

# THE SECOND WINSTON S RICKARDS MEMORIAL ORATION

## ROYAL CHILDREN'S HOSPITAL

March 30, 2011

### **“Children as Clients, Consumers or Contributors: How these Roles may Shape Child Wellbeing”**

**Presented by Emeritus Professor Dorothy Scott**

Dr Anne Rickards and other members of the Rickards family, distinguished guests, family and friends, one and all....

We gather this evening on the ancestral lands of the Wurundjeri people. Let us respect their elders past and present and the spirits of this land.

I wish to thank the organisers of the Winston Rickards Oration for this invitation which I am deeply honoured to accept. I especially want to acknowledge the work of Jennifer Luntz who is unable to be with us tonight due to her hospitalization, but who is with us in spirit.

Mead and Hayman once wrote that the task of the family, like the task of humanity, is to remember those who have gone before, to cherish the living and to prepare for those not yet born. One of our tasks this evening is to remember one who has gone before, Dr Winston Rickards, who in his lifetime, cherished the living and prepared for those not yet born to an exceptional degree.

My recollection of Dr Winston Rickards is that he was a gentle man of great intellect, immense warmth, deep compassion, a superb sense of humour and a grand generosity of spirit. It was these personal qualities that enabled very troubled children and families to trust him deeply enough to expose their vulnerability.

But it was not just his patients who responded to these qualities. I recently had the pleasure of spending a little time with Winston's nephew, Professor Field Rickards, who is with us this evening, to understand how Field, as a boy, and the children in the extended Rickards family, remembered Winston. Field too identified the immense warmth of his uncle and spoke of the deep interest and enthusiasm he showed, right up to the end of his life, in the lives and achievements of all of the family's children.

Beyond the bounds of the family, children responded positively to Winston. By coincidence my partner, Alan Clayton, as a young child, met Winston while playing with young Field at the family's holiday home. Alan recounts how he was struck by Winston's warmth and humour and how Winston had quoted Shakespeare - "Alas, poor Yorick- I knew him well", which had always stuck in Alan's mind. All of you

who knew Winston will have your own special memories. Let us honour and treasure those memories this evening.

Our childhood memories of a person tell us a lot- about the person, about ourselves and about the times. The latter came home to me on December 20 last year when I was reading the death notices in The Age. One which moved and intrigued me had was written by a man, presumably now an adult, as if speaking directly to his grandfather who had died.

Pa, didn't we have some fun? As a boy you took Kari and me for rides on bulldozers, tractors and the timberjack; and you taught us so much around the farm. Working with you, stacking timber, feeding the animals, tractor work, and right up to recent times, gardening, or just polishing your cars – it was satisfying to hear you say “beauty”, knowing I did a good job for you....

It seemed as if the times described belonged to a bygone era. Did children still experience the joy of helping grandparents like that, I wondered? I was saved by descending into lamenting the changing times by hearing in the same week Stephanie Alexander on ABC National Radio talking about her creative school kitchen garden initiative. I was enthralled by her anecdotes of how primary school aged children were responding to the opportunity to grow vegetables in the school garden and to cook and share meals with one another. She described how they glowed with pride in the produce they had grown, and were affirmed by their families when they displayed their culinary skills at home.

The death notice, Stephanie Alexander's anecdotes, and my unavoidable observation in the week prior to Christmas of the powerful role ascribed to children as consumers in modern secular society, came together in this evening's theme. How might children's roles, especially that of contributor, be changing and what might this mean?

I could find little in the literature, including in the mental health field, on children as contributors. This is rather surprising, given the WHO definition of mental health is “a state of wellbeing in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, **and is able to make a contribution to his or her community**”. In some respects this is not a new insight. After all, Freud defined the well-adjusted person as someone who ‘could love and work’ many years earlier.

I had thought long and hard about how parents of very vulnerable children might make the transition from being clients to contributors in the community, with the respect, dignity and true social inclusion that this might offer them and their children. Two examples had been most instructive.

The first example is based on my observations, over a 35 year period, of a group of women with whom I first worked in the Family Psychiatry Department of the Queen Victoria Medical Centre in the mid 1970s. My social work colleagues and I had established a support group for women who had returned home after being hospitalized, with their babies, for very serious post-partum psychiatric disorders, mostly psychoses.

After the group had been running very successfully for some time I wondered if it might be possible to introduce a current inpatient whom we were preparing for discharge. I was apprehensive about the possible impact on both the fragile new mother, and the group.

My fears were unfounded. What I witnessed was deeply moving – the members of the group displayed enormous sensitivity to the new mother with whom they strongly identified, and she was greatly assisted by the group to make the transition home. Thereafter I would bring inpatients into the group after their acute symptoms had settled and the pre-existing members of the group seemed to experience a very deep satisfaction from nurturing and supporting the new member. I was fascinated by this as it was not a planned part of the intervention.

After a few years, the group formally ended, but it continued as a self-sustaining social network, and now, thirty five years later, the women still come together a couple of times a year to share a meal. I am privileged to be invited to these occasions. In between, there are varying degrees of contact between the women, and the group is activated at times of need, such as when one has a psychiatric admission or a family crisis, for the lives of these women have not been easy. From a distance one might describe what they have offered one another as support, but when I witness this at close hand, I can only say that it looks like love.

My second example comes from a very different context, a remote Aboriginal community in the land of the Pitjantjatjara people in central Australia. In this part of our country there is a very serious issue of non-organic failure to thrive and severe malnutrition in very young children, mostly of adolescent mothers. Attempts to address this problem by evacuating the infants and their mothers to Alice Springs Hospital have achieved only short term improvement. Once back in the community, the children's weight typically faltered again, sometimes perilously so.

I was part of a group which visited the APY Lands, and had conversations with older Aboriginal women about this problem over several days. Over the next year I was privileged to observe the evolution of a very different approach, led by an Aboriginal woman working within the usual type of program funded to teach parenting and household skills.

She did things differently, inviting the young mothers into a welcoming house she had spent a long time preparing for them, and giving them a nice meal. She then offered them payment for several hours of work a few days a week, which they accepted. They prepared the food for a midday meal – for older members of the community under the Home and Community Care Program, and made extra for themselves. Before they ate lunch together, they sat down and fed their children. They then took home enough for their family's evening meal.

Day in and day out the young women were warmly affirmed and their children were adored. Within a few months, the young women changed from being seen as the bad mothers of the skinny babies to respected contributors in their community. The co-ordinator of the program told me that she saw herself as a grandmother to all the children and their mothers and drew on the traditional Pitjantjatjara concept of reciprocity, or Ngapartji Ngapartji, meaning 'I give you something/you give me something', to reinforce their responsibilities.

The underweight toddlers showed a remarkable improvement in their weight and growth. I believe that the key elements in this were probably the strong relationship-based practice, call it positive transference if you wish to use a psychoanalytic lens, the use of peer group processes, and the status enhancing role of employee and contributor offered to these young mothers. Could other interventions with adolescents be informed by this, I wondered?

I then began to think about the big picture. What was happening in the wider society in relation to children and young people as contributors? Had we reduced children's opportunities to be contributors while expanding their roles as clients and consumers? If so, how might this affect the emotional and social wellbeing of children, families and communities?

There is not a simple evidence based answer to these big picture questions. However, there are diverse bodies of knowledge from history, sociology, psychology and anthropology which illuminate aspects of these questions.

From the time of the Industrial Revolution, family roles and relationships have been markedly changed as the institution of the family has shifted from a unit of production to a unit of consumption. We can even see this over the last century. Let us reflect on a family we each know well. I invite you to think about four generations within your own family and on how the roles of children, especially as contributors, may have strengthened or weakened over the past century?

I hypothesise that if we were to pool our perceptions we would find a pattern - that the role of contributor has decreased and those of client and consumer have increased. For many of our grandparents, and for the older ones among us, our parents, contributing to the family as an economic and a social unit, was highly significant. With the exception of some wealthier families, earlier generations are also likely to have entered employment at a much younger age than their children, grandchildren and great grandchildren – hence our notion of an extended adolescence in contemporary society.

In the pre Second World War and early post-war eras, children had far less disposable income, there were few material goods specifically designed for them and there was very little advertising or direct marketing to children.

The three roles – client, consumer and contributor, are, of course, not mutually exclusive. Children and young people, like adults, can occupy all three to varying degrees, and each role carries its own potential costs and benefits for the individual child, the family and the community.

Let me briefly explore the possible costs and benefits of the client and consumer roles before exploring in greater depth the possible costs and benefits of the contributor role, my major theme.

In relation to the role of client, it is obvious that early diagnosis and intervention for children with disabilities or developmental disorders brings immense direct benefits in maximizing their potential. Moreover, by defining, for example, a child's behaviour in terms of a disorder, there may be an indirect benefit - the child may be less likely to be rejected and punished in the family and in other settings such as the classroom, as occurred in an earlier era.

But there are potential costs of clienthood and having to obtain a diagnosis in order to secure the additional assistance a child requires at school to learn effectively, a now common occurrence in our educational system, is very concerning. Moreover, children and adolescents, like adults, can be stigmatized within the family and within other social settings by a diagnostic label and even acquire a client identity.

The passivity of clienthood may also reduce a sense of efficacy and internal locus of control, vital for resilience in the face of adversity. And in some circumstances it may even expose children to interventions which could prove to be harmful – this of course is part of the controversy about attention deficit disorder.

Being a consumer also has costs and benefits. The role of consumer can also be a way of learning financial skills and making a transition to greater responsibility and independence.

But the highly sophisticated and relentless marketing of goods to children, is a source of growing concern to many in our community. Pressured parents can easily be tempted to substitute toys for time, literally and metaphorically.

The values of materialism and individualism which are so strong in consumer societies may also carry deeper risks. Richard Eckersley has argued that materialism and individualism breed alienation and nihilism, and have a profoundly corrosive influence on the emotional and social wellbeing of young people.

Being a contributor also has costs and benefits for children. In developing countries the exploitation of child labour remains a fundamental human rights issue. In our society today, absolute poverty and the exploitation of child labour are unusual. Nevertheless, there are still many families where we see children take on developmentally inappropriate roles, predominantly because of parental *psychological* incapacity to fulfill caregiver roles. The deinstitutionalization of mental health and intellectual disability, the emergence of reproductive rights for people in these groups and the increase in parental substance misuse, have all contributed to this.

I can recall working with a bright little boy, who had just turned five, and whose single mother had both a borderline intellectual disability and a long history of paranoid schizophrenia. He was able to remember the name of his mother's psychiatrist and her next appointment, neither of which his mother could recall. He felt very responsible for her wellbeing and was deeply disturbed by her psychotic delusions of dangerous people coming into their flat at night which he believed to be real. He ended up in State care and had multiple placements. I sometimes wonder where he is now.

It is only very recently that the adult specialist services in fields such as mental health, intellectual disability and alcohol and drug dependence have begun to be aware of the needs of their clients as parents, and the needs of their children.

One of the earliest advocates for children of parents with a serious mental illness in Australia was Jennifer Luntz and when she first raised this, hers was a voice in the wilderness. Thankfully that has now begun to change but there is still a long way to go.

Carers Australia estimates that there are over 170,000 children and adolescents in Australia who are the primary carers of parents with a disability or chronic illness, and there is strong evidence that many of these children are seriously disadvantaged, especially in relation to their educational opportunities.

However, we should not pathologise all situations in which a child has caregiving responsibilities. The voices of such children and adolescents themselves have only very recently been heard and they provide a more nuanced understanding of their lived experiences as carers. It is quite possible that where a parent,

for example, has the *motivation and capacity* to perform the core psychological role of parent and where the parent-child attachment is strong, a caregiving role may not necessarily be harmful to a child or young person.

Can the role of contributor even bring benefits to children? Let me share with you the work of two key researchers who throw light on this question.

The first is sociologist Glen Elder, who was a leading figure in the Chicago School of Sociology, and once worked with Urie Bronfenbrenner in the rich inter-disciplinary environment of the Human Ecology Centre at Cornell. His specialization is life course studies and the developmental impact of social and economic conditions on specific birth cohorts (Elder, 1995).

In his classic work, *Children of the Great Depression*, Elder had presented data from the Oakland Growth Study, whose members were born in 1920-21, and the Berkeley Guidance study, whose members who were born in 1928-29. He compared children in both these birth cohorts from families who had suffered a very significant loss of income with those who had not (Elder, 1995).

Using a range of measures, Elder found that young children in families experiencing a marked drop in income were strongly adversely affected by this experience and did less well than the children from families who had not had sustained a significant fall in income.

However, adolescent boys from middle class backgrounds from families who had lost significant income showed somewhat *better* outcomes than their non-deprived middle class peers, and those from working class families who experienced diminished income did *just as well* as boys from non-deprived working class backgrounds.

One of the interpretations advanced for this finding is that younger children were particularly susceptible to the effects of parental anxiety and depression and family conflict associated with the stress of financial adversity, whereas such hardship propelled adolescents into roles which contributed to the family and increased their self-esteem and sense of autonomy.

Elder explored similar issues in a later study on the impact of the severe farm crisis of the 1980s and 1990s in Iowa, comparing those children who adjusted well with those who did not.

As in the Great Depression, the children of hard-pressed families assumed more responsibilities, from unpaid chores to work on the farm and paid jobs in rural communities...The farm family most fully embraced the collective ethic of required helpfulness, the responsiveness of family members to the collective welfare of the family (Glenn, 1995, p.63).

The second researcher upon whose work I wish to draw will be well known to many of you – psychologist Emmy Werner and her pioneering longitudinal study on children’s resilience. Werner and Smith identified several key factors which were closely associated with resilience in children who had been exposed to multiple risk factors such as poverty, parental mental illness, parental substance misuse, violence in the home etc. They found that resilient children, characterized by better educational and

employment outcomes and the avoidance of criminal behavior and mental illness, shared certain factors in their childhood:

- personal temperaments that elicited positive responses from family members and others
- a close bond with, and few disruptions from, their primary caregiver in the first year of life, and
- *an active engagement in acts of 'required helpfulness' in middle childhood and adolescence.*

Werner and Smith (1992) observed that

Self-esteem and self-efficacy also grew when youngsters took on a responsibility commensurate with their ability, whether it was part-time work, managing the household when a parent was incapacitated, or most often, caring for younger siblings. At some point in their young lives, usually in middle childhood and adolescence, the youngsters were required to carry out some socially desirable task to prevent others in their family, neighbourhood or community from experiencing distress or discomfort. Such acts of *required helpfulness* (Rachman, 1979) can also become a crucial element of intervention programs that involve high-risk youth in community service.

Given the salience which resilience related concepts have achieved in recent times, it is very surprising that so little attention has been given to required helpfulness in research or in services. Why have we ignored the findings on required helpfulness, I wonder?

- Is it because we have so firmly placed vulnerable children in the client role that what they may have to offer others is not part of our mindset?
- Is it because we have seen resilience too much through the lens of the individual rather than through the lens of the web of relationships to which the individual belongs or could potentially contribute?
- Is it because our models of practice privilege the psychological over the situational, that is, they give more attention to 'states of mind' than 'states of affairs' and underestimate the importance of the child's day to day activities?
- Is it because our own class and culturally determined family norms determine what are 'appropriate' tasks and roles for children and young people, such that we are inclined to pathologies situations in which children assume greater responsibility than what is normally expected?
- Do we now see tasks which were once regarded as being commensurate with a child's ability, such as caring for younger siblings, as no longer being so?

There are many research questions which may be worthy of exploring if we wish to heed Emmy Werner's advice on the policy and practice implications of her findings.

1. To what extent is it undertaking helpful tasks per se, or the fact that such activities bring a child into positive relationships with others, which matters?
2. What are the sources of motivation children have in relation to caring for others and undertaking such tasks, and to what extent are intrinsic or extrinsic rewards significant in shaping and sustaining this behaviour?
4. What are the different ways in which families socialize helpfulness in boys and girls?
5. How, in schools and other settings, is such behavior best encouraged, especially for children who are not pro-social and whose families do not hold pro-social values?
6. How does children's helping behavior vary across different cultural groups within our society and what appears to be the effect of this?

We have very few answers to these questions and not all of these questions can be addressed easily through empirical research. But even a modest exploratory study which collated a number of case studies of say, primary school based initiatives, might yield some interesting hypotheses on the possible characteristics of successful projects, and could teach us what children might enjoy in such programs..

For example, in my own local community in the Dandenong Ranges, two primary schools are very actively engaged in habitat regeneration for the highly endangered bird, the Helmeted Honeyeater. This project co-ordinators provide photographs of the bush regeneration work the children have done at an earlier time and photographs of new helmeted honeyeaters hatched in the area, to give students strong ongoing positive feedback on the outcomes of their efforts. This may be important in reinforcing a sense of efficacy in children and avoiding the sense of despair which environmental problems can sometimes engender.

Some of the leading figures in child psychiatry have spoken about these issues even when they have not specifically researched them. For example, Professor Michael Rutter, in a 1983 lecture given to his fellow Quakers in the UK entitled, "A measure of our values, goals and dilemmas in the upbringing of children", said.

'.. it does seem desirable that we foster personality development in such a way that our children are cooperative and prosocial in their interaction with others , not because they feel they *have* to be so, but rather because they get *pleasure* from being so' (Rutter, 1983, p.38).

What might be the sources of such pleasure? Interestingly, Adam Phillips, the British psychoanalyst, and Barbara Taylor, historian, in their recent book entitled *On Kindness*, also use the word pleasure in relation to caring for others.

... the child needs the adult – and his wider society – to help him keep faith with his kindness, that is, to help him discover and enjoy the pleasures of caring for others. The child who is failed in this regard is robbed of one of the greatest sources of human happiness' (Phillips & Taylor, 2009, p.12).

Rarely do we hear this view – that we are depriving children of their rightful entitlement to give to others.

Until recently, we have tended to see such helpful behavior in terms of social learning and modelling, but Phillips and Taylor, drawing on evolutionary psychology, actually use the powerful and provocative word ‘instinct’ in relation to kindness:

“Children, like the adults they will become, are complex creatures with ... an instinct for kindness and concern that is every bit as strong as their self-regarding instincts” (p.9).

Similarly, psychologist Dacher Keltner at the University of California, Berkeley, draws on evolutionary psychology and on a number of studies of neuroscientists in his argument for a biological basis to children’s and adults’ capacity for compassion.

Biochemical correlates of the states of empathy and compassion are not one and the same as biochemical causation of course, but this emerging research is of great interest.

Keltner also cites research which identifies the environmental factors which may strengthen or weaken children’s predisposition to empathy.

... children securely attached to their parents, compared to insecurely attached children, tend to be sympathetic to their peers as early as age three and a half, according to the research of Everett Waters, Judith Wippman and Alan Sroufe. In contrast, researchers Mary Main and Carol George found that abusive parents who resort to physical violence have less empathetic children.

[\(www.greatergood.berkeley.edu/articule/item/the\\_compassionate\\_instinct/\)](http://www.greatergood.berkeley.edu/articule/item/the_compassionate_instinct/).

Moreover, Keltner refers to the research on Eisenberg, Fabes and Hoffman, demonstrating that parents who use induction and reasoning in relation to children’s actions which harm others, in comparison with those who use power assertion and resort to punishment, have children who are better adjusted and are more likely to help their peers.

Winston Rickards would not have been surprised with any of these recent findings, as they confirm what his clinical experience taught him and what he taught others. I imagine he might have challenged the notion of an instinct for kindness, but he would have argued that the child’s attachment behaviour is biologically driven, and that if these needs are met, then this is the foundation in personality development on which the capacity for kindness and compassion rest.

In keeping with an evolutionary psychology perspective, I would like conclude, with a naturalistic observation by Jane Goodall, the great protector of the chimpanzees, which speaks to the themes we have explored this evening.

Mel was three and a quarter years old when his mother died. He had no elder brother or sister to adopt him. To our amazement (for we had thought he would die), he was adopted by twelve-year-old Spindle. Although members of the Gombe chimpanzee population have a few genes in common, Spindle was certainly not closely related to Mel. Nevertheless, as the weeks went by, the two became inseparable. Spindle waited for Mel during travel; he permitted the infant to ride on his back, even allowed him to cling beneath, as a mother carries her baby, when Mel was frightened or when it was raining. Most remarkably, if Mel got too close to the big males during social excitement when inhibitions are sometimes swept aside, Spindle would hurry to remove his small charge from danger even though this usually meant he was buffeted himself. For a whole

year this close relationship endured, and there can be no doubt that Spindle saved Mel's life. Why did Spindle act that way, burdening himself with the care of a small, sickly youngster who was not even a close relative? Probably we shall never know, but it is interesting to reflect that during the epidemic that claimed Mel's mother, Spindle's ancient mother died also. A typical twelve year old male chimpanzee, though perfectly able to fend for himself, will continue to spend much time with his mother, especially if he has been through a stressful time with the adult males, or been hurt in a fight. Is it possible that Spindle's loss of his mother left an empty space in his life? And that the close contact with a small dependent youngster helped to fill that space? Or did Spindle experience an emotion similar to that which we call compassion? Perhaps he felt a mixture of both." (Goodall, 1999, pp. 139-140)

I can imagine Winston sitting here with us, smiling and nodding at Jane Goodall's observation of Mel and Spindle, resonating as it does with the respect he had for the profound power of attachment, and the abiding hope he had that children who had been hurt might be healed.

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