Participation of the Japan Pediatric Association
—A training project for consultants in children’s mental health—

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Abstract: Not only normal physical development and growth, but also normal mental development is important for the health of children. The pediatrician occupies a unique position that allows him to see children and their parents from the earliest years of life. The Japan Pediatric Association (JPA) has planned a training course for pediatricians so that they can obtain a deep understanding of the child’s mind and provide better care that promotes favorable mental development. The subjects covered by the 4-day training program include the mental problems of 2-year-old infants, problematic behavior of children older than 2, the basis and practice of psychotherapy, psychiatric illnesses, and school problems.

Key words: Child; Mental health; Mental health of children; Pediatricians

Introduction

Sound mental development is essential to the health of growing children, as well as sound physical development and growth.

It is a privilege for pediatricians that they can see individual children and their parents from the earliest years of life as family advisers. Pediatricians who have been following the growth of children from soon after birth have also been observing their families and living environment, as well as their growth and their physical and mental development.

Consequently, pediatricians should also take actions to cope with the mental problems of children, which have become a serious social problem.

Objectives and Outline of the Training Course

From the viewpoint described above, a train-
The training course was held so that pediatricians could gain a deeper insight into the child’s mind and could make a greater contribution to the mental development of children.

The subjects of the training course were as follows:

- **First period**
  1. Mental problems of 2-year-old children, which are the most difficult to handle.
  2. Mind of the child up to age 3.
  3. Mental development of children.
  5. Problematic behavior in infancy and early childhood.
  6. Problematic behavior at school age.
  7. Problematic behavior in adolescence.
  8. Development of the ability to participate in social relationships.

- **Latter period**
  2. Psychosomatic illnesses in children.
  3. Children who cannot cope with school and countermeasures.

The training course has been held twice already. Because different lecturers have different views on the same subject, more than half of the lecturers who participated in the first session were changed for the second session.

The training course was divided into two 2-day periods. The subjects covered by the first 2-day period were basic, whereas the latter 2-day period covered clinical subjects.

The lectures given during the training course, particularly those from the first period are reproduced in the following.

**Lectures from the First Period**

1. **Mind of the child up to the age of 3**
   
   At the beginning of this training, the participants were taught about the importance of mental development during the first 3 years of life, together with the high possibility that mental development in this period has a substantial impact on future development and growth.

   The emeritus president of the Japan Pediatric Association, Dr. Jushichiro Naito, stated that knowledge about the mind of children from this age group would help pediatricians to improve their practice.

   In many instances, parents (especially the mother) deal with children in the wrong way. Knowledge of a child’s mind will help pediatricians to give pertinent advice.

   Every child has a spirit of independence. This is expressed when the parents deny or neglect his/her ego, which he/she wants to keep intact.

   It was emphasized in the lecture that children become more eager to do something themselves if their parents encourage them by saying, “Let’s do it,” or “You can do it, can’t you.”

   Next, various data were presented to show the association between mental development and brain development during the first three years of life. With respect to the mental development in children, the superego, formed before around 3, is very important. I think that pediatricians know this very well.

   In the 1998 Health and Welfare White Book, the collapse of the myth about 3-year-old children is described. From an adult viewpoint, even this myth has been exploded, the superego is still in full force when mental development during childhood is considered (although this is my personal view).

2. **Mental development of children**
   
   With respect to personal relationships, in the course of mental development, children realize the importance of being able to trust and to be trusted and while they are playing with friends, become aware of self-assertion and self-control. Thus, children learn social rules. In modern society, however, many children cannot play with friends. The nuclear family has deprived children of the chance to live with grandparents, and hence they have become unable to cultivate consideration for others.

   To ensure a child’s future, it is desirable that
children should: 1) have a dream, 2) establish high self-esteem through experiencing a feeling of accomplishment, 3) develop curiosity, 4) have the ability to gain the confidence of friends, and 5) recognize that they are loved. Both society and the family must make efforts to accomplish these goals.

Products of creation are not important for mental development of children. Development of creative imagination through repeated use is a prerequisite of mental development. Consequently, adults who are caregivers should have a fertile imagination.

3. Psychology of the parent-child relationship

Victims of domestic violence by children, which seems relatively major in Japan, are believed to be mothers in many cases. Among children who attack their mothers violently, not a few have been gentle and rather obedient until the attack, and have grown under the domination of their mothers. Attention should be paid to this fact.

4. Problematic behavior of children

The participants received a lecture about problematic behavior in relation to the stage of development (e.g., infancy, school age, and adolescence).

In infancy and early childhood, problems originating in the basic living habits were mentioned. Turmoil in the classroom that makes lessons impossible has been related to egocentric children. The ability to participate in acceptable social relationships used to be established during infancy to early childhood. Today, however, children in these age groups cannot develop good social relationships because of the education system. In addition, children are not adequately disciplined at home. Both school education and home discipline are problematic. In this stage of development, children should be able to recognize that they are loved.

Problematic behavior at school age can be considered an expression of poor social relationships. Typical problems include school refusal, bullying, and attention deficit hyperactivity disorder (ADHD). These problems share some background factors. The common factors mentioned in the lecture included a society that values efficiency and hence undervalues the mental state and morals, both of which are difficult to visualize, the decreased number of children per family, and adults who are incapable of caring for children in the community.

It should be understood that there is the lack of learning, experience, or maturity appropriate for their age in the background of children who cause such problems. To cope with these problems, the children should be respected and their inappropriateness should be accepted.

With respect to problematic behavior in adolescence, modern Japanese children grow early, but are psychologically immature because they reach adolescence without having experienced the life events that children should have experienced or without having been trained to develop personal relationships due to the social environment characterized by urbanization and the decreased number of children per family. This gap between physical and psychological development results in increased stress on children when it is combined with the current social conditions. Because parents are facing their own midlife problems, children have become unable to find a calm coexistence between father and mother.

The role of pediatricians is to detect problems of adolescence at an early stage and prevent transformation into psychosis. It was emphasized that in order to perform this role, pediatricians and children must always have confidence in each other.

5. Development of the ability to participate in social relationships

In the lecture, the term “acceptable social relationships” was defined as a state of consciousness in which children are able to understand anything if an adequate explanation is given.

The level of socialization varies with the age or
stage of development. The adults around a child should give him/her adequate advice, so that the child grows and develops to become an adult who can understand anything by explanation.

6. Psychotherapy

In the practice of psychotherapy, the wishes of the child should be respected as in the case of obtaining informed consent for medical procedures. In addition, therapy should proceed in collaboration with the child. These two considerations are fundamental.

During the therapeutic process, the disease may appear to become temporarily worse for those around the patient. This apparent aggravation is often a reflection of the process of demolishing the self before its reconstruction.

Explanations about various forms of psychotherapy, including play therapy, family therapy, sand play therapy, art therapy, and behavior therapy were given.

7. Basis and practice of counseling

Counseling in a narrow sense is highly specialized. In a broad sense, however, it includes consultation and giving advice.

Counseling is a time-consuming process and the optimal timing of intervention is often missed. Consultation that provides information on present problems, on the other hand, can work as an intervention in immediate crisis. When the immediate crisis is managed, the patient should be treated in cooperation with a counselor. At a pediatric outpatient department, even consultation or mere provision of information can be useful.

Counselors should be ready to listen to the child and to carefully tell him/her what they feel and think. Because children cannot express complicated ideas that or internal sensations, non-verbal approaches are also necessary in some instances.

It is meaningless to ask a child with problematic behavior the reason why he/she has done something. Instead of asking the reason, you should ask him/her what was done so that he/she can become aware of personal feelings or those of other persons. Through this process, the ego is cultivated and the experience gained through past personal relationships can be corrected.

Training during the Latter Period

1. Psychiatric disease

According to DSM-IV, disorders of conduct and oppositional defiance included in Category 1 “Diseases of which diagnoses are made for the first time usually in childhood, early adolescence, or late adolescence,” as well as anti-social personality disorder and borderline personality disorder from Category 16 “Personality disorder,” were explained.

Children with oppositional defiance assume a hostile attitude, but are not aggressive. The major symptoms become manifest within the home. Consequently, this should be discriminated from periods of transient insubordination during adolescence.

The patient with conduct disorder is aggressive and has neither empathy nor consideration for others. Conduct disorder with the onset in childhood is liable to undergo transformation into anti-social personality disorder.

Personality disorder is usually diagnosed during adolescence or later, while patients with anti-social personality disorder usually have symptoms of conduct disorder before the age of 15. With borderline personality disorder, it was mentioned that because it is an intermediate disorder between neurosis and psychosis, the personal relationships, self-image, and emotions are unstable and the person is impulsive.

To cope with the mental problems of children, it should be recognized that the negative aspects of TV and other factors have become predominant because the current Japanese society is a mass media society.

2. School refusal

When children cannot adapt to school, inadequate socialization, insufficient play experi-
ence, and poorly developed tolerance are considered to be the causes. In particular, the lack of tolerance is important.

Tolerance is usually established before the end of early childhood. Consequently, it depends on the parental attitude during childcare. Over-protection of children, although not recognized by parents themselves, is an important problem that needs to be addressed. Intolerance of children can only be prevented by taking good care of them during their infancy and early childhood. Caregivers should let children learn social relationships and tolerance. Society will not change soon, but improvement should be started by pediatricians.

To solve the problem of school refusal, it is important to provide opportunities for adults listen to children. If an adult and a child can spend time together, there is a chance that the child will spontaneously cease school refusal.

The psychology lecturer gave the lecture from the standpoint that children do not need to attend school, while the pediatrician took the standpoint that attendance is a prerequisite for mental development. It is not important which standpoint is right, so the physician who treats a child should select one depending on the findings at interview.

Why does an adolescent develop school refusal in the course of formation of self? School is a large barrier to children and there are many problems to be discussed.

3. Measures to be taken during the practice of pediatrics

A pediatrician who aims at pediatric care for both the mind and the body gave a lecture on this subject. The present state of childcare and the social environment, the actual measures taken in community pediatric care, and services offered in cooperation with various occupational specialists were explained.

In addition, when the relation between children and their caretakers appears to be dysfunctional, the following four items should be checked:

1. Does the caretaker have his/her own dream? Has he/she made efforts to realize that dream?
2. Is the caretaker aware of his/her role in childcare? Does he/she focus on pride and ambition?
3. Does he/she have an excellent adviser?
4. Does he/she have an affectionate relationship with the child?

This lecture was given by a pediatrician who is practicing these points.

Finally, a pediatrician who has continued to have contact with women from before childbirth gave a lecture.

In order to assess the symptoms of children accurately, the pediatrician classified a “physical pain” as “mental trouble” while considering the pathology related to the symptoms. Even if complaints appear trivial, they are serious problems for the parents. Consequently, the pediatrician should accept the complaints and cope with them.

During health checks and pediatric practice, or as a school doctor, pediatricians should handle the patient with a sympathetic attitude for the parents and talk dialogues with them about the wisdom of life. Such behavior by pediatricians may alleviate the uneasiness of parents and help them care for their children, while such childcare is effective in protecting children from mental problems.

Because pediatricians have comprehensive knowledge about the mental development of the children, they should make efforts so that all children can develop their individual mental faculties smoothly in their own way.

Although living happily with children and equal opportunity for men and women are hallmarks of this age, the mother still has the central parent-child relationship. Other people should thus cooperate with and support the mother.

Because the wife and husband have grown up under different circumstances, they should exchange views with each other and react against each other. This is the natural way of
living together. Seeing their parents living in such ways, children can grow up.

This lecture concluded with the following statement: When children quarrel, leave them until they cry. Children who are crying should then be treated gently.

**Conclusion**

Exploration of the mental troubles of children and seeking for the causes is an endless process. Pediatricians can solve such problems in quite a few cases. They should start making efforts now, so that such problems can be solved one by one.

It is no exaggeration to say that only pediatricians deal with parents and their children from infancy and early childhood. Frequently, mental problems have been brought to the attention of a pediatrician before they surface, which suggests the importance of the role that pediatricians could play.

We who are operating this program have a desire that the participants of this training course can contribute to the better mental development of children through acting in a network with psychologists, schools, nursery schools, day nurseries, and child consultation centers.