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PAPER.—"Child Psychiatry: The Initial Interview," by Major EMANUEL MILLER, R.A.M.C.

DISCUSSION.

Dr. MARGARET LOWENFELD expressed appreciation of Dr. Miller's paper, which had put forward many of the delicate points of the adult-child situation as well as the practical and the three-dimensional aspect of all this work. One point that came out was the question of assessment. As Major Miller had pointed out, two of the great difficulties in dealing with all children's work was first of all the number of cases which came to any agency, the variety of difficulties which they represented, and the tremendous pressure upon every unit of child psychotherapy to cope with too large a number of cases, which brought in its train the additional difficulty of mobilizing such agencies as one had in the most effective way. She felt that after the war child psychiatrists would reap a rich harvest in the experience being gained by the Forces Selection Boards; they would be able to have an opportunity of hearing the methods used and the results. Perhaps somebody would be able to make grants to allow child psychiatrists to try out these methods in relation to children, and meetings of the Association held so that members could hear what was going on in other clinics and towns.

It was one of the aims and objects of the Institute of Child Psychiatry, of which she was Director, to investigate the possibilities of material for assessment. The Institute felt the pressure of this matter very deeply, and had been experimenting for fifteen years with material objects which could be used for assessment. The goal was rather ambitious, and it might be studied in this way. The old time physician had only his senses with which to assess the conditions of his patients; the country physician carried his stethoscope and thermometer and to a certain extent his blood-pressure apparatus. It was being realized in the whole field of medicine, and particularly with children, that there was a large emotional element not only in educational, social and possibly delinquent problems, but also indirectly with medicine. Many conditions in medicine had a psychological or a social basis, and it was the object of the Institute to see whether it could put into the hands of the profession a portable instrument, which would apply to both children and grown ups, which could be used for the direct assessment of emotional and to a certain extent intellectual factors.

This had been done successfully, but now came the second great difficulty in putting it before the profession, the question of production. Nothing could be produced at present; all the material in the country at present had already been sold, but the possibilities were being investigated, and she believed that quite shortly it would be possible to put on the market a number of objects with which experiments had been made over five and six years for the attention of the profession and for its further experiment. She had one with her, a little box, which could go into the ordinary bag, and which allowed the doctor to assess general intellectual endowment and fundamental qualities. There were various others, and if it were possible for the profession to have an opportunity for testing them it might be possible to get facilities for production.

Another point was the question of the initial interview in relation to the team. As Major Miller had said, the usual team approach was very difficult; it tended to get diffused; there was the intervening screen of personalities, and one found that it was extremely difficult to re-assess and re-integrate the results achieved. During the war, the Institute being closed owing to evacuation, another kind of approach was being tried out. The whole of the work was done through one or two individuals coping with the whole of the child by making use of the type of approach which was being used in the Forces, that is, by having people who carried out certain conversations with the child through the use of the child's own medium, as Major Miller had pointed out, and reporting not what they did, but what the child had actually done and produced to the physician, so that the physician could meet the child as the first grown up he had met with actual productions which the child had carried out before him. In this way it was possible to tackle more severe cases, to get a deeper grasp of the situation, and to handle the thing without the tremendous amount of typists' time and paper involved in the writing of reports. She was hoping, with her colleagues, to write a paper for the *British Medical Journal* on the first fifty cases.

This was a kind of opening-up which went back to the medical profession, this was a medical field, and if they resigned it through inertness or feebleness to grasp, doctors would lose the opportunity of making one of the most important contributions they could to the country. The

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material with which the Institute was experimenting enabled all classes of the community to be aided in the same building; it enabled the practitioner to have his own private clinic, to see individual children from the public and private schools and to see children from the elementary schools; to keep the cases in his own hand, and to put himself in co-operation with the general practitioners in the neighbourhood and to make the whole thing a medical team, exercising the medical skill which they had gained. It should be made clear that children could be handled, cured and returned to their environment by the medical profession alone, assisted by the kind of people who were trained to produce for them the material which they should use and to act as assistants.

In conclusion, Dr. Lowenfeld wished to commend very strongly to the Association the importance at this juncture of reassembling child psychiatry into the hands of the medical profession.

Dr. F. M. Bodman spoke of the standard practice in a clinic set up by an education authority. In Bristol they had been working on the usual child guidance team basis and he had found, after about six years' daily practice in the Child Guidance Clinic, that in contrast perhaps to Major Miller, it was an advantage for the various members of the team to do their own work. He also found that the case conference did not lose any drama from the assessing of the work by three different individuals. The case conference could be a very dramatic situation, with a definite conflict of personalities, and the director was not the *deus ex machina* who put out the diagnosis like a slot machine at the end of the conference.

It had to be borne in mind that the child went to the first interview with very definite preconceptions about the clinic situation and about the doctor, and these preconceptions had to be allowed for. He agreed with Major Miller that it was important that sooner or later in the first interview the child should realize why he had been brought to the clinic, and that was a useful question to ask the child—why he thought he was brought to the clinic. The reasons which he gave would often be evasive, but it was important that the situation should be brought clearly before him at the first interview.

He agreed with Major Miller that it was important that the child should have some chance to express himself in some play medium at the first interview. He was rather inclined to think that there was a danger in providing too rich a quantity of material, and that it was necessary, if possible, to try to standardize the material, particularly at the first interview.

Because of pressure of time at the Bristol Clinic an attempt had been made to devise various standards of technique, and one of the most valuable was the use at the first interview of the story completion test. It gave a great deal of information about the underlying attitudes of the child at the first interview. Another thing they had done recently, and about which it was hoped to publish a paper shortly, was to use the standard Binet test not only as a standard of intelligence, but as an assessment of personality. There was a paper published in the *Journal of Mental Science* showing how the standard Binet test could be scored and a method of scoring had been worked out on this test as a test of personality, and it saved a great deal of time in using the Rorschach test.

In the initial interview with a child of about 7 years he had found it useful to work to a more or less standard scheme. One began to find interests which were common to the child; one asked the child about his home and family, then about the school situation, then about the work situation, either as a member of the team or as a personal situation if one was dealing with an adolescent. But it was very important if one was working in a team that the various members of the team should know each other and from knowing each other trust each other, and it was important that the psychologists should be allowed to make their own assessment of temperament and the attitude to the child, and contribute that to the next conference. He had found it useful to deal with the child alone. At one time he saw both parents and child, but had abandoned that practice and left the parents entirely to the social worker unless she specially asked him to interview the parents because of some profound neurosis in the parents themselves. In actual practice he always saw the child first, both in private and at the clinic, and the parents subsequently.

Dr. Kimber wished to follow up what Dr. Bodman had said about the practice at the Bristol Clinic, and he would like to hear a little more from Major Miller, if possible, about the psychodrama. The paper had been most stimulating, and although there were a few points upon which he would disagree with Major Miller, he heartily agreed with most of what he had said. He would, however, like to enter a protest with regard to the psycho-drama and Major Miller's condemnation of the case conference, because with what they liked to believe was typical British reticence it might be difficult to adopt the technique of the psycho-drama. He was not quite clear as to what it was and he did not think he was the only ignorant member present. If it was to do any good the case conference was in fact a very dramatic situation, and he found at many case conferences where people had obviously gone in from their own initial investigation with some kind of view as to what they thought should be done in the situation and what, in fact, was the child's problem, a solution had been worked out which not one of the members taking part could have found on their own. If it was a matter of merely producing reports and someone summing up and saying, "Yes, that is the diagnosis and this is the treatment," that was not his idea of case conferences at all.

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During the war, as a matter of urgency, case conferences had been cut out, and the psychiatrist had come to a decision after perhaps a few words with one and another of those who had come into contact with the case. It had been a very unsatisfactory procedure, but it was used to a limited extent where the case seemed fairly strightforward in order to save time.

Perhaps Major Miller could give a little further explanation as to the psycho-drama as opposed to the case conference.

Major MILLER, in reply, expressed his gratitude to Dr. Margaret Lowenfeld for her remarks and her agreement with some of the suggestions put forward in the paper. With regard to Dr. Bodman and Dr. Kimber, he would not like it to be understood that he deprecated the case conference, but he did believe that it was in danger firstly of becoming stereotyped and being a meeting in which certain facets of the case were brought together separately and then had to be integrated. It was very difficult to reintegrate a series of separate parts. As soon as a part was separated from its organic whole it ceased to be a member of that organic whole, and all the material obtained at a case conference was in the nature of things separated from the very vital wholeness in which the child had grown up, and the child was divided into an intellectual self, an affective self, a social self, and he did not think there were such selves except in the minds of theorists.

With regard to the dramatic quality of the case conference, he did not deny this; he had seen very dramatic situations arise between doctors and school-teachers. It could well be imagined that the teacher did not always like to hear that the doctor took the child's point of view, but the drama took place at the wrong level; the drama was with the persons who took part in the case, and the drama which one wished to see was the drama of the forces in the actors. These people came on to the stage with their parts; they had had them imposed upon them; they were the mother, the father, the teacher and so on, and they resented very much the role that had been forced upon them by the child. They said: " No, no, we have lives of our own; we are the *dramatis personae*, and we are going to tell him where he gets off. We know the situation; we know our own parts. What is he talking about? We would write the play this way. We have our own lives, our own parts; this is what really happens." The danger of the case conference was that it was drama on another level. He was quite willing to listen to that drama, as he was quite willing to listen to Shakespeare on one occasion, and Pirandello on another, but they were the same play. They were seeing through the distorted mirror of the social worker, the psychologist, and the doctor, that they had some relationship to each other as the various elements of the spectrum had a definite relation to white light, but they were separated off and had a separate existence.

He had been to many case conferences; many had been fruitful, exciting and valuable, but he always felt that it was something different from the situation as seen in the consulting room, and seeing the mother or the child by themselves and so on, and he would like them to reconstruct the situation and to go for one another with all their affective conclusions.

This brought him to the point which he would like to criticise, made by Dr. Lowenfeld, that this was a medical situation. He did not know what the interpretation of " medical " was, but he would say that social security, particularly child security, was a form of sociology, of which medicine was a part. The wider scheme was the social scheme and not the medical scheme. He would like medicine to be regarded as a special case of social operation on a particular occasion in which the members of a society were the victims of a certain type of disorder and which took place at a social sitting, and it was that social sitting which he would like to see explored in its actual material in this medium. The child in the consulting room, the mother in the consulting room, were part of the drama, and he wanted the drama to be a sort of forum in which the characters were watched moving around. That was the nature of the psycho-drama which he had in mind. He believed they were trying it out at Mill Hill, where their technique was the same as the American technique, and he would like to see how it operated. He wished he could give a picture of what a psycho-drama could be like. It had to be seen before one could appreciate what went on.

A slight example of the procedure was the Army procedure for officer selection in which there was what was called a group situation. A number of men were thrown together to perform a group task or hold a conversation. They had to imagine, for instance, that they were in a railway carriage together whiling away the weary hours on their way to rejoin their units. They were more or less unknown to one another and an unpersonal relationship was set up between them. They started a conversation; it might be started for them by the opening of a newspaper with a comment on an item of news about which they began to talk. Among them there would be perhaps a school-teacher, a woman and a business man, and not only their intellectual attitude was discussed, but at one stage one could see that the man of business held a particular view which acted as a stimulus to the group situation. The group would begin to educate him with an interplay of forces. That was a type of psycho-drama; it was one which was artificial, but in the child guidance field he could see it being a natural drama because it depended upon members who belonged to one another. They were known to one another, they had grown up together; the child had grown with the parents, the husband and wife had their relations; the relationship between each went out both to the child and to the clinic, to the doctors and to the social worker, and he saw it played out in miniature form when one had a little talk in the con-

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sulting room with the social worker, the mother and father, and perhaps the child, and one got a delightful " slanging match " in which one got on to a great deal which helped in subsequent procedures.

In conclusion, although he might have used the word " deprecate " in referring to the case conference, he wished to emphasize the meaning he attached to the case conference. It was not the actual situation ; it was a description of it removed from actuality, but it was valuable and helped the team to work together. The team must work together and explain to one another what they had discovered, but the true cross-section was lower down, not in this somewhat exalted conception of the case conference.

The PRESIDENT proposed a vote of thanks to Major Miller for his paper, which was accorded by applause.

PAPER.—" Technique," by KATHLEEN M. TODD, M.B., D.P.M.

PAPER.—" The Future of Child Psychiatry," by MARGARET M. METHVEN, M.A., M.B., D.P.M.

I feel I ought to start by apologizing for my temerity in reading this paper after the two experts whom we have heard to-day, but as I have been rather closely connected with starting two clinics under two different local authorities, I have had the administrative problems and the difficulties in starting clinics brought very closely to my mind, and I feel strongly that the time has come when psychiatrists should clear their own minds, and be prepared to give an expression of their opinions on this controversial subject.

Local authorities, on the whole, are aware of the need for child guidance clinics, but they are only vaguely aware of the functions of such clinics ; they are not at all aware of the fundamental nature of the problems involved, and therefore they are not aware of the qualifications which those undertaking the work should hold. The one consideration ever present in their minds is finance, and in our proposals to them it is essential that we bear this in mind, and at least give the impression of being economical. If we ask them to employ the more highly-paid psychiatrist and not only the less highly-paid psychologist, we must be able and willing to prove that the community will not in the long run be the loser. It is time we made our views on this subject clear to local authorities in general, and I think this Association should take the lead. I am not going to attempt to give a detailed account of my own views on the subject, but I would like to stimulate some discussion. I do not propose to say very much on the question of the relative position and spheres of action of psychologists and psychiatrists because this was discussed very fully in the Child Psychiatry Sub-Committee yesterday. As a result of that meeting, we hope eventually to put a draft circular to the Council for its approval, prior to wide circulation—a circular which will emphasize that we believe that the problem is fundamentally a medical one, i.e. one of health and not of education, but it would take too long to enter upon this topic to-day. I think, of course, that a very great deal of the difficulties and trouble have come from the lack of adequate training and selection of personnel. Training must always be regarded as the corner-stone upon which all proposals should be built. Of the original team of psychiatric social worker, psychologist and psychiatrist, the social workers alone have a recognized training and are selected on a personality basis. The psychologists have now formed a professional association, and are striving to obtain some uniformity and a basic standard of training. But we are still tending to leave our training rather in the air, and I think it is time that we did express more definite views on that subject. I am sure this lack of adequate training and the number of psychiatrists practising without any real training at all are the chief factors contributing to the attitude of so many Educational Psychologists—that attitude which relegates the psychiatrist to the small back room, there to deal with the cases of poor prognosis which would otherwise waste the time and/or lessen the prestige of the lay psychologist.

How many of us have an inadequate knowledge of the normal in the behaviour of children ? How many Superintendents of mental hospitals who have never dealt with an adult out-patient are willing to diagnose and treat an emotionally disturbed child ? How many physicians with no psycho-pathological background will diagnose a potential schizophrenic ? (And, to leave our profession for a minute,

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