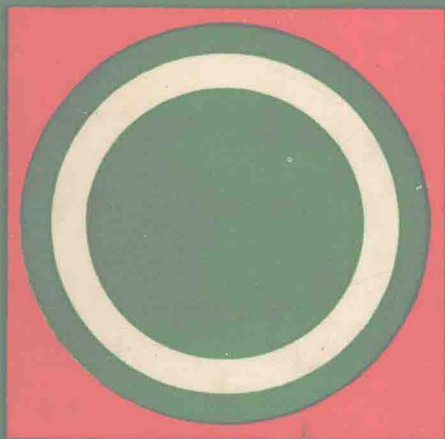


BASED ON CASE
STUDIES OF INDIAN
CHILDREN



Problem Children

UDAY SHANKER



ATMA RAM & SONS, DELHI

PROBLEM CHILDREN

BASED ON CASE STUDIES OF
INDIAN CHILDREN

by

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PREFACE

There are many children who may be physically quite normal and healthy but who present problems arising from various personality and behaviour disorders. Parents generally feel more concerned when a child is physically ill and take him to the doctor and if he does not show improvement they consult another doctor. But in the case of children who suffer from some mental difficulty or illness, they not only feel less concerned, but consider themselves quite competent to deal with them and even feel ashamed of mentioning to others that their child is having problems of adjustment. These children from the point of view of mental hygiene are "sick souls" and are termed "Problem Children", needing serious attention.

The attention to be given to such children, as in the case of physically ill children, is to help or treat them and in the second place to prevent the occurrence of these difficulties. The task for the psychological well-being of children is, thus, both remedial and preventive. The remedial task is that of the few specialists, like the doctors who diagnose the illness for prescribing treatment for restoring as much health as possible. The preventive task, however, is more important, since it is always better not to let the illness occur, as the treatment or cure leaves some scars of the illness and in the case of mental illness, at least, cure or treatment is not so easy, sure or high in effect.

The problems of mental illness in children arise due to the errors of parents, guardians or teachers, as no child is born a "problem child". They do not quite understand the needs of the child and quite often they themselves are the victims of their own personal problems, emotional difficulties and frustrations. So all concerned with the upbringing and well-being of children should understand the etiology and psychodynamics of emotional difficulties in children.

This book is written with this purpose to impart information on various common problems of children, like delinquency, shyness, aggressiveness, stubbornness, certain anxiety states,

insomnia, nervousness, stammering, etc., to all those who have the care and upbringing of children as their charge, or who are preparing themselves for it so that they could equip themselves adequately for their roles. It is written not in an abstract manner but from deep conviction born out of first hand practical experience of dealing with many problem children over a number of years in Indian situation. The so many illustrative cases cited here are those which the author, as a clinical psychologist, dealt in the Child Guidance Centre at the Central Institute of Education, Delhi, the Children's Home, District Jail, Irwin Hospital in Delhi.

The author is much indebted to Dr. J. G. O. Callghley, sometime UNESCO Expert in Child Guidance with whom he worked for sometime and who encouraged the author to write this book. The author also expresses his gratefulness to the Superintendents of the District Jail and the Children's Home and all others who gave him all facilities in this study. His thanks are also due to his friend Shri Veda Prakasha, M.A. (London), sometime Deputy Education Adviser, Government of India for going through part of the manuscript and for his wife Lakshami Shanker who not only helped in actual writing work but who prepared the Tables and the Index.

The author will be amply rewarded, if his efforts to impart the information in these pages changes the outlook of even a few of those who have the care of children, in some way, as their charge which really is their privilege.

UDAY SHANKER

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PROBLEM CHILDREN

CHAPTER I

INTRODUCTION

In the process of growth and development of the child some setback or ill-health is common experience. But such illness is not simply physical and can be just mental or emotional in nature. From the beginning, methods have been used and new techniques have been evolved for the treatment of physical illness or diseases and in the modern world a remarkable fund of knowledge exists in the field of medicine. For dealing with mental disorders or difficulties, though not the same attention is paid as for physical ailments, yet from the close of the 19th century, at least, some discoveries such as by S. Freud and A. Adler, in particular, have been made concerning the working of the human mind which have thrown light on the bringing up of children and on the handling of the mentally or emotionally disturbed. These discoveries, although are not so accurate as yet, as are the discoveries for curing disorders of the body, but a mass of scientific information is, nevertheless, available and is gradually accumulating to understand the etiology and psycho-dynamics of various mental difficulties of children.

There is some demand these days for psychological help for the disturbed young people, probably with this increasing knowledge, but more particularly created by interest in educational reforms and by problems faced as created by the mentally handicapped and the delinquent who cannot be easily ignored. But despite these developments there is still confusion, scepticism and uncertainty in the minds of both the medical man and the man in the street with regard to the real part

which psychology can play in helping the socially and mentally or emotionally maladjusted children. This is partly due to prejudice but mainly due to ignorance or lack of information. With increased education and advancement, all those concerned with the welfare of the child, whether they are parents, teachers, heads of institutions, probation officers, magistrates or medical men, would realize more the value of psychological knowledge and approach, without which they cannot successfully handle children in their charge.

The discoveries made by psychologists, working both with adults and children, have brought out the importance of early childhood experiences in the determination of problems of adjustment. They also emphasize that in the process of growth the child is not like a piece of plastic material which could be turned into they finished product in any manner. Every serious student of psychology tells this from experience as every parent. howsoever, unlearned, may know this more intuitively. Every child growing from a fertilized ovum starts with a specific combination of the genes from the germ cells of the two parents and is thus born with the unique inherent constitution, physical and psychological. Each child is born with potentialities for his own individual responses and for resistance to environmental influences. This is true not only with children of different parents but with children of the same parents. Parents, teachers or the clinical worker cannot, therefore, entirely ignore the inherited tendencies for any form of behaviour. Writers like Gesell contend that apart from physical and mental equipment of the individual, which, to some extent, limit and determine his reactions and responses, the behaviour patterns also have some small basis in hereditary constitution. Subtle glandular imbalance, *e. g.*, often hereditary in origin, may make a child hyper-active and restless lacking in concentration¹, while another child may be made slow, lazy and docile. There is a possibility of a correlation between body acidity and emotional

¹Gesell, A., "The Developmental Psychology of Twins", Chapter 6 in *The Handbook of Child Psychology.*, (Ed.) Carl Murchion, Worcester Mass, Clark University Press, 1931.

excitability¹ and likewise some other traits having their origins, to an extent, in the genetic constitution.

But the importance of environmental influences in the fashioning of one's personality and in the determination of its problems cannot be minimized. Some writers, no doubt emphasize the omnipotent power of environmental forces and in the same manner some parents also think that their's is the sole responsibility in the particular development of the child and some of them develop guilt feelings that it is entirely their fault that the child shows some developmental problem and that if they had acted differently, the child would have become entirely a different person. The old controversy between the environmentalists and the hereditarians, in emphasizing the importance of nurture or nature, is futile. Both these factors have their own relative importance in the growth of one's personality. Children are born as individuals and they become persons, with the effect of environmental forces.

So we have always to study the individual child living in a specific environment, as at no stage is the individual separate from his environment, both physical and social. One is inseparably connected with it and human life truly human is possible only when one partakes of the environment, particularly the social environment. It is from the environment, particularly from the social environment, that he derives the satisfaction of the fundamental needs, both physical and psychological, in the satisfaction of which lies the normal development of his personality. The social climate, existing in the home and in the school where most of the time of the child during the formative period is spent is, however, the most important factor in the genesis of behaviour or personality difficulties. In the home the presence of parents, grandparents and other adults and siblings with their different or changing attitudes creates various emotional cross-currents. There can be too much harshness, rejection or maltreatment and also too much love, indulgence or pampering. The parental quarrels or disharmony leading to desertion and broken homes are also probabilities with their own adverse effects on the child's development. So also in the school, the

¹Rich, Gilbert, J., "A Biochemical Approach to the Study of Personality", *Journal of Abnormal and Social Psychology*, Vol. 23, 1928, pp. 158-75.

attitude of the teacher and of other school-mates and the problems of learning produce social and emotional conditions which may not be all very congenial and conducive to his mental health.

Like every living organism, the human child has the fundamental desire of not only to exist but also to grow to its full stature for final fruition. This is made possible if he feels secure. Security means not only freedom from fear or danger or freedom from physical needs like the needs for air, water, food, shelter, rest and change but it also lies in the satisfaction of the various psychological needs.

Modern psychologists, on the whole, agree that love or affection (with sexual response with a mate also, as in adults) is the most fundamental need. This may take the form of appreciation, approval, acceptance, recognition or admiration received from others. But a human being wants to give love and affection to others as he wants to receive it from them. The normal child is by nature a blend of egoism and altruism or of selfishness and magnanimity and the need to give continues as a dominant motive throughout life like every other need and brings anxiety when it is frustrated. The feeling that our gifts are not acceptable is as intolerable as the feeling that others' gifts are no longer available. This is an expression of love, fellow-feeling, brotherly kindness or altruism. The need to receive tenderness, affection and appreciation, therefore, is as basic as the need to display tenderness, to give love and to admire and appreciate.

The other important need is to do new things, to have more knowledge or to have adventure. This urge or thirst for new experiences continues from birth to death. The little child displays it in playing with toys and in exploring the cup-boards, the rooms, the house or the surroundings and finds joy in discovering anything new. Grown ups also have adventure and undertake new tasks even at the risk of their lives, just to satisfy the curiosity and to know beyond what they already know by having a peep or jump into the unknown. There is not only the desire to know more of the external world by ever new experiences but also there is the urge to utilize the experiences in creating something new or the urge of self-expression through some responsible contribution. There is the great need to produce something, to achieve or accomplish something which

one can call his own and thus by increasing his sense of adequacy and self-esteem, have a better sense of security. Little children are also personalities, desiring to do something by themselves to feel a sense of importance and to feel that they also count or have a place in the home or society.

Another human need is for understanding or for insight to find answers to questions, and to account for the reasons of happenings or events. Mere facts are like blind alleys leading one nowhere and human mind wants to know something beyond the facts—the generalizations, principles or the reasons behind the phenomena. The little child, from an early age of three or four, begins to question as to why things happen as they do. There is also an ever present need to understand the changing experiences and varied relationships among human beings as members of social groups.

A human being likewise needs independence and freedom to experiment. He does not want always to be told, directed or instructed, but has the urge to exercise his powers by himself and feels greatly frustrated if interfered with his efforts. He wishes to be, sometimes, left alone to sink or swim or to stand on his own legs. Children normally are very keen to use their own hands and to do things by themselves not only to judge, unknowingly, their own capacities and powers but to feel a sense of independence in being masters of their own affairs.

Maladjustment and mental ill-health are largely the consequences of misdirection or lack of satisfaction of these fundamental needs as will be shown in the succeeding chapters. Just as the plant atrophies and withers away if the needs for air, water, sunshine and other ingredients from the soil are denied to it, so also the human organism, as if a moving plant posited in the social soil, ceases to function fully if its fundamental needs are not fulfilled. Such frustrations disturb the various functions both physical and psychological, causing symptoms of various sorts. The digestive, respiratory, eliminatory and other bodily processes may be affected and so also one's cognitive powers, emotions and volition are interfered with. There are, in fact, numerous symptoms of maladjustment or mental ill-health. Some of them are more overt or what may be called behaviour problems, like delinquency, aggression or restlessness. Others are more covert personality problems which can be even

more serious, as they paralyse the personality itself without affecting the environments so directly, *e. g.*, shyness, anxiety or nervous states like insomnia, enuresis and stammering.

The various symptoms of maladjustment or problems of children are, no doubt, matters of discussion and inquiry but in reality we deal with a child showing a particular symptom and not with the symptoms as such, as these do not exist in themselves. They occur in boys and girls with very different background and personality patterns and any generalisation about such symptoms is rather arbitrary. One cannot talk, *e.g.*, of aggressiveness as a general symptom caused by this or that factor. The symptoms as such are abstractions and the real subjects of study are the children showing the symptoms, but still we can discuss the various problems and difficulties of children as they are commonly named and do some generalisations about them.

Again, the symptoms, in themselves, are not autonomous swaying the entire being of the patient. More than one symptoms can go together. If a child is shy he can be anxiety-ridden and full of aggression and an aggressive child, feeling very insecure, may be restless and a delinquent. Cases referred for examination and advice often have more than one problem. A child, *e.g.*, suffering from behaviour disorders like stealing and truancy may be suffering from nervous habits like enuresis. Diagnosis may reveal quite a few of the symptoms arising from the same cause, or the same symptom may be caused by different factors; speech difficulties like stammering, *e.g.*, may arise out of guilt feelings, nervousness or fright.

It is also worthy of note that quite a number of personality and behaviour problems and the symptoms thereof arise from quite deep and hidden factors unknown to the individual. Modern psychology, after the epoch-making discoveries of Freud, places considerable emphasis on the subconscious or unconscious motives, repressions, conflicts, hidden fears, guilt or anxiety, as the determining factors of various mental disorders or difficulties. The human psyche is often compared with a flowing river. The superficial upper layer of water is to represent the consciousness in which momentary changes take place with various stimuli or events just like ripples on the surface of water produced by winds or stones thrown in. The subconscious psyche

is like the main bed of the river below the surface and the bottom of the river is to represent the unconscious mind in which reside all the forsaken, rejected or repressed desires, fears complexes, guilt or anxieties. But these are not like a dead mass (as at the bottom of the river) and are very strong forces bobbing up at times and upsetting the whole personality like volcanic eruptions. The symptoms are often expression of these unconscious forces coming up in devious and disguised forms. This will be borne out in the various illustrative cases of the various problems discussed here.

The plan adopted here, however, is to discuss, at first, the problem of mental deficiency or dullness which is more congenital in origin. This is followed by fuller discussions of delinquency and backwardness. The other difficulties or disorders like aggression, lack of concentration or restlessness, obstinacy, shyness or recessive behaviour, anxiety and nervous states and speech difficulties, are discussed in subsequent chapters. After that two chapters are devoted to sex perversions or problems and to sex education which questions, though important, are not often discussed openly. The last chapter is devoted to a general consideration of various therapeutic methods, which may be applicable in individual cases according to their age, nature of the symptom and social or other conditions under which they live.

CHAPTER II

MENTAL DEFECTIVES AND DULL CHILDREN

In the experience of the writer, a large majority of children, to the extent of 60%, referred to the child guidance centre organised by the writer at the Central Institute of Education, Delhi, were intellectually retarded, *i.e.*, children who were basically less capable of intelligent behaviour than normal children. These children have very limited capacity to understand or comprehend, to think, to learn and to profit from experience. The high percentage of the mentally retarded referred for advice and guidance does not, however, mean that there is a greater number of mentally retarded among the problem children. There is no dearth of emotionally disturbed and socially unadjusted children but parents are not, generally, much perturbed by these symptoms, at least, in this country, as public opinion here with regard to psychological ailment is almost non-existent. Parents feel concerned when the child is physically ill and they go from one doctor to another for easy and early recovery and even if the ailment is mental they still expect some medical treatment. Quite often parents ask for prescription and medicine in the child guidance centre and show surprise that the approach in the centre is psychological and not medical. The mentally retarded, likewise, are brought to the child guidance centre in larger number since they too are a matter of concern to parents who, however, come with the hope of easy and quick cure of deficiency and expect nothing short of a miracle from the psychotherapist.

These children come both from the urban and rural areas and there is no certainty whether mental deficiency is more prevalent in the countryside than in cities. It has, however, been maintained by some in the past, that the incidence of defectives is greater in towns than in the country and so also of

the dull. The Royal Commission Report of 1904 in England, e.g., reads, "The rural child is healthier and therefore more vigorous in mind as in body, but educationally he is often ignorant." But some more recent studies show that mental deficiency is more prevalent in countryside and so also backwardness, to the extent of even 20%.¹ Whether mental deficiency exists more in the country or in towns is rather a controversial topic and is not so important in this study. It is enough to recognise the fact of mental retardation, in the population of children, for effective measures to deal with it.

The mental defectives are identified to fall in anyone of the following categories according to their intelligence quotients.

Idiots	below 25 I.Q.
Imbeciles	from 25 to 50 I.Q.
Morons	from 50 to 75 I.Q.
Border-line & the dull	from 75 to 90 I.Q.

In the Revised Stanford Edition of Binet-Terman Test the following grades of intelligence are recognized :

Mental defectives	below 70 I.Q.
Border-line or feeble-minded	70 to 75 I.Q.
Dull & backward	75 to 90 I.Q.
Low average	90 to 95 I.Q.
Average	95 to 105 I.Q.
Superior	105 to 125 I.Q.
Very Superior	125 to 140 I.Q.
Genius	140 and onwards.

The actual I.Q. assignment to various categories of the mentally retarded and the feeble-minded differs a little according to various investigators, but there is general agreement with regard to the characteristics of the various categories.

Idiots with I.Q.'s below 25 are persons in whom mental deficiency is so great that they are incapable of protecting themselves. They cannot guard themselves against common physical dangers and are to be constantly watched lest they hurt themselves, burn themselves, fall in water or be run over by a tonga or a car. They are as helpless as an infant. Extreme cases of this type are unable to sit up or to stand or walk; a few are able to

¹Burt, C., *The Backward Child*, University of London Press, London, 1950, p. 88.