Section 1

# Historical and conceptual issues

1

# Anxiety and its disorders in children and adolescents in historical perspective

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## Introduction

Much has been written over time about children and adolescents who are so much troubled by anxieties and fears that they are totally put off their stroke. The conceptualization of these anxieties and fears, and the ideas about their origins, have changed over time. In this chapter, using primary sources wherever possible, we trace how anxiety and its disorders in childhood and adolescence have been described and explained in the literature, especially prior to the twentieth century. By so doing, the historical record is 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.

Knowledge of the history of our disciplines is important. Neve and Turner (2002) point out that history shows "how all medical practices have their rationality and their purpose, even when seeming outdated to the modern mind. The most modern of therapies and the most sophisticated of disease entities will share in that fate, and history can . . . teach the need for modesty . . . " (Neve & Turner, 2002, p. 382). Historical research also teaches us that professionals can deny the impact of even extreme situations. It is not common knowledge for example that in 1855 a French physician Maxime Durand-Fardel supplied data on suicide in French children. He concluded that from the period 1836 to 1844, 132 children in France had committed suicide in relation to maltreatment. Two years later Ambrose Tardieu (1857; in Labbé, 2005), a professor in legal medicine in Paris, published a monograph about sexual abuse, followed three years later by an article containing detailed data about 32 cases of child maltreatment (Tardieu, 1860; see also Roche, Fortin, Labbé, Brown, & Chadwick, 2005). At the time, however, Durand-Fardel and Tardieu did not succeed in bringing the miserable circumstances in which so many children grew up to the notice of physicians. It was generally accepted that children did not have rights, and that parents could determine how they punished their children (Labbé, 2005). Only thanks to the introduction of X-rays in diagnostic procedures could Kempe and his colleagues, a century later, be successful in bringing child maltreatment to the attention of professionals (Kempe, Silverman, Steele, Droegemueller, & Silver, 1962).

Another, more recent example of the "blind spots" of even distinguished professionals appeared in the discussion about the question whether there exists specific, trauma-related psychopathology in children. Garmezy and Rutter (1985) concluded, in spite of convincing evidence to the contrary, that "the form of acute stress reactions in childhood is not

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markedly different from other emotional disorders not precipitated by severely traumatic experiences" (Garmezy & Rutter, 1985, p. 169).

Currently, the prescription of huge amounts of psychotropic drugs to children, even very young children, and adolescents, appears to reflect another blind spot in professionals (e.g., Zito, Safer, dosReis, Gardner, Boles, & Lynch, 2000). Despite disasters in the past in connection with the careless use of medicines, and notwithstanding the general plea in favor of evidence-based treatment, most of the prescriptions are not justified by empirically based data on effectiveness, side effects, long-term effects, and possible effects of the drugs for the next generation (e.g., Farwell, Lee, Hirtz, Sulzbacher, Ellenberg, & Nelson, 1990; Vitiello & Jensen, 1995; Whittington, Kendall, Fonagy, Cottrell, Cotgrove, & Boddington, 2004). This overuse of prescriptions may be related to the desire of the doctor to "do something": "Leaving the office without a prescription is thought to be 'doing nothing', no matter how much explanation and education about the illness may have taken place" (Pellegrino, 1996, p. 106).

## Some pitfalls in historical research in child and adolescent psychiatry

When one studies sources from the past, it can be complicated, and sometimes impossible, to understand the nature of the described problems of the children. Probably this is because, in part, information on the child's developmental history and the child's specific behavioral problems, nowadays considered as essential in considering a diagnosis, are missing in these early descriptions. It is possible too that the meaning of certain behaviors in different periods differs, just as in a certain period the meaning of behavior in diverse cultures can differ (e.g., Van Widenfelt, Treffers, de Beurs, Siebelink, & Koudijs, 2005; Weisz, Suwanlert, Chaiyasit, Weiss, Achenbach, & Walter, 1987). It is plausible too that under different societal circumstances in history the phenomenology of disturbances was not the same as in current times (Berrios, 1999).

For a correct interpretation of problem behavior one should be aware of the position of children in a certain period in a certain country. It can be hard to form an image thereof. Due to several influential authors such as Ariès and DeMause it was long thought, for example, that in the Middle Ages children were perceived as adults in miniature (Ariès, 1960) and were treated in a cruel way (DeMause, 1974). Child abuse and infanticide were thought to have been present on a large scale. More recently, however, others (Kroll & Bachrach, 1986; Pollock, 1983; Shahar, 1990) have presented a more balanced 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).

Terminology too can complicate the correct interpretation of historical texts (Parry-Jones, 1994). The reference to developmental phases, e.g., *infancy* and (in French literature) *puberté* are not unequivocal. This holds as well, if not even more so, for the content of diagnostic categories. Through the years, the meaning of terms such as *melancholia* has changed fundamentally (Berrios, 1996). Several other diagnostic categories, such as *pantophobia* and *lypemania*, and more recently, *hysteria* have disappeared. Problems with terminology in diverse countries especially complicate research in the history of anxiety and anxiety disorders. Berrios (1996, 1997) has charted the different connotations of

anxiety-related words in different countries in adult psychiatry, like in France *angoisse, anxiété, craintes, frayeurs*, and in Germany *Shrecken* and *Angst*.

Neve and Turner (2002) base their review on the history of child and adolescent psychiatry almost exclusively on English-language sources. They do not explain why they leave most of the French and German language sources unmentioned. Consequently, their review is somewhat unbalanced. However, in many countries there still is hardly any knowledge in the area at all. Contributions written in such languages as Hungarian, Russian, Swedish, or Arabic, reflecting psychiatry in the countries in which these languages are spoken, have not been discovered. This imbalance in the literature makes it difficult to generalize conclusions, because most of the literature is based almost exclusively on British, American, French, and German sources.

## History of anxiety disorders in children and adolescents: general line of development

Attempts made to chart the history of psychiatric and psychosocial approaches to anxiety and anxiety disorders in children and adolescents are scarce. Even in publications on the history of child and adolescent psychiatry (e.g., Parry-Jones, 1994) anxiety disorders are only sparsely mentioned. 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. In 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 flavor of the writings we therefore retained this usage.

## 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) *Aphorismes*. In his *Aphorismes*, Hippocrates reported fears as being among the illnesses of newborns and infants, as well as aphthae, vomiting, and night fears (*Aphorismes* 24). It would take a long time 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. 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 child behavioral and emotional problems, including timidity, school refusal, and anxiety. There is no reason to suppose that education was generally hard in the Middle Ages. The following conclusion drawn by Shahar (1990) probably represents a reasonably accurate summary statement about the views of child-rearing in those times: "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).

This does not mean that there were no harsh measures used in child-rearing, such as physical punishment and frightening. DeMause (1974) and Shahar (1990) provide examples of the use of fearsome masked creatures or drawings as child-rearing techniques during this time. It is unlikely, though, that such practices were widespread, bearing in mind that approaches to child-rearing 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 child-rearing, especially where religious education was involved, as fear was an important concept within the context of religious education. It is understandable that parents adhered strictly to the mores of the day, especially in times when "non-adherence to the teachings" was severely punished by the religious authorities.

In terms of care, in the Middle Ages the care of children with disorders was mainly in the hands of the Church. 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 pediatric publications," such as *The Boke of Children* by the father of English pediatrics, 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" was addressed was the treatise on stammering by the Italian doctor Hieronymus Mercurialis (1583) in *De morbis puerorum.* 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 Middle Ages, psychiatric disorders were not viewed as diseases, but as manifestations of the works of the devil. Psychiatric patients were consigned to exorcists and many were burned as witches or wizards. These burnings also included psychiatrically disturbed children (Wessely & Wardle, 1990). The Dutchman Johann Weyer (1515–1588), the father of modern psychiatry (Stone, 1973), and one of the first authors in child psychiatry (e.g., Wier, 1563) played an important role in bringing the care of mental illness away from the clergy and back to the domain of doctors. He illustrated that what was considered as work of the devil was in fact illness or factitious disorder. 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 (in that time referring to psychiatric illness in general), named "the power of Divels" as one of the causes of melancholy (Burton, 1621). Burton adopted a multicausal position, pointing to the role of inheritance, which was also manifested in the workings of the mind:

> *That other inbred cause of Melancholy, is our temperature [temperament] in whole or part, which wee receive from our parents . . . Such as the temperature of the fathers 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 condition 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 threatening, children, 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 do as much harme . . . Too much indulgence causeth the like . . .* (p. 97)

Thanks to the influence of the philosophers of the Enlightenment demonology lost influence. The burning of witches was forbidden in France by royal decree in 1680. Other countries followed in the eighteenth century (Ackerknecht, 1957). Gradually, the approach toward psychiatric patients became more humane. Impressive shifts also occurred in eighteenth-century psychiatry on a conceptual level. Specifically, Hippocratic explanations of psychiatric disorders in terms of disturbances of humoral equilibrium made way to explanations wherein the nervous system was at the center. Of particular note are the ideas of Franz Joseph Gall (1758–1828). This German scholar studied in Vienna, and later in Paris, the localization of psychic functions in brains and skulls. Gall also was interested in the brains and skulls of psychiatric patients. His most well-known pupil was Johann Spurzheim (1776–1832) who published a great deal about his *phrenological* investigations of psychiatric disorders.

At the same time psychological explanations for mental illness were gaining ground. In this context, much significance was attached to the *passions*, because *passions* – on the authority of the French doctor and philosopher Pierre Cabanis (1757–1808) in his *Rapports du physique et du moral de l'homme* (1802) – could have consequences in the physiological domain. Accordingly, the repertory of treatment modalities, in which bleeding still had an important position, was extended to *traitement moral* (moral treatment), a predecessor of psychotherapy. This initiative was especially stimulated by the French psychiatrist Philippe Pinel (1745–1826). It is said that he released the insane in the Bicêtre from their chains in 1795. In fact, Pinel himself notes that this was the idea of another psychiatrist in the hospital, Jean Baptiste Pussin (Harris, 2003). That does not alter the fact that Pinel played an important role in the humanization of psychiatry.

Another milestone around 1800 was the publication of a book wherein Jean Itard (1775–1838) gave an account of his endeavors to educate an *enfant sauvage* (feral child) (Itard, 1801). This description contributed to the identification of mentally handicapped children apart from psychiatrically disordered children and to the development of special facilities for mentally handicapped children in the nineteenth century.

Next we discuss the history of child and adolescent psychiatry in general in the first half of the nineteenth century, followed by a description of anxiety in this period. Next we discuss child and adolescent psychiatry and anxiety in the second half of the nineteenth century.

## The first half of the nineteenth century

### The contours of child and adolescent psychiatry

From around 1800 the first descriptions were published of children with "moral insanity," where "moral" may usually be interpreted as "psychic." Most case studies appeared in books on general psychiatry. Alexander Crichton (1798) published in his *An Inquiry into the Nature and Origin of Mental Derangement* the translation of a case study, published

originally in 1781 by Johann Ernst Greding in Germany. The case concerned a boy, who at the age of 4 days:

*Possessed so much strength in his legs and arms, that four women could, at times, with difficulty restrain him. These paroxysms either ended with an indescribable laughter, for which no evident reason could be observed, or else he tore in anger every thing near him; cloaths, linen, bed furniture, and even thread when he could get hold of it. We durst not allow him to be alone, otherwise he would get on the benches and tables, and even attempt to climb up the walls. Afterwards, however, when he began to have teeth, he fell into a general wasting or decline, and died.* (in Crichton, 1798, pp. 354–356)

The case study of this little boy with its mythological forces would become the most quoted case in nineteenth-century child psychiatric literature.

Other early descriptions were published by Haslam in his *Observations on Madness and Melancholy* (1798; we unfortunately only got hold of the second edition in 1809), Pinel (1801) in *Traité médico-philosophique sur l'aliénation mentale, ou la manie*, and Perfect (1809) in *Annals of Insanity*. Perfect described an 11-year-old boy who in a short time developed many symptoms:

*When spoken to, his answers were vague and inapposite; he seemed agitated at the sight of strangers; turned pale and trembled; had an angry, acute staring, look, with dilated pupils, and dreadful apprehensions that hurried him to examine every part of the room, as if he expected to find some person concealed who intended to do him a mischief. He sometimes appeared timid and distressed, sighed, shed tears, and had not a quarter of an hour's sleep throughout the night.* (Perfect, 1809, p. 253)

Perfect gives an impression of the possible causes of the boy's symptoms:

*And in this instance it is as singular, that there seems to have been no predisposing cause to insanity; no translation of diseased matter to the membranes of the brain, or any external cause that could mechanically operate to produce delirium; no diffusion of bile, sudden distention of cutaneous eruptions, absorption of matter from abscesses, wounds, or ulcers; no scrophulous or cancerous state of the juices; no worms, no deleterious medicine, nor mercurial preparations; no mental cause; nor could any hereditary claim be adduced of the patient's family, either on the father or mother's side, having ever been remembered to have been subject to maniacal affections.* (Perfect, 1809, pp. 251–252)

## Causes of psychiatric disturbance in children and adolescents

As illustrated by Perfect's considerations, organic causes, especially *brain disease*, was at the top of considered potential causes of psychiatric disturbance in children. There was general agreement in these days 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*" (cited in Hunter & Macalpine, 1963, p. 692). 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, cited in Hunter & Macalpine, 1963, p. 692)

Esquirol (1838), similarly, regarded heritability as the most general cause to mental illness. To underline this, he informed his readers that at the time he wrote *Des maladies mentales* he gave attention to several children whose parents he had treated in the first years of his career as a psychiatrist. In Esquirol's opinion, the disease could nevertheless be transferred in another way, from mother to 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 also was drawn between insanity and upbringing. The Englishman James Parkinson, in his short paper on the excessive indulgence of children (Parkinson, 1807), illustrated the far-reaching effects that education and inconsistent child-rearing style could have:

*On the treatment the child receives from his parents during the infantile 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.* (Parkinson, 1807, p. 468)

Another "mental cause" of mental disease in children mentioned in the literature of these days was education: the view that *schooling* – if begun too early or if too intensive – could be harmful to mental health was popular in the nineteenth century (e.g., Adams, 1814). Esquirol (1830) regarded excessive study as one of the causes of the supported 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":

*There are more and more of those whose love of knowledge, whose sense of duty, whose desire of gratifying friends, and whose ambition, impel them to make their utmost exertions, to become good scholars. Thus they task their minds unduly, and sometimes exhaust their cerebral energies and leave their brains a prey to other causes which derange them afterwards.* (Jarvis, 1852, pp. 358–359)

*Masturbation* was another factor that was increasingly cited as a cause of psychiatric symptoms in both adults and youth (Hare, 1962; Neuman, 1975). The notion that masturbation was an important cause of mental illness was introduced in the eighteenth century and especially propagated by the Swiss doctor Tissot (1760). The explanation offered by Griesinger (1845) too mentions masturbation as a cause of insanity in children: on the link between masturbation and psychiatric symptoms was both succinct and "state of the art":

*The cases of real mental disease in children appear to depend in part on an original irritability of the brain, or produced and maintained by injudicious treatment, partly on deeper organic diseases, partly from sympathetic irritation of the brain transmitted from the genital organs (onanism, approach and entrance of puberty).* (Griesinger, 1845, pp. 108–109)

## 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 American Benjamin Rush (1812), for example, had a clear standpoint:

> *The reason why children and persons under puberty are so rarely affected with madness must be ascribed to mental impressions, which are its most frequent cause, being too transient in their effects, from the instability of their minds, to excite their brains into permanently diseased actions.* (Rush, 1812, p. 57)

The French phrenologist Spurzheim (1818), on the other hand, 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 that 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!

## Course of 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 compleated" (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). In the second edition of his *Mental Pathology and Therapeutics* 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 unfavourable 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 (1861) claimed: "It is a general characteristic of the mental disorders of childhood that they limit further mental development" (p. 143).