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LISTEN
FOR THE TROUBLE SIGNS
The Church and Disturbed Children

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FOR THE TROUBLE SIGNS**

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Children Of The Wind

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LISTEN FOR THE TROUBLE SIGNS

*What is a child?
An open-mouthed smile.
A sky-top dream. The holder
of tomorrow.*

What is an adolescent? A face in the doorway. A mixture of defiance and reliance. A child with adult hands. An adult with child's need for love. Bread in which the yeast of adulthood is rising.

Children! Young adults! The whole American culture embraces them. *Our* children are strong of limb and mind.

This, at least, is the American dream. But the American tragedy is that, beyond the door of normalcy, there are young people who are, right now, lost to the world. Some of these young people are silent harps through which the winds of discord blow. Others are noisy music, garbled and constant.

In 1962 when President Kennedy called back all of his advisers and then made public his telecast about Cuba, we were suddenly faced with the idea that war was possible, not sometime in the future, but *now*. Many of us went into a state of panic and immobilizing terror.

Can you imagine being that terrified all of the time? Of not knowing whether the world would exist tomorrow? Or whether you were real enough to project an image in a mirror? Can you perceive of the panic which might come to you if you could not visualize where your feet or arms were?

These feelings are experienced by seriously emotionally disturbed children. How they express their panic may be very “unpretty” and unappealing . . .

John, for example, talks all of the time. His language is a gibberish. In a sense, it protects him. It keeps him from communicating with anyone.

But Helen, face to the wall, talks to no ones, sees no one, hears no one. She is, instead, sealed inside her small world, a ship in a bottle.

Then, there is Brent, who goes into a panic, eyes rolled back in his head, whenever his mother leaves him. And Melanie, who notices no one, who will not eat, who throws up food she swallows.

The concept of childhood mental illness is recent and difficult for many people to accept. Yet it is a reality.

MILD DISTURBANCES

The church, as a microcosm of the population, sees the spectrum of children’s behavior, from the so-called normal to the neurotic and, perhaps, the psychotic. An important function which the church might perform is in noting the child with mild emotional disturbances and helping him overcome them.

Perhaps, in many ways, it is the best “listening post” for hearing signs of trouble. Within the classrooms or study groups, a teacher might well try to sense the needs of the children before her. For instance, the acting-out child, the constant trouble-maker and bully will be noticed quickly, since his behavior is upsetting to the class. However, the too-quiet child, the over-conforming, silent youngster might not be stamped as having problems, even though his difficulties may be more deep-seated and lasting than the other child’s.

Some quick rules for observing mild disturbances in children would include noting these behavior manifestations: over-aggressiveness; constant passivity; temper tantrums or weeping without great provocation; changes in the overall behavior of youngsters. Since the “cry for help” is often mouthed silently, the church teacher or pastor needs to look with the third eye and listen with the third ear in order to spot early signs of emotional problems.

SERIOUS EMOTIONAL PROBLEMS

Serious emotional problems are often only exaggerations and extensions of mild disturbances. The severity and duration of symptoms are the guidelines. Now that studies have shown that there may be as many as half a million children in this country suffering from some of the childhood schizophrenias, we understand that the wild youngster who smashes windows, breaks furniture, throws himself down in a tantrum may not be a “spoiled” child but a sick one in desperate need of treatment.

The symptoms of childhood mental illness are too diverse to be captured in a paragraph. Some of the youngsters seem to be ill from birth, to turn their tiny heads from life, to give no response to parents or to other persons. Other children develop normally for several years, and then suddenly, often at some crisis point in their lives, their competencies begin to disappear one after another, until they regress to an infantile level. Some children talk endlessly, and their words make no sense; others say nothing and even "turn off" hearing in order to withdraw completely. Some youngsters are like babies; others act quite competent in a number of areas. There is no one way to describe a seriously mentally ill youngster except as a child of panic and of isolation.

ROLE OF THE CHURCH

What is the role of the church in preventing emotional disturbances or helping youngsters who have difficulties? Since we cannot set out definitely the causes of mental illness in children, by the same token, we cannot lay a straight track for prevention of the sickness.

However, the climate of a community for all of its citizens affects the emotionally disturbed. The climate of a church, also, demonstrates its concerns.

The church has never been specifically labeled as a psychiatric facility; yet it well might be. As one psychiatrist put it, "The church and psychiatrist walk the same side of the street."

The church is an integral part of the community; it has a

structure. It functions for the betterment of man. For its so-called "normal" population, then, it might well consider its role in prevention and enhancement. It can take the lead in providing recreation for its youth. In the community there should be swimming pools, play areas with swings, recreational programs, and all of the facilities to help normal youngsters grow, physically and emotionally.

The church, then, helps to find methods of bringing children to emotional maturity and may well be the first facility, and the best, for helping a child learn security beyond his parents. It may offer him a place to enjoy life and the world of today. In addition, and often simultaneously, the church aids the child in his feelings of security by giving him a method of dealing with life and death. Since a mature religion permits a child to develop and helps to prepare him to be a social being, it functions as an important support in the life of the "normal" youngster.

For the child with problems, the church offers all of the aids already mentioned plus additional methods of support. First of all, and most important, the church is a place of grace, a place where, hopefully, love is given without withholding. Here a sick child can find comfort and sanctuary.

The youngster with serious emotional disturbances, as we have seen, is one who already has a sense of rejection and unworthiness. Segregation, in our culture, can be both social and emotional, and the church can fulfill its mission by integrating within its folds the child with special needs. Ideally, the youngster who feels isolated can know a friend; the one who seems

unworthy can have a sense of importance, the rejected one can feel accepted.

In addition to providing a complete milieu, or climate, for the child with serious problems, the church can work in specific ways to provide help for those youngsters needing it. For example, many churches have begun to integrate into their church school classes children with emotional disturbances. In one community members of the congregation picked up youngsters at a nearby residential treatment center (details having been carefully worked out between superintendent of the school and the head of the church) and took them to church school classes. Interestingly enough, hyper-active children often were able to compose themselves in some fashion during the short class periods, and the withdrawn youngsters occasionally spoke. One of the most beneficial results of this experiment seemed to be the changing attitude of the church members who drove these young people and who, sometimes for the first time, talked with them and began to learn their problems. The "regular" class members, too, learned from their adults' example how to have compassion and patience and a measure of understanding for members of their peer group who were seriously troubled.

Another way in which the church can reach out to its troubled youngsters is through some of its church schools and homes. With increasing awareness of the needs of the seriously emotionally disturbed, the church can re-examine its church homes and schools to see if some of them might be geared to taking in these troubled children.

A fine example of what is being done for retarded and phys-

ically handicapped (and which might be a pattern for emotionally disturbed) is the Woodhaven Home for Exceptional Children, dedicated in May 1964 in Columbia, Missouri. Sponsored by the Disciples of Christ and the National Benevolent Association, this home performs the vital function of participating with the University of Missouri in an exchange of service. In return for the use of the training and research facilities of the school, some areas of the university will provide such services to the home as psychiatric, educational, and medical care for the children. A number of the current homes for emotionally disturbed youngsters are church-sponsored. The church might take a giant step by demonstrating additional interest in the homes and by participating in the program.

The church has still another vital function in a forward-moving program, that of serving as a referral agency. The pastor is often the only person to whom worried parents turn for aid. Ministers, priests, and rabbis increasingly are studying pastoral counseling and are preparing themselves to function in that role. Along with counseling techniques, however, a knowledge of agencies in the communities, their policies and capacity, is important. Often the minister can serve as a liaison person between troubled parents and the agency. Church personnel can learn about facilities in the area by contacting their community council or United Fund agency, by talking with people from the child guidance clinics, and by consulting with pediatricians who have special training in this area. The National Association for Mental Health, 10 Columbus Circle, New York, N.Y. 10019, and the National Association for Re-

tarded Children, Inc., 386 Park Ave. South, New York, N.Y. 10016 are two agencies that offer reading guides and directories concerning serious emotional disturbances.

Still another necessary role which the church can play in the area of emotionally disturbed children is that of being a supportive "return" facility for the youngster who has been away from the community at a residential facility or other treatment program. Everyone is aware that the mentally ill adult needs community assistance in order to return to his place. However, because knowledge of mental illness in children is so recent, we have less formal awareness of the many ways in which communities and churches can open their arms to the uncertain, disturbed young person.

One of the great services the church can render is to be both helpful to and supportive of the distraught and frightened parents who are seeking information about what to do with their ill child. Here the church can help assuage the guilt feelings shared by all such parents and can help turn the family toward the road to help and health.

When a child is emotionally ill, many families become as isolated as the youngster. The child's anti-social behavior and his "strangeness" make it embarrassing for parents to take him out in public. Sitters are mostly unavailable for such a difficult child; consequently, parents may spell each other off for several hours, without ever having the opportunity to share good experiences outside the home. Here the church can offer accepting welcome to the entire family, including the youngster, and thus can give the parents needed relief and renewal.

Churches can be of assistance in still another way. Where they have day care programs, they can permit the seriously disturbed child to be a part of a class. Or, they may find someone who can conduct a one-morning a week, or short daily program for disturbed children. The surcease given the mothers by such classes often permits them to come back to the children with renewed strength and perspective.

What is the church's responsibility in ministering to the emotionally disturbed children and youth? Understanding the needs of these young people, church personnel should be able to offer love to the unlovable and sanctuary to the spiritually homeless. Ideally, the church should be the place where troubled parents can gather information and strength.

Well-trained church personnel and teachers can offer special help to the mildly disturbed and thoughtful referral to the families of the seriously ill. The church can use understanding to help melt the wall of ice between the mentally ill child and the world.

CHILDREN OF THE WIND

*A child crying
solitary in a lonely spot;
a tree falling in the forest—
there may be no reverberations
of either unless there are
ears to hear them.*

Seriously emotionally disturbed children may be thought of as "little children of the wind," because their solitary crying is often expressed in behavior which alienates people and turns them away. They are youngsters withdrawn to the point of total unresponsiveness, returned to the dark and undemanding womb of silence and of shadows. Or they are children in motion, automatons warding off fear and evil as they perform their magic incantations by running and twirling and speaking their strange gibberish. They are children of panic and of fear, and their parents share their bewilderment and their fright.

The twentieth century has often been designated as the century of the child, which in our culture often denotes the girl with dimples and golden hair, the boy who achieves and grows, the youngster of "our" community. Yet within the twentieth century, also, the mentally ill child has been "discovered." For it was about forty years ago that the designation of childhood

schizophrenia came to be used by the experts. Only then was it commonly recognized that children, infants, toddlers can be mentally ill—seriously sick and needful of help.

It is now known that a half-million children in our child-centered America are gravely disturbed, sick enough to need prolonged professional aid in a sheltered environment. Another two and a half to four million are disturbed enough to require professional aid for varying periods.

Should a half-million of our children be stricken with a dread disease, we would declare a national emergency, mobilize our forces, anchor community resources, do everything in our power to bring the disease under control. But because the mentally ill child wears as many guises as revelers at Mardi Gras, because diagnosis is difficult and treatment prolonged, because parents often do not recognize the illness or are ashamed to discuss it, because there are no appealing “poster girls” for mentally ill children—these sick children and their families often limp along for months and tiring years, meeting each day with fear and apprehension.

What, then, is our responsibility as citizens, as church members, toward the emotionally disturbed children in our midst? Perhaps our greatest responsibility lies in drawing a circle large enough to draw them and their families into our own patterns of living. When the history of the twentieth century is written, it is possible that the fragmentation of people may be cited as our greatest mistake. The “old,” the “mentally ill,” the “retarded,” the “delinquent,” have become tagged and labeled segments of the population.

Our concentration on their sicknesses or their deviations has made us lose sight of their likenesses and their abilities. Modern psychiatry now begins to recognize the areas of health in the mentally disturbed and to concentrate on those portions of the personality which are intact. In the same way, modern man learns that he must begin to help bring all people together under the tent of his community.

The necessity for community concern for all citizens has been demonstrated in reports from the mental-health planning groups of almost every state. These groups have been comprised of citizens, professional workers, volunteers.

The National Mental Health Act, passed by Congress in 1946, established the National Institute of Mental Health, which authorized grants-in-aid to the states for development of community programs. As recently as 1962, the American Medical Association sponsored the first national congress on mental illness and health, bringing together in Chicago nearly two thousand representatives of professional and citizens' groups to discuss the organization of effective regional and state mental-health activities.

In the same year, Congress appropriated \$4,200,000 as additional grants-in-aid to support the development of comprehensive mental-health planning in each state. Every state set up its organization on an individual basis. National and state matching funds were used to bring together knowledgeable people to study the total needs of each state.

Some of the findings in Texas might serve as an example. From thirteen task forces, a primary recommendation was that

joint action be taken and community climate be improved for all of the citizens of the state. Each group, no matter what its specific assignment, expressed recognition of the need for communities to provide comprehensive mental-health services for citizens of every age group, every state of health, and every socio-economic level. The work of private practitioners was recognized as a major resource in the total plan.

The task forces, almost in unison, recommended that greater emphasis be placed on prevention of mental illnesses throughout the state; that community mental-health centers should be located in the larger population areas to serve people in or near the places where they live; that preventive, treatment, and rehabilitative services for children and young people who are emotionally disturbed or mentally ill should be carried forward in pace with the services for adults.

In recognizing the paramount need for preventive measures, one task force stated that prevention of mental illness should start with early detection of the first signs of emotional problems in a child or adult. The first danger signals must be seen and understood by a teacher, minister, public-health nurse, family doctor, juvenile officer, parent, or some other person in daily contact with the potential victim of mental illness.

The task force regarding children wrote that community mental-health centers should be made available to all parents and children; that institutions should have access to rehabilitative services, halfway houses, and other means of fostering the child's return to the community; and that the skills of persons like ministers and teachers be expanded through pro-

grams which would bring them up to date in their knowledge of emotional disturbances in children and of ways of dealing with them.

What, then, are some specific ways in which a church or fellowship can be a helping and a healing force to children and their families? A beginning listing might include these six *R*'s:

Recreation: The church, as an integral part of the community, plays a large role in mental-health efforts and in prevention of emotional disturbances by providing recreational facilities for youths and their families, offering them healthy support in their emotional and physical development.

Refuge: The church, ideally, is a friendly sanctuary. Here the family, no matter what its make-up, can come and be accepted. The deviant child, too, can find support. The mature church reaches beyond the differences to the basic needs of all its people. Some have integrated youngsters with handicapping conditions into regular classes. At the same time, the churches must maintain a balance in order that no one child will need more attention than a teacher should give. In some instances, church members have picked up young people from nearby centers for the emotionally disturbed and retarded, and both groups have benefited by the mutual interaction which has taken place.

Recreation: The church performs an important function in recognizing difficulties. The acting-out child, by his very disturbance to others, calls attention to himself. The excessively shy or withdrawn child, disturbing mainly to himself, may not draw such notice. Ministers, teachers, and other church work-

ers perform valuable functions in recognizing problems, whether they are with children, in marriage relationships, or in the older population.

Referral: Increasingly, ministers, priests, rabbis are key members of the teams which can aid a disturbed child and his family in getting proper help. They know the resources of the community and are able to direct families to the best source of help, whether that be a pediatrician, a child-guidance center, a recreation facility, or a private psychiatrist.

Return: The church may be an extended “home” to the youngster who has been seriously disturbed and in a residential facility or camp. Such a child, coming back to the community, may be treated with suspicion or avoidance in many places. But in the church, he should find acceptance and direction, a welcome and support.

Resource: Finally, the church can be a resource throughout the spectrum of difficulties of children and their families. When a child is emotionally disturbed, the family often becomes as isolated as the youngster. Here the church can offer sheltering arms—a welcome to the family and the child; baby sitters who will stay with the youngster and give the parents respite; and, possibly, morning programs which the child can attend. The church can be living testimonial to its teachings as it reaches out to the emotionally disturbed child and his family.

Communities, churches, schools—these are but institutional names for bands of people; they are only collective viewpoints made up of thousands of individual ones. Thus, community concern and that of the churches begin and end—full circle—with individual deep concern for one’s brother.

With such caring, individuals reach toward youngsters in trouble. They help to provide a climate of caring—recreational facilities, school programs, parent-education classes, well-child clinics, church projects—on behalf of people of every age, every socio-economic level, and every race. In such a climate, the child who is seriously emotionally disturbed may be helped to find professional care. The one who is less gravely ill may find a spectrum of services in his own community or close by. And the child with average problems may be strengthened by the experience of living among adults who have positive convictions about life.

When men learn to live together, when we learn to live with one another as productive members of communities, as active members of churches, we shall be able to reach higher, to see farther, to hear more acutely. We shall find the “little children of the wind,” hear their silent cry for help, and take them from their lonely places into the heart of our church and our community.

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