusion, as you will have realized, I hold out no promise that the further integration of our two professions will ease the workload for us on either side. On the contrary: my own colleagues will have to acquire a new respect for the body and its far-flung powers. The pediatricians, besides paying due attention to the psychosomatic phenomena, will have to reexamine the armaments at their disposal with a severely critical eye. They are faced with two major questions. One, how far is it in their power to mitigate spontaneous physical distress and thus to lessen its consequences for the mind? And two, how does one remodel medical and nursing methods so as not to add fortuitously to inevitable damage?

There is every reason for a whole next generation of children to benefit from such advances. In fact, the children themselves have never left us in doubt that their bodies and their minds, their physical and mental growth, were anything except indissoluble unities.
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