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DISTURBED COMMUNICATION

The pilot of a Trans-Atlantic plane said "I have two announcements. First the bad news: our radar is out of action and we are lost. Now the good news: we have a 200 mile per hour tail wind." This is very similar to current changes in our educational system. We don't know where we are going, but we are moving very fast.

Increased academic standards and streamlining of teaching methods have led to greater scholastic demands. Both parents and teachers transmit these pressures to the child. Whereas the schools initially confined their role to stimulating the intellect, the teaching profession now feels it has to offer more and is gradually assuming a responsibility towards nourishing the whole child, his feelings as well as his intellect. Improved medical treatment has led to an increased survival of multiply handicapped children, whose education poses special problems. Therefore, more children need help. There is a growing awareness that school offers the dynamic setting outside the home which is best suited for fostering emotional change. In spite of the rapid development of new facilities for exceptional children and all children with problems, these services lag far behind in their attempts to cope with the present needs. These rapid changes necessitate a continuous re-appraisal by the teachers of their role, their professional training, and preparedness to meet the challenge. This also applies to related professions such as child psychiatry, clinical psychiatry, social work and, with particular force, to school guidance counselors.

Growing up refers to the child's journey from dependence to independence with a built-in social sense. As compared with other societies, the child in North America is being constantly pressured "to grow up." But it is difficult for the adolescent to orient himself towards his adult role in a society where there are inconsistent standards and a shortage of stable models for identification. Hence the pressure to "grow up" may reinforce already existing feelings of inadequacy and accentuate the adolescent's identity confusion. It is not surprising that young people may opt out and look for a new identity such as "Flower Power." On the other hand, some go along with the cultural pressure by denying their dependency needs and going overboard in their demands for greater independence. Malcolm X wished to help Negroes to find a sense of identity with his war cry of "Black Power." Students may demand greater responsibility and achieve this by identifying themselves with "Student Power." Both the violent expression of student demands and the passivity of the Hippie group may be seen as representing attempts of youth to deal with their "identity crisis."

When examining the commonly held adult attitudes towards young people, one can also speculate about underlying motivations. For example, the condescending attitude of adults towards adolescents could be related to

the uncertainty and bewilderment of the older generation. Statements about the "recklessness and folly of youth, their impulsiveness and rebelliousness and their impractical idealism" reflect the adults' envy of the adolescents' vitality and freedom. They also reflect the adults' guilt and sadness about their own lost and rejected ideals and their concern about growing old. One can see in which way individual feelings of inadequacy and confusion may lead to a polarization of adults and youth and a consequent breakdown of communication between these different age groups. The generation gap has come to represent a "demilitarized zone."

What leads to communication breakdown? This often develops because of intrapsychic conflicts and feelings of inadequacy and helplessness. The child psychiatrist continually needs to face up to this problem in clinical practice. Parents partly see their children as extensions of themselves and the parents' capacity to produce an unimpaired offspring becomes the symbolic focus of their sense of personal adequacy. A parent's self doubt is therefore projected onto the child. "Am I a good enough person to be blessed with a perfectly normal baby?" If parents produce an obviously defective or handicapped child or an emotionally disturbed child, this will reinforce all their inner doubts about themselves. Increased information about mental health leads to the spreading of the myth that the sins of the parents are reflected in their children. There is a tendency to over-simplify and make value judgments. As an over-reaction to seeing the child as "bad," we have tended to see the parents as "the bad ones." A more balanced approach involves trying to understand family interactions and the individual problems without bringing in the issue of who is to blame. When the parents bring their child to a psychiatrist, there is often a barrier of anxiety and hostility which is a defence against the expected criticism and threat to their inner sense of integrity. In order to develop a therapeutic relationship, the psychiatrist must be able to handle these defences and work through them.

In the past, the child who was doing poorly in school was held up as a bad example to the rest of the children in the class. These children were playing the scapegoat role. Having become more sophisticated and achievement oriented, the young teacher of today is more likely to feel that the child's poor performance or behaviour in class is a sign of her own incompetence. She may feel very guilty about her anger towards the child who is provoking or frustrating her in the classroom. As a result, she may, in spite of the availability of help, struggle with a problem that is beyond her scope.

Anger and depression are closely related, and one defence against depression is to project the blame onto others. Parents may cover their depression about their child's difficulties by being angry with the child or they may direct the anger against his friends or his teacher. The teacher, who spends more time with the child, is more likely to identify with him or displace her anger with the child onto the parents and fail to appreciate the parents' point of view. The teacher may feel tempted to react to the parents as a nuisance or as the cause of the child's misfortunes. As a result, a breakdown of communication between the parents and teachers may occur with each projecting the blame onto the other. Parents will accuse the teacher of not being able to teach and the teacher will accuse the parents of not being able to handle their responsibilities.

The professional is also very likely to be caught up in this treadmill of projected guilt and responsibility. He may find himself siding with the child against the parents and teachers or with the parents against the teachers, or vice versa. Frequently the parents project their guilt onto professionals who were previously involved. If the previous professional contacts have been with other disciplines, difficulties of communication between the different professional groups may already exist. When parents or teachers cast doubts and aspersions, this interdisciplinary communication may break down altogether.

One can illustrate the situation by an old poem describing the reactions of six blind men of Hindustan to an elephant. Each felt a different area of the animal's body.

The one who felt his thigh described his as resembling a wall.
The one who felt his tusk said he resembled a spear.
And so, these men of Hindustan
Disputed loud and long
Each in his opinion
Exceeding stiff and strong
Though each was partly in the right
And all were in the wrong.

The problem is that the school has to concern itself with the whole elephant, and this is a mammoth responsibility which can be tackled only by a complete range of professional services. How blind are we to this responsibility?

One can illustrate the problem with a case history. David was an 8 year old boy suffering from a behaviour problem and doing poorly in all his subjects in Grade 3. He was disturbing the other children in class by making them laugh. Over the previous year he had become aggressive and was hitting out at children and was also fighting with his brothers at home. He was getting very little down on paper in the classroom but did better when he received individual attention. The pediatrician was struck by the mother's difficulties in handling David and setting consistent limits for him, as well as the mother's emotional disturbance. He referred the family for psychiatric help.

Because of the problems David created in the classroom, the teacher found herself becoming very angry with him but felt guilty about these feelings. She attributed his inability to learn to laziness and she pressurized him into greater efforts. She did note that he had a very worried look on his face.

David was an adopted child who had spent the first three years of his life in an orphanage. When he was seen by the psychiatrist he gave the impression of being a very unhappy boy. He described most of his dreams as being "scary." A particular example was "a devil stabbing all the people in the dream." When asked about his "unhappy memories" he said, "I have so many I don't know which one to tell you." He said, "I have come to see you, because I am bad at school. I have a habit and I want to break it. It's hard to break." The mother gave the impression of being anxious, depressed, and at a loss to know how to handle him. She described herself as a "worrier" but said, "Now I can't stand it any more." When the psychiatrist spoke to the principal, he learned that the principal had been considering expelling David. On further inquiry, it emerged that events followed a certain pattern.

When the teacher's anxiety built up the principal would call the mother and inform her that something would have to be done. The mother responded to this by becoming more upset. She, in turn, communicated her anxiety and depression to David, who reacted by feeling more discouraged and convinced that he was "a bad boy."

To the neurologist, this was a child with cerebral seizures, whose seizures were easily controlled with medication. To the psychologist, this was a child with average intelligence, who had a learning disorder and suffered from a reading disability.

The psychiatrist felt that the background of maternal deprivation had contributed to David's difficulties. Furthermore, it appeared that David had been making a considerable effort to learn, but was severely handicapped by his learning disabilities. Because of the fact that he seemed intelligent, his disability was initially overlooked. As a result, David became discouraged and depressed and this depression made it difficult for him to concentrate and apply himself, confirming the teacher's view that he was lazy. The seizures he had as a child were another factor in provoking the mother's general attitude of anxiety. By interpreting some of these problems to the school, the psychiatrist was able to relieve the pressure on David and help the teacher feel more sympathetic. Instead of focusing on David's problems, the teacher was able to find some good things to say about him in her reports to the mother. In addition, a sympathetic remedial teacher was found, who played a valuable role in helping David feel that both he and others could understand his problems. Because she felt that something was being done, the mother's anxiety was relieved and she was able to be more positive and affectionate in her attitude to David. David responded to these measures by becoming more cheerful and sociable and more productive in his schoolwork.

In the case of David, every discipline saw the child from a different perspective. In order to obtain the broad perspective that is required for adequate planning, it was necessary to integrate their findings. This could only be achieved by communication based on mutual understanding, which is essential for proper team work. The professional's own skill and training are a crucial factor as a sound conceptual framework could greatly facilitate adequate communication. Different disciplines may necessarily require different conceptual frameworks (e.g. medical and behavioural). However, there is still scope for further elaboration of a common language between disciplines which are endeavouring to cope with a common problem.

One can illustrate the need for adequate training by considering the problems of the professional, who attempts to communicate his understanding of the child and his difficulties to the parents. When the child does poorly, the parents need to cope with their depression about their lost hopes and expectations and may defend themselves by denial. This is also true of teachers. Both David's parents and teachers dealt with their discouragement in this way. If a consultant sees his role as getting the parents or teacher to accept the child as he is and breaking down the defensive denial, he may only succeed in aggravating the problem. He may accentuate the depression in the parent or teacher and thereby strengthen defenses against accepting reality. When denial is no longer effective, the depression may become overwhelming and more desperate defences may be employed. Guilt may be projected onto

the consultant who is seen as a "bad enemy" figure. When this happens to any serious extent, the consultant may cease to be able to play an effective role. Another problem may also arise in the professionals because of their fear of the parent's reactions. They may protect themselves by setting up emotional barriers (i.e. detachment or aloofness) or by going to extreme lengths in avoiding bringing up information that is too painful. Disturbed communication may therefore develop as a result of defences against anxiety and depression in both the client and consultant. The parents and teacher wish they could work through their depressions, but feel helpless to achieve this. The professional who wishes to communicate his understanding must be able to empathise with this depression and know how to cope with it. His first task may be to communicate his understanding of how hard it is for the parent or teacher and then to convey an attitude of hopefulness by his general approach. Once this has been achieved, it may become easier for the parents and teachers to give up inappropriate measures and the child too may come to represent less of a problem.

One practical measure to improve interdisciplinary communication would be increased interdisciplinary collaboration in training programs. This would not only enrich the learning experience, but also catalyse more effective teamwork when students graduate. This should clarify why the opportunity to address myself to the readers of this journal has pleased me. Readers who belong to other disciplines may have found that their efforts to communicate with psychiatrists have been frustrated by the latter's failure to respond. Psychiatrists may not express themselves clearly to non-psychiatrists and their technical jargon may serve as an effective smoke screen of their inability to articulate. They too need to learn to develop their interest and skill in communication with other disciplines. This is an essential part of teamwork.

COMMUNIQUER N'EST PAS TOUJOURS FACILE

LEON SLOMAN

S'il arrive que les communications soient difficiles dans un large contexte social, la même situation peut se produire entre l'enfant et sa famille, l'enfant et l'école, les professionnels eux-mêmes, les professionnels et les parents.

La famille de l'enfant, les enseignants et les autres professionnels font partie d'un système social dans lequel les facteurs culturels jouent un rôle important. A l'intérieur de ce système les problèmes de l'enfant nécessitent une collaboration accrue et une planification intense.

Le comportement difficile d'un enfant devrait engendrer une coopération plus poussée entre les membres de l'équipe qui étudie son cas; le contraire ne ferait qu'accroître les difficultés de l'enfant.

Enfin, disons que pour le plus grand bien de l'enfant et pour son épanouissement, nous nous devons de briser le cercle vicieux que constituerait une communication défectueuse.