

Anxiety disorders in children and adolescents



Research, assessment and intervention

Edited by

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and

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Anxiety and its disorders in children and adolescents before the twentieth century

Philip D. A. Treffers and Wendy K. Silverman

Fear is, I think, the greatest mental suffering for children.

George Sand (1854–1855)

Introduction

Little Hans and little Albert are so well-known that one might easily get the impression that Freud (1909) and Watson (Watson & Rayner, 1920) were the first to ‘discover’ anxiety and its disorders in children. This impression is likely to be reinforced by a reading of the contemporary child psychiatry and psychology literatures. These literatures are basically characterized by an absence of *any* mention about the existence of anxiety and its disorders as phenomena that existed in childhood prior to the year 1900. Klein & Last (1989) are among the few contemporary authors to note that anxiety and its disorders in children were mentioned by others as existing before this time period (they refer to Kraepelin (1883) and Emminghaus (1887) as the first authors to report anxiety states in children and adolescents).

In this first chapter, we present a historical perspective of anxiety and its disorders in childhood and adolescence in terms of how they were viewed in psychiatry and psychology prior to the twentieth century. We chose to focus our attention on this time period because we were more interested in exploring ‘uncharted waters’ than charted waters. That is, as noted, we believe most readers are already generally familiar with the main developments that occurred during the twentieth century (e.g. Little Hans and Little Albert). Most readers also are generally familiar with the Kraepelin approach to psychiatric classification which laid the foundation for current classification schemes (e.g. Diagnostic and Statistical Manuals; American Psychiatric Association, 1987, 1994) and International Statistical Classification of Diseases and Related Health Problems (World Health Organization, 1992), and how the anxiety disorders were classified with each version (for example Silverman, 1993; Werry, 1994).

As far as we know, however, there has never been a scholarly attempt made

to chart the history of psychiatric and psychosocial approaches to anxiety and anxiety disorders in children and adolescents prior to the twentieth century. Even in publications on the history of child and adolescent psychiatry (e.g. Parry-Jones, 1994) anxiety disorders are only sparsely mentioned. In this chapter then, using primary sources wherever possible, we trace the way anxiety and anxiety disorders in children have been described and explained in the literature prior to the twentieth century. By so doing, the historical record is thus being preserved – something that we believe is important to do as we are of the view (held by many) that our futures *are* generally better off when they are informed by our pasts.

The general line of development is as follows: Until the nineteenth century anxiety in children was a focus of attention mainly in the field of education. At the beginning of the nineteenth century – the period in which psychiatry developed into an independent discipline – anxiety in children was primarily regarded as a ‘vulnerability factor’, which could later lead to the development of psychiatric problems. In the second half of the nineteenth century the contours of child and adolescent psychiatry became clearly defined. During this period, anxiety in children acquired the status of a psychiatric symptom and ‘disorder’.

In the review that follows, which has no pretensions to exhaustiveness (though we tried our best to be as comprehensive as possible), we hope to shed light on the early history of conceptualizations of anxiety and its disorders in youth. In so doing, the review touches on conceptualizations of child and adolescent psychiatric disorders in general. We present these conceptualizations, because they appear relevant for anxiety disorders, which as such were described for the first time in the second half of the nineteenth century. Also worth noting is that during the times when these writings appeared, it was customary to use the masculine ‘he’, or ‘his’ only. To keep the original flavour of the writings we therefore retained this usage.

Educational and medical literature up to the nineteenth century

The first set of writings that we could locate where mention was made of anxiety in children was in Hippocrates’ (460–370 BC) *Aphorisms*. In his *Aphorisms*, Hippocrates reported fears as being among the illnesses of newborns and infants, as well as aphtae (i.e.), vomiting and night fears (*Aphorisms* 24). Hippocrates, we do not believe, would have predicted that at least two millennia would pass before anxiety in children would again come to be regarded as an ‘illness’.

It was not until the Middle Ages that anxiety in children was again the focus of attention, this time in educational circles. Numerous 'books of nurture' for parents and children remain from the Middle Ages. Wardle (1991) reported that on the basis of such 'books of nurture' he was able to isolate descriptions of 108 separate behavioural and emotional problems, including timidity, school refusal and anxiety.

The impression given by Ariès (1960) and DeMause (1974) in their historical accounts of childhood and childrearing during the Middle Ages is unrelentingly sombre. Child abuse and infanticide were present on a large scale. Others (Kroll & Bachrach, 1986; Pollock, 1983; Shahar, 1990) have presented a more nuanced picture. For example, on the basis of extensive source research, Shahar (1990) concluded that in the Middle Ages, authors of medical works, 'like most didactic writers, favour[ed] essentially lenient education and granting the child freedom to act in accordance with his natural tendencies' (Shahar, 1990, p. 98).

This does not mean that there were no 'harsh' measures used in childrearing, such as physical punishment and 'frightening'. DeMause (1974) and Shahar (1990) provide examples of the use of fearsome masked creatures or drawings as childrearing techniques during this time. It is unlikely, though that such practices were widespread, bearing in mind that approaches to childrearing in the Middle Ages varied considerably, depending in large part on the period and the region. 'Frightening' one's children could be a necessity in childrearing, especially where religious education was involved – as fear was an important concept within the context of religious education. As a consequence, it is understandable that parents strictly adhered to the mores of the day, especially in times when 'non-adherence to the teachings' was severely punished by the religious authorities. Still the following conclusion drawn by Shahar (1990) probably represents a reasonably accurate summary statement about the Middle Ages' views of childrearing:

Since fear and dread cause melancholy, one should refrain, when rearing a child, from angering or saddening him. Nor should one act with excessive merriment. Everything should be done with moderation and in the proper proportion. (Shahar, 1990, p. 98)

In terms of care, in the Middle Ages the care of children with disorders was mainly in the hands of the church. Beek (1969), in his description of psychiatry in the Middle Ages, reported that different regions had a different saint as patron of one or more illnesses. The patron saint for epilepsy also was patron saint for childhood convulsions, fears and children's development in general. However, not only the clergy, but also doctors were involved in treating illness in children and adolescents: there are numerous sources in Middle Ages

literature which could be regarded as the 'first paediatric publications', such as 'The Boke of Children' by the father of English paediatrics, Thomas Phaer (1545). In these publications sleep disorders, nightmares, enuresis, hysteria and melancholia were treated (see reviews by Ruhräh (1925) and Demaitre (1977)). One of the few publications in which 'fear' in children was addressed is the treatise on stammering by the Italian doctor Hieronymus Mercurialis (1583) in *De Morbis Puerorum*. In Mercurialis' view, the basic cause of stammering was 'natural humidity', because 'a tongue that is soft or too moist or weak on account of the humidity of the muscles cannot be impelled vigorously enough against the teeth . . .' (p. 227). The reason for stammering, in his opinion, could often be found in 'affections of the mind'. One of these affections was fear, as 'is both clear from experience and confirmed by Aristotle and Galen . . .' (p. 227). In the treatment of stammering, Mercurialis pleaded for trepidation as an effective remedy against an excess of humidity: "Trepidation [in Greek "agonia"] exists when men who are about to attack some great thing fear; and this kind of fear is greater than fear so-called [in Greek "phobos"]". In trepidation 'just as in shame the parts around the breast and face grow warm, as is discerned from the redness, so, says he [Aristotle], to those in trepidation comes a heat around the breast and around the face . . .' and 'it is not to be doubted that there may also be removed that excessive humidity' (p. 234). Mercurialis thus gave a physical explanation for stammering, although the brain as yet played no role.

Mercurialis also cited 'fear' as one of the causes of stammering. This is probably the reason why Walk (1964) summarized Mercurialis' conclusions as follows: 'therapy . . . consists in driving out the emotion – usually fear, and perhaps conceived as unconscious – supposed to be at the root of the trouble, by an opposing one' (p. 754). It seems to us that this is too far-reaching an interpretation of Mercurialis' struggle with dryness and humidity.

The sixteenth century stands to a large extent in the shadow of witch burning, which also counted psychiatrically disturbed children as its victims. The Dutchman Johann Weyer, the father of modern psychiatry (Stone, 1973), and one of the first authors in child psychiatry played an important role in bringing the care of mental illness into the domain of doctors and away from the clergy. In the seventeenth century, the idea that psychiatric disturbances were caused by satanic forces lost ground. Although the Englishman, Robert Burton, in his famous dissertation on melancholy, named 'the power of Divels' as one of the causes of melancholy (Burton, 1621), he adopted a 'multi-causal position', pointing to the role of inheritance, which was also manifested in the workings of the mind:

That other inward inbred cause of Melancholy, is our temperature [temperament] in whole or part, which wee receive from our parents (. . .) Such as the temperature of the father is, such is the sonnes; and looke what disease the father had when he begot him, such his son will have after him . . . Now this doth not so much appeare in the composition of the Body . . . but in manner and conditions of the Minde . . . (pp. 96–97)

In addition, Burton identified education as a cause of melancholy:

Parents and such as have the tuition and oversight of children, offend many times in that they are too sterne, always threatning, chiding, brawling, whipping, or striking; by meanes of which their poore children are so disheartned & cowed that they never have any courage, or a merry houre in their lives, or take pleasure in any thing. (. . .) Others againe in that other extreame doe as much harme . . . Too much indulgence causeth the like . . . (p. 97)

At the close of the eighteenth century, the article, ‘On the Different Species of Phobia’ was published, written by the American, Benjamin Rush (Rush, 1798). In this ironic essay Rush defined phobia as ‘a fear of an imaginary evil, or an undue fear of a real one’ (p. 177). He also referred to phobias in children, citing for example Thunder phobia as one type (‘This species is common to all ages, and to both sexes: I have seen it produce the most distressing appearances and emotions upon many people’ [p. 179]) and Ghost phobia (‘This distemper is most common among servants and children . . .’ [p. 180]).

Rush’s writing contains, to our knowledge, the first written description of phobic anxiety in children. In 1812, Rush’s *Medical Inquiries and Observations, upon the Diseases of the Mind* was published. The wide fame this book enjoyed was probably due to a section on depression, in which Rush stated that ‘. . . depression of mind may be induced by causes that are forgotten, or by the presence of objects which revive the sensation of distress with which it was at one time associated, but without reviving the cause of it in the memory’ (p. 46). The book also contained an extensive discussion of fear. In the section, ‘On Fear’, Rush wrote: ‘There are so much danger and evil in our world, that the passion of fear was implanted in our minds for the wise and benevolent purpose of defending us from them’ (p. 325). Rush distinguished between ‘reasonable’ objects of fear, such as death, and ‘unreasonable’ objects of fear, such as ‘thunder, darkness, ghosts, speaking in public, sailing, riding, certain animals, particularly cats, rats, insects, and the like’ (p. 325).

Rush also offered several remedies for the fears found in childhood that, while innovative for the day, sound quite familiar to contemporary readers. For example, Rush’s remedy for the fear of death was not to talk about it: ‘Boys obviate fear in like manner, by silence in passing by a grave-yard, or by conversing upon subjects unconnected with death’ (p. 328).

As regards remedies for unreasonable objects of fear, Rush focused on the importance of education and early preventive measures: 'The fear which is excited by darkness may easily be overcome by a proper mode of education in early life. It consists in compelling children to go to bed without a candle, or without permitting company to remain with them until they fall a sleep' (p. 321). And the 'fear from certain animals and insects, may all be cured by resolution. It should be counteracted in early life' (p. 332).

Finally, the foreshadowing of learning theory, as discussed by Field and Davey (chapter 8, this volume), also can be seen in Rush's closing paragraph on fear:

Great advantages may likewise be derived for the cure of fear, by a proper application of the principle of association. A horse will seldom be moved by the firing of a gun, or the beating of a drum, if he hear them the first time while he is eating; nor will he start, or retire from a wheelbarrow, or a millstone, or any object of that kind, after being once or twice fed upon them. The same law of association may be applied in a variety of instances to the human mind, as well to the prevention, as cure, of fear. (p. 333)

The first half of the nineteenth century

The contours of child and adolescent psychiatry

In the nineteenth century, a distinction was increasingly drawn between idiocy and psychiatric disturbances in children. A growing number of short descriptions of children with 'moral insanity' (where 'moral' may usually be interpreted as 'psychic') appeared. These include statements by the Frenchman, Esquirol, who is regarded as the most important psychiatrist of the first decades of the nineteenth century. Views on psychiatric disturbances in youth were still largely influenced by ideas from adult psychiatry, however. Overall, little attention was paid during this period to anxiety and its disorders.

Causes of psychiatric disturbance in children and adolescents

There was general agreement that inheritance played an important role in psychiatric problems. Adams (1814) showed a remarkable appreciation of the nuances involved. '*Madness*', he claimed, 'as well as *gout*, is never *hereditary*, but in *susceptibility*'. When a disposition was involved, only a trivial cause was needed to elicit the mental irritation for the outbreak of the disease: 'But when the susceptibility amounts only to a *predisposition*, requiring the operation of some external cause to produce the disease, there is every reason to hope, that the action of the disease may be for the most part much lessened, if not

prevented altogether' (Adams, 1814; p. 692). Esquirol (1838), similarly, regarded heritability as the most general cause to mental illness. In Esquirol's opinion, the disease could nevertheless be transferred in another way, from the mother to the child; that is, mothers who experienced strong emotions during pregnancy had children who at the slightest cause could become insane. Esquirol cited the French Revolution as an example of a time when this was a common phenomenon.

A relation was drawn also between insanity and upbringing. The Englishman, James Parkinson (1807), in his short paper on the excessive indulgence of children, illustrated the far-reaching effects that education and inconsistent childrearing style could have:

On the treatment the child receives from his parents during the infantine stage of his life, will, perhaps, depend much of the misery or happiness he may experience, not only in his passage through this, but through the other stages of his existence. (p. 468)

The view that schooling – if begun too early or if too intensive – could be harmful to mental health also was popular in the nineteenth century (e.g. Adams, 1814). Esquirol (1830) regarded excessive study as one of the causes of the supposed increase in diseases of the mind: 'The advance of civilization leads to a multiplicity of the insane' (p. 332). He was later more nuanced in his view, remarking that 'it is not civilization, that we are to accuse, but the errors and excesses of all sorts, which it enables us to commit' (Esquirol, 1838, p. 42). Jarvis (1852) linked the presumed increase in mental illness in this period to 'the improvements in the education of children and youth': 'Thus they task their minds unduly, and sometimes exhaust their cerebral energies and leave their brains a prey to other causes which may derange them afterwards' (p. 358).

Masturbation was another factor that was increasingly cited as a cause of psychiatric symptoms in both adults and youth (Hare, 1962; Neuman, 1975). The explanation offered by Griesinger (1861) on the link between masturbation and psychiatric symptoms was both succinct and 'state of the art':

As to the more intimate foundation of mental diseases in childhood, they appear to depend in part on an original irritability of the brain (often hereditary), or produced and maintained by injudicious treatment (intimidation, ill-treatment of mind, intellectual over-exertion, dissipation), partly on deeper organic disease originating spontaneously, or after injuries of the head (. . .); they often proceed from sympathetic irritation of the brain transmitted from the genital organs (onanism, approach and entrance of puberty). (pp. 143–4)

(In 1845 the first edition was published of *Die Pathologie und Therapie der Psychischen Krankheiten*, by Wilhelm Griesinger. Our quotation comes from the

second edition published in 1861, in which the section on psychiatric disturbances in children is considerably more extensive.)

Assumptions about the limited prevalence of child psychiatric disturbances

In the first half of the nineteenth century, numerous authors discussed causes of the supposed limited prevalence of psychiatric disturbances in children. The French phrenologist Spurzheim (1818), for example, attributed the limited prevalence to 'the extreme delicacy of their [children's] cerebral organization which would tend not to tolerate a serious illness without total loss of psychical faculties, or without grave danger to life itself' (p. 114).

Esquirol (1838) also believed that mental illness had limited prevalence in childhood, 'unless at birth the child suffers from some vice of conformation or convulsions, which occasion imbecility or idiocy' (p. 33). Although Esquirol had this view, he described a number of exceptions. Unlike Spurzheim, Esquirol regarded the limited prevalence of psychiatric disturbances in children as being due to the absence of passions in children:

Infancy, exempt from the influence of the passions, is almost a stranger to insanity; but at the epoch of puberty, the sentiments, unknown until this period, cause new wants to arise. Insanity then appears, to trouble the first moments of the moral existence of man. (Esquirol, 1838, p. 46)

The important role which Esquirol (1838) ascribed to the passions in psychiatric problems is clear in the following statement: 'One of the moral causes pointed out by Pinel, and which is frequently met with in practice, is the conflict which arises between the principles of religion, morality, education and the passions' (p. 47). Internal conflict as a cause of mental illness had made its debut!

The German physician, Griesinger (1861), also believed that insanity seldom occurred before puberty: '... the mobility of this age does not allow single insane ideas to become persistent and systematised, as at a late period' (p. 143). Paradoxically, in his opinion, as in Esquirol's, still almost all forms of insanity did occur in children, be it by way of exception.

Course of the illness

Occasionally a writer commented on the course of psychiatric illness in children. Adams (1814) suggested that some disturbances were 'phase-related': 'Sometimes we find the disease cease, as the changes of the constitution during that period are completed' (p. 692). Esquirol (1838) approached the subject from a retrospective perspective: 'Almost all the insane, presented before their sickness, certain functional changes, which extended back many years, even to earliest infancy' (p. 54). Griesinger (1861), on the other hand, took a prospective

approach: 'Also after recovery such patients are much disposed to relapse; their mental health continues in danger during the whole of their lives, or they occasionally become, without being actually insane, owing to an unfavorable change in their whole character, useless for the world' (p. 144). Commenting on the influence of mental disorders on the psychological development of the child in general, Griesinger claimed: 'It is a general essential characteristic of the mental disorders of childhood that they limit further mental development' (p. 143).

Anxiety

Anxiety did not occupy a prominent place in the literature on child and adolescent psychiatry in the first half of the nineteenth century. A number of authors, including Esquirol (1838), emphasized that the upbringing of children should not be fearful. Esquirol referred to strong impressions as a cause of disturbances in children, describing the intense fears that could be aroused. He did not regard the fear itself as a disturbance, but fear could form the basis of a mental illness that could arise later, at puberty. Esquirol (1838) described several cases to illustrate this view, including a 3-year-old boy who was:

frightened at the bears, exhibited (. . .) as a curiosity. From that time, he was subject to frightful dreams, and at seventeen years of age, he was seized with mania. A girl, six years of age, sees her father massacred, and has since been subject to panic terrors. At fourteen (. . .) she becomes a maniac. She wishes to rush upon every body. The sight of a knife or a weapon, or of many men assembled, excites her to the most violent fury. (p. 50)

Anxiety was thus viewed by Esquirol as a vulnerability, that is, as a point from which psychopathology could develop. Griesinger (1861) referred to anxiety in relation to melancholy in children in a similar way: 'Simple melancholic states also present themselves, whose foundation is a general feeling of anxiety' (p. 143). Griesinger was only one step away from the generalized anxiety disorder!

The second half of the nineteenth century

The birth of child and adolescent psychiatry as a discipline

Although small in number, the pages in Griesinger's handbook devoted to psychiatric disturbances in youth served as the impetus for a growing number of case studies, articles, and chapters on the topic in the second half of the nineteenth century. In these decades child and adolescent psychiatry began to acquire the form of a specific discipline. Authors were generally familiar with the work of their predecessors, which they used as a springboard for their own

ideas. Articles appeared in which current knowledge was systematically ordered. The British doctor Charles West, regarded as the founder of modern paediatrics, had a central place in all these developments. It is likely that West was a source of inspiration for Maudsley, who, in 1867, published *The Physiology and Pathology of the Mind*. This handbook contained a separate chapter on child and adolescent psychiatry. (Wardle (1991) reports a detailed publication on child psychiatry, by a 19-year-old medical student, Chrichton-Browne (1860). Wardle assumes that Maudsley was familiar with the publication. Unfortunately, the authors were unable to locate it.) Less well known, but intriguing is an article on 'Moral Insanity' by the American psychiatrist, Savage (1881).

Another landmark in the history of child psychiatry was a comprehensive chapter by the German psychiatrist Hans Emminghaus devoted entirely to child and adolescent psychiatry, which appeared in an 1887 handbook on paediatrics. A monograph by the Frenchman Moreau (de Tours) (1888) followed a year later. In 1890, the American, Spitzka, included a chapter on 'insanity' in a paediatrics manual. This was followed by another comprehensive publication by Manheimer (1899): *Les troubles mentaux de l'enfance*.

Based on our reading of these publications, we offer the following general summary. First, views on the causes of psychiatric problems in children and adolescents began to be more finely differentiated. The importance attached to hereditary factors, referred to by Manheimer as the 'cause of causes', continued to be strong. However, in views on the contribution of hereditary factors, the emphasis shifted away from the hereditary determination of illness to the hereditary determination of temperament. For example, in terms of a 'nervous temperament' or a 'neuropathic temperament', almost all of the authors treated heredity not as a single entity but in relation to environmental influences. Only in exceptional cases was the influence of heredity as such inescapable, for example when the mother was mentally ill during pregnancy (e.g. Savage, 1881).

In addition, an illness in one of the parents (e.g. lead poisoning, alcoholism, syphilis) (Clevenger, 1883), drunkenness in the parents at conception (Manheimer, 1899), illness in the mother during pregnancy and obstetric complications (e.g. use of forceps) (Clevenger, 1883) were described as causes of child psychiatric problems. Under the influence of developments in paediatrics, the number of descriptions of psychiatric disturbances in relation to paediatric illnesses increased (Cohn, 1883; Emminghaus, 1887).

Intensive schooling continued to be regarded as a factor contributing to mental illness: 'Education conducted with school honors as the object to be worked for, causes mental overstrain, and is a potent exciting cause'

(Clevenger, 1883, p. 600) (cf. Hurd, 1894; Manheimer, 1899). Likewise for upbringing: 'Insanity in children [is] practically always hereditary, though bad bringing up might largely conspire with [the] original tendency to produce the result' (Albutt, 1889, p. 131).

In this period, there were two authors who we believe were far ahead of their time in terms of their ideas about the interaction between parents and child in relation to child psychiatric problems: West and Savage. Many of their views foreshadow a number of the ideas expressed by Boer and Lindhout (chapter 10, this volume). West's (1860, 1871) fame was partly due to his description of 'the contribution of the parents' in the continuation of 'feigned diseases' (we would probably today speak of somatoform disorders in these cases), and to his recognition of the inability of the parents of these children to provide limits. Perhaps even more advanced was Savage's (1881) hypothesis that 'parental style' was partially influenced by the temperament of the child:

I would most emphatically state my belief that very many so-called spoiled children are nothing more or less than children who are morally of unsound mind, and that the spoiled child owes quite as much to his inheritance as to his education. In many cases, doubtless, the parent who begets a nervous child is very likely to further spoil such child by bad or unsuitable education. (p. 148)

As in the first half of the nineteenth century, masturbation was often cited in the second half of the century as a cause of psychiatric problems in youth. An independent disorder was even suggested, namely 'masturbatory insanity' (Maudsley, 1868), which refers probably to hebephrenic dementia praecox or schizophrenia (Hare, 1962). A few decades later, however, authors began to have reservations about the feasibility of a relation between masturbation and mental illness. The German doctor Cohn (1883) remarked that 'onanism in a moderate degree is such a widespread ill, especially during puberty, that if it really did have a seriously dangerous influence, the number of mentally ill would take on enormous proportions' (p. 41). At the end of the nineteenth century authors began to expressly avoid a too rigorous position on the matter (e.g. Maudsley, 1895). In the United States, however, the 'masturbatory hypothesis' continued to hold ground for a long time (Hall, 1904; Spitzka, 1890).

Anxiety and anxiety disorders in child and adolescent psychiatry

Charles West's *On the Mental Peculiarities and Mental Disorders of Childhood* can be seen as revolutionary: in this essay he gave a central position to the experiential world of the child, and, in particular, to the 'imagination' (West, 1860). He illustrated his claims with a realistic description of the experience of anxiety in children:

The child lives at first in the external world, as if it were but a part of himself, or he a part of it . . . The child who dreads to be alone, and asserts that he hears sounds or perceives objects, is not expressing merely a vague apprehension of some unknown danger, but often tells a literal truth. The sounds have been heard; in the stillness of its nursery, the little one has listened to what seemed a voice calling it; or, in the dark, phantasms have risen before its eyes, and the agony of terror with which it calls for a light, or begs for its mother's presence betrays an impression far too real to be explained away, or to be suitably met by hard words or by unkind treatment. (p. 133)

It is likely that Moreau de Tours' (1888) later description of childhood anxiety was inspired by West's writings, as was Maudsley:

It is difficult for grown-up persons, unless perchance helped by a hateful memory of their own terrors in childhood, to realise the terrible agonies of fright and anguish, which seize some nervous children when they are alone in the dark, or are left by themselves in a large room, or have to pass a room or closet of which they have conceived some formless dread, or are sent alone on a strange errand. (Maudsley, 1895, p. 370)

To our knowledge, Strack's (1863) was the first description of a 13-year-old girl in whom anxiety ('precordial anxiety') was brought to the fore as a psychiatric symptom. A number of other case studies followed in which anxiety was a prominent symptom of the children (King, 1880; Savage in the discussion of Albutt, 1889; Von Rinecker, 1876). (In scientific literature in these days it was usual to publish the papers in journals, with a report of the discussion by the audience.)

As far as we could surmise, Emminghaus (1887) was the first to suggest a relation between anxiety and temperament characteristics – a prelude to the 'behavioural inhibition' concept described by Oosterlaan (chapter 3, this volume). He wrote of 'fearfulness and anxiety as individual predispositions to emotional disorders . . .' (p. 53). Fright, which he regarded as the most common psychic cause of mental disturbances, only led to mental illness if such a predisposition was present. Maudsley (1895), too, drew links between anxiety in children and a 'neuropathic temperament':

One little creature used to shriek in an ecstasy of fright whenever another child or dog approached it in the street, yet exulted with a frenzy of delight in a strong wind, no matter how violent; another would go straight up to any strange dog which it met and take instant hold of it, without the least apprehension, never coming to harm by its fearless behaviour. (p. 370)

In his systematic discussion of symptomatology in child psychiatry, *Anomalies of the Feelings*, Emminghaus (1887) also became the first to afford anxiety (*Angor*) a significant role in mental illness. He regarded anxiety, cowardice and nervousness as pathological only 'if they were present as new behaviour in the child in addition to other signs of a psychic disorder . . .' (p. 70). One symptom of

anxiety was ‘fear of being alone, especially in the dark, of sleeping alone’. This fear, which mainly occurred in young children, by such events as hearing terrifying stories by servants, could continue through childhood. Emminghaus (1887) called anxiety ‘practically the most common elementary, psychic symptom’, because it was characteristic of so many diseases, including ‘both organic and functional brain diseases’ (p. 70). Emminghaus further noted that milder forms of anxiety in children could be manifested in a number of forms, consisting mainly of impulsive actions, such as apparently cheerful whistling, the imitation of animal noises, naughty behaviour, and over-affectionate behaviour, especially towards the mother. He called these types of behaviour ‘the masks of anxiety’, a concept derived from a publication by the adult psychiatrist Dick (1877). Dick’s statement that anxiety ‘could hide behind a thousand masks’, led Emminghaus to the astute observation that ‘accurate evidence for this will probably be difficult to produce’ (p. 72).

Finally, Emminghaus (1887) referred to ‘spontaneous anxiety’, which, he said, arose without any recognizable cause, and in the absence of any psychic indications. In describing this form of anxiety, which in his opinion was always pathological, he probably gave the first description of a panic attack. Maudsley (1895) also described panic attacks in adolescents:

. . . singular nervous crises which befall persons who cannot cross an open place or square, being seized with an overwhelming panic of impotence at the bare thought or attempt to cross . . . a reeling of thought and feeling, an indescribable anguish, as if the foundation of self were sinking away . . . (pp. 409–10)

Maudsley (1895) also described adolescents with obsessive-compulsive symptoms:

These are they who, sensible in other respects and able to do their daily work in the world, are still haunted with urgent impulses to think, do, or say something ridiculous, obscene, or dangerous, and are in a perpetual fever of nervous apprehension and distress in consequence. (p. 407)

Maudsley (1895) attributed both panic attacks and obsessive-compulsive symptoms to ‘self-abuse’ in adolescents who had a ‘high-strung neurotic temperament’; at the same time though he was able to place the role of masturbation within a reasonable better perspective: ‘To conclude self-abuse to be the exciting cause in every case would be to conclude wrongly and to do wrong to the sufferer’ (p. 411).

Other opinions also were formulated on the pathogenesis of panic disorders. Emminghaus (1887) took as his starting point the notion of the adult psychiatrist Arndt (1874), that the feeling of anxiety could be traced to an abnormal

movement of the heart, which, due to abnormally sensitive sensory nerves, was able to be perceived and brought to consciousness. Emminghaus argued differently, claiming that heart activity could remain unchanged with anxiety, and that sometimes anxiety could occur with heart disease, and sometimes not. He had no doubt that the root cause of anxiety lay in processes in the cerebral cortex. Maudsley (1895), taking a comparable standpoint, and foreshadowing some of the cognitive views discussed by Prins (chapter 2, this volume), formulated a type of 'cognitive hypothesis' about panic attacks:

a disorganisation of the muscular sense, whereby the special mental forms or intuitions required to inform the proper purposive movements are rendered impossible. The mind being thus unable to form its fit grasps or apprehensions of the environment might naturally reel in impotent alarm, transferring its subjective disorder to the external world . . . (p. 411)

Finally, Emminghaus (1887) and Maudsley (1895) described the simultaneous occurrence of melancholic and anxiety symptoms:

. . . children of four or five years, sprung from a very neurotic stock, may have fits of moaning melancholy and apprehensive fears which, but for their neuropathic inheritance, might seem quite out of keeping with their tender age and to be inexplicable aberrations of nature. (Maudsley, 1895, p. 379)

In melancholic adolescents also

. . . morbid suspicions and fears ensue: fears and fancies of having done something wrong or of being suspected of wrong-doing, of not being loved by parents, of being disliked and spoken ill of by companions, of being watched and followed in the streets (. . .) (Maudsley, 1895, pp. 393-4).

Classification

The professionalization taking place in the field of child and adolescent psychiatry also was evident in the first attempt at classification (Cohn, 1883; Emminghaus, 1887; Maudsley, 1867; Moreau de Tours, 1888). Anxiety disorders were included for the first time in the classificatory system of child psychiatry of Cohn (1883). In Cohn's system obsessive-compulsive disorders were given a relatively minor place. Under the heading 'real psychoses', beside categories such as melancholy and mania, Cohn included the category 'madness' ('*Verrücktheit*'), which referred to delusional disorders. Obsessions and compulsive behaviour were seen as an 'abortive form' of these disorders.

Moreau (de Tours) (1888), in his '*Etude des formes*' (under '*Exaltation psychique*', which was part of '*Formes purement morales*') gave anxiety the status of a disorder: 'Like all psychic disturbances, and in certain cases, anxiety must be regarded as a real sickness' (p. 191). The 'spores of devastation [of anxiety

attacks in children] may remain up to an advanced age, and sometimes throughout the person's entire life (p. 192).

Treatment

In terms of intervention, the main method that was advocated was pharmacotherapy. For example, the persistent anxiety attacks of the girl described by Strack (1863) disappeared after a lengthy treatment with opium. Von Rinecker (1876) treated his patient with cannabis. His experiences led him to conclude that 'Indian hemp as a medicinal remedy has a future in psychiatry' (p. 565). Occasionally, an anxiety disorder necessitated residential treatment. In this regard Clevenger (1883) reported the case of a 10-year-old boy who was admitted to an asylum for 'pyrophobia'. Manheimer (1899) presented the most detailed description of the time of treatment. He mentioned pharmacological remedies (as linden-blossom tea and orange-blossom water, hypnotics, the various bromides, ether syrup, laurel cherry water, belladonna tincture, chloral and trional) and hydrotherapy (e.g. tepid baths, or bran baths, preferably just before retiring). He also pointed out that psychological treatment – verbal suggestion, reasoning ('*raisonnement*'), and persuasion – can be effective, as well as hypnotic suggestion in severe cases.

Contributions from psychology and other sciences

In his *Historical introduction to modern psychology* Murphy (1949) concluded that the final decades of the nineteenth century witnessed the appearance of the first systematic and serious publications in the field of child psychology. Interest in child development was strongly influenced by Darwin's theory of evolution. In 1877, Darwin published the observations he had made 37 years earlier on one of his children. On the basis of his observations on fear he remarked:

May we not suspect that the vague but very real fears of children, which are quite independent of experience, are the inherited effects of real dangers and abject superstitions during ancient savage times? It is quite conformable with what we know of the transmission of formerly well-developed characters, that they should appear at an early period of life, and afterwards disappear. (p. 5)

Darwin had a strong influence on Preyer, whose publication, *Die Seele des Kindes* (The Mind of the Child) (1892), described development during the early years of life. In the section on fear (*Furcht*) Preyer reflected on why young children were afraid of unfamiliar things: 'Why is it that many children are afraid of cats and dogs, before they are aware of the dangerous qualities of these animals?' (p. 104). (It is interesting that Tiedemann (1787), in his first known 'baby biography' (*Beobachtungen über die Entwicklung der*

Seelenfähigkeiten bei Kindern’) made no mention of anxiety.) Following Darwin, Preyer attributed the many fears of children to an ‘inherited fearfulness’, or an ‘inborn memory’, a kind of an ethological explanation. Sully (1895) did not share this viewpoint of an ‘inborn memory’. In regard to his observation that very young children were generally afraid of noises, he took a physiological viewpoint, describing this fear as ‘an organic phenomenon, with a sort of jar to the nervous system’ (p. 197). Later in development, he argued, the fear of visual impressions arose, but this was ‘Called forth by the presentation of something new and strange, especially when it involves a rupture of customary arrangements’ (p. 199). In his referral to the balance between fear and curiosity Sully adopted a ‘modern’ ethological approach: ‘It is only (. . .) when attachment to human belongings has been developed, that the approach of a stranger, especially if accompanied by a proposal to take the child, calls forth clear signs of displeasure and the shrinking away of fear’ (p. 201). However, ‘the most prolific excitant of fear, the presentation of something new and uncanny, is also provocative of another feeling, that of curiosity, with its impulse to look and examine’ (p. 224).

Shortly before the turn of the century, two pioneers in psychological research, Alfred Binet and Stanley Hall, conducted several studies on anxiety in children (Binet, 1895; Hall, 1897). The studies were mainly based on information obtained from a large number of checklists, whose respondents included for the most part teachers (Binet), and children and young adults (Hall) about sources of children’s anxiety. Seen through modern glasses the methodology of these studies is of course very ‘loose’. Binet (1895) sent about 250 questionnaires to teachers – not at random but only to an ‘élite’ of the most intelligent and diligent teachers. He also interviewed acquaintances and observed the children in their families and his own family. Hall (1897) published a ‘syllabus’ in several educational journals. To give an example of his material (‘the records of the chief fears of 1,701 people’, p. 151) the next quote is illustrative: ‘Miss Lillie A. Williams, head of psychology at the Trenton, N.J., Normal School, sent reports by 461 persons, of which 118 were original, 163 reminiscence, 75 hearsay. The reminiscences averaged six or seven pages of note paper each. The other 105 were compositions on their fears, past and present, by girls from 5 to 18’ (p. 150).

More important than the actual results of these studies were the conclusions they led to and the ideas they generated. Both Binet and Hall noted individual differences among children in the degree to which they developed anxious behaviour. In regard to the heritability of anxiety, Binet concluded that ‘it is difficult to reach a conclusion’:

. . . there have been various examples reported of anxious parents having children who are just as anxious as the parents. In the absence of careful observation these reports do not prove much because it is possible that the parents have transferred their own characteristics to their children by means of another route than inheritance, for example through upbringing. (Binet, 1895, p. 244)

Binet discussed in detail the anxiety resulting from poor treatment by parents and how parents may react to their child's anxiety, emphasizing the importance of instilling self-confidence in children. In contrast, Hall (1897) claimed that 'a childhood too happy and careless and fearless is a calamity so great that prayer against it might stand in the old English service book beside the petition that our children be not poltroons' (Hall, 1897, p. 243).

Hall explained the capacity for fear in evolutionary terms: 'As infants, although they cannot speak, yet, unlike apes, have a capacity to be taught language, so we must assume the capacity to fear or to anticipate pain, and to associate it with certain objects and experiences, as an inherited *Anlage*, often of a far higher antiquity than we are wont to appeal to in psychology' (p. 245). He placed the anxiety study in the context of 'exploring feeling, instinct and the rich mines of unconsciousness just opening' (p. 246). And ' . . . the full scope of the more basal fears rarely come to expression in consciousness, but only partial aspects of them' (p. 247).

The above quotation reflects Hall's strong interest in the ideas of European psychiatrists such as Charcot, Bernheim and Janet (Ross, 1972), who also were all sources of inspiration for Freud. In 1909, at the invitation of Hall, Freud made a visit to the United States. In the same year, with the publication of *Little Hans*, an influential chapter was added to the literature on anxiety disorders in children.

Concluding comments

Before the nineteenth century, relatively little attention was paid to fear and anxiety in children in the psychological and medical literature. This lack of attention was probably related in part to the high degree of social cohesion that existed prior to the nineteenth century, with religion playing a particularly prominent role. This social cohesion also helped to contribute to enhanced feelings of self-confidence and certainty among individuals. The emphasis on individualization that followed from the industrial revolution – which took place during the course of the nineteenth century – contributed however to heightened sensibilities concerning anxiety. A generalized image of the self disappeared, and individual experience received a new meaning: experienced reality was also reality. It was in this climate that Kierkegaard, in 1844,

published his essay 'The Concept of Anxiety'. The emphasis on individual experiences was reflected as well in how anxiety began to be viewed with respect to mental health: articles appeared in which anxiety as a symptom or disorder was the focus (Flemming, 1848).

In the medical literature on childhood anxiety, West (1860) describing anxiety from the perspective of the individual child, constituted a turning point. The fact that anxiety was now 'discovered' in children, was probably also related to rising concern about the position of the child. One avenue of expression for this concern was in legislation in the area of child labour (Parry-Jones, 1994). The increasing attention for the position of children also was reflected in the establishment of children's hospitals. In 1863 the first case study report of a nonphobic anxiety disorder in a child was published (Strack, 1863).

In the last decades of the nineteenth century tremendous strides forward were made with respect to thinking about anxiety. Concepts that had been touched on by individual authors in previous centuries – heredity and temperament, upbringing, masturbation, learning at school, and life events – became the subject of careful and systematic thought. Also, thinking about these concepts began to move away from relatively simple views to more complex views – views in which the complex interplay of the various concepts was emphasized. For example, anxiety and its disorders began to be viewed as the result of the interaction between life events and temperamental factors (e.g. Emminghaus, 1887).

In other respects too behaviour was increasingly approached in a scientific way. Ideas on the 'pathogenesis' of anxiety disorders were a prelude to the first scientific conceptualizations of the emotions (e.g. James, 1884). Another example of a scientific approach is the development of the first systems of diagnostic classification in psychiatry, and child and adolescent psychiatry. In the descriptions of anxiety disorders, phobias can be recognized as well as indications of generalized anxiety disorders and avoidance disorders. It is notable that in the literature prior to 1900 there were no strong indications of separation anxiety disorders. Bowlby (1973) pointed out that Freud's first mention of separation anxiety disorder was not until 1905; and it was not until 1926 that he devoted systematic attention to the subject. Bowlby further pointed out that Freud (1909) gave little consideration to the 'true' fear of Little Hans, namely, that his mother might desert the family.

Only about half a century after its entrance in psychiatry and psychology, anxiety became a central concept in psychoanalytic theory, which influenced psychiatry and psychology in the twentieth century deeply for decades. In

psychoanalytic theory interest in manifest anxiety largely receded into the background: The interest was especially in anxiety as the supposed mediator for psychopathology in general. In the words of Klein (1981): 'The predominant American psychiatric theory in 1959 was that all psychopathology was secondary to anxiety, which in turn was caused by intrapsychic conflict' (p. 235).

Since the '60s of the twentieth century, with the emergence of scientific research in psychopharmacology, neurobiology and behavioural sciences interest in observable anxiety and anxiety disorders returned. It is fascinating that after such a long interruption the 'old' issues (e.g. the significance of heredity, temperament, upbringing), have been put back on the scientific agenda by these disciplines. Thus, insofar areas of scientific attention are inspired by world views (Reese & Overton, 1970), it would seem that our world views in about 100 years have changed less than one might suspect. However, there are some important differences that have come about. The view of masturbation as a 'cause' of psychopathology has been abandoned totally, as has the view that learning at school contributes to the occurrence of psychopathology.

Moreover, 'newer' concepts or issues appear to have come more to the forefront in the last decades of the twentieth century. For example, the meaning of 'cognition' in emotion and in emotional disorders, touched upon at the end of the nineteenth century, was articulated much more in the last decades. Bowlby took up the thread of ethology, and placed the significance of experiences in early childhood for later development in a completely different perspective than had been done by Freud. Thinking in terms of causality made room for transactional or contextual processes. Further, the context has been extended to include not only familial but also the child within the context of his or her peer group.

The chapters that thus follow in this book touch on all of these issues and concepts. Although the specific issues and concepts that are discussed are quite different, as is the author(s)' description of the meaning and significance of the various issues and concepts, there is something that is common across the chapters. Namely, each chapter provides an illustration of how the issues and concepts represent a broadening of views about anxiety that have occurred over the last 150 years. So in contrast to the insular beginnings that we saw with respect to thinking about anxiety, the area of anxiety disorders in children has been modified to incorporate new findings and to take into account factors and forces that shape anxiety and its disorders across multiple levels. The subsequent chapters are a reflection of this trend – a trend that will undoubtedly be even more prominent in the twenty-first century.

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