OPEN CLINIC TREATMENT FOR PROBLEMS OF JUVENILE BEHAVIOUR.

By Dr. IRA S. WILE,
U.S.A.

AN open clinic makes provision for the psychological treatment of children and parents in the presence of other parents and individuals.

Problems of children are represented in a variety of behaviours such as motor habits, tics, enuresis, obsessive imagery, phobias, tantrums, in addition to specific difficulties due to personality disorders, school maladaptation, shifts of conduct during maturational stress and maladjustments incidental to physical and intellectual limitations, disciplinary frictions, neurotic reactions and mild psychotic manifestations.

As the major difficulties in both maladjustment and abnormality are functional, psychotherapy is indicated. Juvenile behaviours are symptomatic and interactionistic in terms of impulse, temperament and character reacting in and to environment, hence the personalities of children are subject to both biologic and social stimuli at the unconscious and conscious levels. As the behaviour cannot be isolated from the social setting, the clinic endeavours to set up modifying stimuli as microcosmic society with its own forces. This permits an objective approach to subjective difficulties. The child gains a sense of security because social judgments are suspended, and his relation to the therapeutist is not unilateral as is that between parent and child. The open investigation of somatic factors promotes accessibility, while the emphasis upon the nature of collective behaviours leads to efforts at adaptation in the emotional and social spheres. The open clinic provides for honest reactions directly and indirectly by the use of educational and psychological approaches, while the emotional tensions of rage, fear and love are relieved for parents and children.

The open clinic is most effective for suggestive therapeutics by auto- and hetero-suggestion because individual suggestibility is heightened in the presence of the mass. Open discussion destroys false emphasis on secrecy, heightens morale, and places responsibility upon parents as well as upon children. It promotes the transference of interest of parents and children to society as a constructive force rather than as one promotive of personal disintegration. It releases much compelled guilt, shame, fear and humiliation, and permits the evaluation of the meaning of defeat, frustration and inferiority.

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Educational values arise from individual and group responsibility for co-operation by revealing the parental phase of the child's problem, by developing familial insight and familial perspective. Conflicting ideas are thus aired, new principles set forth and reasonable standards offered.

The therapeutic potentials are practical as they facilitate the care of larger groups of children, secure greater responsiveness of children and parents, obviate problems arising from personal transference, as the parents are equally involved in the situations. Maturation is furthered and personal values are enhanced through the vicarious education of parents who witness the treatment of various difficulties. The open clinic presents a natural situation for facing self and the realities as part of a group, which is a normal experience of childhood. It increases social support by supplementing the work of the psychiatrists with the psychological advantage of responsibility to the group. This approach increases the understanding of parent-child-teacher-child relationships in terms of ethics, ideals, and the balance of biologic urges and social demands.

The methodology is limited to children from two to sixteen years of age. It does not permit the body exposure of older girls nor the investigation of all adolescent sexual problems. The psychotherapeutist must employ levels of language that will meet the needs of the child, the parent and the visiting group. Ability to propound questions with tact and objectivity supplemented by humour points up problems with the elimination of shame, prudery, and even self-consciousness. Certain phases of psycho-analytic approach are impossible, particularly those of Freud, although certain elements of the Jungian methodology, and more particularly those of Adler, are employable.

The general approach is eclectic, and utilizes a variety of psychotherapeutic procedures from behaviourism, gestalt, the various psychogenetic schools and other psychiatric approaches. Therapeusis is not hampered by specific deterministic theories. The aim is to promote free mental catharsis of disturbing conflicts and reactions to reorganize emotional energy so as to secure sublimation into socially approved actitivities. Children are accessible because they offer thin social veneers. Their responsiveness is directly proportionate to the free working out of their maladjustments as part of a social problem. The open clinic provides, therefore, a practical method of fostering wholesome personality reactions with greater adaptability in facing the realities of life.

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