

EMOTIONAL TENSIONS IN CHILDREN

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Emotional tension is the moving mind or soul subjected to excitement. Every one is in competition with every one else for esteem, love, respect and recognition. Brothers and sisters vie with one another for the affections of their parents. Competition brings with it a feeling of hostility, this hostility leads to a feeling of inferiority, a fear of failure, fear of guilt and security. These are the things of which these tensions are made.

Contradictions in our culture tend to pull us in different directions. Our schools are trying to reduce these conflicts by placing less emphasis on competition and more on cooperation.

Every one has his own limitations and must be judged by his own particular ability.

Dr. Mangus states, "Attitudes laid down early and impressed deeply in childhood become ruling forces for good or for ill in the life of the adult."

A county-wide survey in Miami County, Ohio, was made of the third and sixth grades, in the county, village and city schools, but not of the private schools. The survey was made on about 1500 children, according to the elementary form of the California test of personal ability, by the Division of Mental Hygiene of the Department of Public Welfare of the Agricultural Experiment Station of Ohio State University. The original evaluation of the personal adjustment of school children was made in 1946; one year later a follow-up study was conducted with many of the same children. The object of the later study was to find what changes in personal and social adjustment occurred during that interval. The study was designed to find out the improvement or non-improvement, the extent to which they experienced loss in their mental and social health, the extent to which they held their own, the factor which they held responsible for their improvement or non-improvement. It was evident that many of these children were maladjusted to a serious degree. The difficulties were evident in such ways as

speech disorders, unusual fears, over-aggressive behavior, extreme shyness, school failure, truancy, stealing, rejection by their companions, bad dreams and nail biting, etc., to mention only a few.

Technologically speaking, we have advanced to a high degree, but human development has lagged. The emotional difficulties are clearly shown. Adverse childhood experiences cause adult emotional ills. Successful living requires a high development of emotional and social maturity. Mental and social health are used synonymously in the Miami report.

The United Nations World Health Organization says, "Health is said to be a state of complete physical and mental well-being, not merely the absence of disease and infirmity." This tells us that health is more than a sound body, more than a sound mind in a sound body. In a modern world, health requirements include social health. This is reflected in the person's ability to live easily, harmoniously and comfortably with other people, including people who differ widely from himself.

It is estimated that at least one third of all persons who consult medical advice are without physical cause. They have complaints which show up in physical symptoms but are actually mental conflicts. It is also estimated that one in twenty young people becomes so emotionally ill that he has to be hospitalized.

The symptoms mentioned, together with many other of their symptoms, may be caused by some underlying disease and make a good case study. The similia may be found for speech disorders, unusual fears, over-aggressive behavior, extreme shyness, bad dreams or nail biting. For an example, Johnnie may have a terrible fear of the dark, awakens cross each morning, has much rumbling and rolling in his stomach and abdomen and has an enormous appetite, yet his malnutrition is apparent and *Lycopodium* is his remedy. Dottie becomes vexed at trifles, is peevish, irritable and discontented, is inclined to weep, her excretions are offensive and corrosive. If she is given *Nitric acid*, her personality will be changed and she will have a much more pleasing disposition. Teddie is much disturbed by excitement, starts easily, is shy, weak and tired, has night terrors, is irritable, is a sleep walker, has an offensive breath, vomits

occasionally and has nocturnal enuresis, but, if given *Kali phos.* at repeated intervals for a period of time, he, too, will be relieved. Gracie is exceedingly irritable, everything puts her out of humor, dislikes to be carried or moved, she may have a stomach disorder thought to be aggravated by the summer heat, but, if given *Bryonia*, her irritableness and sensitiveness will soon subside. Bobby is very sensitive to noise, repeats everything you say to him, refuses to work, he has a more or less constant motion of his feet, nervous in character and worse during sleep, he cries out during sleep, he has a headache which seems to come from school work; had he been given *Zinc. met.* the past few years, he would be a different boy today; but it is still not too late as he is still a small boy and much can be done for him.

To produce free and responsible, healthy citizens, to produce happy and socially useful persons, to provide children with maximum opportunities to grow in the direction of mature, well-adjusted persons, their basic needs as well as their similia should be provided and fulfilled.

DISCUSSION

DR. GUSTAV TUFO [Chicago, Illinois]: I have a few notes to show that these cases are akin to what we call schizoid patterns or split personality. These children live in two worlds. One side is normal, and when a child retires into his shell he is considered abnormal. These cases have remissions, and they go into another world.

You speak of dull, apathetic children who are perfectly normal but who lack that certain something at home—love or parental care—that is necessary to inculcate in them the feeling that they are wanted.

The feeble-minded child is a distinct entity, as is the idiot, the moron, the child with behavioristic tendencies, or the child who is emotionally immature. Heredity plays some part in these symptoms, but in the majority of cases in plays no part.

We have not proved that these tendencies are hereditary. As a matter of fact, we might get out of siblings a prodigy. We might get a very acute mind from a very poor family. It does

not follow that because of the fact that a family is wealthy the child is going to be an outstanding pupil.

When we talk of these children we must remember that these people may develop a complex, Oedipus or Electra. If the child is rejected it might, say, form a mother-daughter or father-son complex or love, such as in later life is pathologic. By this I mean the child may develop perversions whereby there may be actual interplay of the sexes, the female with the mother and the male with the father. These tendencies may develop criminalistic ways in later life when the child sees he or she is being denied love and is thus replacing that love with criminal tendencies or with certain qualities that are inferior to the normal.

Certain of these children we classify as normal or sub-normal. For that reason we have certain tests, called Simon-Benet tests and others, which classify the child. The I.Q. test, for example : In a normal group of ten or twenty children, two or three might have an I.Q. of 175, which is quite a bit above normal. The normal is between 90 and 120. The child with a normal I.Q. from 90 to 120 does not show any abnormality, or that there is anything wrong with it.

The I.Q. test does not necessarily deviate with the manner of living. The tests are usually given at the age of from ten to fourteen. For that matter, we can give them to any person at any time. A child may have an I.Q. of 150 and the adult will not be better in his I.Q. because his I.Q. commensurate with his age.

DR. W. W. SHERWOOD [Santa Monica, California] : Mr. Chairman, I don't want to discuss this paper particularly, but the essayist spoke of nail biting as one of the things that children do. I would like to ask Dr. Grimmer or anyone else to discuss that. I know that is one of the things that so far I haven't been able to find in the repertory.

DR. DIXON : Dr. Boger, in his little *Synoptic Key*, gives three remedies for nail biting : *Arsenicum*, *Sanicula* and *Hyoscyamus*. I have found *Sanicula* to be the most effective in treating that condition.

DR. SHERWOOD : Some children eat dirt and foreign bodies,

and things of that sort. I have figured that it was due to a lack of something in the child's system. I gave one child a month's supply of ordinary sea kelp, and she was satisfied and quit biting her nails.

DR. GIER : I thought nail biting was due to some nervous irritation. *Ammonium bromatum* is the remedy in the repertory for nail biting. It is the only one there, and I think it works.

DR. TUFO : These children are emotionally upset.

DR. NEISWANDER (*Closing*) : Regarding the matter of a child eating dirt, I have felt a good many times that it was due to a lack of some food element that the child needed. It might be due to some calcium deficiency, either *Calcarea Carbonata* or one of the other calciums.

We must take the whole child into consideration. The same applies to nail biting. Sometimes we see children whose nails have been bitten clear back to the margin. That is only one symptom. Maybe the remedy is *Sanicula*; maybe it is *Arsenicum*. However, we have to take the rest of the symptoms in the case into consideration.

Enuresis is another thing. Some of those cases are comparatively easy to correct. Too many times a nervous condition is connected with it, and we must get the symptomatology of the entire case. I think one must examine the case and know exactly what he has. Not only is it necessary to have the symptomatology and physical examinations, but the psychological condition as well.

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