Hazards of Rearing Children in Foreign Countries

SIDNEY L. WERKMAN

This presentation was read by Dr. Werkman at the 124th annual meeting of the American Psychiatric Association, Washington, D. C., May 3-7, 1971, and subsequently appeared in the *American Journal of Psychiatry* (volume 128, number 8, pages 992-997, February 1972). Dr. Werkman is Associate Professor of Psychiatry at the University of Colorado Medical School, Denver. He was formerly a lecturer at the Foreign Service Institute of the U. S. Department of State and senior psychiatric consultant to the Peace Corps. Both he and the editor of the *Journal* have given permission for SPECTRUM to reprint the article.

If Matthew Arnold's statement "Change doth unknit the tranquil brow of man" is correct, it is doubly so for children living overseas. Though opportunities for vivid experiences and healthy character development abound for the approximately 250,000 American children living outside of the United States,[1] so do psychological hazards for these dependents of businessmen, missionaries, military personnel, and members of the U. S. Foreign Service. This paper describes clinical psychiatric problems seen in such children living overseas.

Overseas living may foster a mixture of fears, unusual child-care practices, special problems in sexuality, and a sense of alienation in childhood. This highly important area of developmental concern is represented only modestly in the clinical and research literature.[2] For example, Useem and others,[3] in encompassing studies of Americans in Asia, stated:

> We found that termination of participation of Americans in any particular binational situation is more highly correlated with unsatisfactory family adjustments than with unsatisfactory work relationships. . . . Americans . . . find they spend so much time and energy on trying to find solutions to these pressing problems that they have little time to devote to their primary work role.[4]

Though the clinical views and vignettes presented here obviously reflect my particular experiences in Asia, Europe, and practice in Washington, D. C., and, as is the case with most psychiatric studies, exhibit a greater concern with psychopathological problems than with the large number of developmentally healthy outcomes of overseas living, they are offered as a beginning step in mapping a relatively new area of psychiatric practice. We simply do not possess accurate data on the prevalence and incidence of childhood psychiatric disorders — in the United States, much less in foreign countries — that would permit us to probe the validity of these clinical hypotheses.

It seems to me, from my experience in treating children in Washington and in observing many more overseas,[5] that a single pivotal factor often makes the difference between a well-adjusted child in America and an unhappy or psychiatrically disturbed one overseas. This factor is the change in family valences that places the child overseas in the orbit of a caretaker and the environment rather than that of the family.

In the United States, typically, a mother cares for her children and knows their environment and entire range of activities only too well. Though the involvement of fathers with their children in the United States varies, there is an expectation that fatherhood implies at least a supportive role in parental functions. Upon arriving at an overseas post, a father is often swallowed up in his career and disappears from his family, substantially, for good. Mothers are offered the opportunity of having servants and fulfilling their fantasies, whether social, artistic, creative, or indolent. Because of the availability of servants, even devoted mothers find themselves ambivalent about caring for their children. Social obligations and the need to establish a new home in a strange country may be overwhelming and leave very little time for child concern. Children regularly become dependents of caretakers and "the economy," in the military phrase, rather than of their own parents.

The relinquishment of parental responsibility would complicate a child's development in the United States. The idiosyncratic child-care practices of individual countries add a unique element to the growth and psychological difficulties of children. I am touching here on the sensitive and uncertain subject of national character and the utility of various child rearing practices for a specific culture, Obviously, I can make no judgments on these questions, except as they bear on the adjustment of American children returning to live in the United States.

The following example will illustrate a number of the generalizations I have made.

CASE REPORT

Case 1. A ten-year-old girl whose presenting problems were an unusual fearfulness and depression spent the first nine years of her life living outside the United States with her parents, who were on official business. The first child of a young and vivacious couple, ambitious in their careers, she was placed in the care of a 21-year-old nursemaid, a foreign national. Carol did well in many ways but sucked her thumb constantly. The nursemaid encouraged this, saying it was a good thing for the child since it gave her comfort. Most children in this Middle Eastern country were encouraged in this practice. Carol's mother was in a quandary. Carol was her first child. The nursemaid was far more experienced in caring for children than she, and the mother was out of the house a good deal. As a result, Carol continued thumbsucking and other infantile behavioral patterns until she was ten years old.

When Carol was nine her parents, secure in their feeling about the nursemaid who had been with them a long time, went away on a three-week trip and left Carol and her brother in the total charge of the nursemaid. The parents returned from their trip to find their daughter and her younger brother extremely frightened. Carol, particularly, wanted her parents to stay with her constantly, refused to go out and visit other people's houses, and continued to be extremely uncomfortable about being alone for an entire year following her parents' trip. She complained in a cryptic way that "Alkisti locked the door." The parents questioned the nursemaid about the matter, but she said she didn't know anything about it. Carol never explained it any further either. Not until the end of their tour did the parents learn, by a complicated coincidence, what had happened when they were away.

The nursemaid's boyfriend had moved into the house during this period. The nursemaid, previously an open, warm person, during this time locked the children's bedroom doors when they went to sleep. She then furtively spirited her boyfriend in and out of the house and swore both children to secrecy about the events under pain of terrible punishment and loss of love. Carol was frightened, excited, perplexed, and, in a word, panicked by the experience.

Many aspects of child development practices in general and of basic trust, sexuality, and conflicting loyalties are seen in this vignette of a child whose presenting psychiatric problems were inhibitions and depression. The presenting symptoms in such cases vary, but the underlying issues stem from a common theme.

Let us examine some of the recurring problems complicating general caretaking practices for American families overseas.

In Thailand a nursemaid frequently carries an infant or young child in her arms everywhere. The child is picked up out of bed in the morning, sits in the nursemaid's arms during breakfast, and is carried around during chores or activities. The child is always played with, protected, and cared for. However, he rarely gets the opportunity to have accidents, hurt himself, or learn by experience. Instead, even at the age of four, many children in

this culture are fearful of moving about, exceedingly close to their nursemaids, sweet-tempered, and unaggressive. These may be adaptive traits for a Thai child, for he has other experiences later in life that tend to counteract this "overprotectiveness." However, the American child is often brought back to the more turbulent American scene at school age. In the United States such children may be extremely dependent and fearful of the active, rough-and-tumble ways of their peers.

SEXUAL PROBLEMS

Many sexual practices that are aberrant in the United States occur frequently in other countries. Unfortunately, parents do not learn about them because they leave their children entirely in the care of other people. Only when the child returns to the United States and clinical work begins do we find that Freud's theories about fantasy seductions of his patients have been played out in the form of actual seductions of children who have lived in unusual overseas environments.

Case 2. A five-year-old boy was referred for evaluation because of regressed behavior and the use of idiosyncratic, highly symbolic language. Until the age of three he had developed well, living in Asia with his parents, who were there on a military mission. His parents then found a male caretaker for him, thinking that the sex of the caretaker would make no difference and that a male companion would be helpful for this boy, since his father was away a great deal. It was apparent [later during work with this family as a clinical problem] that at a certain point John had become more secretive and withdrawn from his parents. The family left the country when John was five, taking what they thought was a pleasant leave from the male caretaker.

John became increasingly withdrawn. He began to use odd, symbolic words in his speech. When he started school, it was apparent to his teacher that he was a markedly disturbed, frightened, and inhibited boy. On clinical investigation, it developed that John and his caretaker slept in the same room and had become involved in regular masturbatory and fellatio experiences. The young child was sworn to secrecy and told he would be punished if he gave away the secret. His symptoms developed only when he was separated from his caretaker and began to reality test for himself the meaning of his idiosyncratic introduction to overt sexuality. (Though this case may seem grotesque, I have dealt with others in which caretaker and child were actually surprised in direct sexual activities. These are not fantasies on the part of the child. Rather, they are experiences that occurred because naked impulse could be expressed directly and without the usual limits present in most households in the United States).

Many variations in the development of sexuality and sexual identity can be seen geographically and historically. Though often adaptive for a particular country, these practices may result in serious character deformation in children who will return to the United States to live. For example, care-

takers in a number of countries play openly with the penises of male children. They laugh over this manipulation and delight in comparing penis sizes among their charges. On the other hand, girls find it difficult to grow up in certain Muslim countries in which boys are highly favored. If there is any mystique of masculine superiority in the United States, it is certainly present in countries where the answer to the question "How many children do you have?" is invariably, for example, "Three," meaning three boys. Girls are simply not counted.

Ghosts and witches are no strangers to bedtime in America, but they don't seem to be as awesome here as they are in other countries. A colleague of mine once commented: "I spent my entire childhood dreading the nightly story from the gloomy 'Ring of the Nibelungs,' and I've been scared by it ever since. I think the key to the German character is there and not in Prussian militarism." Though an offhand comment, this recollection reflects a view common to many people reared on frightening or bizarre fairy tales and myths.[6]

In India and other Asian countries children are sometimes terrorized into obedience by threats of being carried away. Many stories in the folklore of India describe babies being carried off by witches, wolves, or people who appear stealthily in the night and steal children. These stories encourage great docility in children, but at the expense of crippling fearfulness.

ALIENATION

American parents are concerned more overtly about a different group of difficulties centering around their children's involvement in the host country. Mothers worry about the frequent phenomenon of polarization of attitudes. They find that when overseas their children either come to hate the United States and everything it stands for or become "superpatriots." Service children, certainly a special group, are particularly susceptible to xenophobia and express this attitude by wanting to "storm the walls of the Soviet Embassy" or engage in other destructive acts. Parents may encourage polarization by their own attitudes. One father told me, speaking of children of the host country: "They are tough, spiteful, dishonest. Many kids are unbelievably obscene, rude, and selfish. They call you a son-of-a-bitch and much worse if you reprimand them. They throw rocks at you as soon as your back is turned. Everyone pushes; courtesy is unknown."

Perplexed by the numerous value conflicts inherent in raising children in a foreign culture, parents often retreat from responsibility for molding their children, only to find their children's manners and lifestyles abhorrent when

the whole family returns to the United States. An alternative, equally unfortunate, is for the child and family to withdraw to the confines of the "golden ghetto" of sleek foreign nationals' housing seen in so many Asian cities. Such families might just as well never have left home.

Perhaps that is the key issue in living overseas: What is the motivation for leaving home? Unless that issue is faced and understood one hears such comments as the following, from a young American reared overseas:

> There is always the feeling that you don't belong anywhere; the fear that you will become attached to your friends and then have to leave them. The large majority of children growing up overseas are unhappy Americans. They are neither one nor the other. Unhappy away or unhappy in the United States, unless they enter foreign work themselves.

Motivations of parents differ. Businessmen may take a short overseas assignment to make more money, advance their careers, or lighten taxes. They will not set down roots in the host country, and their children may experience an overseas tour as an extended holiday. Service personnel, assigned without choice from place to place, may encourage children to put their greatest trust in the military organization itself rather than the host country, the United States, or their own sense of identity. The Foreign Service family, particularly vulnerable because of currently transitional conditions, may well encourage a "Flying Dutchman" syndrome of eternal wandering in their children.

All of these motives, and there are myriads of variations, may result in healthy or distorted senses of identity in children reared overseas. What is certain is that overseas living will have a powerful effect on the life view of an American child.

SEPARATION

The most poignant pathological outcome of overseas living seen clinically is that of the child wrenched without explanation from an overseas caretaker and returned to the United States.

Case 3. A five-year-old girl was brought to me because of depression and lack of interest in her family and life in the United States. Her mother first became curious about Karen during the long return boat trip to America, because her daughter spent hour upon hour in the seemingly aimless pursuit of opening all manner of doors throughout the large ship. Karen had lived most of her life in India under the care and love of a devoted and playful ayah, or nursemaid. When it became necessary for the family to return to America, Karen's mother couldn't bring herself to explain that the ayah would remain in India, her home country.

Instead Karen's family went about all the packing and planning involved in leaving, while the ayah not only left her belongings unpacked, but became quiet and

morose. Karen asked her mother about this. Her mother became irritated and gave an evasive answer about ayah's needing to visit her relatives in Amritsar. "Will she meet us at the boat?" asked Karen. This question and others were parried with increasing ambiguity, frustration, and finally anger. Never given a clear, direct explanation for the separation, this child felt her "true" mother had been stolen from her. This theme dominated psychotherapeutic work with her for a long period of time and may well distort the experiences of the rest of her life.

If this example seems overdramatic, we might note that Rudyard Kipling suffered the same kind of loss, though in reverse. As the story is masterfully recounted by Edmund Wilson in *The Wound and the Bow*,[7] Kipling grew up in India with his parents and adoring native servants until he was six. His parents then decided to send him "home" to England for schooling and to live with his uncle, but did not explain the reason for their plan. Kipling became morose in England and spent endless hours staring out of the window of his uncle's house. He developed partial blindness and had a "severe nervous breakdown."

Wilson quotes Kipling's sister as follows:

I think the real tragedy of our early days [in England] sprang from our inability to understand why our parents had deserted us. We had had no preparation or explanation; it was like a double death, or rather, like an avalanche that had swept away everything happy and familiar. . . . We felt that we had been deserted, almost as much as on a doorstep.

This experience of unwitting abandonment is pointed out by Wilson as the most significant psychological event of Kipling's life and helped form the theme, mostly expressed in indirect ways as a swaggering defense against a feeling of helplessness, of much of his writing.

These case histories and anecdotes illustrate the great opportunity available for the work of preventive child psychiatry and informed child rearing practices. A subsequent paper will describe methods that have proved useful in helping children master the unusual challenges of overseas living.

REFERENCES

1 United States Department of State, Reports and Statistics Section, personal communication (October 20, 1971).

2 M. Torre, editor, *The Selection of Personnel for International Service* (New York: World Federation for Mental Health 1963).

Otto Klineberg, *The Human Dimension in International Relations* (New York: Holt, Rinehart and Winston 1964).

H. Cleveland, G. J. Mangone, and J. C. Adams, *The Overseas Americans* (New York: McGraw-Hill Book Company 1960).

Henry P. David and David Elkind, Family adaptation overseas, *Mental Hygiene* 50:92-99 (1966).

3 J. Useem, J. D. Donoghue, and R. H. Useem, Men in the middle of the third culture. Presented at the 58th annual meeting of the American Political Science Association in Washington, D. C. (September 6-8, 1962).

4 R. H. Useem, The American family in India, *Annals of the American Academy of Political and Social Science* 368:132-148 (1966).

5 Sidney L. Werkman, cited in John Bainbridge, *Another Way of Living: A Gallery of Americans Who Choose to Live in Europe* (New York: Holt, Rinehart and Winston 1969), pp. 268-274.

6 Werkman, The eye of childhood: psychiatric myths and media realities, *Clinical Proceedings of the Children's Hospital of Washington, D. C.* 26:235-242 (1970).

7 E. Wilson, *The Wound and the Bow* (New York: Oxford University Press 1965), p. 86.

Comment

MOHAMMED SHAFII, Ann Arbor, Michigan

These comments appeared with the Werkman article in the *American Journal of Psychiatry*.

The intriguing title of this paper brings into focus an important aspect of child development and preventive psychiatry on the international and transcultural level. A need exists for further *detailed* clinical and epidemiological studies of this virtually unexplored territory.

Dr. Werkman very briefly reports psychopathological reactions of some children who have lived overseas, emphasizing the possible effects of: (1) leaving the child completely in the care of a caretaker, (2) unusual child-care practices in the host country, (3) a lack of feeling of belonging to either country, and (4) separation from the caretaker and return to the United States.

I am generally in agreement with Dr. Werkman's observations and would particularly like to underline his suggestions for prevention and management of the problems inherent in this potentially traumatic situation. However, to accurately assess the frequency and validity of these psychopathological reactions, further elaboration of the dynamics of the child and the