

***A Contribution from Child Psychiatry
Towards a Broader Concept of Constitution***

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In the field of child psychiatry one witnesses the fundamental processes of growth and development. In the area of personality development there is involved an ever-changing interplay of dynamic forces between the individual and his environment, with an end towards establishing a state of equilibrium between the two which will be satisfying or free from tension. The emotional environment of the home, in particular during the first five years of the child's life, involving (1) the personalities of the parents or parent-surrogates, siblings and others, and (2) the relationships between these various constituents of the environment, serves as the main determinant of the manner in which the child will face family and social problems in his later growing years and adulthood. This thesis is implicit in our present-day dynamic approach to personality problems, with its therapeutic implications. To this concept of growth and development must be fitted the concept, "constitution" if the latter is to serve any useful purpose in aiding to clarify thinking in this complex field. It is our feeling that this can be done if we will develop a dynamically oriented concept of constitution.

The concept, "constitution," meaning the "make-up" or "inherent features" was introduced by Hippocrates and utilized as an indicator of susceptibility to certain diseases. New interest in the past century, in particular by morphologists and more recently by psychiatrists, has expanded our knowledge concerning constitution. Kretchmer's pioneering work is well known, as is Sheldon's more recent introduction of somatotypy. Draper has expanded the idea of constitution into a broad general approach to the whole of medicine. These latter workers have emphasized a holistic viewpoint towards constitu-

tion which has been lacking in the past. Draper writes, for instance, "constitutional physiology may be described as a point of view, not a special technique . . . no simple observation or test has significance *per se*, but gains value only when placed in its proper relation to the total personality of the individual subject."¹ This holistic orientation considers constitution as representing the total resources of the organism present at any given time, determined by heredity and modified more or less by environment, for withstanding the stresses of living. Such an orientation is of utmost importance if the term "constitution" is to be of use to the psychiatrist working with growing children.

The concept of constitution was introduced to psychiatry before the advent of the holistic viewpoint, at a time when the school of hereditary causation was at its zenith. There has been in consequence a marked tendency to link constitutional factors with heredity alone and to minimize or deny the existence of environmental determinants of constitution. Freud's paper, "Heredity and the Etiology of the Neuroses," published in 1896, was the first attempt to dispell the prevailing notions, held by Charcot, Janet and others, that neuroses were due to "hereditary familial taints," with environmental factors acting merely as precipitants.² In that paper Freud used the word "constitution," in referring to a "neurasthenic constitution," found in persons so "stamped by heredity."³ This exemplifies the close union between "constitution" and "heredity" existing at that time. That such an orientation still exists in scientific circles can be seen, for instance, in a book by Leighton and Kluckhohn published in 1947, in which they suggest that a "biologically inherited constitution" may account for some incongruous and discrepant behavior patterns within a particular society.³ This close alliance between constitution and heredity has placed constitution on the side of heredity in the heredity-environment dichotomy. It will be only by achieving a

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holistic viewpoint towards constitution that the dissolution of this dichotomy will be accomplished and hereditary and environmental factors can both be assigned their proper relative roles as constitutional determinants in any given case. Concerning this point Sheldon states, "...we do not mean to insist, and indeed do not believe, that the human constitution is an altogether fixed and unalterable hereditary entity."⁴ By looking at constitution as the whole of an individual's resources for meeting demands of his environment at any given time, on all "levels" of adaptability, physiological, immunological, morphological, psychological, etc., it is possible to construct a concept of constitution which can be of use to the present day psychiatrist.

We shall present such a conceptual scheme which points out the various determinants of constitution in the area of personality. The environment is always changing with the passage of time; is, for instance, markedly different in infancy than during adulthood. The environment of infancy is of greatest importance in determining constitution though we must keep in mind the constant movement of the organism and the environment through the time-field, with potential for some change existing throughout. That we are dealing with a "steady state" form of equilibrium, described by Hoagland and others, is implicit in our concept of constitution.⁵

The inherited determinants of constitution are best thought of as potentials, rather than as quantitatively fixed, genetically determined entities. First, there exists an *intellectual potential*, which is reflected in the various intelligence tests. It is understood today that one inherits not an intelligence quotient, but a range within which one is potentially capable of operating, his actual performance depending upon other developmental factors.

A second inherited potential can best be described as the *affective potential*. This represents a range of activity and reactivity within which one can meet and respond to his environment on the non-verbal emotional level. Evidence of the inheritance of such a potential comes from diverse sources. The familial incidence of cyclothymic disorders is noteworthy, as is Kallman's work in the

field of schizophrenia.⁶ Sontag and others describe potential rates of activity, or "energy levels" which greatly influence the nature of the later adjustments determining, for instance, whether the environment will be met with aggressive action or passive compliance.⁷ Jost and Sontag have produced evidence that the degree and type of peripheral autonomic response, to stressful situations, measured by the usual indices of autonomic activity, correlate significantly with consanguinity.⁸ Jung's pioneer concept of extravert-introvert and Sheldon's trichotomy of cerebrotonia, somatonia and viscerotonia may be rooted in this basic apparently inherited factor which we are calling the *affective potential*.

Further than this we cannot go in attributing the personality aspects of constitution to hereditary factors. The oft-used analogy of "the clay of heredity being moulded by the environment" must be amplified to include the fact that the malleability of the clay itself, the clay's physical characteristics, are also altered by the environment. A cold environment hardens the clay, while too warm an environment leaves the clay sticky and unmanageable. During growth and development, we see not only moulding of personality but also changes in the malleability of the individual. As clay becomes less malleable during time, so does a growing person.

Let us consider the emotional and physical aspects of the environment which do play a part in determining constitution, by perhaps, altering the malleability of the clay as it is simultaneously being moulded. During gestation one can make only a most artificial distinction between emotional and physical factors. Intrauterine environment and the trauma of birth can affect the intellectual potential and perhaps the affective potential of an individual, through the medium of maternal metabolism, illness, fetal anoxia, intracranial hemorrhage, etc. These modifications occur with respect to the other aspects of constitution, morphological, endocrinological, etc., as well. These facts are well-recognized today.^{7,9,10} The continuance of the parasitic dependence of the infant upon the mother after birth makes the mother-child relationship of crucial importance, not only from the point of view of nutrition and somatic development, but also as a basic

determinant of the emotional orientation of the infant towards his new environment, involving now, interpersonal relations. That the mother-child relationship in early infancy is of such importance as a constitutional factor is reflected in the newer thinking concerning such disorders as schizophrenia, psychopathic personalities and the psychosomatic diseases.

Other early environmental factors which must be considered are found in family and social relationships. Within these relationships develop very early identifications and reaction patterns, involving "organ expression" and "organ fixation." A primitive body image is formed, and attitudes and feelings are absorbed and integrated as a "cultural inheritance." Illnesses and injuries exert strong influences at this time. The term, "pseudo-heredity" has been coined to include familial characteristics which have their root in this early period of development.

These environmental factors are intimately related to the *instinct-environment conflict*, which characterizes the entire span of the developmental years. Instinctual drives have been variously classified, and we shall not elaborate on them here, but only state, as Freud early suggested with respect to the sex-instinct, that there seems to be a basic inherited potential strength to these instinctual drives, which depends upon the affective potential of the individual. Out of this struggle between instinctual drives and environment is developed the superstructure of the organism's adaptive mechanism, the Ego, with its various defense mechanisms, giving the normal individual a personality capable of adapting to life's changing situations. Personality represents only one segment of constitution, a segment which only deals with the environment of interpersonal relations. Constitution itself is a broader entity, basically determined by inherited and developmental factors, not only psychological but also morphological, physiological, endocrinological, etc. It includes the whole of the organism's adaptive mechanisms.

CASE HISTORY

Let us now consider the case of David K., aged 10. The detailed history of family attitudes and experiences which gives us much insight into the emotional environment of the patient represents an almost unique contribution of the child

guidance clinic to general psychiatry, representing as it does the content of over a year of regular weekly interviews with the patient's mother.

The third of four boys, this patient was referred to the Judge Baker Guidance Center by his mother because of poor school work, "laziness, day-dreaming, irritability, sensitiveness, hesitant speech and tremor of hands." At age 5½, David was run over by a truck, causing amputation of a leg. An emergency operation was performed, and during six months hospitalization his course was severely complicated by a protracted case of pneumonia. Throughout it all he is said to have maintained excellent spirits and to have been affected less than any other member of the family. His father reacted by a rather severe depression. The oldest brother had a "nervous breakdown" lasting six weeks. The second oldest brother ran away from home, and was seen at the Judge Baker Guidance Center at that time. Mother devoted her entire time to nursing David and claims credit for bringing him back to life after the hospital had given up hope. She stated that she never babied him, never allowed him to pity himself, or to feel that he was handicapped. The patient was fitted with an artificial limb, and has been walking normally since a year after the accident. Mother has seen to it that he is able to indulge in all of the boyhood sports—playing baseball, riding a bicycle, etc. As throughout it all David had been such a happy-go-lucky, even tempered boy, the mother was tremendously concerned to note such a very definite and progressive change in his personality over the past two years.

David was a normal full term infant, weaned at six months, and by 8 months had adjusted to taking only three meals a day. His toilet training began at five months and he was dry at ten months. He walked at twelve months and was from earliest infancy never allowed to cry, have temper tantrums or to express hostility. There were the usual childhood diseases with a rather severe case of whooping cough at five years. At eight he fractured his right arm in a fall from a cart. When nine years old he sustained a "concussion" from a fall on the ice, was unconscious for a few minutes, followed by vomiting, with complete recovery after two days in bed.

The physical examination at the Guidance Center showed David to be a robust, ruddy cheeked, freckled faced boy, well developed, but about ten pounds overweight. There was a mild, bilateral, uncorrected visual defect. There was mild chronic irritation of the skin covering the stump at the amputation site. The neurological examination was negative.

In psychiatric interviews David was seen to be a very polite, pleasant little boy, anxious to make the best possible impression, but extremely apprehensive, restricted, lacking in spontaneity, and displaying some suggestively tic-like movements. He talked a good deal of the games he played in a way to impress one that he could do all of the

things that other boys could do and made no reference to his handicap. He was reluctant to discuss his home life or family. As the interviews progressed, it became apparent that his social attitudes were parrot-like repetitions of parental edicts; that he was quite unable to express any aggressive or hostile feelings, although a good deal of his content was concerned with stories and phantasies of fights, accidents, and savage animals; that he had considerable difficulty with reading, drawing and any skilled manual manipulations; that his sense of form and spacial relationships was most immature; and that his comprehension, abstract conception, and verbal expression were all poor. The *Psychological Testing* done at this time revealed David to be of borderline intelligence (I.Q. 74); comprehension, judgment and language skills were poor. His grade level was two years above his Mental Age level,—he was achieving up to his M. A. level in reading, and above his M. A. level in arithmetic.

In the treatment sessions, a completely accepting attitude was maintained, no pressure was imposed and a most lenient stand was taken by the therapist in the daily issues and phantasies which he would bring up from time to time. During the first period of treatment a series of checker games was instituted, planned to give him an opportunity to express himself in an unthreatening situation and in this he gradually responded in a favorable manner. Later he was introduced to more aggressive (non-competitive) types of play, these being carefully controlled lest he become overwhelmed by anxiety. Together with this he was encouraged in some constructive play involving moderately skilled manual manipulation. In weekly sessions, over the period of nine months he gradually became much less restricted and his range of expression in all spheres increased a great deal. At the close of the year his over-all school average had increased 30 per cent, his tremor and speech defect had disappeared, and his mother reported that he had "been brought out of his stupor," was showing responsibility and initiative about the home, increased general attention, and manual dexterity and skill which he never before had manifested.

This family is of low income, living on the third floor of a three family flat which they own. The mother is the dominating influence, an immaculate housekeeper, runs her house and her family on strict routine, and assumes full responsibility for everything which happens. Radio quiz shows are tuned in during meals and the whole family is expected to participate. After supper both parents give up any recreation for themselves to sit down and supervise the boys in their homework assignments. The theme of the family is that both parents are giving up everything for their children, that the boys must respect their parents, must never show aggression or hostility, and must consider intellectual accomplishment the most important

thing in their development.

Mrs. K. is a large plainly dressed, aggressive appearing woman of 45 years and came from a large family. Mrs. K. said that being babied and coddled as a child led to her becoming very sensitive and unhappy as a young woman, so she had always made it a point not to pamper her own children lest they suffer for it later. The maternal grandmother is described as a dominating, undemonstrative woman who planned and supervised the lives of her children—"gave her all for them." The family had a good deal of pride, all worked hard, put a great deal of emphasis on intellectual prowess, and all received honors and scholarships at school. There has been no mention of maternal grandfather. When Mrs. K. was fourteen three of her sisters died of influenza, for which she feels responsible as she was the first to have this infection. This changed her a great deal, and thereafter she felt she must devote her life to making up to her mother for this great loss. She had always had an ambition to become a nurse and her mother had always opposed this desire, but eventually she did go through training and became a graduate nurse.

At 24 she cared for her mother constantly during her protracted final illness. Thereafter Mrs. K. took charge of the home which involved the care of her brother's two motherless children. Later when these two "threw themselves away" in unsatisfactory marriages, Mrs. K. felt she was responsible. She also blames herself for the death of another sister who died in a "nervous breakdown." She married Mr. K. when she was 28, having been attracted to him because of his respect for his own mother. They lived in her old home for a number of years before establishing a home of their own. There were six pregnancies, all with severe complications and she feels that these pregnancies took a great deal out of her and that she was never able to get her strength back in between them. Two girls died in early infancy. All of the children were brought up by the strictest of routines, and she feels that she has devoted her life to their diet, health, and proper upbringing. Any transgression, she has always believed, called for immediate punishment and her methods were corporal, deprivation, shaming and belittling. She has always been extremely worried about illness or death of her children and if one of them had a hangnail she would predict infection, gangrene and loss of the arm. She insists that all the boys report their daily bowel movements to her, a laxative is administered if they miss a day; if three days, an enema. She recounted a three-hour struggle she had with her 15-year-old son in a locked bathroom trying to give him an enema—he had wept, pleaded, and fought, but she had triumphed by brute force. Although a regular church-goer, Mrs. K. admits to neither understanding nor faith in religion and feels that she is a fatalist. Once, talking with the

Social Worker she let slip, in reference to David's accident, "I was glad it happened, it was a relief." In her interviews at the Guidance Clinic she was extremely resistant for a long time, both to David's treatment and to the suggestions given her. She insisted that he was just lazy, and needed more pressure and deprivation. At other times she claimed his difficulty was that he had never been properly taught to read, insisting that we tutor him. Gradually, in her relationship with the Social Worker, her attitudes softened some and she was able to lessen her pressure on David.

Mr. K. at 48 is spoken of as "just a painter." He was one of ten children, only three of whom lived to adulthood. His semi-invalid mother demanded a great deal of attention and he was her favorite. The paternal grandfather was a very strict disciplinarian who pushed Mr. K. so hard in his school work that he rebelled and discontinued his studies at an early age. Ever since Mr. K. has expressed great regret at his lack of education. At one time he had a small business of his own but found it so difficult to collect his bills that he gave it up. About six months before David's accident Mr. K's mother died suddenly, and his father came to live with the K's. Within five months paternal grandfather became acutely ill and died, at which time all of the K. boys contracted severe whooping cough. A few weeks later David's accident occurred and four months after that Mr. K's aunt died. Mrs. K. feels responsible in that situation too, explaining that if she had not been so preoccupied with David she could have given this aunt proper nursing care and saved her. With David's accident Mr. K. became very depressed, his personality changed, he lost interest, would not eat and wasted away. He recovered slowly under Mrs. K's care but he has never been the same. She looks upon her husband as another of her children. Even to the present time he cannot bear to look upon David's exposed stump.

The oldest son, who is now 19, began his studies for the ministry last year at a seminary several hundred miles away. He is described as resembling his mother closely and while at home was her "assistant" in caring for the other boys. Mother seems quite strongly identified with this son. A conscientious, plodding type, he never played much as a boy, worked hard at his studies and completely accepted his parental attitudes. He had a "nervous breakdown" lasting for six weeks at the time of David's accident. He gets blue and discouraged at times and depends on the rest of the family to cheer him up. He is apparently having a hard time at the seminary, but lets it be known to his brothers that he enjoys the hard work, heavy load of studies and rigid discipline. He too has had little patience with David and echos mother's sentiments that increased pressure and further deprivations are the solution. Mother was worried about him

constantly, feeling that it would not be possible for him to get along without her. She felt considerable relief when she finally received a letter from him in which he described a good deal of homesickness.

The second son, now 15, is said to be the most like father. During David's convalescence he became upset and ran away from home. The police were called in and referral to Judge Baker Guidance Center resulted. He improved in treatment, during which Psychological Testing reported an I.Q. of 95, with "Poor verbal memory." He apparently gets along well outside the home, is popular, very active in all schoolboy sports, and gets fair grades in his studies. In the home, however, mother says that he is apt to be mean and selfish—doesn't bring her little gifts, gets upset easily, wants a good deal of attention, and sometimes "cries like a little girl." The mother says she wants him to be interested in sports, not girls, but recently forbade all athletic activity because she felt it was interfering with his studies.

The youngest child is nine and is by far the most aggressive and expressive member of the family. He is active and mischievous and bosses all the other children at school and play. He never picks up his things or washes his hands, and for the past year has been biting his nails. At six he coasted into an automobile with his sled, his mouth striking the exhaust pipe. His back was injured which the mother claims resulted in a "tumor on the kidney" from which he recovered in six weeks. We wonder if he is destined to have more accidents.

Conclusion

David has rather low intellectual potential but is functioning on an even lower level of achievement. The results of treatment bring out the fact that this boy is capable of a wider range of emotional expression than he had been exhibiting—which suggests that his affective potential is greater than it seemed to be at the onset of treatment. The developmental history gives us the clue as to why this patient's personality was not reflecting his true potentials. First, the early-mother-child relationship was characterized by rigid control. Complete compliance was demanded, and any show of hostile expression forbidden. The history of toilet training and feeding in infancy bear this out. In childhood this was reinforced by constantly reminding evidence of swift and terrible destruction and mutilation that must invariably follow any sinful act. The patient's bland, even cheerful reaction to his serious injury and handicap indicates his acceptance of it as a retribution for intense, well-re-

pressed, hostile feelings. This is in such contrast to the grief responses of the rest of the family. This family presents a pattern of intense guilt feelings, with repression of aggression which is from one generation to another a sort of cultural inheritance. The effects of such a pattern—as a constitutional determinant—upon the various members of the family, is interestingly portrayed. In response to later environmental stresses involving the crucial accident and difficulties in school and social adjustments, the pathological reaction patterns are limited by the constitutional factors which, as we have shown, involve inherited potentials and early developmental influences.

Summary

We have attempted to demonstrate the intimate relationships between hereditary and developmental factors as determinants of constitution. We feel that a holistic viewpoint towards constitution is essential for proper evaluation of these factors. The case discussed becomes more intelligible as such an approach is taken towards its analysis.

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DISCUSSION

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Having had my introduction to psychiatry in one of the backward state hospitals in this coun-

try where the word constitution was thrown around rather glibly and used to explain everything that was otherwise unaccountable. I have become rather wary of the word as it is commonly used in psychiatry. Along with others I was very happy to see the concept of Constitutional Psychopathic State or its abbreviation CPS disappearing from our psychiatric vocabulary as a result of progress in the understanding of dynamics of personality development. My belief has been that the more we learn about infants in the early months of life the less we will resort to the constitutional explanation of psychopathological phenomena. Even the common acceptance of feeble-mindedness as a constitutional, and therefore, hopeless state must now be questioned. Even the work of Kretschmer is to be questioned if we think of constitution as being "inherent features," for we now know that there are many environmental and subsequently developed emotional attitudes that have tremendous influence on body development and body types, and the body types may be the result of rather than the genesis of certain personality makeups.

If we consider Constitution as the innate capacity of an individual it is then impossible to define it, for we have no way to determine inherent capacities for physical, intellectual or emotional development. Considering any of these as separate entities becomes therefore absurd and it is therefore logical to resort to the holistic approach. However, the holistic approach does not imply that everything becomes constitutional, or everything emotional nor everything intellectual. For purposes of communication with each other and further studying human personality development we must at least theoretically define these areas without losing sight of their interdependence.

I feel that the value of this paper is in presenting the holistic approach to the problem of studying personality, but I feel that their use of the term constitution is entirely too inclusive. Such a broad use of the term constitution would serve to confuse us in our language, but since the term constitution cannot be clearly defined in a manner acceptable to all it is necessary for each author to define terms he uses. I cannot help but wonder whether inclusion under constitution of the socially inherited characteristics of personality which produce depressions or schizophrenics in succeeding generations would be widely accepted. It is only by stretching the term constitution considerably can one attribute the pathological pattern of the family cited in the case history to constitution. The emotional pattern of this family is one that is generally accepted to be socially inherited rather than biologically inherent.

I wish to congratulate Drs. Russell and Vaughan on their very thought provoking paper and their reexamination of the usage of an old and abused concept in psychiatry.