their contacts with the child are sufficient. More of them are anxious at night, feel that the child should sleep with the parents and view the metapeleth more critically.

In summary, most of the Kibbutz mothers sampled in this study fully accept collective education. Some minor criticisms were raised and suggestions for reform within the general framework were made. Whether the mother was born in the Kibbutz or not made little difference in her attitudes to the child-rearing practices. The 17 per cent who indicated ambivalent or negative overall attitudes to collective education are primarily concerned with the insufficiency of contacts with their children, with separation from them at night and with the perception of the inadequacies of the metapeleth.

In conclusion, it appears that the "maternal drive" or the need for mothering is, by and large, gratified under the conditions of collective education. Surprise at and disapproval of Kibbutz child rearing expressed by some observers may be culture-bound, that is, largely determined by their own experiences in a particular family structure, which they implicitly or explicitly believe to be universal.

REFERENCES

THE TREATMENT OF CHILDREN WITH ULCERATIVE COLITIS*

STUART M. FINCH, M.D.
Children's Psychiatric Hospital, The University of Michigan, Ann Arbor, Michigan

Since both physical and emotional factors must be considered in the management of ulcerative colitis in children, much of the discussion was focused on the "team" approach when treating these patients. Too often children have been evaluated and treated by one of three separate departments: pediatrics, surgery or child psychiatry. Because of their divergent approaches, the type of treatment frequently is determined by chance. that is, by whichever specialist the patient sees first. However, no single branch of medicine has been uniformly successful and eventually the physician in any one form of management is likely to call upon his colleagues for help. Consequently, treatment too frequently consists of a succession of different approaches, or, at best, separate programs operating simultaneously but independently of each other.

The formation of an ulcerative colitis team consisting of pediatrician, surgeon

and child psychiatrist, such as has been established at the Children's Psychiatric Hospital in Ann Arbor, Michigan, can alleviate some of these problems. Each member of the team refers all ulcerative colitis patients to the other members for consultation. A program of joint management is then worked out. As a result of frequent meetings among all members of the team, pediatrician and surgeon are better able to recognize some of the subtle ongoing pathology within the family that can produce somatic results in the patient. While pediatrician and surgeon become more aware of the effects of the psyche on this disease, the psychiatrist is in closer contact with his colleagues, problems and points of view. He also develops a better understanding of the somatic pathology, particularly the secondary organic changes in a chronically diseased bowel, which cannot be reversed by psychotherapy.

The team must have a uniform understanding of surgical, medical and psychiatric management. If surgery is performed, it should be done as part of the integrated therapeutic process, not instead of psychotherapy, or because psychotherapy fails. The psychiatrist must be informed as to methods and details of surgery and postoperative care. He must know the prognosis and what has been told to the family, otherwise he will be unable to offer constructive support.

The choice of a captain for the team depends on the individual case. The different settings of a pediatric and psychiatric hospital or status as an outpatient can provide different roles for different members of the team. In less severe cases, patient and parents can often be supported successfully by the pediatrician and there may be no need for intensive psychiatric care. With other patients and their families, where hostile and manipulating attitudes provoke problems in over-all management, the psychotherapist is usually best able to map out an effective treatment approach. Co-operation and firm support from pediatrician and surgeon is then necessary to insure the success of the total therapeutic program. The team must realize that many families tend to manipulate one doctor against another; exploiting the difference in physicians' roles is a common resistance to efforts at changing the family equilibrium and interrelationships.

PROBLEMS IN PSYCHOTHERAPY

The personalities of children with ulcerative colitis generally fall into one of two categories: (1) the rigid, perfectionistic "little old man" with neurotic obsessive adjustment and (2) the "obnoxious manipulators" who use their illness as a means of dealing with their environment. The latter tend toward more chronic disability and give all personnel involved a much harder time. Direct, firm nursing management can sometimes change a child's whiney regressive behavior on the ward to something less frustrating and oppressive.

While psychotherapy has a definite place in over-all management, parents and child are often difficult to involve in the treatment process. The clinging dependency and withdrawal of these children can lead to rejection by the therapist. The parents, too, are difficult to handle. Many mothers—and fathers—demonstrate exaggerated concern for the details of intimate physical care, but lack the capacity to manifest warmth or communicate their true feelings to others. They are remote and ambivalent (especially concerning the death of the child),
but mask their hostility and resistance with a veneer of pseudo co-operation. Sometimes the therapist must use a variety of approaches and he is likely to develop a counter-transference of helplessness, impotence and frustration over the manipulative interplay of family forces. He must continually appraise his own fluctuating emotional attitudes.

Psychotherapy can be very effective in both preoperative and postoperative adjustment in those cases that require surgery. The withdrawn and isolated behavior of these chronically sick children frequently disappears following colectomy; the patient begins relating to his therapist with a warmth and friendliness previously lacking. Surgery often puts an end to a child’s fear of annihilation by his parents, as well as resolving the latter’s ambivalence concerning the child’s death. Support and encouragement from the therapist postoperatively can effectively reduce the overprotective attitude of the parents and the dependent, clinging behavior of the child.

There have been no reported experiences of conjoint family therapy with children who have ulcerative colitis. This might be a fruitful area of investigation that could focus on the types of interpersonal transactions occurring specifically within these families. It was noted, however, that this form of therapy could create an atmosphere in which the potential for exacerbation of a symptom becomes too intensified and too great a risk.

Finally, there is the question of appropriate settings for intensive psychotherapeutic treatment, once the constant medical supervision of a pediatric hospital is no longer required. For some children, removal from a pathological family situation becomes necessary. In these cases the psychiatric hospital is recommended, since it is oriented to home life and discourages the dependent, “I am sick” attitude fostered by prolonged medical care. With other patients, separation from the mother can precipitate severe exacerbation of the disease. These children tend to do better if returned to their home environment.

ETIOLOGY

It was agreed that the etiology of ulcerative colitis is multifactorial, that there must be some biologic predisposition combined with the psychopathology of family and patient. Possible contributing causative agents include abnormal inflammatory response, genetic factors, chromosomal abnormality in pregnancy, disturbances in metabolic functioning and prenatal emotional factors.

FOLLOW-UP DATA

Certain findings from a long-term follow-up study of children with ulcerative colitis are being prepared for publication by a group from Columbia-Presbyterian Medical Center. The findings concern use of steroids, surgical and mortality rates, familial psychopathology, effects of psychotherapy, and the like.