Indian J. Psychiat. (1980) 22 (4), 362—365

NEUROTIC DISORDERS IN CHILDREN : A PSYCHO-SOCIAL STUDY

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SUMMARY

Thirty neurotic children and their parents seen consecutively at the C.G.C., Institute of Medical Sciences, Varanasi, were studied with the help of a structured interview schedule and were subjected to detailed psychiatric assessment. The results were compared with that of thirty normal children and their parents who were studied in a like manner. Hysteria was found to be the commonest type of neurosis seen in C.G.C. population, followed by anxiety neurosis. In a number of cases there was a close similarity between symptoms presented by the children and the symptoms of parents who were suffering from neurotic or physical illness at the same time. The relevance of these findings are discussed.

Over the past decades, increasing attention has been focussed on psychiatric problems met within children. Within a year of the establishment of W.H.O. in September 1948, it had convened a meeting of the Expert Committee to advise on its future programme in mental health. The Expert Committee made two important recommendations, one of which was "the desirability of concentrating on therapeutic and preventive psychiatry of childhood" (W.H.O. T. Rep. S. 1950). In order to achieve this aim, it is necessary to have a thorough understanding of the psychiatric problems met with in children, and plan our child psychiatric service accordingly. In our country, problem of malnutrition has received priority over psychiatric problems of children. Added to this is the dearth of psychiatric services. As a result, child psychiatry is a neglected field in our country (Wig and Akhtar, 1974).

Neurotic disorders constitute one of the common psychiatric problems met with in children. In fact, in an epidemiological study on Isle of Wight in England (Rutter *et al.*, 1970) neurotic and conduct disorders turned out to be the commonest psychiatric problems in children. In view of its frequency among children and relative paucity of reported studies in this field, in our country, the present study was undertaken with following aims :

(1) To ascertain the types of neurotic disorders met with in children attending the C. G. C.
(2) To study psycho-social correlates of these cases.

MATERIAL AND METHOD

The present study was conducted on thirty neurotic children and their parents, seen consecutively at the C.G.C., Deptt. of Psychiatry between July 1977 and July 1978. The diagnosis of neurosis was made according to criteria laid down by ICD-8 (1968).

Thirty children matched in respect of age, sex and socio-economic status were chosen from amongst the children of adult O.P.D. patients. As a screening device, these children were rated by their parent, on a child behaviour rating scale in Hindi (Bhat and Sinha, 1978). Children scoring below 50 were operationally defined as normal. These children and their parents were taken as controls. In both the groups, parents and the children were subjected to

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detailed psychiatric examination.

OBSERVATIONS

Table 1 describes sex and age distribution of clinic and control children.

TABLE-1—*Sex and Age distribution of Clinic and Control Children*

		Clinic children (N 30)	Control children (N 30)
Sex			
	Male	14 (46.7)	17 (56.7)
	Female	16 (53.3)	13 (43.3)
		X^2=0.56, d.f.=1, N.S.	
Age (in yrs.)			
	6-9	8 (26.7)	5 (16.3)
	10-12	22 (73.3)	25 (82.7)
	Mean±s.d.	10.5±1.6	10.7±1.3
		t=0.65, d.f.=58, N.S.	

Figures in parenthesis indicate percentage

The diagnostic break up revealed that -maximum number of cases (20) suffered from Hysterical Neurosis, the next largest number (8) suffered from Anxiety Neurosis. There was one case each of Phobic and Obsessive Compulsive Neurosis.

Table 2 & 3 show the presenting symptoms of cases of Hysteria and Anxiety Neurosis. In Hysteria, maximum number (9) of cases presented with fits.

TABLE-2—*Presenting symptoms in cases of Hysteria* (*N*=20)

Symptoms	Number
Fits	9
Overbreathing	2
Vomiting	2
Pain abdomen, Periodic Jerking of arms, Shaking of head, Inability to stand and walk, Assumes personality of a person who died recently in the family, Behaves as goddess and asks for flowers, sweets etc., and Seems to be quarrelling with the peer, eventhough the peer is not present in the vicinity	1 each

TABLE-3—*Symptomatology of Anxiety Neurosis group* (*N*=8)

Symptoms	No. of cases
Acute anxiety	1
Nervousness	8
Fears	4
Nightmare	4
Insistence on mothers' company at night	1
General bodyache	2

Whereas 12 (40%) of the clinic mothers were suffering from Neurotic illness antedating neurotic illness of their children, only one (3.33%) father of the clinic children was suffering from neurotic illness. (Table 4 & 5).

TABLE-4—*Psychiatric morbidity in clinic and control mothers*

ICD Code No.	Illness	Number
300.1	Hysterical neurosis	6
300.2	Obsessive compulsive neurosis	1
300.0	Anxiety neurosis	5
	No psychiatric illness	18

TABLE-5— *Psychiatric illness in clinic fathers*

ICD Code No.	Type of illness	Number
300.0	Anxiety neurosis	1
	No psychiatric illness	29

In eight cases of Hysteria, there was a close similarity beteen the symptoms presented by the child and symptoms of the parents who were suffering from Hysterical or Physical illness at the same time (Table 6)

DISCUSSION

Eventhough, the neurotic disorders constitute one of the major psychiatric problems in children, only a selected section of these cases seek psychiatric help, since a large number of these cases are handled by native

TABLE 6—*Symptoms which the child seemed to have "copied" from the illness of family members, in eight cases of Hysteria*

Symptoms presented by the child	Type of illness "copied"	Relationship of the child to family members whose illness copied	No. of cases
Fits	Hysterical fits	Mother	3
Overbreathing	Asthma	Father	2
Pain abdomen	Pain abdomen due to exacerbation of peptic ulcer	Father	1
Dissociation states (Possession symptoms)	Possession symptoms	Mother	2

healers or general practitioners. The role of psychological and social factors can be appreciated, only if it is remembered that cases of neuroses, attending the C.G.C.s very often represent severe types of neuroses, i.e. cases which failed to respond to traditional healing methods or treatment by general practitioners.

In the present study no case of neurosis was found in children below 6 years. The sample is too small, to comment on the significance of the finding. Moreover, it is worth mentioning here, that children attending a Child Guidance Clinic for psychiatric help represent only a selected portion of the population. Nevertheless, rarity of neurosis in clinic population in pre-school children has been stressed by Indian authors (Marfatia, 1971 ; Somasundaram *et al.*, 1974).

Out of thirty cases there were 16 girls and 14 boys. Though girls numbered higher than boys, the ratio of girls to boys was not as high as found in other Indian studies where it is reported that the incidence of neurosis is at least two times higher in girls than boys (Nagaraja, 1966 ; Raju *et al.*, 1969). This discrepancy can be explained in part due to smallness of the sample.

Out of 30 subjects 23 belonged to urban area (73.3%). The finding is in keeping with observations made by Manchanda and Manchanda (1978). The very fact the clinic is located in the urban area, makes it natural that urban population will be over represented in the sample. Moreover, consultation at a child Guidance Clinic is, to a large extent, determined by socio-cultural factors. The finding that a very high percentage of cases were from urban area may well be due to sophistication of parents of children residing in urban area, awareness of the existence of Child Guidance facilities and its functions, greater facilities of conveyance in urban area as compared to rural area etc. It is quite likely that many children with neurotic problems are handled by faith-healers in rural area not only due to ignorance of rural people regarding Child Guidance facilities, but also due to prevailing belief amongst rural people in supernatural powers in the causation of psychiatric disorders.

Majority of the children belonged to nuclear family. The finding is in keeping with Manchanda and Manchanda (1978). However, there is no statistically significant difference between the two groups. And in the present study, it was the eldest child who mostly suffered from neurosis. However, the difference between neurotic and control group is not statistically significant.

Majority of the cases studied were that of hysteria. High prevalence of hysteria in clinic population has also been observed in other Indian studies (Raju *et al.*, 1969 ; Somasundaram *et al.*, 1974 ; Manchanda and Manchanda, 1978). Next to hysteria, anxiety neurosis was common diagnostic

category. Other diagnostic categories were rare. Majority of the cases of hysteria studied presented with fits. Somasundaram *et al.* (1974) also found fits to be the commonest presentation of hysteria in C.G.C. population. These authors pointed out that all the symptoms of hysteria that have been reported in adults are also found in children. The findings of the present study is in agreement with the observations made by them.

An interesting finding of the study was that in eight cases of hysteria, there was a close similarity between symptoms presented by the child and symptoms manifested by parents, who were suffering either from hysteria or physical illness, concurrently. The finding lends support to the notion that hysterical behaviour in children can develop through mechanism of identification. Similar observations were also made by Caplan (1970).

There was a high prevalence of anxiety symptoms in parents of cases of anxiety neurosis. The anxiety symptoms in parents antedated the development of anxiety state in children. This suggests that identification probably also plays an important role in development of anxiety state in children.

The findings of this study suggest that family factors play an important role in development of childhood neuroses. It seems that children learn neurotic behaviour from their parents. Hence, an integrated family mental health programme which will provide psychiatric services to children and their parents, will be helpful in planning preventive and therapeutic psychiatry for children.

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