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## PROBLEM CHILDREN

*By the same author*

# DEVELOPMENT OF PERSONALITY

WITH A FOREWORD

by

**Prof. HUMAYUN KABIR**

*Pp. 291. Price Rs. 6/-*

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# PROBLEM CHILDREN

BASED ON CASE STUDIES OF  
INDIAN CHILDREN

*by*

**UDAY SHANKER, M.A. (London)**

*Reader in Psychology*

*Central Institute of Education*

*Delhi*

WITH A FOREWORD

*by*

**K.G. SAIYIDAIN**

*Educational Adviser to the Government of India*



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## FOREWORD

I have read with interest through parts of Mr. Uday Shanker's book on "Problem Children". He has impressed me with his sensitiveness to the issues involved as well as his clear thinking and vigorous expression. He has obviously studied the subject widely and supplemented his theoretical knowledge with practical observation and case studies. This is the normal way in which knowledge can be invested with some measure of certainty.

The problem with which this book deals is of interest not only to the professional psychologist, but also to the average teacher and parent. That is so, because most of us come across such cases but we are not in the happy position of being able to secure the services of competent psychologists or psychiatrists to deal with them. We should, therefore, even as laymen, have some idea of the nature and magnitude of the problem. We should be able to recognise the really bad cases straightaway so that we may try, if possible, to secure expert advice and to isolate them, where necessary, and, in minor ones, we may be able to do something to deal with the situation. But there is another reason which underlines the importance of a study like this. "Problem Children" are not a class apart; in a sense, all children are "problem children" in one way or another and to a smaller or greater degree. A "hundred per cent" normal child or adult, must be the most abnormal phenomenon, indeed! A knowledge of how the mind works, how the unconscious urges and complexes mould or distort the emotions, how a badly ordered environment perverts the pattern of personality, how lack of a sense of security, of understanding, of sympathy and affection can affect intellectual and emotional stability, would enable us to deal with the education of normal children more effectively. Barring cases of children who are congenital idiots or are very badly retarded in mind or suffer from serious perversions, there is a great deal of good that an intelligent and sympathetic teacher can do in the early stages—in co-operation with the parents—to heal the wounds of the mind and the spirit from which the child is suffering. Nature herself is a great healer and a well planned environment has far reaching effects on the growing personality of the child. An atmosphere of love and understanding, a sense of security and peace, a provision for free play and congenial work, an opening out of social companionship can achieve miracles in dealing with many of the handicaps and diseases of problem children. Let us not—in the pride of our technical and scientific knowledge of psychology or psychoanalysis—belittle the cathartic role of work and play, love and sympathy, freedom and joy in the child's life. The intuitive parents and the born teachers have always known this truth—long before psychoanalysis gave it respectability and Madam Montessori proved it through irrefutable demonstration.

But, alas, born teachers and intuitive parents are very few indeed ! The teachers are largely concerned with the mechanics of their work and the parents lack either psychological understanding or patient love or both. They imagine that there is nothing more easy and simple than bringing up a child properly, that an alternation of fond indulgence and unwise restrictions and punishment is all that is needed to provide good training. This is just meaningless. The most delicate machine in the world is the human organism and it is as difficult to understand it in the child—if not more—as in the adult. We must endeavour, with all humility and reverence, to study him, illuminating with new knowledge the dark corners of our ignorance and try out ways of meeting the threefold needs of his body, his mind and his spirit—needs which are not often vocal but not less important on that account.

We are anxious to give a new and better deal to our children. Our Prime Minister, who is an “incorrigible” lover of children, recently remarked that children must be given the first place in our thoughts and this motto should be inscribed on all public buildings in the country. This applies not only to the healthy and normal children but also to those who are afflicted by various kinds of handicaps. They should really move us to deeper compassion and challenge us to greater effort so that we may bring some joy and sense of usefulness into their life. They too, are our wealth and our responsibility. The true measure of the greatness of a culture is the degree of compassion that it shows towards weaker and under-privileged groups. Amongst these children occupy a position of priority and problem children deserve our love and service in the fullest measure.

I hope this book will help to awaken our teachers, social workers and authorities to the importance of this problem and the right approach to it.

*New Delhi*

*K.G. SATTYIDAIN*

*11-12-57.*

## PREFACE

For the wholesome development of personality of the child both the physical and mental aspects are important. But ordinarily people pay more attention to the body and get more worried about physical illness or disease. In the modern age also more progress is made in the field of medicine, and mental or emotional ill-health, which may mar the normal growth of personality even more deeply, has not attracted so much attention. There are so many children with personality or behaviour disorders presenting their own problems and needing help and guidance.

There is thus an immense task for those who are concerned with the psychological well-being of children. The task is both remedial and preventive. The remedial task calls for skill and special training in helping the disturbed child in the restoration of as much degree of normality as possible. This job is that of the few specialists. But the preventive task is more important, since it is always better not to let the illness occur, as the treatment or cure, howsoever perfect or complete, leaves some scars of the illness and in the case of mental illness in particular, cure or treatment is not so easy, sure or high in percentage.

The errors of parents, guardians or teachers who quite unwittingly have failed the child, are due to the fact that they do not quite understand the needs of the child or are themselves victims of their own waywardness, emotional difficulties and irresponsibility. So all concerned with the upbringing and well-being of children, should increase their knowledge of the etiology and psychodynamics of emotional difficulties. In particular, the parent or teacher who desires truly to fulfil his role as a builder of personalities of children must be equipped to prevent suffering caused by emotional disorders. In order, therefore, to have emotionally and socially healthy children, the standard of parent-craft and teacher-craft has to be raised.

The purpose of this study is to impart such information on various common problems of children to parents, teachers, social workers or to the students of child psychology who have the care of children as their charge or who are preparing themselves for it so that they can equip themselves adequately for their roles. It is written with a conviction born out of first hand experience with many problem children, over a number of years that the results of lack of knowledge are sadly tragic and that they could be easily avoided if parents or others concerned were a little more cautious and well-informed. The illustrative cases discussed here are those which the writer dealt with in the Child and Youth Guidance Clinic at Forman Christian College, Lahore (some years ago) and now in the Child Guidance Centre at the Central Institute of Education, Delhi. The delinquents discussed here are mostly

those which he studied in the District Jail and the Children's Home in Delhi, and also in one Approved School in the United Kingdom during his stay there from 1947 to 1950.

The writer expresses his indebtedness to many writers whom he has quoted and who have been helpful in attaining a better understanding of the various problems discussed here. The writer gratefully acknowledges the permission of authors and publishers in quoting some of their publications. He is thankful to the Principal, Central Institute of Education, for allowing him to reproduce the writer's "*A Study of Child Delinquency*" which was published by the Institute and which constitutes the major part of the chapter on "Young Delinquents." The writer's thanks are due to Prof. J.G. Caughley, sometime UNESCO Expert in Child Guidance, with whom he worked for some time and who encouraged the writer in the present enterprise. He is also thankful to the Superintendent and the Deputy and Assistant Superintendents of the District Jail and the Superintendent of the Children's Home, Delhi, who gave him all facilities ungrudgingly and made the cases of delinquency easily available and allowed access to the official records of some of these children. He is also grateful to Mrs. Manu Desai, formerly of the Delhi School of Social Work who worked as the psychiatric social worker for some time and who with the senior students of the Central Institute of Education contributed to the discussion of the various cases in the case conferences. The author's grateful thanks are due to Prof. K. G. Saiyidain, Educational Adviser to the Government of India, for kindly writing a foreword and to his friend Shri Veda Prakasha M.A. (LONDON) Asstt. Educational Adviser, Govt. of India, for going through the manuscript and making valuable suggestions. He also thanks his wife Lakshmi Shanker for preparing the Index and tables.

The author will be amply rewarded in his efforts if the information he has tried to impart in the following pages changes the outlook of even a few of those who have the care of children, in some way, as their charge or privilege.

It is, however, not possible to give to a book of this type the appearance of a finished or perfected work. Much more material and psychological discussion regarding different problems can be incorporated as we advance, and the writer is well aware of such limitations and would be keen to improve the quality of the book with suggestions from readers and from his own new experience.

It is, however, regretted that some misprints have escaped notice and it is hoped that the reader will not mind them. These will be corrected in the next edition.

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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 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 the 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 response 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 towards 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 concentration<sup>1</sup>, while another child may be made slow, lazy and docile. There is a possibility of a correlation between body acidity and emotional excitability<sup>2</sup> 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

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

<sup>2</sup>Rich, Gilbert, J., "A Biochemical Approach to the study of Personality". *Journal of Abnormal and Social Psychology*. Vol. 23, 1928, pp. 158-175.

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 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 other's gifts are no longer obtainable. This is an expression of love, fellow-feeling, brotherly kindliness 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, to 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 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, are intellectually retarded *i.e.*, children who are 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%.<sup>1</sup> 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.

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

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 feed themselves though clumsily. If flies gather around them and sit on the mouth, they cannot generally drive them away. They do not speak beyond a few monosyllables or count beyond a few digits. They cannot dress or wash themselves and have little control on their bowels or bladder and empty them when and wherever is the urge. They cry when hungry or thirsty but would not make much effort themselves to satisfy the urges. Their number, however, is quite small in the population. In England and Wales, e.g., they are found to be about 0.3 per 1000 of the population though no statistics exist in this country. They are uneducable, untrainable and are purely institutional cases, where they can be kept and their physical needs fulfilled, for more or less animal existence.

One typical case of idiocy was in the writer's neighbourhood, the son of a government servant having three children, the other two being quite bright boys. Malu, the idiot boy was about 6 years old. He walked unsteadily and was always to be watched by somebody lest he ran away on the road and be run over. He would, sometimes, escape custody and tumble about entering the adjoining quarters indiscriminately and heedlessly. He did not speak at all except "jai" (a mark of salutation) and some babbling, as "*Aga Baga*", "*Aga Baga*" persistently and regularly<sup>1</sup>. He could not feed himself properly

<sup>1</sup>On enquiry it was maintained by the mother that "*Aga Baga*" stood for "*Ullu ka Patha*", the common abuse in Hindi, often used by the younger brother for Malu.

nor could he dress himself; if he tried to put on his shorts he would put both the legs in one place. After persistent exercise given by the father, at the instance of the writer, could Malu open the tap and take water when thirsty but he still could not close the tap. He would wet the bed every night and the mattress was found soaked every morning. His looks were vacant and he would stare without understanding anything nor would he respond to any question and was uncommunicative. But he showed some jealousy towards his younger brother and some affection towards the youngest.

The father was much worried and he took him to various hospitals and experts for medical treatment: got X-rays of his brain and other medical and chemical examinations of the blood, urine, stools, saliva, etc., but all in vain. He came to the writer also and on examination the child was found to have an I.Q. of about 20 which also seemed as an optimistic estimate. The father was advised to send the boy in a mental asylum where idiots were kept, as he was quite uneducable and was an institutional case to be kept and looked after there, but parental love and hope in the future did not allow him to part with the boy and he is still there as he has been.

There are so many other instances of idiocy but the general characteristics (with slight individual variations) being the same, it is no use citing more cases to illustrate this type of deficiency. The second category of the mentally deficient is of *imbeciles*, with I.Q.'s between 25 and 50 (or 60 according to some other authority).<sup>1</sup> In the imbecile mental defectiveness is so pronounced that they are incapable of managing themselves or their affairs. They cannot be self-supporting. They are late in taking notice of the surroundings and are quite distracted and unable to pay attention to anything or to concentrate beyond a few seconds. They show difficulty in sucking; learning to sit up is often delayed upto 18 months, walking and talking until 4 years and similar delay is found in feeding, dressing, and washing and in acquiring control of bodily functions. Speech is very limited and indistinct and there is lack of motor co-ordination leading to clumsiness of gait. They are quite dependent on the mother, even upto 5 years, for every physical need. They do not derive much benefit from training or experience, though are amenable to discipline and can do simple routine job, run errands and avoid danger. They cannot be taught to read or write, count or give change, but can learn to undertake some routine tasks which do not require initiative or thinking and can benefit from work in institutions called as "Occupation Centres". They develop at less than  $\frac{1}{2}$  the rate of the average child. In U. K. they are estimated to constitute .12% of the urban population and .18% of the rural population<sup>2</sup>; but the figures can vary a little in different countries.

<sup>1</sup>Pearson, G. H. J., *Emotional Disorders of Children.*, George Allen and Unwin, London, 1951, p. 180.

<sup>2</sup>Henderson, D.K. & Gillespie, R.D., *A Text-book of Psychiatry* (6th Ed.) Oxford University Press, London, 1947, p. 553.



IO 15



IO 20



IO 30



IO 32



The third category of mental defectives is that of *morons* or the feeble-minded with I.Q.'s between 50 and 75. According to Burt the feeble-minded constitute about 1.5% of the school population.<sup>1</sup> They can be self-supporting but are to be guided and instructed. They require care, supervision and control by others. Their mental development proceeds at  $\frac{3}{4}$  of the average rate and they appear to be permanently incapable of receiving proper benefit from the instruction in ordinary schools. They may be restless, distractable and unable to co-operate in lessons or games with other children in the school. These children may be unusually contented and placid and parents may attribute this placidity to their disposition and temperament than to their lack of intelligence. From 2 or 3 years they may be noticed to be slow in talking and walking which is an indication of mental retardation.

The feeble-minded or *morons* may further be divided into low grade, middle grade or high grade with approximate I.Q. ranges as 50-55, 55-65, and 65-75<sup>2</sup>. The low grade morons merge with imbeciles, they are simple looking, have ill-developed language, sometimes with lisping and clipping of words and their understanding and vocabulary is very limited. They need close supervision and cannot make much progress in reading and writing and are not much capable of education. The middle grade feeble-minded are young for their age and slow in developing initiative, thinking, planning or reasoning. They play happily with children younger than themselves and are not likely to learn much from experience as they are slow in acquiring knowledge and skill and cannot benefit from education in an ordinary school and so are fit for a special school with provision for some craft or manual work so that some skill can be acquired, in such activities.

An upper grade feeble-minded appears normal but is very suggestible and is easily duped or led. He has limited power for concentration or persistence and is easily dismayed or discouraged. His intellectual handicap is more likely to be overlooked because of good and pleasant nature; and if he is lively and vivacious, his mental retardation may not be discovered even upto the age of 11 years. He is not capable of bookish and more abstract learning in ordinary schools and if made to pursue such studies, misjudged by his liveliness, verbal fluency and other active habits, he is likely to develop behaviour difficulties. The case of a typical moron is illustrated by the following example.

Manohar was a tall, healthy and very good-looking lad of 13. He was very cheerful and would smile and laugh in his characteristic way without any special cause. He would talk to himself and go on babbling and repeating something all to himself, without caring whether somebody was talking to him or was watching. He would sit with a book or exercise book and would go on writing his name or

<sup>1</sup>Burt, C., *Mental and Scholastic Tests*, Staple Press, London, 1921, p. 168.

<sup>2</sup>M. Barton, Hall., *Psychiatric Examination of the School Child*, Edward Arnold & Co., London, 1947, p. 90.

some other word. His language was not so coherent and his talking was not without clipping of words and his saliva flowed quite a bit which everytime he sucked up. He was very restless, lacking in concentration. His mind wandered from one thing to another and he was quite indifferent to his parents' anxiety and concern about him. At home he was often rude and abusive to his mother and would be, at times, violent and very aggressive to her, particularly when the father was away. He was otherwise very timid and afraid; he would not go out, would not play with other children of his age, but with much younger than himself. At school he had not made much progress and was still in the 2nd primary. In spite of his father's best efforts to educate him by direct, indirect and other methods of teaching (as the father was himself a school teacher), he was a despair of his parents, particularly of his father, who was very anxious to educate him.

On examination the boy was found to have 60 I.Q. The father was very keen to see his son quite educated in order to be self-supporting by getting fixed up in a good job. He was not quite unaware of his son's limited capacity for understanding and learning but not quite reconciled to the fact of his being mentally retarded, he took him to various doctors for treatment. He gave him so many tonics, plenty of butter, milk and fruit, so that his brain got good nourishment and 'Trava!'. He also goaded him to learn and after finishing his school hours as a teacher, he would devote most of his spare time in educating his son with all possible ways known to him. But Manohar was a great disappointment to this poor man who was so anxiety-ridden and nervous that he pleaded with folded hands to the writer to 'set his boy right' and that he would spend all his resources in getting him cured. Manohar, feeling the strain of too much goading and unfruitful learning efforts, became hostile and aggressive as he was not educable in the 3 R's and could not be educated, howsoever, the father wished. The father was enlightened about the whole situation with the advice to stop bookish teaching and to send the boy to learn routine job or some manual work. The father, however, still hoping against hope, and not paying due respect to manual work and taking it rather a low type of occupation, not upto his dignity, is still struggling with the boy and takes him to the school with him in the same shift as he works. He may come to more grief if not disillusioned early and if he has not given up his useless quest.

The other category of the mentally retarded is that of the *dull*. The term *dull* is applied educationally to those in whom the rate of intellectual development is slow compared with children of their own age, but not so tardy as to amount to feeble-mindedness.<sup>1</sup> In the dull, the I.Q. ranges from 75 to 90, overlapping at the lower level with the feeble-minded and with the average at the upper level. The dull child is slow in learning, but he is educable, requiring special methods of education suited to his capacities. Some of the dull are

<sup>1</sup>M. Barton, Hall., *Psychiatric Examination of the School Child*, *Loc. cit.* p. 94.



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quite alert in practical things but very slow in dealing with abstract matters. They do not make satisfactory progress in ordinary schools and their education can better be in a special class with more practical training to avoid repeated failures, punishment and humiliation. Incidence of dullness does not necessarily mean that the child is without life or spirits. Many dullards are alert and source of puzzlement how they can be slow in school work when they display so much interest or activity. One may be misled by their bright and cheerful manners, verbal fluency, liveliness and self-confidence, but the true picture can only be known by the objective tests. Dullness should be ascertained quite early, say before 7 years of age, and provision made for education in a special manner, otherwise various behaviour difficulties and psychiatric casualties may happen. The dull are likely to be delinquents much more easily as they have less foresight and less capacity to profit from experience. They cannot easily resist the evil influences and are exploited by the unscrupulous people, as indicated more in the chapter on "Delinquency".

But many dull children possess charm and goodness of character and plodding perseverance which compensates for their dullness. They may develop into individuals who are faithful friends and trusted servants. The stable and well conducted dullard who does a good job in life, though slowly but honestly, is preferable to the brilliant vagabond who is a cheat and an untrustworthy rogue. Some of the dull, if brought up in the stable and good environments with love and understanding and with careful and steady, though slow training to suit their limitations, can become very useful citizens and an asset to their own family, as is illustrated by the following case.

Raja Ram, a boy of 14 from a village was brought to the writer for advice for his dullness. His father—a good *Zamindar*, owning a few hundreds of acres of land and being quite well-off in his village with a good status and position in the adjoining villages, complained that the boy had not even passed his 4th primary and was very backward in the school. The teacher had often asked him to remove the boy from the school, as it was not doing him any good. He said that he was prepared to spend even 100 rupees a month on the boy if a special tutor could be engaged who would educate him so that he could pass the matric examination and also other university examinations in due course, with as much expenditure as was essential which he was quite prepared to incur. His main anxiety was that *Zamindari* was being abolished and if his land was taken over, what would his children live on and so he was keen to see them well-educated before that crisis so that they could find suitable employment and be self-supporting. He had two sons and Raja Ram was the elder. He was very much worried about him and came from quite a long distance to seek advice.

The child on examination was found to have 78 I.Q. He was quite withdrawn and, in the first instance, hid his face and turned it on one side when asked by the writer what his name was, by exclaiming, "I am not telling". He was quite inhibited and seemed very much

teased, and naturally so, as he could not come up to the expected standards of his anxious father who must have scolded and reprimanded him quite a lot on his repeated failure and lack of progress in the school. Naturally the low level of intelligence did not and could not warrant him for much scholastic success and he was a misfit in the ordinary school. His shyness was due to the sense of inadequacy and inferiority, as he was constantly reminded of his worthlessness.

The father, though very anxious and keen to see his son educated, was not himself much educated by way of bookish knowledge and was not quite familiar with the natural limitations with which certain children are born and could be born. He, however, had some common sense and sympathetic understanding with some faith and confidence in those who were supposed to know. The city dweller's scepticism, critical attitude and pedantic approach had not touched this simple villager, who listened to the writer's views and suggestions for the well-being of his son with almost a child's trust and faith. He was told frankly that it was no use his spending 100 rupees per month for some special arrangement for the teaching of his son. That money could be easily saved to help the family in some other ways or to keep it in reserve. The boy's limited capacities were brought home to him and he was told in clear terms that he was hoping and expecting too much from the boy who was not destined to be an educated man as he dreamt of. He was suggested to take the boy away from school and to put him on his farm. He could be taught to do the routine work in the fields—work of carrying food and fodder, tending the cattle, milching the cows, cutting grass and helping in the sowing or harvesting of seasonal crops. He could be a very useful and trusted worker, guard or a caretaker with certain instructions given and could be much more helpful and reliable a labourer or manual worker than any other servant engaged in the house or on the field. At least, the father could much more depend on his own son and could not fear cheating, stealing, negligence or dishonesty as in the case of any other outsider. He was told that just as he engaged other labourers, he could think of the lad as another labourer in the house, but much more dependable and trustworthy. He was asked why he was so keen for bookish knowledge and was told that even if *Zamindari* was abolished, he would have certainly some land left for cultivation and could get more of other farmers for cultivation on some commission basis. The man understood the situation and promised to put these suggestions into practice right from that day. The boy needed encouragement and sympathetic treatment with simple routine job, more of a manual type assigned to him and not to be much worried by abstract learning. After a year and a half the report said that the boy was a very useful member of the family, very happy and cheerful and went on with his daily routine of work in the house and on the farm with interest, zeal and pleasure. Children are not snobbish about work; it is more the parents who are to realize the value of labour and for dull children there is no other alternative than to engage them in more manual than mental work.

During discussions of the cases of mental retardation with parents, the question of the possible causes of such retardation is naturally raised and parents have to be given some explanation of the incidence of mental deficiency to equip them with some scientific information which helps them to accept the fact of the limited capacities of their children. There is, however, no sure and certain explanation to be offered in individual cases, and only certain general observations can be made about the possible causes of mental deficiency.

It is quite likely that mental retardation, in an individual child, is caused by defective germ plasm from intellectually defective parents, one of them or both. This does not necessarily mean that mental defectives breed mental defectives, since inheritance of parental qualities or defects is not quite like inheriting their properties or debts. Inheritance is a complicated process depending upon the qualities of the genes in the germ cells from both the parents at the time of fertilization. One may call it just chance that any gene for cortical development may be defective in the egg cells of one or both parents at the time of fertilization: this may happen in normal and even in highly intelligent parents as much as in mental defectives. Like does not necessarily beget like and very intelligent parent do get idiots and imbeciles, as is known so well in actual experience. Moreover, the intra-uterine life of the foetus for 9 months is another important factor. As Jennings<sup>1</sup> has shown, a defective gene in normal condition may develop normally and a normal gene in abnormal circumstances leads to abnormal development corresponded with it. So it is also possible that due to so many factors of diet, climate, water, mental conditions of the mother during pregnancy, or severe illness of the mother during pregnancy as avitaminosis, chronic or acute infections like T.B., syphilis, diabetes or endocrine deficiency, the genes in the fertilized ovum responsible for cortical development may be adversely affected and mental retardation of any degree may result.

Mental deficiency may be caused by factors operative after the intra-uterine life of the child. Birth injuries of the head due to too short or too long labour or due to use of mechanical instruments at birth *e.g.*, may lead to excessive hemorrhage in the brain, causing destruction of cortical cells which causes deficiency.

The child may be suffering from endocrine deficiency himself. Thyroid deficiency leads to cretinism which means retarded growth mentally and physically. Pituitary deficiency also affects intellectual development very adversely. Psychiatrists sometimes administer thyroxin to cretins in early childhood to release the arrested growth and so also pituitrin is injected in deficient cases to have wholesome effect on mental development.

Food deficiency due to lack of vitamins in the first year of life is also found to lead to intellectual retardation, as often in the case of rickety children.<sup>2</sup> Children of poor labourers who mostly live on

<sup>1</sup> Jennings, H.S., *The Biological Basis of Human Nature*, London, Faber and Faber Ltd., 1930, p. 130.

<sup>2</sup> Pearson, G.H.J., *Loc. cit.*, p. 183.

bread suffer from vitamin deficiency and are consequently duller than children of other better social groups. In an enquiry in Lahore when Rice's Scale of Intelligence was used, the correlation between the performance of children of the labourers from rural areas mostly engaged in building work and of an equal number of unselected school children was found to be as low as .54. This may not quite be a proof of vitamin deficiency causing low mental alertness but the low correlation may mean that one of the causes of the lower mental level of the children of poor labourers is deficient diet.

Infectious diseases like scarlet fever, measles, chicken pox, epidemic encephalitis, syphilis, and T. B. in early infancy<sup>1</sup>, may destroy a large number of cortical cells and thus lead to mental retardation.

Apart from these physical factors the important social factor of long isolation of the child, in early infancy, from human contact, leads to emotional starvation and to lack of intellectual stimulation which do not permit proper development of the *psyche*, and consequently of intelligence. Occasional reports of the "wolf boys" in this country<sup>2</sup>, who are physically cripples and mentally idiotic may bring out the importance of social contact with other human beings, as human life truly human can only flourish in human contact.

But all children who are judged to be mentally retarded and who appear to be stupid, are not mentally retarded; their I.Q., on examination by objective tests, may be found to be average or above average. Moreover, the temporary and apparent lowness of the I.Q. computed from objective tests may be not due to low native intelligence but because of poor performance on the tests, as the child may be withdrawn from reality and some emotional shock or disturbance may have blocked his interest in life. Such children must have experienced severe deprivation, isolation or inhibition and so behaviour symptoms resembling (at least functionally) mental retardation are found. All mental retardation, therefore, is not due to cortical ill-development, but may also be due to some mental conflict or neurosis, when the ego and its functions are affected by the peculiar intra-psyche states in disturbing social circumstances and the intellectual function as one of the functions of the ego does not emerge normally. "In case of emotional maladjustment and neurosis the good intelligence is like the sunshine above the heavy lowering clouds and mist, unable to penetrate and exercise its quality upon the activities of life."<sup>3</sup>

The mentally retarded vary widely in temperament and in other character traits just as the normal differ. They are found to be stable or unstable, pleasant and sweet-tempered as well as ill-tempered. They are both placid or quiet and noisy or restless. Some of them

<sup>1</sup> Pearson, G.H.J., *Loc. cit.*, p. 184.

<sup>2</sup> K. M. Munshi. "Mystery of Lucknow, Wolf-boy" *Hindustan Times*, June 27, 1954, p. III.

<sup>3</sup> Dukes, E., and Hay, M., *Children of to-day and to-morrow*. George Allen & Unwin, London, 1949, p. 93.

are dependable, industrious, friendly, open and forgiving: others are untrustworthy, lazy, unco-operative, hostile, secretive and vindictive. Some are found to be ambitious, while others are quite unenterprising. These character qualities differ in them just as they differ in normal children because the mentally retarded are also human beings and apart from their intellectual handicaps, they are born with the same human needs and they are the products of both the inherent and environmental factors as the normal. The social relationships with other human beings affect them as they affect normal children. The mentally retarded do respond to love, affection and acceptance and in stable and encouraging environments show better results and become much more adjusted to be useful to themselves and to the members of the family.

Children with mental retardation, however, have poor judgment and poor sense of causal relations. They do not quite realize the effects of actions or the consequences. They have defective ego-formation as the cortical activity is impaired. The intellectually retarded also show lack of control on the instinctual drives, they do not quite realize their rights and obligations towards others, and often have deficient moral judgment. This is due to defective super-ego formation and since the super-ego develops as a part of the ego and as the ego is defective the super-ego is also defective. As the super-ego is mostly the result of introjection of the parents and as the relationship of the defective child with his parents, even if they are successful, happy and loving, is defective, super-ego formation is defective.

In early days, after the birth of a retarded child, the parents are not aware of such retardation and they begin training him like a normal child. But habit formation in a retarded child is a longer process needing patient and persistent efforts. The slow response in habit formation and the delay in the development of motor functions like crawling, sitting, walking, or talking are the first indications that the child is not normal. The parents do not quite accept this fact and being quite puzzled they try harder to teach the child, but their efforts are not rewarded. They, still not being ready to realize that there is something wrong with the child, force him more and more desperately to prove that he is not a defective. The child responds to the best of his ability but he cannot work upto the expectations of the parents and he begins to feel that his parents are not satisfied with him and that he cannot please them. The parents at long last realise that he is not a normal child, and their pride is hurt; they feel ashamed in having such a child and they cease to love him. Under the garb of apparent sympathy and pity, there is irritation, resentment and hostility. They often feel guilty, as if they were the cause of his retardation and this feeling of guilt is a representation of a feeling of unconscious hostility against fate and against the child. The child senses the ambivalence on the part of the parents and feels quite rejected and insecure and no proper super-ego formation can occur under such conditions.



The child, apart from the adverse attitude of parents, is also subjected to the criticism of siblings, other children and relatives and his already weak self-confidence is further impaired and his hostility increases. He may become a problem child in the home, in the school and in the community and various delinquent acts may be the result. In the home he would avoid the siblings, in the school he would be a truant if not bodily then mentally, as he sits and day-dreams in the class paying no attention to the teacher or to his work. In the community he will avoid children of his own age and will play with younger children. If he runs away from home under pressing and intolerable conditions, he may fall in bad company of a gang of delinquents or be exploited by some clever persons who with apparent goodness make him commit anti-social acts and if caught, escape themselves, leaving the helpless dullard in the shackles of law. He may also be teased or annoyed at home until he breaks away, losing control on himself which is never very strong and may commit crimes like assault, robbery, arson or even murder. Such a child cannot easily be employed by anybody and he may drift into a life of petty theft, aimless wandering, begging or sex perversions.

When a child is suspected of mental retardation, it is essential to ascertain the degree of such retardation in order to handle it from the very start, lest more difficulties are experienced as in the cases cited above.

The chief function of diagnosis is to decide as to which category the child belongs, whether he is really a mental defective, intellectually dull or a border-line case. Diagnosis is also necessary to see if the mental defective is not suffering from any sense defect and his retardation is not due to the defective sense like hearing which is found in many such cases. When the mentally retarded child is brought to the child guidance centre for advice some physical symptoms give an indication. Generally he has his lips fairly apart with tongue visible in between the teeth and saliva coming out. He has vacant looks and clumsy gait. Other anatomical anomalies of skull, eye, and tongue may also be discerned as in mongolism, in which any degree of mental deficiency from idiocy to feeble-mindedness may occur. Children with unusually large heads, may be cases of hydrocephalus and exceptionally small heads, as found in the *Saadullah ka Chuha*, may characterize microcephaly. But the shape and sizes of the skull, ear, eyes, jaw, tongue are not so sure and certain bases of mental retardation and not always of real practical use in diagnosis, as many normal or even bright children also may have some such deformities.

For scientific diagnosis of mental deficiency, therefore, there are three approaches :—

(a) The developmental history of the child from birth onwards is to be considered *i.e.*, when did the child begin to sit, crawl, stand walk and talk ? His other behaviour, habit formation and understanding have to be studied.

(b) The child's mental equipment as revealed in his behaviour and achievement in comparison with the average child of his age, has to be estimated.

(c) But the more certain procedure is to apply objective tests of intellectual capacities or educational attainment, if the child has had some schooling.

Parents, however, generally find it hard to accept mental deficiency in their children. They quite often provide evidence to prove to the psychologist that their retarded offspring is intelligent. They argue, "But his memory is very sharp ; he remembers things which happened years ago and which we forget. He is very obedient, he can go to the shop and bring things as told, he runs errands and can help the mother in the kitchen or in the house ; he is quite intelligent."

But the diagnosis may reveal feeble-mindedness or dullness. In such cases the parents can be told that the child will develop slowly and that he would require care and supervision and that he will not be able to compete with his more normal fellows. Parents have to be apprised of the correct position and helped to think of the future to plan ahead and not remain complacent by building up false hopes. The expectations of parents in regard to the mental defective cannot be unduly raised. It is essential to make them realize the truth about the child. Parents, talked to frankly though gently, often admit that they also suspected the truth about the child in spite of encouragement of friends or false hopes given by some medical practitioner that the child would be all right. If there is any organic condition responsible for the retardation it has to be investigated and treated, though, except for cretinism and a few other conditions which may be improved by endocrine hormones, there is not much hope of treatment of mental retardation by medical or surgical skills. Glutamic acid is, these days, being tried to improve mental deficiency but the results are not conclusive yet.

The only remedy is that the child should receive all possible training in practical tasks ; he can be trained to take care of himself from danger, and in some cases to learn some craft or do something to earn his livelihood so that he does not ever remain quite a burden to his parents or guardians. By living in social contact with other children he can develop some social habits to adapt himself to social life, so that he becomes a fairly useful citizen and does not become a problem.

For this purpose the mentally retarded is better to be sent to a special boarding school. Children below 50 I.Q. are certainly institutional cases as they have to be looked after the whole life since they cannot earn a living nor can they easily look after their physical needs or avoid danger. But for children from 50 to 70 I.Q., of the two alternatives of being kept at home or in a special school, the latter is the right one. In a special school which is organized for this purpose with well-trained and carefully selected professional people, the intensive

educational experiences along vocational lines as well as in social adaptation, contribute immensely to the child's development. No doubt, separation from parents may be traumatic, but special school placement is really the answer to the problem of the mentally retarded. There he can easily find substitutes for parents in the persons of the teachers and the social adjustment in the special school can even be better than in the home as the child lives in close social contact with his equals under the supervision of the more understanding and more sympathetic guides and teachers. In the home the involved attitudes of the parents come in the way of proper development of the retarded child. A mother *e.g.*, who feels too much pity for such a child will do everything for him and he would hardly learn anything; on the other hand, another parent who is ashamed of the child will force him to learn quickly and finding no satisfactory response would be irritated and make the child feel rejected. This invalidates the learning process. In the special school things happen according to a time-table and set programme, while in the home no regularity of teaching the child can be maintained since the daily routine, interests and comfort of other family members or guests has to be considered. Living with the equals of almost the same mental level, the child feels secure that there are so many of his own kind and that he is not the only condemned fool. Moreover, there is no fear of being taunted, teased or criticised. On the other hand there is more encouragement, appreciation and acceptance and there is a feeling of achievement and success which the child would never be able to have in competition with other children in his community life outside or even within the home.

Another provision can be that of a special class in the ordinary school in the charge of a competent instructor. But there, unfortunately, he cannot be shielded against the taunting of other children in the neighbourhood who will not spare him and call him a dummy. Moreover, the educative influence in such classes can extend only to about 30 hours a week which is a small portion of the waking life of the child but in the special boarding school he is constantly in the educative atmosphere with no lapses.

So the treatment of the retarded child only lies in arranging his environment in a special school in a way which will be most profitable to him so that he can attain as much proficiency as possible. We, in this country, can follow the example of U.K. where feeble-minded children, when discovered, are placed by the local Educational Authorities in special schools. There should be some legislation in this country also to provide such facilities as have been made obligatory by the 1944 Education Act in the United Kingdom.

## CHAPTER III

### THE YOUNG DELINQUENTS

Who has not seen some children in their teens handcuffed and being taken by policemen to the police station, to the courts or to the judicial lock-ups and the jail ? These are the children who are guilty of offences like stealing, burglary, violence, vagrancy, gambling, sexual offences and other anti-social behaviour calling for official action and legal procedure, as in the case of adults who are punished by law if they commit such crimes. These are the juvenile delinquents who, however, constitute a small proportion of the total population of criminal children, as many of them are not caught, or having been apprehended, they are still not produced in the court. In all probability the number of children below eighteen, who should be subjected to official action because of various offences, is very many times as great as the estimated small fraction (·02%) of children who are brought before our juvenile courts. In the first statistical survey of its type of juvenile delinquents in the whole of Indian Union, as conducted by the Union Ministry of Education in 1951,<sup>1</sup> only 28, 210 is reported to be the total number of children put up for trial for various offences committed in all the states during 1949. The figures for the sentences awarded to juvenile children in the states of Indian Union are, however, given to be 32,400.<sup>2</sup> (the discrepancy being due to lack of correct statistical data in some states). In the second survey published in 1954<sup>3</sup> the total number of cases of child delinquency put up for trial during 1950 in all the states (excluding U.P.) is reported to be 40, 119. Both the figures are, however, quite nominal in the vast country and indicate only a small fraction of the magnitude of crime committed by young offenders.

In some more advanced countries also, the number of young delinquents brought before juvenile courts is many times less than the actual offenders. In the United States *e.g.*, the number of the young offenders is reported to be many times as great as the estimated 1 per cent<sup>4</sup> of the children aged ten to sixteen years who are brought before the juvenile courts each year. In 1939 there were 83,758 delinquent cases brought before the courts in the area having 38% of the total

<sup>1</sup>*The Neglected and Delinquent children and Juvenile offenders in the States of Indian Union*, 1949. Ministry of Education, Bureau of Education, India, Delhi, 1952, p. 31.

<sup>2</sup>*Ibid.* p. 35.

<sup>3</sup>*Report on Delinquent Children and Juvenile offenders in India 1950*, Ministry of Education, Government of India, 1954, p. 4.

<sup>4</sup>Merrill, Maud, A., *Problems of Child Delinquency*, New York. Houghton Mifflin Co. 1947, p. 3.

population of the U.S.A., but many cases could not be brought before the courts as they were either handled by the school or community agencies or were not apprehended at all.<sup>1</sup>

The number of juvenile delinquents who can be defined as those whose anti-social tendencies are so grave that they become or ought to become the subject of official action<sup>2</sup> is, therefore, enormous. In the United Kingdom it was estimated in 1946 that there were 125,000 children deprived of normal home life, about 100,000 were involved in cases as investigated by the National Society for the Prevention of Cruelty to Children and there were 23,000 divorces leading to many children thrown on the street as homeless and thus making them anti-social. In this country with a population of about 36 crores the number of children, showing anti-social behaviour which falls far below the legal and social standards and which is a sort of rebellion against society and its cultural bases, should be a few millions, though no exact statistics are available yet.

Delinquency is a rebellion and an expression of aggression which is aimed at destroying, breaking down or changing the environment. But as this rebellion is mostly against the social conditions which deny the individual his basic rights and the satisfaction of his fundamental needs it, in a way, also serves a useful purpose besides its destructive and unhappy consequences. It reminds man of the primitive and uncivilized conditions under which he lives, and of what man can make of man. It shakes off his lethargy, in order to make him more progressive to change the face of life. The delinquent behaviour seems thus even desirable and useful from the standpoint of the social group and from that of the individual offender. Delinquency, though making us more cognizant of the social conditions of poverty, misery, lack of education and backwardness is, no doubt, a social problem. It is one form of maladjustment in children and is a sign of disordered development. It may vary from "mere naughtiness" to crimes of major significance, but the degree of seriousness of the offence is no measure of the seriousness or extent of the social maladjustment of the offender. The delinquents of all shades and types are essentially maladjusted personalities who create difficulties for others and who are themselves blocked in their own wholesome growth.

The anti-social individuals, however, do not specifically constitute a unique type of human beings. They have as truly human desires and natural yearnings as anybody called normal. They are also human beings, though the victims of faulty upbringing and wrong treatment. They may be hiding behind the cloak of delinquency, which they have put on themselves as a protest against social treatment meted out to them. an abundance of humanity and an eagerness to respond decently to decent treatment. But they are hostile and rebellious against parents, teachers or the social organization

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<sup>1</sup>Karl Garrison. *The Psychology of Adolescence.*, New York, Prentice-Hall (3rd Edition) 1948.

<sup>2</sup>Burt, C., *The Young Delinquent.* New York, Appleton, 1925, p. 15.

which fail them in the satisfaction of their fundamental human urges and needs. They become rebellious to protect their own integrity and they attack the situation threatening their security and the urge to exist and to grow. The rebellious or delinquent children mostly do not protect themselves from a threatening situation either by escape or by adaptation to the situation by becoming comfortable and safe but by attacking, to take revenge for the frustrations experienced at the hands of the members of the social group.

There are two types of delinquents who stand out fairly clearly. There are delinquents who are active, restless, energetic, uninhibited and who have a strong spirit of adventure. They would *e.g.*, steal to show their prowess or to enhance their prestige in the eyes of their companions. They hate school and like to roam about. They have an easy time and seek excitement and are always on the 'go'. They prefer an open air life and find inadequate scope in the small town or village and do not feel happy in staying at home. Such type of children, sometimes, are kind, thoughtful, considerate and trustworthy. The other type is that of the sly, quiet, vindictive and the selfish, lacking in feelings of shame or of consideration or thought of others. They are of hard nature internally, though they may bear a smiling face. One of such a type may, for instance, sell other boys' books to buy sweets and still may remain quiet and smiling to the teacher. He may be a "mystery burglar" never giving the clue of his offence by his obedient and pleasant exterior and quiet demeanour. He is, of course, the victim of loveless upbringing and is hardened by rejection or lack of affection or separation from parents, particularly the mother.

There are all sorts of crimes and anti-social acts committed by delinquent children and one child may commit quite a few such offences. In the study of 140 juvenile offenders made by the writer, the average of offences committed by every child was found to be 2.6 ranging from 1 to 6. So it is not possible to classify delinquents according to the offences. Some offences are found to be more in incidence than others. It is sometimes estimated that larceny or stealing, pilfering and burglary are the commonest of all crimes. Some authorities find them in about 80% of delinquents. Violence or fighting, damage or destruction, wounding or murder as the expression of aggression and anger are all found by some investigators in about 28%, begging in 7.3%, vagrancy in 7.8%, truancy from school and running away from home in 21.5%, cheating or swindling in 2.4% and sexual offences with the opposite sex unwilling or with the same sex and also exposure and other obscene practices are found in quite a few of the delinquents.

In the study of 140 delinquents undertaken by the writer in the Children's Home, the District Jail and the Women's Colony in Delhi, the following table shows the incidence of various offences.

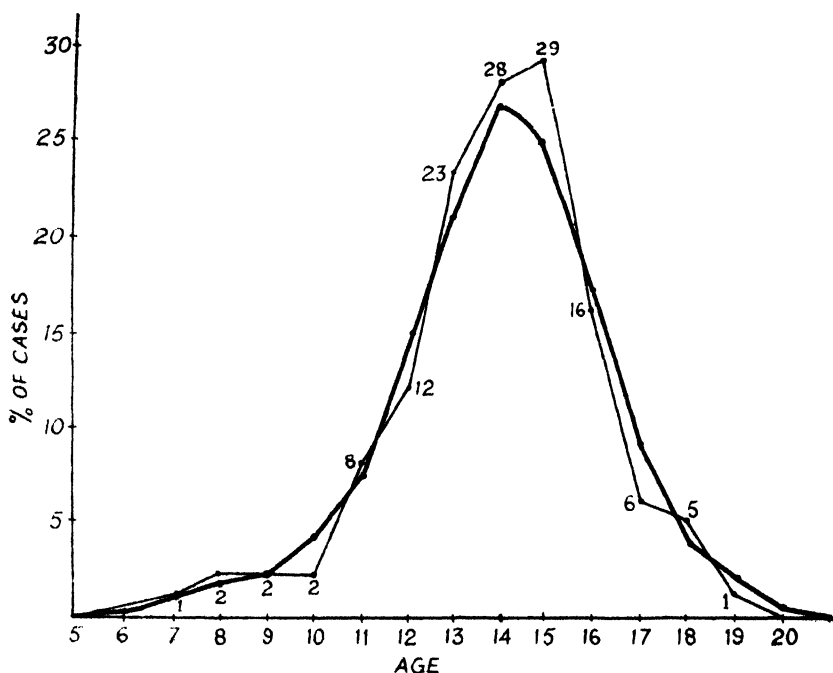
*Table 1 showing the percentages of the cases for the various offences committed by 140 delinquents.*

Serial No.	Offences	Percentage of the Cases.
1.	Theft, stealing, pilfering, or burglary	60.7%
2.	Truancy or running away from the home or school	60.0%
3.	Aimless wandering or vagrancy	28.1%
4.	Begging	19.3%
5.	Pick-pocketing	16.7%
6.	Cheating, swindling	13.7%
7.	Gambling	13.0%
8.	Violence, assault, fighting, cruelty	11.5%
9.	Damage, destruction of property	11.0%
10.	Sexual offences, rape, bestiality, sodomy or homo-sexuality	10.8%
11.	Murder	2.3%
12.	Intoxication	2.3%

These figures do not, however, claim to be representative of the various offences in the total population of delinquent children and it would be misleading to use them in the study of delinquency as a basis for statistics. Possibly in a larger and different sample the figures may change here and there, yet they may be taken to show the general trend in the incidence of various offences in the young offenders as subjected to official action. The figures for truancy and vagrancy seem to be far too many than the usual figures reported in some other studies. The reason is that in the Childrens' Home in Delhi, the great majority of the children were those who were apprehended from the Railway Station mainly by the police officer on special duty there, and who on trial by the lady magistrate for the juvenile offenders were committed to be sent to the Childrens' Home. In these children the predominant were those who, running away from their homes, were found wandering aimlessly or were found begging, individually or collectively, while residing in unauthorised orphanages.

The age range of the offenders in this study was found to be from 7 to 19 and the graph opposite shows the number of offenders of all ages from 7 to 19. The large majority of the offenders are adolescents of 14 to 15 years of age as indicated by the Graph 1. The reason is that upto 10 or 11 years of age about 60% of boys find pleasure in the home and like to spend more time there, but with the onset of puberty, at the age of 14 to 15, there are more social contacts and wider range of interests which lead to more joy outside than inside the home. At this age the youngster reaches a stage when he is expected to be treated like an adult with his own individuality but he is not given the recognition and the status of an adult by the adult members of the family. He is still forced down as a child and as the parents or other

superiors in the home thwart the adolescent desires of emancipation from the dependency of childhood. the child is frustrated and the conflicts lead to aggression, rebellion and anti-social acts. In this period, when he feels independence of thought and action and has new outlook and beliefs which are often contrary to the social conventions,



*Graph 1 showing the Age-Distribution of 140 Juvenile Delinquency.*

he comes in clash with the elders and is ill-adjusted. The situation in adolescence in the words of another writer is that "his sphere of activities is circumscribed, his efforts to assert himself are suppressed, his possessions are definitely limited, his economic independence is not tolerated, his status as an adult is unrecognised and many of the restrictions of his childhood remain in force."<sup>1</sup>

Since frustration stimulates aggression and as the adolescent feels many frustrations, he is likely to show greater degree of aggressive behaviour. All authorities agree that the young offenders mostly begin their criminal activities in early youth which being an undetermined stage of psychological development, presents various

<sup>1</sup>Dollard, J. & others., *Frustration & Aggression*, New Haven, Yale Univ. Press, 1939, p. 95.



conflicting impulses and desires which make the difficulty for the young persons in social adjustment very acute and that is why maladjustive behaviour occurs more at this period of adolescence than at any other time in the developmental history of the individual.

It was generally believed sometime ago, that the delinquents were mental defectives. Lombroso *e.g.*, held that there was a definite criminal type, and that delinquents and adult criminals were qualitatively different from other citizens. They were said to have "defective physique" and "defective intelligence". With the earlier testing techniques which were crude, many studies were reported about the intellectual level of delinquents and majority of them inferred that an appalling number of the delinquents was feeble-minded, to the extent of 50 to 65%. In one study<sup>1</sup> even 84% of the delinquents were classified as feeble-minded.<sup>2</sup> Goddard in America (Psychologist at the Vineland Training School for Feeble-minded in New Jersey) lent weight of his authority to the belief that the delinquent was a mental defective and he emphasised that the greatest single cause of delinquency and crime was low grade mentality. He pointed out that every mental defective was a potential delinquent as he wrote in 1919 that "every investigation of the mentality of criminals, misdemeanants, delinquents, and other anti-social groups has proved beyond the possibility of contradiction that nearly all persons in these classes and in some cases all, are of low mentality."<sup>3</sup> But to label all the delinquents as mental defectives is unfortunate. More recent authorities like Healy, Burt, Bronner and others, on the basis of their large scale investigations, do not support the view that the delinquents are mental defectives. According to these and other authorities, though intellectual superiority among delinquents is found sparingly and the percentage of I.Q.'s above 100 in them is small as compared with the figure for less than 100, yet the delinquents are not retarded mentally. In our own investigation<sup>4</sup>, it was found that there were only 17% delinquents who showed I.Q.'s above 100 and the remaining 83% had I.Q.'s below 100, but there were only 27.4% cases with I.Q.'s below 70 who could be labelled as mental defectives. The average I.Q. of the delinquent group was found to be 83 ranging from 40 to 122 and the great number of them *i.e.* 40% had the I.Q.'s between 70 and 90 which indicated that the great majority of the delinquents were rather dull than defectives. There were, however, 25.2% average with I.Q.'s between 90 and 110 among the delinquents and about 6% superior and 1.5% very superior.

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<sup>1</sup>Sutherland, E. H., *"Mental Deficiency and crime in Social Attitudes."* K. Young (Ed.) New York, Henry Holt, 1931, pp. 357-375.

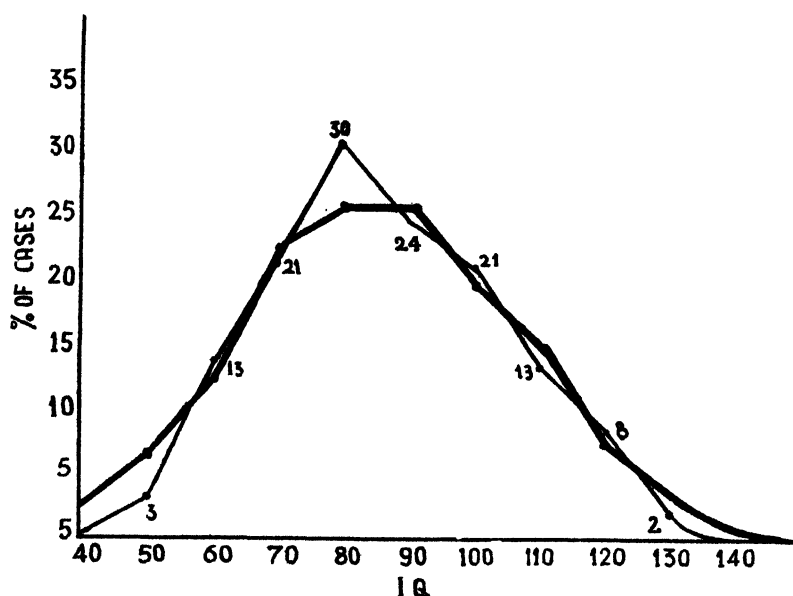
<sup>2</sup>Goddard, H. H., *Human Efficiency and levels of intelligence.*, Princeton, N.Y. Princeton University Press, 1920, p. 73.

<sup>3</sup>*Ibid*, p. 72.

<sup>4</sup>For measuring intelligence in this Investigation Dr.C.H. Rice's, "The Hindustani Binet Performance Point scale" was used.

Table 2 showing the percentage distribution of I.Q.'s in 140 delinquents studied in Delhi.

I.Q.'s	Percentage of Delinquents	Classification
Below 50.	2.2%	Imbeciles
51- 60	9.6%	Morons
61- 70	15.6%	Feeble-minded
71- 80	22.2%	Border-line defectives.
81- 90	17.8%	Dull
91-110	25.2%	Average
111-120	5.9%	Superior
121-140	1.5%	Very Superior



Graph 2 showing the Distribution of I.Q.'s of 140 Juvenile Delinquents

These findings are in line with the investigations of other authorities. Burt reports average I.Q. of delinquents as 85.<sup>1</sup> Healy gives the mean I.Q. of delinquents as 90,<sup>2</sup> and in another study of 1731 delinquent boys and girls who appeared before the Los Angeles Juvenile Courts in U.S.A., the average I.Q. of the group was found to be 85

<sup>1</sup>Burt, C. *The Young Delinquent*. New York. D. Appleton Cent. Co. 1925.

<sup>2</sup>William, Healy., *The Individual Delinquent*. Boston, Little Brown & Co., 1915

ranging from 40 to 130.<sup>1</sup> In Merrill's study of 500 Juvenile Court referrals compared with unselected children, average I.Q. of the delinquents was found to be 92.5 as against 101.8 of the unselected children.<sup>2</sup> Further information regarding the intelligence scores of delinquents was given by her by comparing 300 delinquent boys and girls with 300 controls on the 1916 Stanford-Binet Scale, when the delinquents showed 86.7 as average I.Q. against 89.3 in the case of the controls.<sup>3</sup> The low average I.Q. of controls was because of the fact that they were from the same communities and the same schools from which the delinquents came.

It may be significant to compare her curve of I.Q.'s of the delinquents and of the controls with the curve secured from our study of 140 juvenile delinquents. The curves for the delinquents have almost the same shape, though the average I.Q.'s<sup>4</sup> of the delinquents in the two cases differ slightly.

Her table of the distribution of percentages of various I.Q.'s of the delinquents may be compared with our own distributions.

*Table 3 showing the Percentage distribution of I.Q.'s in delinquents and standardization groups.<sup>5</sup>*

I.Q.'s	% of Delinquents N. 500	% of Unselected N. 2904	Classification
140 & above	1.0	1.3	Very superior
120-139	6.8	11.3	Superior
110-119	9.4	18.2	High Average
90-109	39.0	46.5	Normal Average
80- 89	18.6	14.5	Low Average
70- 79	13.6	5.6	Border-line
			Defectives
Below 70	11.2	2.6	Mental Defectives

There is, no doubt, evidence to believe that there are more defectives among delinquents than among ordinary children, as our study revealed 27.4% mental defectives among the 140 delinquents, when mental defectiveness was considered in cases with I.Q.'s below 70. Other writers report slightly less figures. Burt in 1925<sup>6</sup> reported that among the London delinquents 8% were defectives. Healy and Bron-

<sup>1</sup>C. W. Mann & Helen Mann. "Age and Intelligence of a group of Juvenile Delinquents" *J. Abnormal & Social Psy.* 1939, 34, pp. 351-360.

<sup>2</sup>Merrill, Maud. *A. Problems of child Delinquency.* New York. Haughton. 1947. p. 167.

<sup>3</sup>*Ibid.*, p. 170.

<sup>4</sup>*Ibid.*, p. 167.

<sup>5</sup>*Ibid.*, p. 161. (With kind permission of the author and the publishers).

<sup>6</sup>Burt, C. *Loc. Cit.* 1925, p. 286.

ner in 1926<sup>1</sup> reported 13.5% as defectives among their Juvenile Court cases, whereas the report of Glueck & Glueck in 1934<sup>2</sup> agree with the Healy and Bronner figures. However, if the large majority of the delinquents are not defectives, they are rather, on the average, of lower intellectual level than majority of other normal children, though there are children with superior and very superior intelligence also among delinquents. In such cases the social organization does not give adequate satisfaction to a child of high mental calibre and he shows anti-social behaviour because of frustration and the common place rationalization, that there must be something mentally wrong with such a child, does not work.

The large number of the delinquents show lower intelligence for this reason also that they are brought to the court as they have been caught in their delinquencies, whereas others with higher I.Q. easily escape.<sup>3</sup>

In any case there is, as in this study, the general support for the view that there is no direct causal relationship between defective intelligence and delinquency. Intelligence, in itself, has hardly any bearing on the behaviour difficulties which are the reactions of the whole personality, whereas intelligence is only one aspect of it. If one is to look for the causes of an anti-social behaviour, one has to take into consideration the various elements in the personality formation and the influence of the environmental conditions. Defective intelligence may lead to delinquency in one environment and may be a barrier to it in another situation. High intelligence is no guarantee for good behaviour. In the face of emotional conflicts and frustrations of the basic urges, a man of high intelligence may behave like a moron. Delinquency is not a problem because of low mental capacities but it is caused by emotional ill-balance in the face of thwarting of the life urge.

Sometimes it is said that a more intelligent fellow will commit a crime which calls forth higher intellectual powers of scheming, planning and also of thinking of means of escape. In certain studies intelligence is found to be related to the type of the offence. The more intelligent are found to commit major crimes of forgery, fraud, robbery and cheating and the less intelligent of a minor nature like gambling, begging and sex offences, as they are afraid and incapable of handling major crimes. But in the opinion of certain investigators like Merrill, there is no positive support to the belief that the type of offence is related to the level of intelligence.<sup>4</sup> The main reason given is that a child who is brought before the Juvenile Court, say for theft, may commit other offences also. Hence a classification of the offences into various

<sup>1</sup>Healy, W. & Bronner A.F. *Delinquents & Criminals, their making and un-making*, 1926 p. 183.

<sup>2</sup>Glueck, & Glueck, E.T. *One Thousand Juvenile Delinquents, their treatment by court and clinic*, Cambridge Mass. Harvard Uni. 1934, p. 102.

<sup>3</sup>C.W. Mann & Helen. P. Mann. *Loc. cit.*, p. 351-360.

<sup>4</sup>Merrill, Maud, A. *Loc. cit.*, p. 173.

categories in terms of intelligence is not quite valid. There is, however, a trend among the delinquents that a certain type of offence is committed in greater frequency by the delinquents with I.Q.'s below the mean of the group and certain other offences by those who have I.Q.'s above the mean of the group. Merrill also found that forgery, being out of parental control and malicious mischief were more frequent in the latter type, whereas sex offences, truancy, vagrancy and assault were committed more by the former group.

In our investigation, as indicated by the following table of average I.Q.'s of the offenders committing the various offences, cheating, pick-pocketing and murder were committed by those who had I.Q.'s above the mean I.Q. of the group, whereas begging, intoxication, gambling and sex offences, assault and vagrancy were found in cases having I.Q.'s below the mean. In truancy, stealing and damage or destruction of property, there is little difference in the I.Q.'s of the offenders and the mean of the delinquent group.

*Table 4 showing the mean I.Q. of the offenders committing the various offences*

Serial No.	Offence	Mean I.Q.
1.	Truancy	82.0
2.	Murder	102.0
3.	Theft	81.8
4.	Begging	79.1
5.	Vagrancy	80.7
6.	Cheating	93.0
7.	Intoxication	74.5
8.	Gambling	79.8
9.	Pick-pocketing	89.6
10.	Sex offences	78.2
11.	Violence, Assault	80.4
12.	Damage, Destruction	82.5

But there is no general rule that delinquents with higher I.Q.'s will commit offences of one type and those of lower mental calibre will commit of another type. "There is no basis for accurate comparison of normal and subnormal adolescents with respect to delinquent behaviour".<sup>1</sup> A more intelligent delinquent *e.g.*, may commit sex offences just as the dull and he or she may commit even more because of greater knowledge of contraceptive methods, of ways and means of obtaining an abortion and of enticing the partner, active or passive, or of treating venereal diseases. Murder or violent attack may be committed by a dull husky truant, as by an intelligent high school boy out of jealousy and emotional outburst as was done in a case

<sup>1</sup>Abel, Theodora, M. & Kinder, E.F. *The Subnormal adolescent girl*. New York, Columbia University Press, 1942, p. 142.

reported here. A boy of 16 reading in the 10th class with an I.Q. of 107, murdered one of his class mates by giving him blows on the head with a hammer. He one day took him to a lonely place on some pretext and both the boys went on one bicycle and there he hammered the other boy to death. The reason was that the victim was the monitor of the class and often checked the work of the offender and complained to the teacher about it. The teacher sometimes rebuked the offender and so out of jealousy he committed the heinous crime. The classification of delinquent acts in relation to I.Q. has no significance. Crime is related to the total personality of the offender and not to intelligence in isolation. In every offence the factor of frustration of the basic urges lurks in the back-ground, though it is acceptable that a person with a low I.Q. will, in most cases, commit a simple offence like pilfering something insignificant or breaking through a window, whereas a person with high I.Q. will not be afraid of committing major crimes, if and when it is essential to protect his own integrity. Intelligence must, therefore, be evaluated in reference to the total personality of the offender. "As measured in terms of I.Q., intelligence has little relation to the choice or persistence of a criminal career".<sup>1</sup>

Certain writers in the past thought that the delinquents were born so. They were said to be lacking in the "moral sense", as thought by so great an authority as Dr. Henry Maudsley in U.K. Dugdale in 1910 traced the descendents of a morbid couple of the Juke family through 5 generations to the number of 709 and found that the large majority were vagabonds, paupers, beggars, criminals and prostitutes. But the delinquent behaviour is not innate nor it is inherited from parents. The correlation between the intelligence of parents and offspring is reported to be as low as  $+ .49^2$  or plus  $.3^3$ ; emotional immaturity and neurotic symptoms of parents are found to be correlated with excitability and emotional ill-balance in children to the extent of  $.3^4$ , which does not support the view that criminality is inherited. There is no scientific basis for thinking that criminality or delinquency is inborn. There is no such thing as "moral imbecility" or "innate lack of moral sense" which, as Tredgold thought, makes one absolutely irreformable<sup>5</sup>. Criticizing the views of Tredgold, William Healy as far back as in 1915 wrote, "We have been constantly on the look-out for a moral imbecile, that is, a person not subnormal and otherwise intact in mental powers who shows himself devoid of moral feeling. We have not found one".<sup>6</sup> Burt on the basis of evidence from his clinical

<sup>1</sup>Merrill, Maud, A. *Loc. cit.*, p. 180.

<sup>2</sup>Conrad, H.S. & Jones, H.E. "Familial Resemblance in Intelligence" 35th Year book of N.S.S.E.

<sup>3</sup>Wingfield, A.H. & Sandiford, P. J. *Ed. Psy.* 1928. "Twins & Orphans" p. 410-423.

<sup>4</sup>Hoffeditz, E.L. "Family Resemblance in Personality Traits". *J. Social Psy.* 1943 p. 214-227.

<sup>5</sup>Tredgold, A.F. *Mental Deficiency*. New York, Wood, 1915, p. 326.

<sup>6</sup>William Healy. *The Individual Delinquent*. Boston, Little Brown & Co. 1915, p. 783.

data also concluded in 1925 that crime is not inherited.<sup>1</sup> Delinquency is, therefore, not inherited; it is the product of social and economic conditions and is essentially a co-efficient of the friction between the individual and the community. The most important causes of anti-social behaviour are environmental and sociological in character. Many authorities agree with the findings here that delinquency is highly related with social disorganization, inadequate housing conditions, poverty, disease, criminality in parents, bad companionship and parental attitudes in their treatment of children. This is clearly brought out by the study of the 140 delinquents, who had a disordered development due to a combination of personal and environmental factors.

By personal factors is meant the mental constitution, physical condition and temperamental stability or ill-balance of the individual. Though no anti-social behaviour, as such, is inherited, yet (as also pointed out by Healy, Burt and others) some children are temperamentally more active and are born with a general tendency to instability. Such predisposition for a particular temperament or character, as an innate factor in some individuals, cannot be entirely ruled out. This may be the reason why most of the delinquents are dare devils, very active and courageous persons (though outwardly ) meeting the threatening situation with an attack. They are easily aroused and being more sensitive, touchy and impulsive, they are likely to be disposed towards anti-social acts more easily.

Poor health, short or too big stature or some physical deformity which give rise to feelings of inferiority, dispose one to more aggression, as a compensatory reaction for his inadequacies. Some delinquents were found overdeveloped as lusty ruffians, though they, as Sheldon describes were, "tough on the outside but soft in the inside,"<sup>2</sup> which meant that the bravado, aggressive and anti-social behaviour in them was only a defence mechanism against their more passive, afraid, dependent and insecure tendencies. Such delinquents are internally disturbed and their criminal activities, enterprising and adventurous spirit are mostly over-compensatory reactions. In some children lack of growth along with prior pathological state, weak health, mal-nutrition or defective vision or hearing may be contributory factors for anti-social behaviour. Premature puberty may provide a basis for sexual offences, as there is lack of harmony and mental disturbance due to the sudden and early arousal of sexual impulses, though the whole period of adolescence is itself the period of sexual stresses and strains disposing the youngster for sexual offences.

The intellectual calibre of the individual, as already indicated, has its own effect since the majority of the delinquents are found to be comparatively of low intelligence. There is no doubt that in the face of emotional difficulties the individual of even very high intelli-

<sup>1</sup>Burt. C. *The Young Delinquent*. Loc. cit., p. 56.

<sup>2</sup>Sheldon, W.H. *The Varieties of Human Physique*, New York, Harper, 1940, p. 254.

gence may behave like any ordinary criminal, yet the place of intelligence in controlling behaviour by insight and reason cannot be entirely denied. Greater intelligence is certainly associated with greater caution, the brighter people are wary of getting into a false situation<sup>1</sup> and are more aware of the consequences of their action which serve as a deterrent. Delinquents mostly lack in understanding, foresight and judgment and the ability to recognize cause and effect. Delinquency, like crime is not caused by any single or universal condition but arises from a multiple of causes, though often a single circumstance stands out as the dominant factor. There are thus primary causes which produce the delinquent character in the individual from early childhood and there are the secondary factors which serve as more precipitating causes as they change the latent into manifest delinquency.

In the delinquent character, the ego or the self is weak. It is mostly governed by the "pleasure principle" or the momentary pleasure seeking impulses. The ego has to decide which of the impulses can find expression and it is to be guided and supported in this decision by the conscience or the super-ego. But since the system of values or the conscience of the potential delinquent is still in the nebulous and weak state and due to lack of proper identification with weak and inconsistent parents, it has not acquired enough independence and strength to put a check on the impulses, the impulses have the upper hand. The weakness of the ego is also enhanced due to lack of sublimation in intellectual or social activities and the super-ego or conscience being yet weak gives no support to the ego. The result is that if the persons in authority are absent and if there is no outside forbidding force, the delinquent, finding no checking force outside and having none inside, is driven to committing the offence. Thus the delinquent character formation which finds itself unable to withstand an impulse regardless of the consequences, results from 3 factors, the strength of unmodified instinctive urges, the weakness of the ego and the lack of independence and strength of the super-ego.<sup>2</sup>

But certain delinquencies are also neurotic symptoms, arising from the frustration of erotic impulses. Some delinquent adolescents are unstable psychopathic individuals whose difficulties and delinquent behaviour are largely due to unconscious sexual problems. The psycho-analysts like Pearson *e.g.* attribute Kleptomania and hence stealing in women, to an unconscious or repressed wish to possess the penis, and arson or interest in destruction and flames, to the fixation at the anal and urethral stages or libidinal development.<sup>3</sup> In these cases though the ego is weak but the super-ego or conscience, instead of being weak, is severe. Their personality structure is that of the neu-

<sup>1</sup>Hartshorne. H. & May, M.A. *Studies in Deceit*. New York, The Macmillan & Co., 1928, p. 188.

<sup>2</sup>Friedlander, K. *The Psycho-analytic Approach to Juvenile Delinquency*, 1947, London, Kegan Paul, p. 94.

<sup>3</sup>Pearson, G.H.J. *Emotional Disorders of children*. London. George Allen and Unwin 1951, p. 2.



rotic, with an over strict super-ego and a weak ego which permits the return of the repressed desires, though in a devious way for fear of the super-ego, and this leads to the neurotic symptoms as delinquencies. In such neurotic states the child's resistance to temptation is lowered and his control over primitive impulses is lessened.

The weakness of the ego and the weakness or severity of the super-ego results from the developmental conditions in the home, in particular and the commonest and the most disastrous conditions are those that centre about the family life. The delinquent and neurotic character formations, which are the predisposing conditions of anti-social behaviour, thus arise due to defective family relationships and situations and it is for this reason that delinquency is, sometimes, said to be the "home industry".

Modern Psychology has shown that the most important factor for a child's healthy development is affection and sense of security. Under inconsistent disciplining by weak and whimsical parents who, sometimes, are indulgent and over-protective and sometimes restricting and rejecting, the child is confused and does not develop a stable system of values. His super-ego is defective and full of contradictions and the ego also, not learning to do things for itself with independence and deliberations, remains a cripple, always looking towards others for help, or being too much fussed about, considers itself above man made laws. There is chronic aggression in many such cases as the weak parent often are unable to help their children to have control or to direct their aggressive impulses. Such children feel insecure as there is no adequate and consistent relationships between them and their parents. Such children act as if they are extremely independent and use their 'omnipotence' to prove that they are self-sufficient. Their ego, as just stated, not developing beyond the point of a sense of omnipotence has no appreciation of its real powers or weakness in relation with reality of the external world and has not learnt to subordinate the pleasure seeking impulses to more lasting happiness or to the good of others. The result is that it comes in clash with the social set-up leading to aggressive and anti-social behaviour patterns.

But just as the union of licence and severity within the same home and, perhaps, in the person of the same capricious parent, is the most frequent defective disciplining situation, working as the most disastrous in the formation of a delinquent character, want of calm, liberal and democratic type of discipline also contributes to the formation of latent delinquents. With very strict, rigid and dominating parent or parents the super-ego of the child acquires a severity and such a dominated child at first glance is good, polite, courteous, obedient and dependable but deeper still he is troubled, shy and rebellious. Not having much independence in thought and action and always being nagged and criticised, his ego does not develop self-confidence, initiative and resourcefulness. It is weak to check the upsurge of suppressed and repressed impulses, which find overt expression,

though in a concealed and distorted form of neurotic symptoms, as the super-ego, being too strict, does not approve of their free and direct gratification. This is illustrated by the case of a boy of 18 who was brought up in a very strict religious home where any mention of sex was sacrilegious and it was considered a dirty thing as by most Indian people. Any thought of sex was tabooed. But the boy in his prime adolescence had sexual phantasies towards a girl in the adjoining house, which desires were repressed by the strong super-ego which considered the girl in the neighbourhood like a sister. He was referred to the court as he stole a 'saree' from the neighbour's house and had concealed it about his person. He had gone to a lonely place and masturbated by lying on the saree. This perversion as a neurotic symptom resulting in a delinquent act brings out the intra-psychic processes within an individual with severe super-ego but weak ego.

Some parents have the possessive attitude towards children as towards personal property and wish them to do as they please. This too much check upon the quest for independence or freedom results in rebellious children and the early development of many juvenile crimes.

Direct parental rejection, which may be even disguised as over-protection, leads to anti-social behaviour. The rejected child becomes aggressive, rebellious and suspicious. In an investigation carried out by Symonds<sup>1</sup> e.g., in Columbia on 62 children, the rejected ones showed lack of stability and more pronounced delinquent trends. They were generally antagonistic towards society and its institutions and they showed apathy and indifference. Rejection or withdrawal of affection and love by the mother, in particular, is a severe shock to a small child. "Very small children are so close to their mother, that they feel her emotions even if these are not openly expressed".<sup>2</sup>

Children also form the delinquent character by imitating their parents and take pride in copying them. But the parental character is also imperceptibly and unconsciously moulding the outlook of children. Immoralities, alcoholism, sexual irregularities in parents dispose the child towards these offences automatically and so "criminality among parents is a very powerful conditioning factor for juvenile delinquency."<sup>3</sup> This is not a question of inheritance if certain characteristics are found both in parents and offspring, since criminality is acquired through experience in the social groups.

Apart from the more primary factors mentioned above which contribute towards the delinquent character formation, there are many secondary factors like broken homes, death of or desertion by parents, poverty and overcrowding, bad companionship, unemployment or uncongenial working conditions and lack of adjustment in school which serve as the more precipitating causes.

<sup>1</sup>Symonds, P. *Psychology of Parent Child Relationship*. New York. D. Appleton Century Co., 1939, p. 75.

<sup>2</sup>Friedlander, K. Loc. cit., p. 90.

<sup>3</sup>Garrison. K. Loc., cit., p. 203.

In our investigation of 140 delinquents, the following causes given in the table below with their percentages of occurrence were more dominant. In particular cases, however, mostly more than one causes were operative.

*Table 5. Showing the percentage of cases in which the various causes were dominant determining factors of their delinquent acts.*

<i>Causes</i>	<i>Percentage of cases</i>
1. Maltreatment by parents, step-parents or employers.	46.7%
2. Poverty	34.1%
3. Bad Company	22.7%
4. Neglect.	20.7%
5. Domination	16.3%
6. Rejection	15.6%
7. Broken homes	13.3%
8. Maladjustment in School.	12.6%
9. Exploitation.	8.2%
10. Jealousy.	7.4%
11. Monotony and dull home environment.	7.4%
12. Unemployment or uncongenial working conditions.	6.6%
13. Temptation.	6.6%
14. Revenge.	5.2%
15. Indulgence and over-protection.	1.5%

The figures show that about half of the incidence of delinquency is a rebellion against unreasonable or harsh treatment of adults who expect a certain standard of behaviour or work from the child. This agrees also with the findings of other investigators, like Merrill. The maltreatment, in many cases was found to be, by step-mothers, step-fathers, uncles, aunts or elder brothers of many orphan children and by employers. In one case, for example, the step-father who was the uncle of the boy, on marrying his mother after the death of the boy's father, beat the boy and dangled him into the well with hands and feet tied. The boy was asked to clean dirty utensils in the home and do other menial work. In another case the boy was beaten by his elder brother as he had burnt the vegetable while cooking, since their parents haddied. In another case the boy was beaten by the uncle, who had become the step-father as the boy had lost a goat while grazing them in the jungle. There are so many similar cases of bullying, harsh treatment and beating on one pretext or the other. The result is that the boys run away from home and commit anti-social acts to take revenge on the world and fate which condemned them to such a sad plight.

Many leave the home because of jealousy towards the step-brother or sister or towards their own younger brother or sister as they feel "dethroned" when the parents' interest attention and affection becomes more centred on the new child. In a few cases the anti-social behaviour, jealousy and hostility have been found against authority which had deprived them of property, other rights and position and the delinquent acts are for motives of revenge, spite and for reasons of hidden resentment. In such cases there is, sometimes, identification with social justice, as such delinquents particularly rob persons in authority to pay the poor and the oppressed. This is illustrated by the following case.

A strongly built young boy of 19 was being tried for breaking open the lock of a post office in a suburban area and for stealing some cash and stamps. The case history revealed that his parents had died some years ago and his uncle, with the intention of grabbing the entire property in the form of land, cattle and a house in the district town, began ill-treating him. The boy being the only child of his parents and having no other person to support his claims felt quite helpless and ultimately he ran away from the house in disgust and anger. He found a job in a well-to-do house as a domestic servant and came to know that some friend of his master possessed a revolver. He began to imagine himself like Robin Hood to take revenge on all persons in authority and power. He left the job and some days later succeeded in stealing the revolver and ran away to another city where, he after some struggle, found the job of an apprentice in a motor garage and workshop. There he particularly learnt how to change the patent number inscribed on the vehicles and stole one of the sets for this purpose from the workshop. This was done with the intention of changing the number of bicycles after stealing them from some well-to-do person's houses and later to give them away to some of his more needy friends. He used to go at night to some wealthy quarters particularly of the Europeans to look for bicycles. He stole 4 bicycles like this and changed their numbers and distributed them to his friends, some in another town. In the motor workshop he came in touch with some trade union workers and was under their influence developing communistic leanings. He began to think of the Government as of the capitalists and to rob it was, to him, thoroughly justified, and so he, one day, finding an opportunity, broke open the lock of the post office for which he was being tried when he was interviewed.

In quite a large percentage of delinquents poverty is found to be the predominating factor, as poor living conditions in the home among other factors dispose a child towards anti-social behaviour more than comfortable and well-to-do life. We usually find crime, disease, ignorance and vice associated with poverty more, and these are conducive to the development of juvenile offenders. The following table gives the idea of the economic condition of the delinquent group of 140 children studied here.

Table 6. *Economic status of the families of the delinquents.*

Comfortable	4.3%
Marginal	12.9%
Poor	51.8%
Miserable	21.5%
Unclassified	9.5%

A poor father undernourished and overworked becomes short-tempered and he is not able to have a considerate handling of discipline situation, and there is constant tension. The children being denied ordinary comforts and necessities or life resort to dishonest and criminal means of attaining them. Poor families live in overcrowded localities where every thing is open to the gaze of children who due to poverty are tempted or encouraged to steal. Temptation was found to be the chief cause in 6.6% cases studied here. In the congested living conditions in poor homes and poor neighbourhood, there is more sex stimulation and premature sex interest leading to sex offences. It has been found from various studies, as by the present one, that crime is relatively higher in crowded localities and authorities like Burt, Rhodes, Bagot and others have similarly brought out that overcrowding has been the common factor and in some cases the principal causative factor is juvenile offence. "A number of years ago it was shown that the four most populous countries of Tennessee (in U.S.A.) contributed over 50% of the juvenile delinquents".<sup>1</sup> Economic difficulties lead to domestic conflicts which are closely related to Juvenile Delinquency. A boy *e.g.*, ran away to Bombay with forty rupees from his father's pocket on the pay day and was caught roaming about aimlessly. He had spent away most of the money on cinema shows, good food and other fancy things. The reason was that the father was very poor with a large family but small salary as a clerk. He could not afford pocket money to the boy who was reading in a school, where he saw many boys spending money on eatables during the recess period while he had none. He was unable to protect his sensitive ego and to maintain his self-esteem in that social environment. His ego status was threatened by lack of pocket money, by having such a father whom he could not brag about and by being ashamed of his position and humiliation in the eyes of his school mates. The father, apart from being poor, was not considerate to the boy. The reaction was rebellion against the embarrassing situation and against life in the house itself. He was seeking some opportunity to express his hostility and stored up aggression and in connivance with another boy hit upon the plan of stealing money from home and playing truant.

There are many cases who are forced by hard circumstances to commit offences. The father of a boy, for instance, had died, the mother had to work as a labourer and was away from home the whole day and so it was not possible for her to establish a relationship of

<sup>1</sup>Garrison K. Loc. cit. p. 206.

close confidence with her 3 children, by meeting their physical needs in a satisfactory manner. The eldest boy, no longer tolerating this miserable situation, on the suggestion of another companion, began to cut telephone wires near Badarpur at night and bundling it up he used to hide the lot in a bush and used to sell it in the market in the morning till he was caught. Delinquency is rebellion against unreasonable and hard circumstances which do not allow proper satisfaction of even the physical needs. Many children studied here stole out of dire necessity when they had nothing even to eat. A truant orphan boy who was beaten off by his uncle from home, roamed about begging and one day he was very hungry and had nothing to eat. He stole the shirt of a bather in the Jumna with the intention of selling it away to buy food but was caught in the attempt. There is no use quoting many instances. In our study poverty seems a very striking cause, both in predisposing a child towards delinquent acts and in actually forcing him to commit such offences. We agree with Burt as he said, "it is in the poor over-crowded, insanitary households where families are large where the children are dependent solely on the state for their education and where the parents are largely dependent on charity and relief for their own maintenance, that juvenile delinquency is most rife."<sup>1</sup>

In some cases of delinquency, broken homes is in the background. The figures obtained in this study are 13.3% though in some foreign studies a large percentage of the delinquents is drawn from broken homes.<sup>2</sup> In the opinion of Merrill *e.g.*, half of the delinquents come from broken homes.<sup>3</sup> May be divorce and remarriage being more common in America and European countries the percentage of broken homes is much more there than in India. However, what is significant in a broken home for the genesis of delinquency, is not simply the fact of the separation, desertion, divorce or remarriage of parents but the conditions of neglect, poverty and tension accompanying such situations.

The temperamental instabilities, quarrels, and constitutional abnormalities of parents are the chief causes of broken homes and these traits of parents make the child confused and insecure. Authorities like Moodie<sup>4</sup> and Rogers<sup>5</sup>, from their long clinical experience, believe that behaviour difficulties in children such as truancy, stealing and dishonesties are mainly due to the thwarting of the psychological needs of security and affection. To find a child separated from or deserted by the parents is like a major surgical operation, cutting the limb from the main body. The life of the child in such cases ceases to be truly human

<sup>1</sup>Burt, C. Loc. cit p. 78.

<sup>2</sup>Marian, W. Campbell. "*The Effect of the Broken Home upon the child in School*" *J. Edn. Sociology*. 1932, 5 pp. 274-281.

<sup>3</sup>Merrill, Maud, A. Loc. cit. p. 122.

<sup>4</sup>W. Moodie. *Doctor and the Difficult child*. New York the Commonwealth Fund 2940

<sup>5</sup>C. R. Rogers. *Clinical Treatment of the problem child*. Boston: Houghton Mifflin Co. 1939.

and, if he does not actually become atrophied physically like the cut off limb, his normal growth is drastically interfered with. In many such cases there are no persons substituting the parents and the children starved emotionally and many starved physically, are driven to a life of crime and anti-social activities. The father of a boy Messih aged 14 was dead and the mother married again. He lived with his father's sister for some time, but having a dislike of his mother's secretive contacts with her second husband before they were married when the boy used to live with her, his self esteem had greatly shaken and he was already feeling ashamed and humiliated when he went to reside with his aunt. One day a quarrel with his cousin over a trifle cause (of spoiling his drawing) was followed by harsh and unpleasant words from his aunt. This hurt, the boy left-home and roamed about in different places and was at last caught red-handed while trying to remove the suit case of a passenger in the train.

Another case of a boy Kishore of 13 is still more pathetic. His mother and grandmother used to quarrel terribly and on the instigation of the grandmother the father beat the mother quite often but still he was tired of this family tussel and sometimes cried out desperately that "the two silly women would eat him up !". But ultimately the much worried father collected all the ornaments and other things which he could easily carry and left the house at night and was known to have been employed as a labourer on the railway line. The boy and his 2 brothers were terribly nervous and frightened when their father beat the mother by taking the grandmother's side, and were very resentful of this partiality. When the father left, the mother told the boys that she too was going away as she could not live in the house with that old woman and that she could not do anything for them and that they should go wherever they wanted and earn their bread. Kishore came to Delhi in search of some work but not finding any job for some days he resorted to begging. He was roaming on the Jumna Ghat one day when two sadhus called him and gave him something to eat and then asked him to allow them do sodomy with him. But the boy said that he did not do any such thing, on which the sadhus caught hold of him and handed an idol to him and raised a hue and cry that he was stealing away their idol. The policeman in the area apprehended the boy and sent him to the Police Station from where he was sent to the District Jail where the writer interviewed him. Similar is the fate of many neglected, rejected or unwanted and orphan children. Some are left by the widow mothers going away with somebody else or by widower fathers having another wife. Quite a few cases in this study were those who were thus left on the railway station or in a crowd in the bazaar. There were 20.7% delinquent boys who were neglected and an equal number of orphans in the study reported here. The rejected constituted 15.6%. In many cases of the delinquents who were mainly neglected, there was the step-mother or step-father situation: there were more step-mothers than step-fathers who neglected and rejected the children and maltreated them.

Table 7.—*Structure of the Home*

1. Both Parents alive	In the case of	34.2% of the delinquents
2. Father dead	„ „ „	15.6% „
3. Mother dead	„ „ „	8.2% „
4. Father married again (Step-mother)	„ „ „	11.1% „
5. Mother married again (Step-father)	„ „ „	6.7% „
6. Both dead (Orphans)	„ „ „	20.7% „
7. Separated or deserted (by one parent)	„ „ „	4.5% „
8. Deserted by parents or parent		2.1% „
9. Unwanted children	„ „ „	1.5% „

The above table shows the structure of the home in the case of the delinquent group studied here. The striking difference in the above table and similar other tables compiled by some foreign investigators<sup>1</sup> is in the number of orphans. In this country the orphans have a very bad treatment; there are not many state orphanages or schools to bring them up and in a poor community from which many delinquents come, the economic difficulty is acute which makes the orphan in a home a burden who is in many cases ultimately thrown on the street to sink or swim. These orphans are picked up by quite a few professionals who run unauthorised orphanages in small hired quarters. The writer came to know of quite a number of such orphanages run by unscrupulous persons even in small wooden shacks made for the refugees on the road side. They get fictitious names for the "orphanages" and bogus receipt books and teach the children to sing and to play upon one or two musical instruments and they parade them in the streets begging in the name of poor orphans of "Unfortunate Mother India" and in the name of humanity and God. Who has not been approached in this country for charity for the orphans and yet a predominant majority of these humanitarians are professional exploiters and beggars, in a different form. Quite a few are found to be in league with some police men and even when caught on certain complaints, they go scot free to ply their trade. What to speak of welfare of the unfortunate victims of this exploitation at their hand, they are subjected to more illtreatment with bad food, scanty clothing and huddled living and some good looking boys even are forced to satisfy the sexual passions of these 'redeemers of humanity.'

Some children on finding an opportunity escape the custody of these 'benefactors' but where is the place for them to go to? They still remain on the streets and either beg or steal or commit some other offence, if they fail to find some work. Three such boys *e.g.*, were

<sup>1</sup>Merrill. Meud, A. *The Problem of Child Delinquency*. Loc. cit. p. 66



caught when they were breaking a shop at night. Theft during night and pick-pocketing during the day, was their usual routine. They had collected quite a few things and were living in a small den dug in the bank of the outer canal of the Red Fort. They had learnt the art of pick-pocketing from some other bad character. One of the boys told that he kept a razor blade under his palate which he used for cutting the pockets of his victims by mixing in the crowd. He would take out the blade while eating and could even keep it intact while drinking water or "*Lassie*". The boys as gathered from this talk seemed to be doing fairly well in their deprivations as they even distributed some eatables, money or other things to some such other fellows or beggars near the Jumna Bridge and any one who has been that side can well imagine the situation of human misery there.

Quite a few children, to the extent of 7.4%, as found in this investigation, play truant from home mainly because they find the home environments dull, monotonous and uninteresting with no new experiences and with no scope for satisfying the natural urge for adventure. Modern psychologists from a long time have emphasized this point in the causation of delinquency. W.I. Thomas *e.g.*, in his book "*The unadjusted girl*" in 1920 throwing light on the causes of delinquency, pointed out that the unadjusted girls longed for security, recognition, new experience or adventure, while their homes had given them insecurity, rejection and monotony. After playing truants from home quite a number of such children fall in bad hands and failing to find satisfactory work, they resort to criminal practices. In the group studied here the large majority of such boys came from the hill areas like Gharwal, Tihri, Almora and Kangra. One such boy was working as a shephard boy in his village. But he being quite a bright fellow found the work boring and on the instigation of another boy to have more adventure and fun on the plains, he ran away from home with that boy. He was employed in a sweet seller's shop but left the job when the master scolded him for some small fault. He then became a domestic servant and there too he quarrelled with the employer and ran away with a lady's watch from this house and was caught while selling it. He had been gambling also during the period of unemployment. There are many more such instances of delinquent behaviour caused predominantly by boredom, lack of freedom, independence and opportunities for new experiences of the outer world.

In some offenders studied here the chief precipitating cause of their delinquent behaviour was maladjustment in school; their percentage however, was found to be 12.6%. This low percentage is mainly due to the fact that the large majority of the delinquent group coming from poor families do not go to school, as there is hardly any compulsory education, in the real sense, in this country. One important factor for adjustment in school, however, is that the child is given the work in the class according to his ability. He is to be placed

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<sup>1</sup>Thomas. W. I. *The Unadjusted Girl*. Boston. Little Brown & Co., 1920.

in the grade suited to his capacity and needs. He may deepen his sense of guilt and inferiority by backwardness in his class and may become rebellious playing truant. School failure is highly correlated with the incidence of delinquency. The mentally dull child finding school work beyond his powers of assimilation, cuts classes, runs away from the school, joins a gang and indulges in anti-social acts. Such a child is also likely to be lazy, disobedient, inattentive, quarrelsome, lying, swearing, instable and a bully. His interest and preferences for particular studies cannot, therefore, be ignored. In most Indian schools, teaching is made worse by the dominance of the class teacher who rules his kingdom with a rod and whose will is law. Class room procedures are generally autocratic and the chief pupil-activity is learning by heart. The principal virtues in pupils are considered to be orderliness, silence and conformity to rules. Learning difficulties of children and their backwardness, which may cause behavioural problems, arises not only from lack of intelligence but also due to faulty methods of teaching prevalent in most Indian Schools.

In the traditional collective or class-methods of teaching slow or dull pupils are left behind, and their failure, often inducing a sense of despair leads, in many cases, to delinquent behaviour. A boy whose father had died and who was living with his mother and 2 brothers, ran away from home as he did not like to go to school as he was very weak in arithmetic and the teacher rebuked and beat him quite often. Other children made a fun of him, ridiculed him and teased him with the result that now having no fear or control of his father, who was dead, he played truant and was picked up from the railway station by the owner of an orphanage from where he was rescued by the probation officer and sent to the Children's Home. Another young boy reading in 8th class ran away from home with his sister-in-law's ornaments, as he was an orphan living with his elder brother. He was dull in the school and had failed twice. His sister-in-law rebuked him for wasting her husband's money and wanted him to earn his own bread, instead of wasting his time in the school and feeding himself fat at the expense of his brother. The boy already despaired from school ran away with some cash and the ornaments. He lived on them for some time but when they were exhausted, he joined a gang of miscreants. One day one of his companions asked him to stand on the crossing of a road and be on the look-out for the policeman while he was breaking open the shop of a silver-smith. The police patrol passing that way suspected him standing on the roadside in that manner, late at night, and apprehended him. His companion seeing the police from a distance had already escaped in the darkness, but this dullard was sent to the Camp Jail to stand his trial.

There are many cases of this nature where failure in school has been the chief determining factor in certain delinquent behaviour. The plight of the bright pupils also is, sometimes, equally dangerous. In a class reading lesson, for example, in collective teaching, they have no alternative than to mark time with their eyes on a sentence wait-

ing for their struggling class mates who repeat over and over again phrases which they themselves had by now learnt by heart. It is considered a grievous offence to read ahead, to learn something new. The inadequate chances given to their talents to explore something more and to learn more, frustrate the need for adventure and lead to boredom and restlessness. Such pupils easily develop habits of day dreaming, of inactivity and idleness. They are given to devising mischief, annoying the teacher and to showing more serious anti-social behaviour.

A bright boy reading in the 9th class in a boarding school in a small town was very restless and there was hardly anything new in that ordinary school to engage his attention after school where in the class he learnt the lesson quickly and expected something more to absorb his mind. But finding nothing to feed his fertile brain he only thought of mischief. One day preparing 3 other boys to follow him, he with an ingenious method opened the locks of the 2 boxes of sweets and fruits of the hostel tuck-shop. The boys ate the sweets and the fruits as much as they could (and had indigestion next morning) and some they hid in the fields nearby. To avoid any clue of the theft they disposed of the baskets and other wrappings and that too in a very ingenious way. One of the boys while interviewed described graphically how the leader took the baskets and other empty boxes on his head at dead of night and walking like a hawker in the fields nearby, dumped the load in a dry well with a thud. All the boys bursted in laughter but had to control themselves for fear of being detected. In the morning the vendor raised a hue and cry and there was a stir in the school for the theft. The superintendent took one of the boys in confidence as he had some suspicion. Being the friend of the boy's father he succeeded in knowing the truth from him, but in the meantime the report reached the nearby police station and the police apprehended the boys and sent them for trial.

In many such cases of delinquent behaviour in the school there is no doubt about an anti-social character formation with which the children come to school. Lack of adjustment in the school serves only as a precipitating cause. In a normal child the control over his impulses goes on unconsciously when in the school, and the ego gets strength through intellectual achievements and the super-ego also gets stronger by new identifications with other personalities in the body of teachers or heroes read in books<sup>1</sup>. But in a child with anti-social character formation developed from early days in the home, there is hardly any wish to be good, nor there is any energy in him to make progress in studies. He is often so prone to jealousy that community life in the school (wherever it is) does not offer him any pleasure and his school life is mostly of frustration and he plays truant and commits some other offences. Such children are ruled by momentary pleasures which they have not learnt to forego in favour of some more abiding gain or good in the future. So, on deeper analysis, it is found

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<sup>1</sup>K. Friedlander. Loc. cit. p. 105.

in many cases that low or high intellectual level as such or the bad treatment of the teacher or the faulty methods of teaching prevalent in most schools, are only secondary causes which help in bringing up the latent anti-social character formation, developed in close contact with parents and other members in the family. To trace the genesis of delinquency, therefore, one has ultimately to go to the early developmental history of the child in the home.

Most parents and guardians think and argue that their child or ward showed delinquent behaviour because of the influence of bad companions, and they try to prove to the magistrate that their boy is all right, and that he just got into bad company. But this is not quite so, as bad companionship is again at last a precipitating cause in as many cases as there are in which it has been found to be the chief determining factor. Healy<sup>1</sup> found that the influence of bad companionship was a single factor in causing delinquency in 34% of his cases, (surely a very impressive figure), while Burt<sup>2</sup> gives the figure as 18% and at the same time doubts whether this bad influence would have exerted such power on the healthy mind. The potential delinquent's mind, however, is not healthy and he is easily influenced by suggestions for rebellious and anti-social acts, because of the anti-social character formation.

In our study bad company was the chief precipitating cause in 22.7% of the cases. Exploitation by unscrupulous bad characters was found the cause in 8.2%. In these cases the child was made a tool by some clever fellow and he did not commit the offence by his own free choice.

A boy *e.g.*, was living with his maternal uncle in Delhi and was reading in 9th class in a local school. His father had died, while he was very small and he had lived with his mother, elder brother and two sisters, before he came to Delhi. His brother, the only earning member was hostile to him and did not like his younger brother being sent to school while he himself was toiling hard to support the family. Later one sister was married off and this boy came to his uncle in Delhi and was admitted in the school. The uncle could feed him and could meet his other requirements for studies but could not afford him much pocket money, the mother was already helpless and so the boy felt quite lonely, and neglected in Delhi, and he needed money for pocket expenses in a big city full of temptations. In this case the ground for exploitation and easy enticing was already set. One day while he was reading in Qudsia gardens somebody came and asked him if he needed some money. He gave the boy a rupee and told that he would give him more if he did what he told him. He taught him how to quietly steal things from neighbour's houses. The boy some days after succeeded in stealing a copper jug from a neighbour's house and gave it to that man who occasionally met him at an appointed place.

<sup>1</sup>Healy, W. *The Individual Offender*. London 1915.

<sup>2</sup>Burt. C. *The Young Delinquent*. (4th Edition) London 1944.

and time. The boy got 5 rupees as his reward which made him bolder, he then stole a pen from a shop and later 2 watches and received ten rupees, from the bad character, who was however, caught while selling them but he named the boy that he had bought the watches for 10 rupees from the boy who was also apprehended by the police and sent to the Camp Jail.

Some children cannot commit an offence themselves, they cannot lead a gang, and can only become camp followers. But what they are unable to do alone, they easily do in the company of others. This passive attitude towards grown up men or stronger boys may be based on repressed passive attitude towards one's own father or dominant elder brother, which is an attitude of hidden hostility. This ambivalent attitude finds a father surrogate in a leader by whom he is spell bound. He needs a father, and the older boy or the man serves as a shielder. He is attracted to him only because such men or boys behaved as he himself wished to behave. Their aggressiveness and anti-social acts, as revenge against society impress him as mainly and he introjects them.<sup>1</sup> He appreciates, and admires them and does what they do. In some cases of exploitation the child was implicated in offences like theft by the more clever companions. In a case, for example, a boy stole a bicycle from a shop and suspecting somebody following him he handed over the bicycle to another companion saying that he was just coming after drinking water. The other companion not knowing how to ride a bicycle stood there with the bicycle and was eventually caught. There are similar other cases in which stolen property was recovered from boys who did not steal it or where the active culprit used slower or duller companions to help him in his deprivations.

Gang formation is a usual adolescent phenomenon to find opportunities for amusement and adventure and to escape from certain adversities of life. In many studies, the non-delinquents are found to be members of constructive societies or clubs where as delinquents are not. The Gluecks,<sup>2</sup> e.g., found that 75% of 971 delinquent cases studied by them, had never been associated with any organization like Y.M.C.A. or Boy Scouts. But the delinquents usually have their companions in their anti-social acts. They are usually of weak-ego formation and are afraid of committing the offence all alone and feel secure if there is somebody else siding with them. Many truants from home or school have their instigators or companions. A vast majority of the boys who ran away from their homes in the mountain regions mentioned above and who later falling in bad company or due to other reasons committed offences, rarely came alone, otherwise also in committing the offences, it is estimated in our study that about 60% of the offenders had companions in their anti-social activities of one sort or the other. This figure compares favourably with findings of

<sup>1</sup>K. Friedlander. Loc. cit. p. 108.

<sup>2</sup>Sheldon Glueck and Eleanor T. Glueck :—*One Thousand Juvenile Delinquents Their treatment by Court and Clinic*. Cambridge. Mass. Harvard University Press, 1934.

many other authorities. The following table<sup>1</sup> shows the significance of companionship in acts of delinquents as found by various investigators.

*Table 8. Percentage of companionship existing among Acts of Delinquents.*

<i>Author</i>	<i>Description</i>	<i>Percentage</i>
Healy and Bronner (1926)	3000 Cases	63.0%
Illinois Crime Survey (1929)	6000 Cases of Stealing	90.4%
Shaw and Mackay (1931)	3517 offences of 1886 boys	81.0%
Armstrong (1932)	660 Runaways	13.5%
	70 Unlawful entries	84.3%
Glueck & Glueck (1934)	823 Cases	72.2%
Fenton (1935)	282 Boys	82.6%

Companionship even encourages the committing of offences. A single individual is afraid of failing in a false situation and is often aware of the consequences, if caught. But even the cowardly fellow feels reassured in somebody's company and feeling that he would not be the only one punished, if caught, he gladly follows criminal practices and even gives vent to his bottled up aggression and rebellion. His antisocial character formation is only waiting for an accomplice who helps in changing the latent into manifest delinquency.

The boy with anti-social character formation on entering a job does not and cannot usually bear the unpleasantness and inconvenience of doing his duty as an employee, to gain some advantage and help later on. He lives from moment to moment seeking fleeting impulsive gratification and cannot go on for long with every day of frustration. There is no persistence in him. He must have satisfaction at once and so in many cases such a youngster comes in clash with the employer and leaves the job in a fit of resentment and anger as the frustration is unbearable to him, since he has not learnt any saner method of control of his momentary impulses. He thus tries another job and still another and is thus often out of job, and a road to anti-social behaviour is easily open as he finds his companions with money while he is unemployed. He wants easy gain and quick money and thus steals since failing to find a job, money must come by other means to keep him going. He may also wreak revenge against his employer and may even try to rob him. This explains how unemployment or uncongenial working conditions increase the incidence of delinquency. Ill Treatment of the employer, hard work, lack of leisure, loneliness in the absence of other companions, in the neighbourhood of the place of work, all help in making implicit anti-social tendencies into explicit delinquencies.

<sup>1</sup>K. Garrison. Loc. cit. p. 208 (With kind permission of the author and the publishers).

A boy of 14 was working in a button factory, he did not like the job and wished to give it up to learn tailoring, but his father scolded and beat him since he would not lose the wages of the boy and being poor could not satisfy the "whim" of the boy by spending money, instead, on new training. The boy ran away from home and spend a few days in roaming about in search of a job. At night he would sleep at the railway station. After a few days he got employed as a domestic servant. But there again he quarrelled as he refused to wash dirty clothes. The employer rebuked him and asked him to leave, if he did not want to serve. The boy ran away from the house at night with a lady's watch and sold it for twenty rupees in another town. He was then employed by a hotel keeper which job also he gave up out of disgust for the drudgery of cleaning utensils all the day. He was wandering on the parade ground and was caught while gambling near the Red Fort.

The percentage of such persons in the group studied here was found to be 6.6%. They became delinquents because of the bad and unsuitable working conditions or unemployment which in fact proved only the precipitating or secondary causes, since a tendency was already there which expressed itself in some critical situation. Boys with such tendencies on entering puberty experience unusual emotional upheaval and they feel more unsettled than a healthy boy, because of the fact that all his unsolved conflicts which have been more or less quiescent during the latency period come to the fore again. Unlike the balanced boy he is not able to bear the unpleasantness in order to do his duty and so is likely to commit anti-social acts.

#### *Diagnosis :—*

The diagnosis of the exact cause of the delinquent behaviour and more particularly of the personality structure of the particular juvenile offender is not an easy task. Each individual child is individually gone through as in any medical and chemical examination which is essential to understand the cause of the particular complex malady. The correct diagnosis of a young offender with regard to the anti-social character formation which is the basis of delinquent behaviour, cannot be adequately done by the psychiatrist alone in his consultation room. The personality pattern of the young delinquent is understood in the light of data and information gleaned from various sources by a number of specialists working in different special fields.

The organic and physical condition with regard to any defects, deficiencies or illness is ascertained by the medical man and so medical and physical report by a competent physician is an essential information about any offender. As has already been indicated in this chapter physical condition is an important factor in the formation of an anti-social character. The child may be suffering from malnutrition and general debility which makes him backward in his class, leading to a sense of inadequacy or inferiority which prepares the background for aggressive and anti-social behaviour. Similarly defective vision, defective hearing, organ inferiority like snub nose, club foot, or short stature

and dark complexion also dispose one to overcompensatory and retaliatory or revengeful behaviour patterns. Internal organic disturbances, glandular secretions or hormonal ill-balance produce temperamental changes or create other developmental difficulties. All these states have to be ascertained to understand the personality pattern of a particular offender.

The intellectual level and educational attainment (if any) of the delinquent are very necessary to be ascertained, as we have seen dullness and backwardness in school are important contributory factors towards delinquent behaviour. The task of assessing the innate intelligence of the offender and his educational attainments or failure is that of the psychologist. He also supplies data about the young offender's aptitude, special interest or attitude towards school subjects or towards parents or other members of the family or towards certain crimes. In a way the personality structure or mental condition of the offender is closely studied with the help of certain mental and personality tests, which attempt to assess personality by rating the various traits like self-sufficiency, submissiveness, emotional stability, honesty, etc. Another way is to use questionnaires and inventories which assess the interests, attitudes and the adjustment of the person to the conditions of life. The difficulty in the rating method however, is that the rating is done by some teacher, counsellor or anybody else knowing the offender fairly well. In such assessment the subjective factor makes objective study very difficult and for this reason it is mostly replaced, these days, by either self-rating devices as Roger's 'Test of Personality Adjustment'<sup>1</sup> to assess the degree of adjustment of the individual to his home, school fellows or himself, or by Personality Inventories like Woodworth's Psychoneurotic Inventory, Bernreuter's Personality Inventory, Bell's Adjustment Inventory, etc. Completion of stories as a test evolved by Tucker also reveals the attitude of the delinquent to crimes like stealing.

The various personality tests, though survey various areas of sensitivity and they reveal attitudes, fears, anxieties or some neurotic trends, yet in the diagnosis of delinquency itself they are not so sure guides. They are not so dependable and we are often not sure that they measure what they purport to measure. Moreover for diagnostic purposes they are not so useful since even if we know from them the likes, interests, worries, anxieties, and attitudes of the individual children, we still don't know for certain from the tests what causal relationships are involved between delinquency and the trait in question<sup>2</sup>. We cannot, for example, know for certain why does a particular child, steal, play truant, gamble or commit sexual offences.

The more useful and revealing devices are the unstructured projective techniques, some using pictures as the T.A.T. or C.A.T., while others use dolls, plastic material, modelling clay, finger prints

<sup>1</sup>C. R. Rogers : *Test of Personality Adjustment*. New York. Association Press 1931.

<sup>2</sup>Merrill, Maud A. Loc. cit. p. 40.



as in play, or mere ink blots as in the Rorschach test. The private world of the child is revealed in them and also things, which he cannot or will not say or express, come out. The unconscious working of the mind is revealed in the projective methods.

The T.A.T. "is a method of revealing to the trained interpreter some of the dominant drives, emotions, sentiments, complexes and conflicts of a personality."<sup>1</sup> Yet its use for the study of delinquents has not yet been so much explored. Being not a culture free test it cannot be utilized usefully for Indian children without adaptation to Indian conditions. The Rorschach test, however, being a culture free test, can be used with advantage in this country. The chief value of the Rorschach test is that instead of revealing a behaviour pattern, it reveals the underlying structure of personality which makes the behaviour understandable. It can, for example be made out that a person with such and such a personality structure may be likely to steal, be a homosexual or have anxieties or phobias.<sup>2</sup>

The still more useful and revealing method is the play technique which puts no restrictions on the world of reality for the child. He uses freely all material like toys, dolls, sand, plastic or modelling clay or drawing books for self expression and in the play room he is free from the conflicts, hostilities, frustrations, situations and personal relations which are highly charged emotionally. He uses play to make up for certain defeats, suffering or disappointments and finds satisfaction for things denied to him through make belief and phantasy play. Play serves not only as a diagnostic method but, because of its cathartic value, a therapeutic device also. Playway in the realm of dramatic play with real people or puppets or dolls in action on the miniature stage created by the inhibited and inarticulate young delinquents reveals many hidden motives, repressed desires and unconscious mental contents. The psycho-dramatic technique, as it is evolved more by Moreno, in recent times, has important possibilities.

Apart from the psychiatrist or the psychologist giving information about the mental condition or personality make-up of the individual offender, the role of another person called psychiatric social worker is equally important. He collects data about the case history of the offender and by contacting parents and teachers, by visits to their homes and surrounding vicinity, he not only has first hand information about the child's early life, his relationship now and in the past with parents, siblings, other relation and the teacher, but also supplies information about the economic, and social conditions in the home and the neighbourhood, under which the child has been living. Delinquency, as has already been shown is, after all, a social phenomenon caused by social conditions and precipitated by factors of poverty, overcrowding, bad companionship, backwardness in the school and

<sup>1</sup>H. A. Murray. *Thematic Apperception Test*, Cambridge Mass. Harvard Uni. Press, 1943 F. 1.

<sup>2</sup>Bruno, Klopffer. "Personality aspects revealed by the Rorschach method." *Rorschach Rev. Exchange* 1940, pp. 26-29.

other temptations offered by exploiters and professional bad characters. The anti-social character formation as the primary cause of delinquent behaviour arises in the home mainly due to parental attitudes and ways of their handling the child. All this information is secured by the psychiatric social worker who, perhaps, is more useful in helping to understand the cause of delinquency in a particular child than the psychiatrist or the psychologist whose tests and other devices, as already pointed out, cannot so much help us in connecting a particular trait with the specific offence. It is more the psychiatric social worker's report which helps in understanding the cause of a particular form of anti-social behaviour in individual offenders.

The psychiatric social worker also enquires into the school progress of the young offender in some cases, by contacting the teachers or the head of the school. School records indicating backwardness or failure in particular subjects or failure on the whole in the class are important sources of information about the child's reactions to school situation, as many delinquencies arise due to maladjustment in the school. Employment records of the offender are also secured and maintained by the psychiatric social worker, who in fact is a liaison officer between the guidance centre and the outside agencies—the family, the school and the place of employment, if any, where the life of the child is spent.

Apart from this objective study of the individual offender, personal interview with the offender by the psychiatrist or psychologist is extremely important. By taking the offender into confidence and by establishing a "rapport" with him by sympathetic, friendly and an understanding attitude, some very valuable material for diagnosis of his difficulties, is secured which it is almost impossible to know otherwise. The case history and biography of the child as described by the child himself, his experiences from early childhood, the attitude of his parents or elders in the family towards him and the treatment meted out to him in his entire life history by various persons is often very revealing. If the child does not bluff or tell lies (which, of course, is often the danger in these subjective accounts) and is encouraged to speak out frankly and freely by befriending him, the information given by him is, perhaps, quite adequate to understand the causes of his anti-social behaviour.

During interview, the gestures, manners of talk, emphasis laid and other emotional expressions give enough material for a trained psychologist to make out where the fault lies. The behaviour of the child during his contact with the probation officer in the court and in the clinic is also closely observed and at some stage in an unguarded moment, in spite of his protests, he gives indication of his innocence or complicity in the offence and also of the reason in some cases.

### **Suggestions for dealing with the Problem**

As has been brought out here, delinquency is essentially a social disease, as cancer is a disease of the individual. It is caused mainly by social conditions which thwart the satisfaction of the basic needs

of the individual. The proper approach to deal with the delinquent, therefore, is obviously that in which the blame is not just put on the offender but in which the responsibility is mainly shifted to the social environments in which the young offender has been brought up. The popular view to deal with crime, however, has been and still is (at least in this country), on the whole, to give the offender an exemplary punishment that would make him 'see reason'. The old notion of retribution and revenge where punishment to the offender is justified as "the wages of his sin" is still active in the mind of the public and the same is reflected in the long existing legislations. In demanding punishment for the young offender also, the public not only obeys the age old retaliation principle, but also satisfies an inner need of safeguarding its own mental equilibrium<sup>1</sup>, since the ordinary man wishes the offender to be brought to book and in that way, to some degree, release his own aggression caused by various frustrations in life.

But the retribution theory only perpetuates the evil and the more rational and scientific approach to juvenile delinquency, therefore, is to reform the offender, to re-educate him and to rehabilitate him. The treatment of the young offender lies in rectifying his maladjustment which involves social adaptation under better conditions than he has met with from his early childhood. By treatment of delinquency, therefore, is meant the adoption of ways and means to change the behaviour and attitude of the offender, so that he looks upon the world as full of potential friends and happy opportunities and as a safe and interesting place to live in. There is, however, no particular method of handling different young offenders committing different crimes, and there is no such generalization that a particular delinquent behaviour can be "treated" by such and such a procedure. No one, *e.g.*, can say that stealing is cured by foster home placement or by some such means.<sup>2</sup> The treatment procedures must fit the individual offender and not merely the offence and so apart from external means and administrative efficiency, knowledge of the working of the mind of the individual offender is very essential.

There is no regular system of handling the delinquents in this country. Though, as said above, the treatment of the delinquents lies in their re-education and rehabilitation and yet it is not generally regarded as their problem or responsibility by the Education Department in this country. Quite often the delinquent, the destitute and the orphans are all put together and are treated alike and there are institutions which include reformatories, certified schools, borstal and juvenile jails, children's home and hostels, orphanages and '*Anathalayas*' run by private and semi-government societies or associations, by the Children's Aid Societies, *Bal Niketan*, etc. or by the jail departments in the various states. Only very recently in one or two states, the children's homes are being run by the state education departments. In the 1951 survey conducted by the Union Ministry of Education,

<sup>1</sup>Friedlander, K. Loc. Cit. p. 192.

<sup>2</sup>Rogers, C. R. *The clinical treatment of the problem child* Boston, Houghton & Mifflin Co., 1939, pp. 12-15.

135 institutions are reported which are managed and controlled by 43 different societies, associations or agencies.<sup>1</sup> In the 1954 report<sup>2</sup> there are stated to be 171 such institutions, which have the custody and control of the neglected and juvenile offenders, some of whom are convicted by the courts in some states under the provision of legislations prevalent there.

There are various Acts dealing with young offenders in this country as prevalent in different states. Most of these only provide for custody, trial and punishment of youthful offenders. The Bombay Children's Act of 1924, *e.g.*, requires the custody, trial and punishment of young offenders and provides for the establishment and management of reformatory schools for them. In the Bombay Children's Act of 1948, however, we read that the Act provides for custody, trial, treatment and rehabilitation of children and young offenders. The acts in force in Bengal, Madras and other states like Rajasthan, Madhya Pradesh also provide for the protection, custody, trial and punishment of youthful offenders. They are to be detained, fined or discharged after admonition or given in the custody of suitable persons or guardians. They are, sometimes, to be sent to a certified school or a reformatory or Borstal Institute.

On the whole, the young offender has been considered to be responsible for the offence and the retribution principle has been applied in dealing with juvenile crime. With the changing conditions in the West, however, there is some change coming in this country, at least in the wording and the tone of the later Acts or amendments of the old Acts to the effect that the young offender needs some reform and not punishment. But in practice, the young offender still continues to be treated more or less like any other criminal and not much work, really significant, is being done to reform him, to educate him and to rehabilitate him. The official attitude is still harsh and autocratic, with little sympathy and understanding, the approach to juvenile delinquency is mostly penal and administrative rather than educational and psychological. The public opinion is not yet quite moulded to demand from officials a more humane treatment in the handling of this social evil in a more rational, sympathetic and realistic manner to utilize the vast human wealth, nor is the central or any state government yet made quite alive to this problem to take more suitable measures to handle the vast population of juvenile offenders.

At the official level in so far as the question of handling the delinquents who have been apprehended by the police or who have been reported to the police by teachers or other social workers, is concerned, a more regular system can be adopted as exists in the U.K. There, according to the "Children's and Young Persons' Act" 1933 and 1938, children may be removed from their homes by order of the juvenile courts, if they are offenders against the law or are otherwise refractory

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<sup>1</sup>The neglected and Delinquent children and Juvenile offenders in the states of Indian Union, Loc. Cit. 1949.

<sup>2</sup>Report on Delinquent children and Juvenile offenders in India Loc. Cit.

or beyond control, needing special care and protection. The age at which the child can be called an offender, however, is eight years, when he can be committed by a juvenile court. If before that age also a child needs protection against cruelty, drunkenness or other criminal practices of their parents or step-parents, the child can be removed from home and put into the custody of a "fit person". However, the essential provision for the education, correction and rehabilitation of the delinquent children, is the placement in or committing to an "Approved School", i.e., a school approved by the Secretary of State for the purposes of education and training of such children. The courts may not send young offenders under 10 to "Approved Schools" unless they fail to commit them to 'fit persons' or any other satisfactory arrangement is not found. Local authorities are not only empowered but are required to provide and to maintain "Approved Schools" in their own areas or in combination with the authorities outside their area or arrange for the placement of young offenders from their area in some such school run by voluntary bodies. The approved schools in U.K. are classified according to the ages of children at the date of committal. Boy schools are junior, intermediate or senior, according to the ages under 13, or under fifteen and fifteen or under seventeen respectively. Girls' schools likewise are junior and senior according to the ages under 15, and 15 or under 17. Generally allocation of children to approved schools is made centrally by the Home Office. Children under 12 may be detained upto 15 and no child may be detained beyond 19. The period of detention generally is maximum 3 years, though in some cases longer detention, with the approval of the Secretary of State, is possible, which, however, is quite rare. In the Curtis Report of 1946<sup>1</sup>, it was mentioned that there were 141 approved schools in England and Wales, of which 30 were managed by Local Authorities and 111 by Voluntary organizations. There were 89 boys' schools (with 9900 places), 51 schools for girls (2300 places) and one mixed school (with 20 places). The number of committals has averaged about 5600 per annum in recent years. The number of children under care elsewhere than in their homes under orders of the courts, as given by Curtis<sup>2</sup> were :

In Approved Schools	11200
In Remand Homes	1540
Committed to the care of "Fit persons"	13000
Under probation	675
Total	<u>26415</u>

Apart from approved schools every local authority of the county or borough county in U.K. has to provide "Remand Homes" for its area either within or without its area to receive children (as in a transit camp) waiting for their trial or for approved school place-

<sup>1</sup>Curtis Myra *Report of the care of children Committee*. H. M. S. O. 1946 London.

<sup>2</sup>*Ibid* p. 18.

ment or for being given in the custody of "fit persons" or as asked by the Probation Officer before employment after discharge from the approved school.

The important link between the court, the approved school and the guardians or the employer is the Probation Officer who is to find a suitable place for a young offender in an approved school after committal and who is to have an eye on his progress and on discharge to help him in finding an employment. In the rehabilitation of the child with the parents, another person called the psychiatric social worker, also helps as he helps in the investigation of the case with regard to the social conditions in the home and in the school to enable the court to understand fully the problem of the case.

Through suitable legislations in various states in this country, similar provisions for juvenile courts, remand homes, probation officers, approved schools or certified schools (whatever name to be given) and the giving of children in the custody of "fit persons" or agencies, have to be made. In order to adequately apprehend the young offenders, it will be useful to institute a special police or "juvenile police" which will have the special duty of patrolling more specially such areas which are more frequented by or infested with the juvenile delinquents and of producing them before juvenile courts.

It is worthy of note that the handling of such children in the approved schools has to be more psychological than purely administrative. The heads of such schools and the staff have to be properly trained and oriented to understand the problem and the needs of individual children. They are not to be just like ordinary heads of schools or teachers whose main job is to impart academic education but their job is more remedial and corrective to enable children to be better adjusted or rehabilitated in society. The writer during his visit to an approved school in U.K., sometime ago, *e.g.*, noted that a boy who was brought to the school by a probation officer would not open up or speak to the Head of the School who was, otherwise also, a typical school master believing in ruling his kingdom with a rod and he would often smack the boys for little lapses on their part. By approaching the boy in his usual severe manner, he failed to establish a proper contact with the boy who sat smug and silent with his cap on his head without any response. The Head felt quiet frustrated and disappointed and was not prepared to accept the boy in the school. In the meantime the writer got round the boy, played drafts with him, took him to the playground and played with a ball, when a few other boys also joined. He was taken to the workshop where he cut a small piece of wood, planed it and made it round to look like a foot rule. He was talked to, all this time, sympathetically and encouragingly with the result that the child opened up with obvious expressions of life and happiness on his face and he moved up and down the room with joy saying that he had made the little foot-rule. He was asked to go to the Head and to show him what he had made and he almost ran to his office and told him, with absolute freedom and joy, "Look Sir ! I have made this !" The Head felt astonished at the change which had taken

place in the boy and changed his decision. The whole approach in the approved schools has, thus, to be more human and psychological. Children, there can be divided up in small groups for similar educational methods and emotional relationships with one adult who can serve as a substitute parent, since many delinquents are the victims of rejection, maltreatment by parents or step-parents and of inadequate "mothering" at home. A transference situation with the leader of the group has to develop as it is the only process of re-education. The offender is to feel that the leader or the tutor of the group is on his side and understands his problem and is willing to help him. This attitude in the educator is only possible if he has a real understanding of the causes of his delinquent behaviour and also realises that it was no fault of the child that he failed to develop normal standards of behaviour. For this reason even small classificatory schools with adequate staff will be more effective than big institutions with insufficient or inefficient staff.

In approved schools classification of children must be done to suit the mental make-up of the participating children. In them a group feeling should develop through group activities, and through such social participation and group formation, changes in the super-ego will be effected, as the super-ego or the system of values of the delinquents is generally poor. Some sort of group therapy has to be effected there. Along with such opportunities for social and corporate living in an approved school, there have to be provisions for some scholastic education suited to their capacities and needs and for learning some handwork or craft so that the delinquent children find avenues for some creative activities to feel a sense of achievement and adequacy. Learning of a craft will give them some skill to earn their living on discharge from the school and this aspect of their education or training should be more emphasised than academic learning, as the delinquents, on the whole are rather a dull lot.<sup>1</sup> As they are more practical minded, the approach, for their education has to be through concrete media. An approved school has to be a regular residential school and should look like a school complete in every way, though the instruction imparted there has to be with a vocational bias. It should not be a school only in name as was the sad experience of the writer in a "Children's Home" in this country, which was claimed to be a school. There was no book, no reading or writing material, no equipment, no teachers except two craftsmen. The children were most of the time huddled together in the compound repeating tables day by day orally or counting in a group from 1 to 100 *ad nauseum*. The two crafts taught in a slipshod manner were cane work and weaving, but the children were not quite occupied and idled away their time with a sense of boredom with the result that quite often there were cases of escape or running away.<sup>2</sup>

<sup>1</sup>Shanker, Uday—*A study of child delinquency*, Central Institute of Education, Delhi ; 1955 ; p. 9.

<sup>2</sup>The conditions in that Children's Home have improved since this writing, as it has been taken over by the Department of Education of the state.

In the re-education or change of behaviour and social adaptation of the delinquents, a close co-operation and collaboration between the staff of the approved school and a psychotherapist or psychiatrist will be better, to make treatment more successful, effective and efficient. Pure psychological treatment, without environmental adjustment will, however, be in only a minority of cases of delinquency; such cases are like the neurotics who have a severe super-ego and in whom the conflicts are more internalized. In the therapeutic sessions with the psychotherapist, with the establishment of the transference situation or the emotional relationship of understanding, sympathy and some identification, repressions are released and the unconscious conflicts are brought into consciousness. The severity of the super-ego is toned down. By the release of repressed forces, the horizon of consciousness is enlarged and more energy is freed for sublimation into creative or social activities. The anti-social practices are consequently abandoned and better adjustment with life is effected.

In the common delinquents, however, the conflict usually is between the desires and the outside world and it is not so unconscious and is easier to unearth. By face to face personal contact, interview and taking into confidence, when the delinquent feels accepted by the counsellor or the therapist, the problem can be understood and the child's feelings and attitudes can be altered. Such therapeutic method, in the case of character disorders, can furnish lasting help. The delinquents, as patients of behaviour disorders, have little or poor super-ego and a fantastically heightened sense of the ego which considers itself above man made laws. When a delinquent child is placed in an institution or approved school, he is cut off from his delinquent ego pleasures and cannot express his hostility in behaviour and represses it and thus begins to suffer from his hostile feelings himself. When his conflicts have made him quite unhappy he would be willing to have help from someone to relieve him of the tension thus created. Psycho-analytic help will be effective at this stage, as the individual will be more co-operative, understanding and receptive. He will be able to understand that he has a fear of loving others as he has not learnt it, and also of being loved by others as he has been denied love and affection. He will be helped when his egoism and such attachment to himself is loosened and he is reassured that he is an object of love and that everybody is not against him and that there are many who have affection and sympathy for him, and that the world is full of many friends and loving possibilities.

Since the system of social and moral values of a delinquent or his super-ego or conscience is ill-developed, it will be no use appealing to his good sense, better feelings or higher values. His values are entirely different from the more accepted social and moral standards, and the approach from the moral angle will lead to disappointment. Nor can persuasion, ordering or forbidding, often used by probation officers, would bear any fruit and these methods are only "museum



pieces" in psychotherapy.<sup>1</sup> The only remedy lies in some sort of psycho-therapy in conjunction with improvement of environments, either by changing them or by rectifying them.

The change in environment is sometimes essential. Small children even under 10 can be removed from their homes to save them from the bad influence of *e.g.*, ill-treatment or neglect by step-parents. But for children under 14 for whom family atmosphere is still essential, foster home placement than removing them to an institution or residential school like an approved school, should be preferable. The foster home, however, must offer more wholesome family atmosphere and the foster parents should be such as can make up the damage done in the original home and who can help in the re-education of the child. They can evolve their own methods, but the main objective is correction and change of attitude and behaviour. Foster home placement in the case of anti-social offenders is, though a difficult business since many good meaning individuals are quite wary against accepting the delinquent in their home for fear of disgrace, he may bring to them to begin with, by his anti-social practices which may also land them into more trouble. But still no hard and fast anticipations can be made out in all cases and much depends upon the individuality of the case and the personality and attitude of the foster parents.

The improvement of the environment by effecting a change in the parental attitude goes a long way in rehabilitating the young offender. If the father is made to understand the nature and cause of the boy's trouble, *e.g.*, hostility against him due to his unsympathetic and unkind treatment and is mentally prepared to expect some aggression from the boy and is also made to change his attitude of harshness into more affection and acceptance, such a change in the social and emotional climate in the home will avert further dangerous or harrassing consequences. Similar change in the mother will be helpful in controlling the anti-social behaviour in children. Such changes in parents can be brought about by the therapist in his interviews with them and also by the psychiatric social worker more in his "case work" with parents. To control the incidence of delinquent behaviour in the population at large, parental education by way of bringing up healthy and happy children, shall have to be imparted through lectures, seminars or discussions by competent persons in a regular manner.

Sometimes parents insist on one type of work to be done by the child with consequent revolt and anti-social behaviour. So change of occupation in itself can help in settling down the offender. Mere removal from the home or mere change of attitude cannot, in itself, be always effective since the change must have a remedial effect based on the offender's needs which may be just occupational or vocational.

<sup>1</sup>Roger, C. R.—*Clinical Treatment of the Problem Child* ; Loc. Cit. p. 19.

## CHAPTER IV

### BACKWARD CHILDREN

In the 2nd chapter we have discussed the educational and other personality problems of the mental defectives and the dull with I.Q. range from 1 to 90. There is, however, the large majority of children constituting about 60% of the school population<sup>1</sup> with I.Q.'s from 90 to 110 who may be called average or normal. They can also present educational difficulties and behaviour and personality problems. The chief educational problem, however, is that of backwardness which may be found not only in the average child but also in the superior or very superior. Backwardness, in general, is applied to cases where their educational attainment falls below the level of their natural abilities.<sup>2</sup> A child is backward if he is not able to utilize fully his innate capacities and if he does not achieve as much educational success as his abilities warrant him. Sometimes a backward child is said to be one who compared with other children of his own age does very poorly in his school work. Schonell, *e.g.*, called a backward pupil as "one who compared with other pupils of the same chronological age shows marked educational deficiency"<sup>3</sup>. Similar view is also expressed by Burt who described a backward child as one who in mid-school career is unable to do the work of the class next below that which is normal for his age."<sup>4</sup> The same definition of the backward is repeated by him in his latest book on backwardness.<sup>5</sup> He considers that all children with Educational Ratio<sup>6</sup> below .85 are backward, as a medium child should get "Education quotient" between .85 and 1.15. Burt on that basis estimated that 10% of the children in England were backward before<sup>7</sup> 1939. But a child may be backward in any specific task or subject and there also it is maintained that if *e.g.*, the reading quotient of a child is below .85, he will be backward in reading. Schonell estimated backward readers as many as 15.2%<sup>8</sup>, although Marion Monroe found<sup>9</sup> 12% bad readers in the school population. Backwardness

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<sup>1</sup>L. M. Terman. *The Measurement of Intelligence* 1919, p. 94.

<sup>2</sup>Barton Hall Loc. Cit., p. 102.

<sup>3</sup>Schonell, F. J. *Backwardness in the Basic Subjects*, Edinburgh, Oliver and Boyd, 1948 (Ed.) p. 54.

<sup>4</sup>Burt, C. *The Backward child*, University of London Press, London 1950 (Ed.) p. 77.

<sup>5</sup>Burt, C. *The causes and Treatment of Backwardness*, London, Univ. of London Press 1953 p. 37.

<sup>6</sup>Education:l Ratio=*Educational age (on any scholastic test)*, Mental age.

<sup>7</sup>Burt, C. *The Backward Child* Loc. Cit., p. 86.

<sup>8</sup>Schonell, F. J. Loc. Cit. p. 81.

<sup>9</sup>Marian Monroe *Children who cannot Read*, Chicago, University of Chicago 1932 p. 17.

in spelling is estimated in about 12% children, when the disability is reported to be more in boys than in girls. 15% of the school population is found to show backwardness in English composition<sup>1</sup>.

Although backwardness by definition is an intellectual or scholastic condition, but it is at bottom a psychological characteristic arising from and affecting the pupils' entire personality. Scholastic failure is essentially the psychological failure since the simple intellectual experience cannot be isolated from the total mental life of the child. In that respect backwardness is not merely an educational problem; it is equally a personal and social problem, since the educationally backward feel deep frustration in life and some of them easily relapse into delinquency and other anti-social ways of living. It is estimated that "Most of the paupers, criminals and the never-do-wells are recruited from the educationally subnormal."<sup>2</sup> They are really mentally sick people as the failure to maintain a standard of scholastic progress compatible with intellectual capacity blocks the flow of life and creates mental ill-health. A measure of success in the task undertaken is one of the essential nutritives for normal and healthy growth. The backward children, therefore, become problem children suffering from psychological illness and have to be treated as abnormal and maladjusted children.

The question may be raised what are the factors which contribute to the causation of backwardness in a particular child. The causes obviously must lie within the individual himself and outside him in the environment as in all development (normal or abnormal) both the hereditary or constitutional and the environmental factors work. One may, however, hear from some teachers statements wrongly made that this child would never learn to read or write as his brothers and sisters never could, or that this child has to be a dunce in the class, as his father never passed in the school. Such one-sided views no scientifically disposed person can take seriously. Backwardness or maladjustment in school is caused by plurality of factors as they are contributory factors in the causation of individual differences. These factors are physical, intellectual, emotional, economic and social in nature and some lie more within the individual himself and some are entirely environmental. In a study of backwardness Charles<sup>3</sup> Segal e.g., has similarly tried to make out that physical, mental, social and economic handicaps and particularly lack of social amenities were the chief causes of backwardness. These factors need some detailed study. They may be operative singly but generally there is more than one factor going into the genesis of backwardness in a particular case. Some children are born with an inherited lack of vitality, or a weak developmental impulse which causes them to grow slowly.

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<sup>1</sup>Schonell, F. J. Loc. Cit., p. 81.

<sup>2</sup>Burt, C. *The causes and Treatment of Backwardness* London, University of London Press 1953 p. 16.

<sup>3</sup>Charles S. Segal *Backward Children in the making*, London, Frederick Muller Ltd., 1949.

As many as 70% of those who are educationally backward are found to be subnormal in some way in physical development. Their developmental or physiological ratio computed from the physiological age and chronological age for height and weight is found to be 95.1, on the average, as compared with 98.2 in the case of normals.<sup>1</sup> The backwards suffer from physical defects and diseases, no matter what its particular form, more than the normals. In an investigation in London, e.g., the average suffers among the backwards were found to be 11% against the 7% among normals. These figures may differ in different other localities or areas (as in Birmingham these are reported to be 14% and 9% respectively)<sup>2</sup>, but on the whole children showing backwardness in school subjects are physically handicapped by some defects or disease, more than the normals. Defective vision and faulty hearing, the most common sensory defects are found to be in 29% and 5% respectively among the normals as against 42% and 19% among the backward. The incidence of left handedness also is found to be more in the backward than in the normal, being 8% against 5% and speech defects are found more in the left handed (in 6.5%) than in the right handed (only 1.7%)<sup>3</sup>. The various physical illnesses like chronic catarrh, mouth breathing, bronchitis, enlarged tonsils or adenoids, fever or digestive disorders incapacitate children, and general debility and malnutrition induce headache and mental fatigue which seriously interfere with attendance in school and study at home, and backwardness in scholastic attainment is the natural consequence.

No body can deny the importance of diseases or physical injuries which lead to absence from school and interference with mastery of reading, spelling, arithmetic and other subjects at home. Yet all backwardness is not caused by physical difficulties. The man in the street and medical men in general, however, consider psychology as hardly anything except physiology of the brain, and backwardness is said to be due to some physiological defects in the brain and they prescribe or administer certain tonics or special diet. But all abnormal behaviour and scholastic failure is not due to some "kink in the brain", or due to some physical or physiological defect. Its cause, apart from illness or physical handicaps, can be intellectual inferiority as thought by various authorities. The correlation between intelligence and educational attainments is found to be in the order of .78 which being quite high is interpreted that sheer in-born dullness appears to be the commonest and the most important reason for failure in school work.<sup>4</sup> Among the backward 77.5% are found to have intellectual deficiencies and in about 15% of them, defective intelligence has been found to be the sole cause of backwardness. In<sup>5</sup> the opinion of Schonell<sup>6</sup> 65% to 80% of the backward are dull or deficient who are not able

<sup>1</sup>Burt C. *Causes and Treatment of Backwardness*, Loc. Cit., p. 51.

<sup>2</sup>Burt C. *The Backward child* Loc. Cit. p. 168.

<sup>3</sup>*Ibid.* p. 263

<sup>4</sup>Burt, C. Loc. Cit. p. 449.

<sup>5</sup>Burt, C. *Causes and Treatment of Backwardness* Loc. Cit. p. 67.

<sup>6</sup>Schonell, F. J. Loc. Cit. Preface (v).

to make much progress but the remaining 20-35% who are not innately dull, have their educational difficulties due to emotional and social maladjustment.

The high percentage of the dull among the backwards studied by Burt and Schonell applies to those who are ordinarily found backward in class work, but whose scholastic attainment may be keeping pace with their natural abilities though it is below the average level of attainment of the children of that age. Such children really need not be called backward since their attainment may be what is made possible by their natural abilities. "A child may be both dull and backward but he is not necessarily backward because he is dull."<sup>1</sup>

He may be called retarded when compared with the normal or the superior but is not retarded or dull when compared with those of his own mental level. The distinction between dullness and backwardness should be made for diagnosis and treatment. Dullness is innate and is not a recoverable state, whereas backwardness may be removed by special provision, change of conditions and with appropriate diagnostic and remedial measures.

A backward child may be dull, normal, superior or gifted since high intelligence is no guarantee against emotional imbalance and social maladjustment which impedes progress in school subjects.

There are also backward children whose mental capacity is exceedingly high and who may be called gifted children. They show a great deal of 'scatter' in their scholastic achievement. By a gifted child is meant the child whose inherent mental endowment and capacity for learning is far above the average. The gifted may have a high I.Q. or may possess special gifts for music, mathematics, scientific precision, art, acting, dancing writing or mechanical work. He, like the dull, may easily become maladjusted and apart from scholastic backwardness he may develop anti-social or undesirable character traits and become a problem, unless properly understood and carefully trained.

One undergraduate was very sharp-tempered; he rebuked and even beat the servant in the hostel. He would hoard and sleep in his room most of the time, would cut classes and behave quite irresponsibly. He had no interest in his studies and had no ambition. He made no effort to pass the examination with the result that he had failed twice in the first professional examination in the medical college. He seemed to be almost on a strike in life and did not take any part in the college activities or games and his presence in the lecture room or laboratories was just occasional and he had grown very critical and aggressive, being always on the verge of picking up a quarrel with anybody. He, one day, even insulted and rebuked the hostel superintendent on a small pretext and gave him sharp verbal blows, as he had an exceptional command on language. To one friend of his he would sometimes go on talking even upto 4 a.m. after dinner and would

<sup>1</sup>Barton Hall. *Psychiatric Examination of the school child* Loc. Cit. p. 102.

easily while away his valuable time even in the examination days which he never took seriously. He was an excellent and interesting conversationalist on rather a talker himself, engaging the attention of the listener for hours on end while in a mood and talk on all subjects religious, political and social but never a word about his work in medical studies. He failed the third time in the 1st professional examination and his name was dropped from the college rolls but he did not feel upset and quietly went home where he was reported to have stayed for full six months in his room upstairs, never stirring out, never seeing anybody, so much so that people in the neighbourhood did not even know that he was at home. During the six months he did not do anything, read no book except one book on elementary psychology which he glanced through here and there with no consistent effort to finish it. With book in hand he would spend hours lying or sitting in bed but would eat normally and enjoyed a good health. He was very well built and healthy and looked well nourished and well groomed with a tall figure and broad forehead. The first impression about him was that of an officer or of a very responsible man. People would almost feel a compulsion to bow to him and he ordinarily bore a very serious and sober look.

His I.Q. was found to be 125. But the cause of the difficulty was that his more understanding and sympathetic mother had died and he was the only son of his quite well-to-do parents. His father, himself not a very educated man, had some fancy for medical profession and wished his son to be a doctor and so insisted that he should join the medical college. The boy physically obeyed the father but mentally revolted, as he wished to take up art subjects. He was quite gifted linguistically and was more disposed to philosophical thinking. His expression was excellent and his argumentative capacity astonishing. The father was apprised of the whole situations and brought round to agree to send the boy again to college with subjects of his own choice. Two years later he was reported to have stood first in the university, and his reputation in the college for his debating skill was spreading outside. He is destined to be a leader in the realm of thought and social studies.

Gifted children, on the whole, in the opinion of Terman and others, are weakest in subject which require manual skill. According to them writing, art and handwork account for 68% of the weakness reported for the gifted as against 16% for the control. The control children are most often weak in subjects requiring abstract thought. Arithmetic, reading, English and History account for 61% of the weakness reported for the control and 17% for the gifted<sup>1</sup>. But there are gifted children in art, writing, mechanical work and hand work and they cannot be called backward in the more concrete subjects; natural gifts manifest in diverse ways and not only in abstract learning. The gifted children, however, on the whole, are found to be

<sup>1</sup>L. M. Terman & Others. "*Genetic Studies of the Genius*" Vol. I. Harrap & Co. 1926 pp. 263-264.

healthier with a good physique. They are also comparatively more stable emotionally and are less nervous and less likely to show conduct disorders or character difficulties as their understanding of the situation and the consequences of their action is much more than that of children of average ability.<sup>1</sup>

But if their natural ability is unrecognized, such children will not only be bored in the school by easy lessons but they may develop day dreaming or may indulge in some mischief as an outlet for their uncannalized abilities and energies. Owing to lack of stimulation or, in some cases, to actual discouragement, a gifted child may not develop his qualities and sound habits. He may be looked upon as a queer person in the home and an oddity in the school on his occasional display of mature outlook and advanced views. He may be quite out of place in his home or school and may be rankly indolent, wilful and disobedient if not properly understood by the careless and ignorant parents, since he is already equal in ability to think, plan and reason and even rapidly becoming their superior in every respect. Not finding adequate opportunities for feeding his fertile mind, and his thirst for new experience, adventure and creativity remaining unquenched, he becomes irritable, hostile, vain and aggressive.

A boy of 10 was considered a prodigy and an intellectual freak. He could read Sanskrit, English and Hindi very fluently, though not understanding the first two. When his ignorant parents and relations saw him reading the Gita and other scriptures in Sanskrit (though not understanding anything), they thought that the boy had this gift in him from his previous birth and they took it as a religious mystery. The news spread in the neighbourhood and the members of parliament from that area brought it to the notice of the Prime Minister and the President who were also surprised to see the boy reading Sanskrit text from any book and so also English. The matter was referred to the Vice-Chancellor of Delhi University and passing through 'proper channel' the case finally came to the writer for investigation.

On examination the boy was found to have 165 I.Q. His grasp was exceptionally quick. He gave the impression of a mature head on very young shoulders and was a very gifted child with rare brightness and mental alertness. From very early days he used to sit near his elder brother who was reading in a school and looked at his books and heard him reading aloud. Thus living with this school boy in the home, he soon recognised Hindi and English letters and picked up the sound of alphabets and with the help of his brother he began to read at an early age. It was not so difficult for such a quick witted child of exceptionally high intelligence. His reading, though quick, was faulty and his pronunciation extremely bad and he understood nothing except Hindi.

Being constantly reminded of his uniqueness by his father and his ever-present uncle to whom he was extremely attached, the boy

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<sup>1</sup>Berton Hall—Loc. Cit. p. 96.

was becoming a bit-snobbish, discourteous and vain. Under the perverted and narrow tutelage of his uncle he was having queer notions and outlook on life. He would get up early and worship the idols, read the Gita, Hanuman Chalisa and other scriptures as a religious ceremony without understanding the meaning of the texts. He would avoid many articles of food by calling them 'T'amsek'. He hated music and would not look at or talk to females. He said that he would never marry since marriage entangled one into life of lust and sensual pleasures. He was very withdrawn and shy and would spend most of the time inside the house without going to see anybody or playing about. He hated toys and play things. He was becoming quite conservative and narrow-minded under the unhealthy influence of his uncle who was quite an ignorant and superficial fellow. The father and the uncle with Sanskrit texts wrapped up in a red cloth and put on the head took the boy from place to place and from one man of consequence to another demonstrating his skill and eliciting help, almost in a begging mood like religious mendicants and thus wasted so much time of the boy, who not utilizing his capacities in something useful was becoming quite irritable and restless. He was, however, advised to be taken away from the unhealthy influence of his uncle and removed to a good boarding school with special arrangement for his education. He needed healthy social environments to develop sound social habits with a healthy outlook and with special tuition make progress in intellectual pursuits at his own optimal speed. Being more apt in abstract learning he was destined to be a leader in the realm of literature, philosophy or social studies. It was learnt later that his state government granted him a suitable scholarship and good arrangement for his education was made.

Although, backwardness is essentially an intellectual condition, but its main cause, as is shown by the above case, may not be intellectual inferiority but some anomaly in the child's social or emotional life in the home, or lack of economic facilities and amenities. Even an intellectually superior child has his progress in school subjects very much impeded by faulty training and discipline in the home, by lack of interest or encouragement on the part of parents, by domestic quarrels or disagreements and by economic distress.

The cost of keeping a child, as pointed out by Sir John Boyd<sup>1</sup> Orr, is as much as keeping an adult and so in large families, of limited means, the standard of living deteriorates and diet and nutrition are defective. In such families children suffer from general debility and cannot adequately apply their mind to school studies. The increased size of the family even affects level of intelligence of children as is brought out by Burt in a survey on intelligence and fertility published in 1946.<sup>2</sup> According to him there is a negative correlation (-.22) between innate intelligence and size of the family. This may, however,

<sup>1</sup>Sir John Boyd Orr. *Food Health & Income*, London.

<sup>2</sup>Burt C. *Intelligence & Fertility*. Macmillan & Co. Ltd. 1946.



be not due to a decline in inherited characteristics, but due to relative lack of cultural opportunities as pointed out by G. Thomson. In a crowded home children are deprived of close parental contact for encouragement and stimulation, and lack of social contacts and other cultural activities make them do poorly on any test of intelligence. Also a well-to-do home has many opportunities to stimulate the child's intellectual activities. A poor home has the reverse and depressing conditions. In a home of good culture, the young child begins his school life with the foundations well laid due to many stimulations and experiences. In poor homes intellectual interests are unknown.<sup>1</sup>

Moreover, the efficient working of the brain is also closely related to adequate bodily relaxation and sleep. In crowded and poor families, siblings or older relations sharing the bed or bedroom, verminous beds, excessive heat indoors, noises of family members and the distraction of the street life, lead to disturbance in sleep and rest and children from such homes go to school tired and almost half asleep and they are unable to pay attention to lessons and so become backward. The correlation between backwardness and poverty is assessed to be .73<sup>2</sup> though some idealists discount the factor of poverty in the causation of backwardness by quoting the examples of Bunyan, Faraday, Lincoln, Burns and other geni, who have shown by their lives that a man may rise to intellectual eminence despite all the drawbacks of poverty. Poverty in itself, however, may not cause backwardness but the damaging effect of conditions created by it, on scholastic success, cannot be denied. In poor homes, children doing fatiguing household duties like shopping, cleaning, washing, minding the baby with scamped breakfast or dinner to save time for household work, are worn out and they go to school half famished and are dull, drowsy and lethargic. When such children are relieved of their drudgery and menial tasks at home, they are found to be smart in the school, making up the deficiency very quickly.<sup>3</sup>

Summarizing the effects of poverty Burt says, "It is in the poor, overcrowded, insanitary households where families are large, where the children are dependent solely on the state for their education and, where the parents are largely dependent on charity or relief for their own maintenance, where both birth rates and infantile death rates are high and the infant's health is undermined from the earliest days of its life, that educational backwardness is most prevalent."<sup>4</sup>

But emotional imbalance, insecurity, anxieties, nervousness, too much dependence and lack of confidence, produced in the social climate, where the parents' attitude is either too harsh and dominant or too indulgent, also contribute to backwardness. They are more difficult to be overcome by the best efforts on the part of the child

<sup>1</sup>Burt C. *The Causes and Treatment of Backwardness* Loc. Cit. p. 41.

<sup>2</sup>Burt C. *The Backward Child* Loc. Cit., p. 99.

<sup>3</sup>*Ibid.* p. 99.

<sup>4</sup>*Ibid.* p. 105.

than the drawbacks caused by poverty. The neurotic disturbance, hostile complexes and inferiority feelings produced by abnormal parental attitudes fail a child to develop higher motives of taking work as a duty. There is no steady conscientiousness for hard work. His will is paralysed and the ego is demoralized, lapsing into laziness and indolence. The attitude of slackness, carelessness, unpunctuality and evasion on the part of parents also helps a child to be irregular, deceptive and dishonest in his school work. A systematic study of the child's emotional and social life in the home is, therefore, imperative to understand the causes of his backwardness, since the sense of security and cordial and wholesome social relations are the usual nutritives for normal growth and productive work. Due to trouble at home, the child's mind may be fixed not on his lessons but on his own personal problems. He may be brooding over his father's harsh treatment and the scolding. He may pine to go from school, back to his mothers' lap as he is her darling and is not to be subjected to hard work at the desk.

All children with personality or behaviour problems are likely to be backward and the various cases discussed in these pages with different symptoms and complaints suffer in their school work just as they suffer mentally or physically. When the mind is agitated and is torn by conflicts, no concentrated and constructive work is possible. All shy, recessive, aggressive, stubborn, restless, fearful and delinquent children, therefore, are bound to be far behind in their scholastic attainment. These symptoms and behaviour difficulties, as will be discussed in subsequent chapters, arise mostly in the home due to wrong handling of children by parents.

A boy of 14, the only son of a village headman was very backward in the school. He was only in the 6th class and had spent 8 years of schooling failing three times in the lower classes. He was quite tall and healthy-looking in a class of much smaller children of 11 and 12 and was quite often teased by the teacher by comparing him with a very small but bright boy and was nicknamed as 'bail' or 'ox'. He felt quite awkward in the school as other boys also made a fun of him, but in the village he was the leader of a gang of boys, big and small. He would often fall with his gang on the 3 other boys of a minority community reading in the same class and would beat them. He would go in the fields with his gang, break sugar canes, pick fruit and vegetables from anybody's farm and do damage to the crops. He would rebuke, reprimand or thrash menial workers and labourers in the village and in his own house on any pretext. He was quite aggressive and destructive. But very often he would play truant and would return home from half the way to the school in the adjoining village. Quite often his grandfather would take him to the school and leave in the safe custody of the teacher. His mother would get him ready, everyday, for going to school, cook specially nice things for him and pack an excellent luncheon which was of much appreciated and coveted niceties of the area. He would often eat the luncheon in the way to school even after a good breakfast, since

he could not resist the temptation of the delicacy in his possession. On some days the grandfather would take a nice luncheon for him all the way to the school. The boy made a fuss in the house at the time of going to school and other boys who were afraid of him and had to wait for him, were occasionally late in the school. He would demand money from his too weak and indulgent mother for buying things, sweets etc., in the recess and if there was no money in the house, he would even take away a few seers of grain to sell away or to barter with things the fancied in the shops nearby. After school he would never see his books at home and would spend the time in his mischievous pranks and the villagers were practically afraid of him. Being the headman's son, they took an indulgent view of his destructive and annoying mischief, but he was quite a nuisance to them.

On examination he was found to have 105 I.Q., which was quite average for normal progress in lower middle schools. The chief cause of his backwardness, however, was faulty training in the home. He was too much fussed about and over-protected by the ignorant and weak mother whom he over-lorded and the grandfather, not having any other occupation, indulged in the boy no less and treated him like a small child. On the other hand the father being very busy with his work on the fields and otherwise was away almost the whole day. But he was quite a harsh and short-tempered person. He was very unhappy on account of the complaints of the neighbours against the boy, and the shame, because of his sons' failures and backwardness in the school, was almost unbearable. He often would chide the boy and call him indolent and good-for-nothing, but the mother and the grandfather would shield him and even side with him. The father would rebuke the mother and even use harsh words for his father that he had spoiled the boy. In this tense situation of domestic quarrels, noisy scenes and mixed love and hate, the boy failed to develop any steady ideals of work or sentiments of responsibility. His super-ego was in a nebulous state and very poorly formed and his frustration at school found easy expression in aggressive behaviour outside. There are so many similar cases of inconsistent and capricious disciplining by parents, or of the too much dominated or rejected and the unwanted children who suffer in their scholastic achievements and become problems in the home and in the society.

Backwardness may also be caused by lack of attendance or by prolonged absence from school because of illness or late admission. Interrupted schooling by father's transfers and occasional migration, when the child has new courses to read, new teachers and school surroundings to adjust with, creates a setback in his progress. Wrong choice of subjects makes school work uninteresting and a burden which often weighs quite heavily on young shoulders. The ineffective and uninteresting teaching may make the school boring and even a dreaded place. The failure of the teacher to adapt teaching to the peculiar needs of the child has been found to be the sole cause of backwardness in 3% backward boys and 2% backward girls. Apart from the factors

operative in the home and the school, the morale of a child may be undermined by association with others in the neighbourhood. Boon companions, in the street and playmates, colour the outlook of the child. Children in certain quarters think it more manly to profess a distaste for books and they proudly boast that they never touch them at home. They express scorn for the teacher and ridicule learning. They belong to groups or areas where adults scoff at all "ABC" stuff and they easily copy such adult attitudes. One bus conductor, *e.g.*, said, "Book learning is not for boys who will have to earn their bread." Such outlook quite typical of many hard-working parents, determine the attitude of many children in the neighbourhood and create a distaste for learning. Under such influences even the smartest and the most conscientious student will soon grow ashamed of his superior prowess and zeal.

There is, however, a great difference in the background, attitudes and general experience of boys and girls brought up in towns in this country and that of coming from rural areas. In the villages, the man in the street is quite reluctant to send his boy to school. Generally his spontaneous reply to the suggestion for putting his child in a school is "What is the use, he is not going to be a Judge," and those who do send their children to school are not much interested to know what they do and what they learn. They just consider it a way to get rid of them for some time to have peace in the house. This attitude of indifference to learning and of its worthlessness is, perhaps, the main cause of colossal wastage and stagnation in schools in this country where about 80% children after some years' schooling relapse into illiteracy.

Among the backward children some may be backward more in one subject than in others. The primary subjects in the school are reading, writing and arithmetic, in which backwardness is systematically and scientifically studied. Writing is studied by weakness in spelling and in composition. The main work in this field is that of Schonell who attributes various causes to backwardness in the school subjects. He gives the following figures for the various causes of backwardness in the 3 main subjects.<sup>1</sup>

<i>Causes of Backwardness in reading</i>	<i>Percentages of cases in which it is operative</i>
1. Weakness in perception of visual pattern of words ..	42.8%
2. Weakness in auditory discrimination of speech sounds ..	51.6%
3. Adverse emotional attitudes ..	42.9%
4. Defects of visual acuity ..	26.0%
5. Immaturity—organic and psychological ..	20.2%

<sup>1</sup>Schonell, F. J. *Backwardness in the Basic Subjects* Edinburgh, Oliver & Boyd, 1948 (Ed.) p. (with permission of the author and the publishers).

6. Irregularity of attendance	..	10.3%
7. Frequent change of schools	..	5.2%
8. Speech defects	..	5.2%

*Causes of Backwardness in Spelling*

1. Weak visual perception of verbal material	..	39.0%
2. Weak auditory perception of verbal material	..	50.4%
3. Adverse emotional conditions	..	28.0%
4. Visual defects	..	14.3%
5. Irregularity of attendance	..	11.4%
6. Inattention, apathy	..	10.5%
7. Defective hearing	..	6.7%
8. Speech defects	..	5.7%
9. Frequent change of schools	..	4.8%

*Causes of Backwardness in Composition*

1. Insufficient out of school experience to widen ideas and outlook	..	45.2%
2. Poor home conditions	..	38.8%
3. Insufficient reading experience in spare time	..	36.3%
4. Ineffective teaching methods	..	55.7%
5. General weakness in verbal ability	..	58.1%
6. Dislike of the subject	..	56.8%
7. Temperamental qualities and emotional attitude	..	25.8%

In this connection it is significant to note that some children are born with a pronounced tendency to think with the aid of visualized mental pictures and they may be called 'visuile', others have a special aptitude for remembering sounds and they may be called "audile", while some others are more apt in remembering and utilizing movement or motor imagery and they may be termed as 'motile'. Though no pure types exist in actual experience but still some show any one of these characters more than others. The more audile type may be 'word blind' i.e., they have greater difficulty in reading than others as they fail to recognise or comprehend words at sight and generally reverse letters, as for example, gril for girl and pot for top. Bad readers have excessive fixation on words and a narrow span of perception. They may also have disproportionate amount of left to right eye movement and attack on words.<sup>1</sup> Similarly there are cases of congenital 'word deafness' i.e., they are unable to comprehend the symbolic meaning of spoken words. They lack in appreciation of speech sounds and make mistakes in dictation and so are backward in spelling and writing<sup>2</sup>.

<sup>1</sup>Schonell F. J. Backwardness in basic subject Loc. cit. p. 125.

<sup>2</sup>Barton, Hall Loc. cit. p. 110.

Apart from these congenital factors, the causes of backwardness in the various school subjects are not different from the factors discussed above regarding backwardness in general. In the list of causes of backwardness in the various basic subjects Schonell gives all other important causes except intellectual level about which he says elsewhere, that "although specific backwardness is found at all levels of intelligence...it is a pupil of average and below average intellectual level who most frequently experiences specific disabilities in the primary subjects."<sup>1</sup>

Parents, however, do not generally believe that their particular child is backward because of his dullness. Some expect their children to be like themselves and regard them as more or less an extension or repetition of themselves and equally clever. But, as is already pointed out, about 70% of backwardness is due to low level of intelligence, both in specific subject and in general achievement. The inferior mental capacities must, therefore, be discovered at an early age so that remedial measures can be adopted. Certain deviations from the normal standard of scholastic attainment, however, need not be regarded, always as a sign of backwardness demanding special consideration. Such temporary deviations can be regarded as normal variations which simply require an attitude of optimism and that of taking them as a passing phase.

But there are certain chronic cases of backwardness which warrant thorough diagnosis and special remedial treatment. For gauging backwardness in specific subjects, we require scholastic tests in the various subjects to know the level of attainment, and also the diagnostic tests to have an idea about the nature of the backwardness, as the main function of the diagnostic tests is to analyse the specific backwardness. "The diagnostic test estimates the pupil's proficiency in separate significant skills which contribute towards success in the subject."<sup>2</sup> It analyses the pupil's ability in the various elements and processes or steps involved in the subject. It deals with the essentials of a scholastic process and it seeks to disclose the exact nature of the error. The difference between the attainment test and the diagnostic test, therefore, is that the latter is analytic in which speed or time factors do not count, it only analyses difficulties, whereas the former assesses the level of attainment.<sup>3</sup> The examples of various diagnostic tests in Reading, Arithmetic and English composition can be found in Schonell's book on the subject.

A case of backwardness has to be thoroughly investigated into to find out the chief cause of his failure in the school. His intellectual level is assessed by any standardized tests of intelligence both of verbal or performance types. The verbal test may be a group test but preferably an individual test. Apart from study of general intelligence,

<sup>1</sup>Schonell, F. J. Loc. cit. p. 89.

<sup>2</sup>*Ibid* p. 97.

<sup>3</sup>Schonell, F. J. *Diagnostic and Attainment Testing* : Edinburgh, Oliver Boyd & Co. 1950.

the pupil's special abilities by means of psychological tests have also to be ascertained. There are various tests and methods to assess the individual child's sensory acuity, span of perception, auditory perceptions, steadiness, speed and accuracy of hand movements, attention, memory and reasoning capacities.<sup>1</sup> These tests reveal the entire picture of mental equipment and mental alertness of the individual. But "a mental test is only the beginning, never the end of the study of the individual child."<sup>2</sup> For the investigator of backwardness in a child, apart from the data on the tests, observation of the child's mind at work under simple and controllable conditions in the class room is unavoidable. First hand notes of observation of the child's behaviour, reactions and activities in the school room, therefore, supplement the information about his mental equipment secured from objective tests. The child has to be watched on the play ground too and his emotional and moral qualities, personal and social habits closely noted. His interests in extra-curricular and social activities, his special bent of mind or any pursuits like hobbies have to be recorded.

For physical conditions, a thorough physical and medical examination is essential. The child's developmental history from early childhood with regard to physical ailments any disabilities or defects has to be carefully studied. The conditions of living in the home, the economic hardships, if any, and the size of the family with the tenements to live in, give an idea of the opportunities and facilities provided to the child in the home, for applying his mind to his studies.

The home circumstances providing intellectual stimulation or discouragement, the social climate created by the attitude and disciplining qualities of the parents, and the cultural activities or moral tone of the home in a particular locality are to be given due consideration in the diagnosis of backwardness, since the emotional and social life of the child within the home is one of the most significant factors in scholastic progress. The psychiatric social worker helps in the collection of all such information.

When backwardness has been ascertained with regard to its extent and nature and also when the possible and more probable causes of it have been made out, the task of the psychologist, next, is to suggest ways and means of dealing with it. The backward child, as already pointed out, is a problem child and rather a mentally sick child, and just as a patient suffering from some ailment is examined and treated by the doctor as an individual, so should a backward child receive individual attention and individual remedial treatment. The backward children, therefore, have to be segregated from other children and kept in small groups. Such segregation though drastic but is in the interest of the children. If they are kept with normals, they will be pushed back and the backward will become more backward with

<sup>1</sup>Whipple *Manual of mental & Physical Tests*. Warwick & York, Baltimore, 1914.

<sup>2</sup>Burt. C. *The Backward Child* Loc. cit. p. 62.

children of their own level. But they will be less conscious of their drawbacks and they will feel more secure in a group of their own type where there will be more encouragement and appreciation and less competition. They should better be classified according to the type of the backwardness in the various subjects like reading, writing or arithmetic, and remedial treatment should be given according to the deficiencies revealed by the diagnostic tests in the various processes, steps of learning and the various elements constituting the subject. If e.g., a child is "word-blind" and has difficulty in reading, (as he may reverse letters or fixate on one word too long) then correct visual habits are to be built up to correct the difficulty. If a child is poor in spelling and makes many mistakes in dictation due to "word-deafness" or due to an inability to comprehend the symbolic meaning of spoken words, the 'speech sounds' are to be built up in his mind.

The backward child like the dull needs love and understanding and a stable and encouraging environment. The teacher has to be in sympathy with him and his task with the backward child is not only to 'teach' but also to guide and to encourage. The teacher must be a leader and a diagnostician rather than an instructor, a ruler or a law giver. Such a teacher can run the special class in the same department and in the same school building so that a re-transfer to an ordinary class after the child has caught up and made up the deficiency, is easily done. The backward child under favourable conditions may often be converted into a normal pupil.

Many backwards have temperamental and emotional difficulties and mental conflicts arising in the social environments in the home or in the school, as in a simple case of neurosis. Their readjustment in the home and in the school is essential to overcome backwardness. In such cases the children can be referred to a child guidance clinic and with a system of social service the material and social environments, at home can be improved. Parental education can go a long way in changing the attitude of parents since a large number of the backwards are scholastic casualties due to wrong handling at home.

The educational psychologist can suggest to the teacher the appropriate lines along which coaching in particular cases is to be done. The educational psychologist can also go round in different centres, running special classes for the backward in a consultative capacity for remedial education. The backward have to be given incentives to keep them busy and they are required to do something for some purpose and that in which they are interested and which their intelligence can easily grasp. Some of them being quite unstable, need the formation of steadier habits, by utilizing their leisure time for self-expression, emotional outlets and for self-enjoyment.

By these and other means about one-third of backwardness is preventable or, at least, largely remediable in the higher classes, if tackled in the lower classes. The backward must have a special curriculum, time table and special methods of teaching. Since the large majority of the backward ordinarily are of a mentally dull type, their



best educational arrangement can be in a special school as for the retarded. The curriculum should differ both with regard to the range and the contents. It should cover less ground for the backward and the dull than for the normal and as most backward children belong to the concrete type<sup>1</sup>, far more attention should be paid to the concrete and utilitarian type of work and far less emphasis to be laid on the more abstract and theoretical studies, as abstract formula and generalised rules are not easily grasped. The work in the schools should be more of a type which can help them in employment and which can enable them to have intelligent interest in their future occupation.

Manual work or hand work should, therefore, be considerably increased and classrooms can be like spacious workrooms or playrooms with tools, material and other equipment scattered there than usual stationery and text-books. Wood work, metal work, leather work, basket making, cardboard and cane work, spinning, weaving and book-binding can be taught to boys ; and cookery, knitting, embroidery, tailoring and other subjects of household economy can be provided for girls ; each pupil choosing his or her own special work.

Cultural subjects should not be totally ignored but they must be taught in a simplified form to suit the children's interests and capabilities and should be taught by more use of the eye than of the ear. Pictures, models, charts, visual aids and other teaching aids relating to the current topics can be used to help the backward child to build up a knowledge of facts and to get a clear conception of the meaning of things around him. Channels for self-expression like music, drawing, brush work and appreciation of pictures, dramatics, dancing, folk dancing, should be provided ; and to develop a taste for what is decent, delicate and refined stories of noble personalities and tales of heroism should be told. Mere ethical talks or platitudes would not inculcate moral qualities and so opportunities should be provided for cooperative and corporate living where these qualities will emerge themselves. Physical exercises in the shape of games, sports-gardening etc., and for younger children rhythmic exercise to music must be introduced to increase their physical strength and vitality as quite often the backwards are frail and weak creatures. These physical exercises will not only strengthen and coordinate bodily movements but will do much towards steadying of emotions and building up of character. There should not be more sitting down at the desk, as outdoor activities and open air oral lessons can be more fruitful. Burt in his *Backward child* recommends even a stay in the open countryside for six to twelve months and stresses the need for open air classes and camp schools.

Backward children should be taken on occasional educational visits to places of historical, geographical, scientific or cultural interests. Such visits help the child to learn more about his environment and to broaden his outlook, which enables him to have more enthusiasm for his work. These visits help in overcoming backwardness in reading and composition, since such visits provide language background and

by questions and answers, vocabulary is increased. Reading ability also increases, as it is easier to understand readings based on ones' own experience and activities and as one reads more easily the words frequently heard or used.<sup>1</sup>

The progress records of every child should be maintained and their case histories and dossier should follow them, if transferred to another institution or school. So far as possible, the results should be recorded on the basis of objective tests and the common entries as are generally done by teachers like Memory-poor, Reading-good, Arithmetic-hopeless would mean nothing.

If a particular child is irregular, attendance should be enforced and enquiry should be made into the lapses and the cause removed, as far as possible.

<sup>1</sup>Schonell, F. J. *The Psychology and Teaching of Reading* Edinburgh, Oliver and Boyd.

## CHAPTER V

### AGGRESSION IN CHILDREN

To exist and to grow is the fundamental urge in life. When this urge is inhibited, checked or thwarted, the living organism reacts with assertion and with a degree of resentment or rebellion against the interfering circumstances. If, for example, a boy pulls the tail of a dog eating its food, it growls or turns to bite the interfering boy. If any other animal is teased, likewise, its reaction is that of angry rebellion amounting, sometimes, to violence. Such aggressive reactions to annoyance or frustration are shown by human beings, as by animals, since the living organism does not tolerate interference with its activities. The actual mode of expression of this annoyance, or frustration, however, differs in different beings. If, for example, a baby is annoyed by interference with its movements or play, he will cry and crawl to his mother for help and protection. If a small child is annoyed, he will react by hitting, biting or kicking or (if he is a bit older) by swearing or by using abuses which is also the case with adolescents. A mature adult will at first use some control and try to put up with the annoyance until it reaches the extreme limit, when he will speak or act aggressively.

In the face of a threatening or interfering situation, the living organism may use other methods of protection ; it can flee from the situation or it can change itself in order to be more adjusted, comfortable and safe. But some rebellion or show of aggression is generally quite normal and natural when one is faced with unpleasant or frustrating external conditions. Some aggressive behaviour in children, therefore, in the face of interference in their games or activities or while overcoming difficulties in controlling the surroundings, is not abnormal.

But apart from the normal and natural expression of aggression in the face of difficulties, the persistent symptoms of violent and destructive behaviour, when the child hits others, breaks or throws things, quarrels or uses abusive language, creates scenes, throws himself on the ground, screams or stamps his feet, are indicative of serious maladjustment. There are children who are in conflict with all forms of authority and who are at war with relatives, teachers, class mates and with society at large. They do not do well in the school work and are not responsive to the natural demands of the people around them. Their attitude is that of suspicion, hostility and revengefulness and they look upon others as enemies. These children, though at the surface, give the impression of great strength, fearlessness and arrogance, yet they are often very cowardly, fearful and uncertain. They are

internally disturbed and are very insecure. They sometimes show negative behaviour of not doing what is wanted, but underneath this assertive nature lurks a timid, unhappy and frightened cripple. Their aggression may sometimes be camouflaged and take the form of laziness, enuresis, revenge, passive resistance, truancy, theft and similar other delinquent behaviour.

People quite often apply the stereotype that the child is a little angel, pure and guileless, but it is quite astonishing to see the extent of aggression and savagery these little "angels" can go to. Manifestation of such aggression may take two main forms ; one, when it is externalized, as directed against outside objects or persons and the other as it is internalized or as directed against one's own self. The first form may express in three ways. First, in bullying or in violent attacks on younger brothers and sisters or school and play mates. Secondly, it may express in show of temper like outburst of stamping, kicking, crying, screaming, shouting, biting, scratching and throwing of things indiscriminately, and destructive behaviour of various sorts. Thirdly, it may express in the unruly, defiant or disobedient behaviour, when the child flouts authority and talks back in the face of elders or superiors. The exteriorized type of aggression expressed in the above forms is mostly terrifying, violent and destructive, as vented upon toys, puppets, cushions, utensils, younger brothers or sisters, playmates or upon any other external agency which serves as an obstructor in the satisfaction of the basic needs. The child reacts violently towards the frustrating conditions with his full strength and tries to wreak revenge in every way. Arson, murder, larceny or theft, sexual assaults and similar limelight behaviour of a delinquent type also may be the expression of exteriorized type of aggression. In Freudian terminology this type of aggression is called *sadistic* in nature.

But if the individual finds himself helpless and his strength fails him in exteriorizing his annoyance and frustration and if he finds himself too weak to fight against the heavy odds, his aggression turns on himself and he beats himself, breaks his head, tears his clothes, pulls his hair or seriously injures himself and in some extreme cases even commits suicide. This form of aggression is termed as *masochistic* in Freudian terminology. These two situations are well-illustrated by the following 2 cases referred to the writer at the child guidance centre.

The former situation is brought out by the case<sup>1</sup> of a boy of six years who was sent to a school by troubled parents as he was a nuisance in the street. Strongly built, he would quarrel with many children and beat them. The neighbours complained to the boys' parents who got him admitted in the K.G. class at the age of five or so, and then into the primary section of the school. At school again, the child was destructive. He would fight with younger children,

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<sup>1</sup>Quoted with permission from "aggression in children" by the author, published in *The Education Quarterly*. Ministry of Education, Govt. of India, June 1953 pp. 71-74.

tear their clothes or beat them on the slightest provocation. He was disobedient and defiant to the class teacher and at times would harass her. When reprimanded he would tear his clothes, fling his book or slate away, roll on the ground and try to break his head. (He was the son of an influential officer and the headmistress could apparently take no drastic step like expelling him from the school). He neglected his schoolwork and, though intelligent, he made little progress in the class. He was restless and seemingly without the power to concentrate. The children were afraid of him and he did not make any friends. He was lonely, though everybody knew him.

The class teacher brought the child to the writer with his mother who, though at first reluctant to come, did so at the insistence of the teacher—a progressive woman. The case history of the boy revealed that he was an unwanted child. The mother was sophisticated and by formal standards, educated. She had not wanted to marry at all and wished to be a social worker. A home and children held no attraction for her. Unfortunately, she was forced to marry by her parents. After marriage she shirked household duties and did not wish to have children. But the child was born. He upset her plans for a social service career and, therefore, became her enemy.

Thus the boy was born to an unwilling mother who regarded him as more of less an intruder. She disliked him intensely. The writer saw that the child longed to be near her, preferably in her lap, but she would set him aside or even push him away. During the writer's talk with her, on the first day, the child went to sleep and when it was time for them to go, she tried to wake him up. The writer asked her to lift him up in her arms and take him away asleep. She protested, "What would people think of me carrying a sleeping child like that!" Her fear of public opinion was obviously a swift rationalization. She proceeded to wake the sleeping child roughly and the boy, sobbing and rubbing his eyes, struggled along after her.

Happily in later meetings, the mother grew more sensible and was induced to accept her child. The love denied him earlier was now given him gradually. The sense of rejection diminished and a sense of security was born in the child's mind. The teacher, for her part, was made to realise her function as a substitute parent, since the lack of affection in the child's home had, to an extent, been corrected at school. The teacher took a personal interest in the boy, called him to her more often, and encouraged him with personal interest and affection, gave him toys or drawing books, talked to him like a mother and ignored occasional lapses of temper. In course of time the boy grew more settled, less aggressive and, it is hoped, he will be a normally adjusted youth in years to come.

The second case is that of a boy of about five years. He had occasional fits when he would fall on his back and hammer his head against the floor, with the result that there was a wound on the back of his head. He was nervous and withdrawn. The case history revealed that the father was short-tempered and a drunkard. He did

not look after his family, bullied his wife and beat the boy, his only son. The child was frightened, and insecure. He was angry with the father but helpless to retort, and his stored up aggression, finding no other outlet, turned in upon himself. There was thus an unconscious tendency to destroy himself; hence the fits and attempts to break his head. In an atmosphere of quarrels, beating and bullying the child had a social climate surcharged with hatred and neglect. He was doubly hostile towards his father, because of his own insecurity and the threatened loss of his mother.

The boy was put through various play sessions in the play room. He was quite unresponsive in the beginning but with the proper "rapport" established, his aggression was released. He destroyed many toys and cut the neck of one animal, the tail of another, and the leg of a third by crushing them between his teeth. He would throw away things here and there heedlessly and dance up and down the room with glee and a delight in destruction. Identifying the writer with his father he threw water and mud from the sand tray on him and did it again and again. He threw water on his table spoiling some papers; then climbing on the table, he clung to him. All this was allowed as the child's ambivalent attitude towards the father was evidently finding easy expression. He would use the toy gun freely and shoot. Play of this kind released his bottled up aggression and the sense of acceptance which he developed in the company of the writer gave him a new start in life.

In a case like this, aggression turned on one's own self as a revolt against the parental mixed attitude of love and hate or ambivalence is not unexpected. Parents themselves are not necessarily perfectly balanced human beings and they can be in the throes of their own impulses and may have hardly resolved their own problems of childhood, or of relations with their own parents or other relations. So they easily transfer their mixed feelings of love and hate (or their ambivalence) upon their children and the child's aggression is also a normal defence reaction against the parents' ambivalence.<sup>1</sup>

In such parents in whom one part of their personality has not accepted the child, there exist unconscious desires of vengeance, suppression and a wish for intellectual and moral degeneration of the child mingled with love they bear towards him. They give with one hand and take away with the other. But the child defending his right to love, revolts against such parental behaviour. But his ego is weak to bear this struggle and to dominate the adult or reality; and his super-ego demanding from him respect and love for the elders (as is approved by society), inhibits and suppresses the hostility against the parents. The weakness of the ego and the lack of power to express open hostility frightens him and this fear increases tension and consequently more aggression and so a vicious circle is created. Frustration

<sup>1</sup>Robert, M.L. *Children in conflict*. New York. International University Press 1949, p. 204.

and failure to express aggression blocks and paralyses his development, it gives rise to feelings of humiliation and guilt and consequently a tendency to self-punishment or of infliction of injury. These feelings very often accompany a desire for deathly suicide as aggression reverts against the individual himself and menaces his integration.

In these two typical cases of aggression, it is quite clear that the frustration experienced at the hands of adults provoked revolt. The manifestation of aggression therefore are the result of some frustrations<sup>1</sup>, when the flow of the life urge is obstructed in some way. Aggression in children is not born of an instinct of pugnacity, nor is it the inevitable result of animal vitality bursting to declare itself in fight. It is a behavioural symptom arising from certain environmental difficulties.

Certain writers, however, think that aggression is an instinctual drive. Freud *e.g.*, thought that aggression is the expression of the death instinct.<sup>2</sup> According to him, there are two fundamental instincts, the life instinct and the death instinct. Aggression arises when the death instinct is aroused or activated in the face of difficulties and the life instinct is frustrated. When the onward march of the life urge is thwarted or obstructed, there appears a reverse current impelling the organism to go back to the state of dead material existence from where it is supposed to grow.<sup>3</sup> The organism is aggressive when the death instinct in such situations predominates. Other followers of Freud hold similar views. Pearson, *e.g.*, writers, "Rebellion is a form of expression of the aggressive instinct whose aim is to break down, destroy and injure the environment."<sup>4</sup>

McDougall<sup>5</sup> attributed aggression to the instinct of pugnacity, and Adler<sup>6</sup> explained it in terms of the instinct of self-assertion or the power motive. According to him every living creature is impelled by a drive to gain power, strength and superiority and it is naturally aggressive towards others in asserting itself, to gain power. Aggression, therefore, is considered as a natural instinctual phenomenon and outbursts of shouting, screaming, throwing things, fighting, etc., are said to be due to the intensity or strength of the instinct of self-assertion or of pugnacity. An aggressive child is said to be more pugnacious as he is born with a stronger instinct of pugnacity.

There are serious difficulties in explaining human behaviour in terms of instincts and a lengthy discussion of the objections against the instinct-hypothesis, is not necessary here.<sup>7</sup> Suffice to say that an

<sup>1</sup>English and G. H. J. Pearson. *The Emotional problems of living*. London, George Allen and Unwin p. 128.

<sup>2</sup>Freud, S. *Beyond the pleasure principle*, London, International Psychoanalytic Press 1922.

<sup>3</sup>Freud, S. *Ibid*.

<sup>4</sup>Pearson. p. 279.

<sup>5</sup>McDougall, W. *Social Psychology*, Methuen 1908.

<sup>6</sup>Adler, A. *Individual Psychology*.

<sup>7</sup>This is discussed somewhere else (Vide the author's *Development of Personality*, Atma Ram & Sons, Delhi, 1953.

aggressive child is aggressive not because he is born with a stronger instinct of pugnacity, but because he has been denied the opportunities for the satisfaction of the basic needs for security, affection, creativity, responsible contribution, adventure, and other physical needs. When the needs are suppressed or frustrated, they remain active and driving forces leading to aggression.

The degree and type of frustration leading to the particular aggressive behaviour, no doubt, depends upon the personality pattern of the individual child developed both from the constitutional structure and his environmental history in early childhood and at a particular time. No one can absolutely deny that some children due to constitutional endowment are born more active, bold, courageous, adventurous, daring and full of energy, and they are likely to react to a frustrating condition more by an attack than by an escape. But to explain the genesis of the particular aggression in a child, we have essentially to look for the difficulties experienced by him in his social relationships with other human beings closely connected with him.

The various forms of aggression mentioned above arise in different social conditions which create difficulties for the child in the satisfaction of the fundamental needs and consequently in the fulfilment of the purpose of life *i.e.*, to exist and to grow. Bullying *e.g.*, may be determined by inferiority feelings derived from physical or intellectual inadequacy, due to which the child feels rejected and unaccepted in the group and which prevents him from holding his own with his contemporaries. The child who feels awkward in the social group due to certain drawback, deficiency or stigma is likely to be spiteful, since he does not feel adjusted to his surroundings and feels very insecure. This is illustrated by the case of a boy of about 14 years, from a refugee camp, referred for his bullying behaviour. He would attack most of the younger children or of his own age, fight with them and tear their clothes. His own clothes were also in rags and he looked so shabby and untidy; he would not take bath even after constant insistence by the lady-in-charge. He threatened the children that he would teach them a lesson when he was out from the camp and would kill them all, one by one. In the school started for the refugee children in the colony, he would not sit quiet and would roam about at will; he would not learn his lesson and so was very backward.

On examination he was found to be a dull boy with 86 I.Q. But the more significant fact was that he was the single individual belonging to the minority community in a group of children and adults of another community running in many hundreds. The way the teacher introduced the child to the writer, by saying in a hushed tone "This boy is a Muslim boy !" was indicative of almost the stir in the colony by his presence there. In those days of partition when tempers were high, this boy was taken by other children as from the enemy camp and this reaction made the boy feel equally strongly that he was in the enemy camp. His parental history was doubtful and could not be ascertained whether he was really a Muslim boy, as he named



some relatives who were Hindus. Whether he was really a Muslim or not, he was taken as a Muslim by other children and so stigmated as an outcaste. He felt rejected in the group as he was so very unacceptable. He was in peculiar circumstances and was made to feel awkward in the midst of children of the different community. His inferiority increased all the more because of his dullness which prevented him from holding his own with his contemporaries in the class and outside and he was like a fish out of water. But being a bit bold, and courageous temperamentally, he reacted in a bullying manner, which was so easy to understand in a case like that.

A dominated child also is apt to wreak revenge by inflicting punishment upon others who are weaker and smaller than himself. He is cruel to younger children or animals. His aggression and hostility against the dominating elders finds expression in dealing with the more helpless and the weaker. Those children who experience ill treatment or cruelty in their upbringing are likely to be grossly sadistic. They enjoy inflicting pain and injury on others wilfully and also enjoy watching others in pain. This bullying or cruelty in adolescent boys may take the shape of sexual assaults on younger children as the sexual urge is strong and not easily controllable in them. The dominated or rejected child, on the whole, is internally very insecure and he feels that love and affection is denied to him and that he is rejected by his parents. Case No. I quoted here brings this factor very clearly. The child's revolt and bullying behaviour was an expression of his desire to be given the love and affection due to him and which was denied by the mother.

Unruly or defiant type of aggressive behaviour may arise in a situation when the sense of freedom and a desire for independence in daily routine is checked particularly when the child has reached a mature state and when he feels more that his freedom is interfered with. Some adolescent children temperamentally independent, become defiant when they are reprimanded or rebuked for even things like particular hair style or dress, smoking or for missing a meal time, bed time or for staying out beyond the permitted hour as they are now finding new interests and are becoming more conscious of their growing powers and rights and do not easily put up with too much being pulled up and being told what to do. Parents have to exercise moderation in the expression of their authority. Defiance of authority may also be determined by a desire to attract attention in order to find compensation for insecurity. It may also be an escape from an intolerable situation and deep resentment against treatment as found in a majority of adopted children, step-children, orphans or unwanted children and illegitimate children. The resentment may be against society because of social stigma or condemnation as in the case of illegitimate children. In such cases there is rejection or a very limited and qualified acceptance which the child can easily sense and he, demanding all attention, affection and unqualified acceptance which is not coming forth, becomes hostile and prone to defiance and show of temper.

This situation is well brought out by the case of a boy of 15 adopted by a European lady, while quite young. He was brought to the writer in the Child Guidance Centre by the lady for advice to deal with his defiant and non-conforming behaviour. He was very negativistic and usually did what he was told not to do. His defiant and aggressive behaviour was his most outstanding characteristic and he would stubbornly refuse to do what he was asked to do. He was quite strongly built, with powerful muscles and the lady was getting quite apprehensive and afraid of him, lest he may, some day, use his hands on her or insult her.

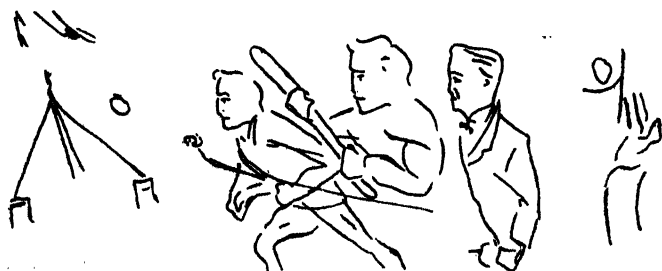
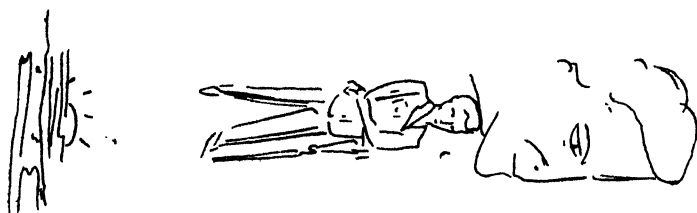
The case history revealed that he was an illegitimate child of unknown parentage rescued by the Children's Aid Society from where this lady adopted him. This lady, the 'mother' was very dominant, and she desired the child to be a perfect gentleman who because of his good manners, excellent training and cultural development under her care would be the pride of the 'mother' and would bring great credit to her and to her religious sect. She trained him to this end by constantly nagging and by too much pulling up. Her rigid social and religious attitudes and peculiar ideas were thrust upon the boy and he was brought up very strictly by her.

On examination, the boy was found to have his I.Q. as 115 and he was very vigorous, healthy and well nourished. During interview he seemed quite restless and hyper-active. He said that he did not agree with the mother's views and also that she was almost 'mad'. When the lady was talking to the writer about his behaviour and his attitude towards her, he at one stage shouted at her in the writer's presence, "That is what you think, but it is a lie." Being quite intelligent, he was quite sensitive and the fact of his being an adopted son from a philanthropic institution, where illegitimate or unwanted children were kept, could no longer be kept a secret. He was quite ashamed of his own origin and of the stigma and felt guilty that he was the product of somebody's unbridled passion. Even then he tried to suppress his active and independent desires and accentuated the passive or dependent ones in order to get along with the lady. But she, almost a paranoid type, not satisfied with the results, forced him towards greater 'perfection' of her imagination. Her love for him was not of a natural and affectionate mother, it was skin deep and the boy could feel that there were no natural ties between him and her. Moreover, deeper inquiry revealed that she was the deserted wife and came to India in Missionary zeal and when she found this boy she wanted him to be a perfect model of a man to show to her deserting husband (in her own thoughts) what she could produce. The ambivalence for her husband was transferred to the boy whom she superficially loved, but the boy wanted unqualified love and affection which not being given to him, he naturally felt rejected and insecure and defiance and show of temper were natural defence reactions. The drawings opposite indicate his fighting mood and hidden aggression.

Show of temper and aggressive behaviour, however, may also result from jealousy of a brother or sister due to discriminated treat-



*Reproductions of the drawings of the aggressive boy  
quoted above.*



*Drawings of the same boy.*

ment, as parents sometimes pay more attention to one child whom they also show up as an example of good behaviour or of scholastic success to the other. The case of the boy showing temper quoted in Chapter VII can easily illustrate this point.

The child, who is unsuccessful in a task and has met with repeated failure either because the task is beyond his capacity and he has been forced to engage himself in it by the ambitious parents or his method of work is defective or there is lack of proper guidance and other working facilities, is also likely to be aggressively disposed to the people and things around him. He may shout and talk harshly or rudely and may be thumping and throwing things or books and maltreating servants, younger siblings or pets. He may grow peevish and touchy and approach everybody in a hostile manner taking all as a set of enemies not to be befriended or talked to in a gentle, humble and natural way. Similar reactions may be shown by a bright child who is engaged in a very monotonous and routine job with no opportunities of new experiences and adventure or creative work where he can feel the satisfaction of making a responsible contribution. Accidents and wastage in industrial installations also have been found to be caused, among other conditions, by internal aggression accumulated because of the drudgery of monotonous work with no self-expression and self-satisfaction.

Aggression arising from the unsuitability of the task and repeated defeat in reaching a particular goal or objective is brought out by the case of a boy of 18 who had twice failed in the matric examination. For the last two years he had become quiet, depressed and a bit withdrawn but otherwise very touchy, irritable and short-tempered. On slight provocation he would shout, use abusive language, throw away his food and quarrel with his father or beat his younger sister. He had developed a style of life of keeping distance with strong resistance in coming closer to people and in feeling very free and friendly with them. He looked quite severe and grim, his face suggesting that no one should talk to him and let him be alone. He would easily lose temper and hurl abuses if anything went wrong. If, for example, the servant delayed in bringing water to him, he would shout at him and rebuke him, if the bus conductor did not allow him to board a packed bus, he thought he was insulted and would shout and reprimand him, if the tongawala delayed him by driving the tonga not quite briskly even in a crowded street, he would quarrel with him as well. While going in the bazaar he felt like hitting people going on with their business or throwing away their displayed merchandise. His whole approach was sadistic as the life urge in him was blocked. His aggression had turned on himself also as it could not all be ventilated on the external world of beings and things. He began to remain quite dirty and untidy and was careless about his food and health. Chillies which were harmful to him because of some complaint of piles, he began to eat more and more. Deeper enquiry revealed that he had actually stolen some iron sulphate from the school laboratory and tried to eat it. One day he sat on the edge of a well with the intention of jumping into it but a sudden thought

of the miserable plight his mother would be in, after his death, saved him from committing suicide. He revealed that he often would go in the open fields outside the town and cry bitterly by thinking of his mother's sadness after he was gone. But after that day's experience on the well his suicidal fantasies ceased but he remained morose all the same with occasional aggressive outbursts.

On examination the boy was found to have his I.Q. as 95. He was not very bright, but a plodding and industrious worker. His father had insisted that he should take science subjects when he wanted to take languages. Moreover, the home was quite crowded and he had begged of his father to get him a separate room in the vicinity of the house where he could read near the examination days, but his father, rather a thoughtless and unsympathetic idealist, gave him advice by quoting examples of some great persons and did not give him the room. The boy thus wasted most of his time and his studies, already against his taste, suffered and he got plucked twice. This failure in the assigned task and in the set goal frustrated his need for achievement and creativity and produced the symptoms mentioned above.

A more camouflaged expression of aggression may take the form of laziness, bed-wetting, truancy and other delinquent behaviour (which has been discussed more fully in the chapter on delinquency). In such cases the patient feels that there is something in his parents which prevents him from living his own life and he rebels against them with hatred, but at the same time he does not want to lose the parents' love nor does his super-ego allow him to be entirely hostile to the parents who have to be respected and loved. Thus divided between the desire for his parent's love and his fierce aggression against them, he tries to repress the aggression as he longs to obtain the interest and affection of his parents, but it comes out in the symptoms mentioned above. Unconsciously he turns some aggression to himself also and unconsciously seeks illness, failure and even death *i.e.*, to die in order to be loved and thus to punish his parents. He punishes both himself and his parents by for example, failing in the examinations and by bringing disrepute to them by committing anti-social acts which harm him also.

It is sometimes said that "aggression is more difficult to sublimate than sexuality."<sup>1</sup> Aggression is really difficult to be sublimated and integrated in the patients' personality, yet the task of child-analysis and therapy is to liquidate the aggression and to make it serviceable to the ego.

In the case of aggressive children who are unwanted or adopted, change of home environments is essential. They have to be removed to more reasonable environments, for example, of new and more understanding foster-parents or an institution. Moreover, through psychotherapy they are to be made conscious of their real desires and the defences against them. They have to be enlightened with regard to their real feelings and the real situation with them.

For children who show aggression because of the ambivalence of their parents, the solution lies in liquidating the parent's hatred by psycho-analytic interviews and by parental education. The child is also to be reassured by sympathetic treatment and by associating with his weak ego. As the child matures and understands the parent's psychological situation, he should be freed from family ties and placed in different environments where he can be more independent to make a new beginning. Complete cure is, however, not possible until the end of adolescence, when the child is more independent and understanding. With smaller children, however, aggression can be considerably lessened by play-therapy and occupational-therapy which enables them to release the pent up feelings and to express their energy in something more constructive or creative.

## CHAPTER VI

### HYPER-ACTIVE AND RESTLESS CHILDREN

Some children are restless and lacking in concentration. The extent to which a child is able to concentrate depends upon his age, mental and physical health, intellectual capacity, temperamental quality and training or discipline. Small children naturally have a short span of attention and so have the intellectually backward, as compared with the more intelligent.

Some children are temperamentally hyper-active; they are born with an active disposition. Habitual lack of concentration or fidgety behaviour in them, which is not due to physical factors or due to family upbringing, is usually temperamental in origin. Such children have passion for movement. They do not sit still, being too dynamic to be absorbed in one thing for long. They, while young, constantly mess about with toys or things in their environment, as they seem to enjoy moving about as an end in itself. They do not concentrate on one game or play by constructing something. Their personalities, because of their excessive activity, remain mostly unformed and nebulous, as for the integration of emotional and intellectual processes, a certain amount of inner and outer quiet is essential.

They can be of average intelligence, but owing to over-activity of mind they are distractable and their power of attention and concentration is variable. They have more appetite for movement and just as some children require more rest, they require more activity. Such children need more physical activities, and manual skills usually come easier to them. Hopping, jumping, skipping, ball throwing, etc., can bring the joy of achievement which is so essential for their well-being. Such children, as they grow older, can be allowed to find occupations for themselves and can be encouraged to transform their unspecific mobility into purposeful activities. To tone down their hyper-activity, it should be conveyed to them by and by in various ways that there is also much joy and fun in constructive restfulness and in sitting-down occupations.

It is not surprising that a hyper-active child is backward in the class, though he may be of average intelligence. The atmosphere of the class is far too dull for him and adequate learning is not possible. The boredom of the mutterings of the teacher and the torture of sitting in a position for long periods produces a distaste for desk work in a child whose disposition does not call forth studiousness. Such children, as far as possible, should be taught individually or in very small groups through physical activities in which muscles and mind function



together. The hyper-active children with or without good intelligence are not really happy unless plenty of scope for their abundant physical energy is given. Some of them rather below average in intelligence, which condition is not conducive to learning the three R's very quickly, possess a degree of manual capacity which is not always recognised in them and they are quite happy with some manual or physical work, instead of showing a wish to learn in an exacting school. Sometimes parents not realizing their limitations almost goad them for more learning. Some parents project their own yearning for an academic education and unconsciously desire to satisfy through them an unfulfilled wish for a studious life at the university after winning a scholarship. They want the child to succeed where they had failed, due to adverse circumstances or otherwise. They try to make the child a means of satisfying their own social inadequacies and inferiorities by making him to achieve distinction in the school and better financial position later on. But the child, not having the capacities for fulfilling their wishes, becomes a problem as is illustrated in the following case.

Hari, aged about 7 years, was the only child in a household of 3 grown-ups. He was brought to the writer as his parents were much upset for his restlessness and lack of concentration. He was murmuring to himself something very fast but unintelligible. He would not sit quiet for a moment or learn his lesson. He was defiant and a bit aggressive. He would rush about hitting out in an incoherent and excited manner. The symptoms of talking to himself and the fidgety behaviour, as told by the parents, were from the last few months.

The child on examination by the doctor was found to be in normal physical health but his intelligence was only sufficient to place him in the dull or backward category. He seemed to be much obsessed by lessons, as after doing a few items even on the test he, would say, "I won't read any more". Asking him to do something or to answer a few questions in the test of intelligence was to him all learning lessons which he was detesting.

The case history revealed that the father had engaged a tutor for the child who would coach him for 4 hours in 2 shifts, as the father was keen that the boy made rapid progress in his learning the 3 R's so that he was much ahead in his class when sent to the school. The father was preparing the boy for being sent in a "good school", with a high standard of education. By that he actually meant a costly public school. The tutor was quite exacting and would often scold the child and even punish him to which the parents took no objection. The parents had stopped giving him meat or eggs, as they believed that these articles of food produced more "heat" in the brain and so learning was affected, though the family took meat and eggs normally. The father was employed in a Government office and was quite disgruntled with his position and pay and was sorry that he could not take his M. Sc. He wished to be a professor in a college but fate had condemned him to the desk. The boy was his only hope and he thought he would "make his life" when his own was "ruined". The mother was ner-

vous and a highly strung woman with not much intellectual interests herself but very keen to see her son highly educated.

The presence of an only child in a household of three grown-ups (the third being the grandmother) was, in itself, an unusual situation which tended to evoke false precocity which was detrimental to the slow mental awakening of the rather dull boy. Living in close proximity of the too exacting and frustrated grown-ups was harmful to a child of his calibre. His immature psyche was exposed to the constant bombardment by the parents for more progress. The child felt so insecure as his achievement, howsoever inadequate, was not appreciated and he found no encouragement in his work. The exhausting environment produced restlessness which prevented the settling and crystalizing process necessary for the formation of a stable ego. "Only children in such circumstances are like delicate plants in a hot house which are forced to flower at the expense of their fragrance or colour."<sup>1</sup>

The parents were apprised of the whole situation of the child's limited powers and their un-warranted hurry and anxiety to educate him. They were mentally prepared to accept their lot and not to expect too much from the child who was with limited capacities. They were also asked to give him the same food as others ate and not to deprive him of meat and eggs, since he felt neglected. He needed more affection and appreciation and encouragement. The tutor was to be changed and there was not to be too much bookish teaching for long hours. The child was to be put in a school instead, where living with other children he could grow more socially and emotionally. The child is now reported to be improving and it is hoped he would be quite settled.

Restlessness and lack of concentration, as pointed out in the beginning, can result from faulty training and inconsistent discipline.

Sushil aged five and a half was a source of continued worry to his family. He ran about aimlessly, had no inclination for constructive pursuits, was very restless and would often break things. He was quite aggressive. He would attack other children and even the teacher in the nursery school for no reason and was wont to rush around. He was unable to co-operate in organized games. He was hardly learning anything, as he had no concentration. He showed no inclination to make things by himself and would rather pull down things made by others. In the play-room his attention moved from one thing to another and he chattered a lot. He seemed more infantile and undeveloped than his younger brother of about 4 years on whom he was dependent even in small matters like putting on the shoes. He was quite timid and afraid also, as manytimes he would say, "You won't beat me", when told to do something.

His case history showed that he was the eldest child in the family of three children, one younger brother and the baby sister. His father

<sup>1</sup> E. Duker & Margaret Hay, *Children of Today and Tomorrow*, George Allen & Unwin, London, 1949. p. 163.

was mostly away from home on active military service. The family lived with the brother of the father. This uncle was rather a short-tempered man and he often shouted at the boy and rebuked him. The boy was quite afraid of him. The mother had lot of pretention and affectation of being a modern woman. The boy was born in a hospital and was kept on a separate bed from the beginning, except for the time of breast feeding which was only for a fortnight, after which he was put to the bottle. The mother Mrs. X was not capable of giving Sushil the right kind of enclosing and nourishing mothering which keeps away the adverse influences and provides ample security for the emergence of the child's personality. He was the baby of the house and was quite indulged in before the birth of other children. But later, more restrictions were put and good behaviour was enforced. This created resentment in his mind and also jealousy against his younger brother who was much praised and paid attention to. But the mother was quite inconsistent in her behaviour towards the boy. At times she would be doting on him and satisfy his every whim and give in completely, while at another time she would be harsh and threatening to the extreme and she would beat him. Sushil, on examination, was found to have a rather poor intellect and his speech was quite broken, a few words meaning the whole sentence for him. His younger brother, very bright and smart, was the subject of talk and praise of the family and Sushil felt ignored. His restlessness and lack of concentration was partly the result of uncertain and capricious attitude of the mother, since for a child of comparatively low understanding it is not so easy to understand the changing moods of parents. On the other hand, denial of the breast from very early days and the deprivation of the warmth of the mother's body left an uneasiness in the unconscious of the child. His later feelings of neglect aggravated by the presence of the bright little brother who attracted more attention, made him all the more insecure. His restlessness could be a character formation for attracting more attention in order to feel more secure, as children like adults use their symptoms not only as a protest but also as a means of gaining extra attention.

The child was advised to be removed from the environments of the home and was sent to his mother's aunt who was a very experienced headmistress of a school and who loved the child and understood his difficulties. The mother was educated about the whole situation and was required to be consistent in dealing with the boy. She was not to show up his brother to him, as an example. He was to be accepted as a slow moving and slowly growing child and they could not expect as much from him as from the younger brother. (He is now reported to be making good progress). Almost similar was the case of Lakshmi—the only child of 9 years brought to the Centre because of restlessness and lack of concentration. She was also of low mental level and her speech was also broken. The father was a very weak-minded man. He was too fond of the child. He would give in for every whim of Lakshmi and would do as pleased her fancy. Some firm and definite attitude on the part of the father could put regularity and system

in the life of the rather dull child. She could not have much absorbing interests but could be easily trained to help her mother with household work or do some odd jobs. The absence of any other children in the family contributed to her fidgety behaviour. She was quite stubborn and disobedient and would go on messing about, inspite of the parents' coaxing and appeals. Some firm and definite attitude had to be adopted to put her to some constructive work, but she got fixed in her refractory behaviour because of the weakness of the parents, particularly of the father.

The parents were apprised of the limitations of the mental capacities of the child and of the necessity of a more regularized discipline. The child needed firm, cool and sensible handling to make her to develop control and to realize that it is not always so easy and good to have every thing. She was also to be sent to a school where she would mix with other children and would find something to absorb her attention so that her ego could grow to be more stable. She was to be encouraged to concentrate on the tasks like dressing, serving, sewing or other household work to train her for concentration. Her erratic bringing up could be corrected by positive approach and by encouragement to be industrious and to take responsibility, so that the joy of achievement and of some contribution could set her to do more and so in doing more to concentrate more.

If a child shows lack of concentration and attention in the class so that it is interfering with his progress in school work, it may be found on investigation that he is suffering from defective hearing or vision or some other physical ailment like toothache, bad stomach, fatigue or inadequate nourishment. He may be found bored because of lack of interest in the subjects taught or he may be worried by home affairs like sickness of parents, family discord or financial difficulties.

The power of concentration is impaired in more severe mental illness like obsession, neurosis or psychosis or in cerebral impairment caused by injury or otherwise. With obsessive thoughts and compulsive acts is associated mental anxiety which, among other symptoms, give rise to emotional instability, excitability, depression and inability to concentrate. The individual, being obsessed by some thought, naturally lacks attention for other things and unless the obsessing thought is removed, he is not likely to be stable to concentrate on some constructive work.

It is, however, not possible here to go into the details of these severe mental disorders and if there are cases of such complicated and serious personality disorders, they should be referred to a Guidance Centre or to a psychiatrist.

## CHAPTER VII

### STUBBORN AND OBSTINATE CHILDREN

Parents and teachers are not uncommonly troubled by outbursts of temper in some children. Children with such complaints which take various forms are also, sometimes, brought to the Child Guidance Centre for psychological advice and help. Such outbursts may take the form of fits of excitement and rage in which the child is excessively rough and dangerous, as he bites, scratches or throws objects which may hurt anybody. He is very violent and destructive with complete loss of reason, at that moment. The temper-tantrums may take the form of crying, whining, yelling, screaming, rolling on the ground, stamping, kicking and shouting. They may also express in the form of sullen attacks in which the child stubbornly refuses to obey. He would not, for example, go to bed, unbutton the coat, put on shoes or eat his food which he may throw away after licking the butter or cream or any thing nice. He may stubbornly refuse to go to school or run an errand or help in the house. He may obstinately do the contrary of what is told or required of him by resisting attention. The little older children who are more wilful may be rebellious, argumentative, outspoken, impudent and inclined to 'back-answer' their parents or other elders.

There is, however, a fair amount of obstinacy and show of temper which is quite common and normal, particularly in small children,<sup>1</sup> under five, when they may cry for something or want something done as they desire. But this can be a passing phase and is ordinarily overcome without retarding the child's development. Some outbursts of temper by small children are also normal reactions, if their games or other activities are interfered with,<sup>2</sup> since that means denying them the basic need for freedom, and as Watson also showed, even little babies would fall in a rage if the movements of their hands and legs were hampered by withholding them. However, the average boy or girl gradually learns to control the show of temper by training and example. Some children, no doubt, are temperamentally more disposed to anger or rage and they may be likely to have the outbursts of temper more frequently and severely than others. A tired, hungry or ailing child is also likely to be irritable and prone to bad-temper. Leaving aside these conditions where show of temper is more or less normal and common, if a healthy child has persistent dominance of temper-tantrums beyond three or four years of age, investigation is essential as to the reasons of recurrent outbursts of temper. There

<sup>1</sup> Isaacs, Susan. *Troubles of Children and Parents*, London, Methuen & Co. Ltd. 1948, p. 79

<sup>2</sup> Hall, M.B., *Psychiatric Examination of the School Child*, London, Edward Arnold & Co., 1947, p. 225.

can be various causes of temper-displays, some less serious and others more serious, since they interfere more with the wholesome growth of personality. Among the first type can be the imitation of elders. The son of a sharp-tempered man, for example, may regard outbursts of temper as manly, and children of irritable parents may acquire their parents' instability and impatience. Show of temper like rolling on the ground, screaming or kicking may also arise from the lack of absorbing opportunities for active learning, like building, modelling, etc., as the need for self-expression, creation and contribution is thwarted. Temper is displayed by some in the face of disappointment, failure or loss and it is also utilised in overcoming difficulties or in controlling the surroundings. It may serve as a means of retaliation or revenge for some grievance, real or imaginary.

The more serious causes are the faulty upbringing by parents with either too much indulgence or dominance, or with inconsistent disciplining. The feelings of neglect, jealousy and rivalry arising in the family setting are the more significant causes.

If in the early stages, the child is too much fussed about and is made the instrument of their amusement by parents, he may resent the attempts to discipline him at a later stage, as he feels the deprivation of pleasures he had enjoyed so long. He may become disobedient, cheeky and defiant. Children of too indulgent parents lead them by the nose, as it were, and have outbursts of temper like crying, whining or rolling on the ground with threats of breaking their head on slight change or deviation from the way that pleases them. They become very stubborn or obstinate. On the other hand, if a child experiences excessive sternness and unreasonable punishment at the hands of the dominant parents, he may also become stubborn and rebellious. In the face of inconsistent discipline the child is confused with regard to the desirable or undesirable conduct and he does not feel sure and secure about the parental reactions. He becomes resentful and difficult to handle. In the presence of differences of opinion of the two parents about any line of action for himself, he is likely to play off one parent against the other. In an atmosphere of capricious and whimsical management, the child is more restless, obstinate and prone to fuss and temper-tantrums. He is likely to be wilful and sullen, given to moody defiance and non-admission of error even when proved to be in the wrong. The circumstances which arouse jealousy, rivalry and resentment are more conducive to frequent and severe rages and temper-tantrums as is brought out in the following cases.

A boy of seven was brought for advice as he had frequent and severe temper-tantrums. He would bang his head on the floor, scream, kick and use abusive language accusing his parents for denying him everything. He was quite violent, destructive, threatening and beside himself with rage.

The family consisted of the father, mother, an elder brother of 15 and a baby sister of 1 year or so. The parents were quite mild people, particularly the mother who was more religious-minded. The elder

brother having been the only child for eight years had grown to be quite self-willed, independent and a dominant young boy with lot of pretensions, snobbery and fuss about himself. He was a very intelligent boy otherwise and was the monitor of his class. He bossed over the patient and teased him for his temper-tantrums and both boys were at cross-purposes. He being quite senior in age and in his growing adolescence with different interests and phantasies, was no companion to the patient. The parents having a little girl in the home after a long period were more attentive to her, particularly the father, who admitted that he longed for a daughter. The patient felt lonely and quite resentful. His sense of neglect and consequent insecurity increased all the more when the parents praised the elder brother in front of the patient and showed him up as an example of good behaviour and scholastic achievements. They reprimanded the patient and were joined in by the elder brother and it was mostly when the patient was with his elder brother that he lost his temper.

In the interview he said that he did not like his brother and resented why his parents praised him and gave him everything. With tears and sobs he complained that he was denied "everything". The boy on examination was found to have 115 I.Q. and seemed ambitious as he said that he could also shine in the class like his brother but he had no privileges at home when his brother had all. He was obviously very jealous of his brother and resented his domination.

The father, because of service conditions in his department, had the privilege of sending any of his sons to a missionary boarding school on the hills on nominal payment and he had once or twice thought of sending the boy there. Being of ordinary means, the father could never think of sending his son to an expensive "public school", but having this privilege he was encouraged to send the boy away as the change of environment was expected to have a beneficial effect. The boy was also told in a sympathetic way that he was being sent to a very big and expensive school where boys of only very good families read and where the elder brother could not be sent. Feeling flattered to go to a big European type of a school, he felt that then he could steal a march over his brother and he experienced self-importance and pride. The boy had intelligence and was now ambitious to excel his brother by showing him what he was worth. In a year's time he was at the top in his form and the leader of his class. He was given some more responsible work in the hostel by the warden. As his personal achievements increased, the temper-displays at home gradually lessened, and he had no signs of temper while away at school, and later report indicated that he had more or less got over the difficulty.

Another case of obstinacy and temper-tantrums arising from jealousy and parental rivalry was that of a girl of thirteen who was brought for advice. She was very disobedient, rebellious, defiant, cheeky, abusive and quarrelsome. She was haughty, domineering and impudent, particularly towards the mother. She would often beat her younger brother and would tell back her mother.

The girl was very intelligent and alert but was notorious for bad-temper in the school also. She was at times violent and aggressive. The case history indicated that the mother was a very domineering woman ruling over the whole house and even dominating her husband. She was sharp-tempered and quite fussy. There was a younger brother aged two years, born after a long time and the mother was giving all her attention to him. The outbursts occurred more since the birth of her brother, although she had somewhat similar disposition for sometime, as she was brought up under severe restrictions and was allowed to function only under the directions of her dominant mother. Being quite alert and active mentally and physically, she may have acquired her mother's manner of talk but she resented her domination and she had quite often sullen attacks when she stubbornly refused to obey her mother. The patient was more attached to the father who was rather a weak and quiet type of man but quite disturbed by his wife's haughty and sharp temperament. If not consciously and deliberately encouraging the patient in her defiance of the mother, he unconsciously did feel some relief when the domineering wife was "told back" by the rebellious daughter. The patient finding in the father an unconscious sympathiser maintained some sort of an armed neutrality with the mother all along, apart from occasional outbursts of temper. In Freudian psychology it could be called a strong Oedipus or rather an Electra situation that the daughter was hostile to the mother and wished to win the love of the father, and that the mother on the other hand was jealous of her daughter who was trying to usurp her rightful privilege of love of her husband. There could thus be a daughter-mother rivalry and consequent jealousy in winning the love of the father, and this jealousy could be the basis of tension between them and so also the cause of occasional show of temper on either side. It is, however, difficult to argue entirely on the premises of sex in situations like this. The more common-sense interpretation of the jealousy in the present case could be in terms of the frustrations of the fundamental need for affection and acceptance. On deeper inquiry it was found that the mother wanted her first baby to be a male and ever since the birth of the patient, she was not internally happy and eleven years of frustration in having a son put her off and her inner resentment fell on the daughter who, temperamentally being differently constituted and finding some unconscious support in her father, was not cowed down by the mother's domination and show of temper. She developed almost into an equal counter-part of her mother. The situation aggravated on the birth of the little brother who absorbed the mother's entire attention after long years of waiting. The patient would occasionally beat the boy severely on one pretext or the other, giving her mother an easy excuse to rebuke, reprimand and even to smack the patient who retaliated in equal measures.

When an individual, in such cases, is faced with a threatening situation, the ego, becoming aware of the danger, mobilizes energy to meet the situation. For the expression of the mobilized aggressive energy, the ego uses the muscular system to overcome the dan-



ger. A similar reaction occurs when the individual is frustrated or disappointed and so here the patient was aggressive towards the brother, in particular, with muscular system coming in function, and the release of energy was easier in smacking him. The treatment for this patient consisted in removing her to some more accepting and appreciative relations who had understanding and sympathy. The mother also needed psychotherapeutic treatment and till then the patient was to be removed from the uncongenial home environments.

In cases of persistent outbursts of temper, apart from seeking help and guidance from a child-psychologist, the following suggestions would be useful for parents and others to handle obstinacy or show of temper, particularly in small children to check them from growing into recurrent symptoms.

Sometimes parents feel guilty that it is the fault of the family blood and they think that some inherited factor in the family is the cause of temper-tantrums. If one feels guilty oneself over such a thing it is difficult to handle a child. It is no use saying, "Oh, it is fate, she has got her mother's nasty temper, and what can be done"? or that "He is just like his father, stubborn as a mule, and has to have spells of bad-temper". Instead of cursing fate and feeling so hopeless and guilty, it is important to realise that children are not supposed to have perfect parents as perfection is only an ideal. Parents can be expected to lose their temper sometimes and get impatient since they are also human beings. Moreover for the formation of character some frustration must be experienced by every child as nobody could have or create perfect conditions. The symptoms of temper-tantrums are manytimes skin deep and pass off with sensible handling without worrying too much about them. The sensible handling consists in the warm assurances of love and acceptance right from the beginning with no undue severity or repression or pampering.

Stubbornness, too much fussiness, and obstinacy in early stages can be overcome with firm and steady handling accompanied by constant affection and cheerful suggestion for developing control. Use of firmness is not to be feared, as it saves parents a great deal of nervous wear and tear, without in any way retarding the child's development. The parent can tell the child firmly that he or she does not want him to hurt or hit anybody, if the child is so disposed in his display of temper. The child can even be shut in a room for a while but without being spoken to too severely or reproachfully. In fact, it is not fair to the wholesome growth of a child to let him feel that he is at liberty to disregard the feelings of others. If a child finds that he gains advantage by his outbursts, he goes on indulging in them. But, if on the other hand, he comes to know that they bring no gain or privilege or consolation, he is more likely to control his outbursts. If, for example, a child does not eat his food and makes a fuss, it would be helpful to remove the food and leave him to remain hungry. There should be no fear that he would starve himself. At the next meal time he would want to eat. But in all this procedure no reproach or contempt is to be

shown. At that moment one should be entirely matter-of-fact and good-humoured about it all, without taking a serious view of the situation. Coaxing and pleading also do not often succeed as firm telling does.

It is good to leave the child alone when he has a tantrum until he regains a cheerful control of himself, as the child needs time to get over his temper and obstinacy and it is more helpful to give him this time than to humiliate him by smacking. Instead of nagging for some mischief or mistake, it is sometimes better to leave the child to suffer the consequences of his folly or undesirable behaviour.

Sometimes, small children may fly into a temper or have an attack of obstinacy while being washed, dressed, fed etc. In such cases the child is not to be taken unawares or handled roughly or quickly as in a hurry but he should be approached calmly, slowly and cheerfully. Parents should not also expect quick and efficient execution of tasks by children. They should persevere in giving the child a chance to do things by himself and he should not be made ashamed of, if he cannot do nicely or is unable to manage them. Parents should give children plenty of active occupation to absorb their attention and particularly to the more intelligent ones more tasks to be given for their head and hands and for their minds to bite on.

Small children can be sent away to a nursery school where they build up new social contacts and avoid situations in the home which give rise to obstinacy.

No child likes the direct suggestion that he is naughtier or worse-tempered than his brother. Children should never be shown up one against the other, as it produces jealousy.

In slightly grown up children a sense of real companionship is to be created. Parents and children should have a friendship far more real and like a friendship between responsible people. Parents need to take interest in the interests of children and they can be assigned responsibility of some sort on certain occasions when it is likely that the child may create a fuss. By taking a real part in the proceedings of the occasion when tantrum is likely to occur, the child would feel pleasant and happy.

Parents have to be more sympathetic and have to look upon the whole situation, leading to obstinacy, from the child's point of view. The element of force is to be reduced to give place more to appreciation and encouragement.

## CHAPTER VIII

### SHY, RECESSIVE OR WITHDRAWN CHILDREN

Ordinarily parents and teachers regard transgression against authority, disorderliness, naughtiness and other overt behaviour difficulties as more serious than shyness and withdrawing or recessive personality traits. To them a quiet, submissive, obedient and shy child is more praiseworthy than the bold, assertive, social and the naughty child. But there is, these days, a consensus of opinion among mental hygienists that unsociability, depression, timidity, recessiveness and similar personality traits are more serious than the externals of bad conduct. A quiet and shy child is not necessarily a happy and adjusted child, since he is likely to be emotionally disturbed.

Some children, however, appear to be of a shy nature. They have a more pronounced introverted tendency. They are more self-contained and they prefer to be alone. They are less affected by outside happenings than by their own inner events and experiences. Their retiring nature shuns lime-light. Instead of impressing other people and trying to rope them, they hide themselves away and permit a few to have an occasional look. Their retreat is an inner one which is not necessarily cowardice. They are power rejecting. The crude force which thrills the aggressive child produces the opposite effect in these children who are of a different emotional calibre. They are of a solitary nature. Such solitariness in them in itself is not an abnormal symptom if the child is really happy and is capable of busying himself in some thing constructive and tangible and is also able to join other children when occasion demands. But if a child is solitary and does not mix with others and is very unhappy, then a state of emotional maladjustment should be suspected. Seclusiveness, recessive behaviour, persistent lack of sociability and withdrawing attitude towards advances on the part of other children should be regarded as personality problems.

In small children, however, initial shyness should not be so disturbing. It is likely that in some cases the child would not play with other children or speak to other people when they try to speak to him; he would hang his head and keep his mouth shut or cry and never laugh or join in games, keeping entirely by himself, and looking so sad and miserable. Sometimes he would cuddle up to his mother and hide in her clothes or disappear behind the curtains or under the table or bed when asked some question. While taken out to a party or some other function, he would usually stand and stare or cling to some grown-up. He would look so cross, unfriendly and disagreeable. He may be very self-conscious and unsocial and may appear highly strung and sensitive in some ways.

There is a normal phase of shyness and the difficulty generally passes away with natural growth. So many little boys and girls of three or four are shy in new and unfamiliar situations, particularly in encountering strangers. The first contact with people who are not familiar causes a certain amount of fear and the child has to overcome it by having nothing to do with them. Sometimes, it is also likely that a dominating stranger speaks to the child in such a way that it frightens him and so the fear of strangers makes the child shy and uncommunicative or timid. Such timidity or shyness in the presence of strangers and behaviour patterns like those mentioned above in small children should not be worried about too much. It is easier to overcome them by ignoring them, as one's shyness is bound to increase if taken much notice of, since in that case one is in the centre of attention of others and his self-consciousness increases. Persuasion, reproachment or scolding also do not help, as the more one urges or scolds, the more the child fights shy of doing what is wanted. Moreover reproachment adds another fear to the one that is already there—the fear of displeasure and loss of love of the parent. The child is sure to overcome the shyness, if no attempt is made to force conventional behaviour. There is no direct method of helping a child to overcome such shyness. There are only indirect methods of taking him out of his shell, by sharing his activities, joining in his play and talking about things he is interested in, so that the warmth of love and steady affection is felt for reassurance. Encouraging the child by playing with him, talking to him or reading or telling stories would help him in coming out of himself and in the development of more social relations. Sometimes parents have the tendency of sheltering children too much because of the pleasure that it gives them. But it is good sometimes to leave a shy child alone to run and romp and to see other children doing so. To a bit grown up children it is good to give them some responsibility so that the joy of contribution draws them out of themselves. For example, if it is tea time, let them serve or hand over things. If sullenness and withdrawal are due to feelings of anger and jealousy against a little brother or sister, the child can be helped by making him join in parents' interests like work in the kitchen, gardening etc., so that he gets more attention, love and affection. Children are extraordinarily quick in sensing parents' attitude and they feel flattered if parents keep their company.

Thus shyness or withdrawing behaviour as a temporary phase in small children can easily be overcome by proper handling by parents. But if a school-going child persistently hangs his head or turns away when spoken to or avoids the company of others or is not making satisfactory progress in studies or is unhappy in the school, or if an adolescent is seclusive, blushing, confused, quiet and morose, some psychological inquiry into such cases is essential. The shy child does not avail of the opportunities for growth and learning in the school. He feels modest or hesitant to be conspicuous in the class, and does not, for example, put up a hand even when he knows the answer to a question or he is too diffident to ask a question when he does not understand

something. He fears to be snubbed and lacks in confidence in expressing himself or in facing the class. His social adjustment is poor and he is handicapped in his intellectual and emotional growth.

No doubt, sometimes mental retardation is concealed behind a cloak of shyness, but the quiet and meek child is quite often repressed or suppressed. Too good a temper when it is pronounced should be investigated into, since shy children are often very insecure and internally disturbed. They are often depressed and have very little zest for living. They may hide a furnace of anger, hatred or aggression underneath the mild exterior and express their revenge in the most sly fashion; for example, they may incite others to fight and themselves enjoy the fun from a distance. They may go to any lengths, adopt dishonest measures, steal or indulge in sex perversions and in desperation commit some criminal act such as arson, wilful damage or even murder. But if they fail to get hold of their own aggression, it falls on themselves and they suffer from symptoms of enuresis, asthma, eczema or sickness and headaches. They may, however, sometimes unconsciously project their aggression and revengefulness on something destructive, they may, for example, rejoice a thunderstorm and find some relief through harm done to others in some such situations.

In any case, persistent unsociability in a young person who is specially morose, stays indoors, shuns company and is quite reticent in talking to others should be regarded as a significant symptom of some mental disturbance. It may result from dominant or over-protected upbringing, from denial of love and affection, from frightening experiences and sensitiveness and from a sense of inadequacy or guilt feelings. This needs elucidation.

Under dominant or dictatorial conditions of upbringing in the home which is presided over by a domineering parent, guardian or even an older brother or sister, the child is suppressed and subdued. He does not develop a sufficient ego to assert himself and is docile and shy. Such children remain undeveloped and they lack strong focal point; their ego or 'I' remains in a nebulous state and is ineffective. They keep their embryonic ego quite secretive. Weak compliance to avoid trouble is their chief danger. They would grow into yes-men or women and only capable of being followers than as leaders. They seldom dominate anybody as they cannot do so. If they are not encouraged and are still dominated, their poor ego, grossly lacking in self-confidence, further fades away.

If a sensitive child who is generally endowed with high degree of mental capacity experiences nagging, fault-finding and domination or over direction, he becomes very touchy or withdrawn. He does not feel secure in the unfavourable psychological or physical environment and is overcome by anguish and is very morose. He is easily startled or shocked and is subject to suggestions and may imagine that he is forlorn or forsaken.

The attitude of over-protection on the part of parents expressed in such words as, "This is my child," "He must do whatever I wish," also produces submissive traits like too much obedience, dependence and shyness as is indicated by David Levy<sup>1</sup>. Confirmatory evidence is given by another authority<sup>2</sup> that over-protected children are emotionally immature and shy. They lack in self-confidence and lean on adults for advice and control. They would easily withdraw from a difficult situation.

There can be various frightening situations which children are not able to cope with, physically or mentally. The fearful situations they have to go through in early childhood, produce some sort of a fear complex. They shrink into themselves and are recessive and reserved. They feel nervous in front of superiors or while called upon to participate in group activities. They often keep alone and are not cheerful. They are not openly defiant but have a hidden feeling of rebellion. They are often timid and cowardly. The following case is significant to illustrate recessiveness arising from fear.

A boy of 15 was very shy and withdrawn, he looked almost lost. He would avoid his classmates and would better come home by himself. He was never seen on the playground and would bury in his books, often pretending to be reading. He lacked self-confidence and would feel nervous in the class when called upon to answer a question or while talking to his teachers. He was afraid to speak or to make any point or suggestion in some group discussions lest he should make some mistake or say something which was not to be appreciated by others. He would better keep mum and avoid taking part in school debates, dramatics or other organised activities. He had a great sense of inadequacy and inferiority also. He had hardly any friends, nor would he try to make any. While happening to be in any social gathering, he would stand alone and would make no advances to talk to any new person near him. He was quite disturbed and unhappy and envied others who enjoyed life in social participations.

The case history showed that he belonged to a minority community which was hated and ridiculed by the predominant majority community in that area. In the village, where his family lived their's was the only house of the minority community to which he belonged. That was a small village and it had no school. Some boys of the majority community and this boy went to school in the neighbouring village about 2 miles away. There was the son of the headman of the village who was the leader of the boys of the majority community. Sometimes the boys went together to school but quite often the patient was teased, ridiculed and harassed by the boys, by snatching away his bag or taking off his cap or breaking his inkpot etc. Out of sheer boyish fun and frolic the patient was beaten by the leader of the group,

<sup>1</sup>Levy, D.M. "Maternal over-protection" *American Journal of orthopsychiatry*, March, 1930, Vol. 9, p. 904.

<sup>2</sup>Newell, H.A. "A Further Study of Maternal Rejection" *American Journal of orthopsychiatry*, Vol 6. pp. 357-401.

joined by others to enjoy the fun which was an expression of the hidden disrespect and slighting attitude towards the community of the patient. The patient, on that account was quite afraid of these boys and avoided them as far as possible and went alone. But the distance of 2 miles to the school, though small to think of, was quite difficult and hazardous. There was a big old pond in the way near their village which was surrounded by very big banyan trees and on one side of the pond were the village cremation grounds. The patient had often heard stories of ghosts of the cremated, living on the big trees for some days before they were supposed to go to heaven or hell. He often saw the dead bodies being cremated and the fire blazing. This in itself was a frightening situation and more so for a small boy. Round about the pond was the continuation of a jungle extended side ways between the two villages. The way to the school was through this jungle and quite often the patient saw jackals and other wild animals or some nomadic people with queer appearances and disposition. It was really a very fearful situation but with passage of time, the patient was used to it but the natural effects of the conditions had gone deeper to build up his ego and he had almost formed a fear complex which became the basis of his withdrawn and quiet behaviour. To add insult to injury, the patient's father was harsh and rough and not very loving. The patient feared him also and the conflict in his mind between hostility against the father and loyalty and fear of public opinion (which constituted his super-ego) produced a sense of guilt which also became a basis of his anxiety-ridden self-consciousness and withdrawing behaviour, as quite often children are ashamed to admit their fears and they spend a great deal of energy to keep them suppressed.

The case history in itself is clear to explain his difficulty. He needed a complete change of his environment and was advised to leave the village and join another school and live in more normal physical and psychological surroundings. The boy was quite bright, as his I.Q. was found to be 115, but his school progress was just of an average standard. He also needed more encouragement, appreciation and affection. He was sent to his uncle in a bigger town and was admitted in a high school. After 2 years he was reported to be doing very well and won the university scholarship in the matriculation examination. Some signs of shyness and recessive behaviour in him would remain, as the symptom had got fixed but he is likely to be much more adjusted as he would feel more secure and acceptable.

There are so many cases on record where denial of love and affection by either parent or guardian makes the child morose and withdrawn, as he is very insecure and full of anxiety. A boy Ashok, aged 5, was brought to the Child Guidance Centre with these symptoms. The case history was clearly of an unwanted child by the father. The father did not want to marry the particular girl, and after marriage he left his wife to her father's place and did not think of her for a long time. He, however, once or twice visited her on the insistence of his parents and relations and later the boy was born. The father suspected that

the boy was not his. However, not being happy with this marriage the child was unwanted by the father all the same. Four years after the birth of the child, the father had to bring his wife and the child to his own place, because of pressure from his relations. The father, however, was very harsh and even cruel to the child; he threatened and beat him on the slightest pretext. The child naturally shut himself within himself and was sullen and morose. The case was obvious, as denial of love and affection made the child so insecure and nervous and he had to be removed to his grand-parents.

The sense of inadequacy due to some physical handicap or deformity is also likely to make a child shy and self-conscious. Ill-health extended over a long period is also likely to make a child quiet and docile but the recessive and withdrawing behaviour, in reality, is due more to the denial of the satisfaction of the basic psychological needs or due to a sense of guilt arising from the conflict between the demand of the basic urges and the resentment caused by frustration. Guilt generally results due to the incompatibility of the urges and the moral censor of the super-ego. In some cases guilt feelings have their origin in the expression of the sexual urges also.

A young boy of about 17 came quietly in the writer's room, shutting the door behind himself. He looked so morose, dejected and withdrawn. He was sent by somebody for the persistent unsocial and retiring character formation so that something could be suggested to improve his shyness and unhappy state of mind. A deeper inquiry revealed that the boy was a confirmed masturbator. He, however, struggled with this habit and wished to give it up as he thought that it was ruining him and causing so much ill-health. He was very much anxiety-ridden to overcome the habit and had even started tying his hands to the cot before he went to sleep to avoid his hand falling on his sex organ in sleep, which led to masturbation. He was much worried that he could do all that in his room in the hostel but when he had to go to some relations or to his parents, it was not possible to tie himself and so he could not help masturbating. The boy was ridden with extreme anxiety and was so self-conscious and unsocial due to the feeling of guilt. He was full of reproachment for himself and called himself a great sinner—"a man who was so wicked and wretched". His guilt had to be removed to cure his shyness and so the severity of the super-ego was to be decreased by enlightenment on sex and his ego was to be strengthened by giving him more self-confidence that nothing was lost and that he should stop tying himself and not to worry too much, if his hand did fall on his penis and he masturbated almost in a dream. He was told that he was not the only sinner, as almost everybody passes through some such experiences. In brief, proper sex education brightened up the face of the boy and warm smile was apparent on his face and he went away cheerful after some sessions.



## CHAPTER IX

### FEAR AND ANXIETY IN CHILDREN

Fear in the face of dangerous situations which threaten the security of the living creature is a normal and natural reaction. This is so in adult human beings as in children. Children, however, are more timorous than adults and the various fearful situations have different significance for children of different ages. Quite young children, for example, are generally afraid of loud noises, loss of support, sudden impressions on the senses, strange people, new surroundings etc. A little older children give different fear reactions. In a photograph of children standing round a Punch and Judy show for example, striking changes in the expression of their faces, according to their ages, were exhibited. The eight and ten years old enjoyed the show, the six and eight years old had a rather reserved or a little apprehensive expression, while the four years old were decidedly frightened.<sup>1</sup> Younger children have, on the whole, more reality fears which actually have sensuous meaning. The older children are inclined to fear more those things that are not likely to come in their experience such as the occult, night apparitions, giants, ogres, kidnappers etc., than those which are likely to come, such as rough handling, injuries, operations or medical treatment and loss or death of near and dear ones. The majority of their fears are not realistic fears of true dangers, but are more of the nature of phobias<sup>2</sup>, or unreasonable fears of objects or incidents which are inappropriate and inadequate as compared with those which are really painful and which should arouse normal fear. In any case inculcated fears of pet dogs, horses, cats, rats or the imaginary *Havva* are some of the phobias which should be more a matter of concern than the natural fears, as the unnatural or irrational fears or phobias of imaginary things are even more serious than those of real objects or creatures.

Phobias are really expressions of anxiety as compared with normal fears which may be described as internal feelings of the particular danger with the expectation of injury and pain. In anxiety, on the other hand, there is no intellectual awareness of the character of the injury. The individual does not know the nature of the danger and the harm which may accrue, as he is not consciously aware of the consequences or of the remedy. There is a diffused feeling of danger, sometimes accompanied by peripheral motor disturbances. The central nervous system

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<sup>1</sup>Isaacs Susan, *Troubles of Children and Parents*, Methuen & Co. Ltd. London, 1948, p. 166.

<sup>2</sup>Jersild, Arthur, T. et. al "Children's fears, dreams, etc." (in) *Child Development*, Mon. No. 12.1933.

is also overstimulated and it leads to spilling over of impulses, as it were, into the autonomic nervous system which produces physiological disturbances, such as insomnia, vomiting, lack of sphincter control, convulsions, quivering of limbs, etc.

It is, however, significant to note that quite young babies also are not free from anxiety. For example, when a little baby is hungry and cries for milk and does not find the mother, he has contraction of the body, convulsions and quivering of limbs and other expressions of anxiety. It is later, when sensory perception develops that he associates internal and uncomfortable feeling of anxiety with external phenomena and with the learning of the dangerousness of them from parents, does he develop the fear of outside objects.

By anxiety, then, can be understood the emotional reaction to the more or less conscious threat to the psychic self, expressing itself through motor pathways and having a somatic component. It develops when the cohesion of the organism or its personality is seriously threatened by any situation and when the necessity for adaptation to such outer situations weakens integration which is going on within. It, however, serves as a device to warn the ego to do something to protect itself against danger. But the ego is weak and paralysed and at a loss to find the means to deal with the danger which is out of its control. Anxiety is felt more by the cases in which the ego is weak and children for that matter are more timorous than adults not only because they are small, but because their ego is still in the formative stage and is quite weak to check the strong instinctual desires or to meet the external threatening situations. For this reason, it is not possible to check, absolutely, occurrence of some anxiety in children, and "the younger the child, the more frequent and violent will be the anxiety feelings."<sup>1</sup> So children and grown-ups have anxiety and consequent mental illness, if their ego is weak and mental health of the child and of the adult depends upon and is directly in proportion with the strength of the ego.<sup>2</sup>

Many parents feel concerned and worried by the manifestations of irrational fears of imaginary or real creatures or situations in small children who are also sometimes referred to a psychological centre for advice and help. They may be frightened by the railway engine, horses, rats, *sadhus*, ghosts, witches, darkness etc. If a child has some such phobia or a manifestation of anxiety, he can be helped to overcome it by reassuring him that the object or the situation is not really dangerous. The nature and safeness of the object feared is to be explained and its safeness to be demonstrated. If, for example, a child is afraid of darkness, as is generally the case, it helps if the parent stays with the child in bed in darkness for sometime or takes him in a dark room and stays there for sometime sharing

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<sup>1</sup>Pearson, G.H.J. *Emotional Disorders of Children*, George Allen & Unwin, London, 1951. p. 77.

<sup>2</sup>Margaret, S. Mahler (in) *Modern Trends in Child Psychiatry*, Lewis & Pacella, p. 55.

the darkness with him and asking him if anything is happening. The child would feel that since darkness did not swallow up either the parent or him, it was not harmful and so he would be reassured of its harmlessness. The parent can explain the thing like the fire engine to the child and he can be enabled to learn the mechanism from a toy engine and thus acquire skill to deal with the situation. The nature and functions of other feared objects, animals or beings like *sadhu*, rats, ghosts, etc., can be explained and the child's information about them rectified and increased. As his knowledge of reality increases, his ego is strengthened and he is able to overcome the fear.

The child can be encouraged to tell about the imaginary creature feared and as the parent keeps company, the fearful object is kept at bay, as it were, and the child feels comfort. Such analysis, explanation and demonstration of the nature and function of the object feared is to strengthen the ego. Children also do overcome fear of strange people, things or places in the natural process of growth and it is no use forcing them to try to overcome such fears. The ego is gradually gaining in strength and each step in adjustment should be gradual according to the strength acquired by ego. A sudden forcing of adjustment is too much a demand on the ego which is inadequate to deal with the situation and anxiety remains the same or it may even increase.

The attitude of parents towards such fears in children goes a long way in mitigating them or in prolonging and increasing them. An anxious and more worrying attitude does not help and it is good not to take these fears so very seriously. A rather matter-of-fact but sympathetic attitude helps to overcome them. Parents should try to eliminate or, at least, to reduce the situations which call forth excessive doses of irrational fear. Some children, for example, are afraid of big gatherings, parties or other strange places and people. Parents can avoid all these. But they can also prepare the children to overcome those fears by telling them the nice things they would see at those places or the interesting people they would meet. Children can be made to actively participate in such feared situations and the pleasant features of them pointed out. To maintain some atmosphere of familiarity in order to avoid plunging suddenly into the strange and fearful surroundings, it helps to make use of some known or favourite adults or to take along some familiar or favourite toy so that the child does not feel entirely strange.

In the case of children who are afraid of some medical treatment, operation, dressing or injection, as is usually experienced, it is no use coaxing them and telling them that it would not hurt, if the particular treatment is hurting. The child in that case would be resentful of the lies and would disbelieve the adults later on. It would be more helpful to tell him firmly but sympathetically that it would hurt a little and that also for a moment and that since it is essential for cure of the ailment, it must be done. The child then, prepares himself and screwing himself up gets over the pain quickly and feels that he has been brave and has achieved some-

thing and this increases his self-respect. Frank explanation and matter-of-fact talk about such matters will do more good than mere coaxing or appealing.

Parents, thus, can handle the occurrence of such fearful situations in early childhood, though, because of the weakness of the ego in the early stages, it is impossible to overcome them entirely. Some such fears of animals or imaginary creatures are but spontaneous and not quite uncommon in small children, and parents need not feel so worried about them. However, development of excessive anxiety later can be avoided by proper handling of the phobias in early stages.

Children in whom such early occurrence of irrational fears have not been properly dealt with or who have lived in and have experienced suffering from a hostile environment develop a fearful attitude. Past dreadful experiences, brutality and rough handling by grown-ups or by older children produce timidity, cowardly traits and fearfulness as a persistent reaction or symptom in a number of cases, who are conditioned to dread the present and to anticipate injury or pain at the hands of other people in future. Such frightening experiences in early childhood as accidents, burns, operation, threats from adults, separation from parents and other fearful events produce anxious disposition. With some constitutional and temperamental factors also working, such environmental stresses produce constantly apprehensive, anxious or nervous children who have no spirit of adventure or initiative. They are seclusive, timid, shy, dependent and adhering to the known or familiar. They have difficulty in facing the new or strange situations or people. They are rather stay-at-home type and do not contribute in the group activities and cannot easily face social or moral issues in the community life. They are sensitive to snubs or criticisms, disappointments and failures. They have some obsessional trends of being persecuted by others and are afraid of saying or doing anything lest they be rebuked or criticised. They are excessively imaginative and over-conscientious and they set up high standards of perfection for themselves and others. They are generally serious-minded, particular and very scrupulous. They worry unduly over small things like keeping an appointment, reaching the school or cinema house in time or catching a train or bus, though they are generally precise, exact, tidy and neat.

This is illustrated by the case of a boy well-known to the writer. He was fearful, shy, timid, aloof, nervous and had hardly any friends. He used to come home alone from school and would read to himself and ignore any class-mates even if they visited his house. He was continually apprehensive and would imagine the worst befalling him on every small mishap. He had some persecutory obsession that everybody was against him. As he grew up he was over-modest and did not feel normally towards the opposite sex also and was very bashful. He at times tried to be courageous to hide his fear and timidity, but some of his anxiety was converted into physiological disturbances as poor appetite, general restlessness, temper-attacks and trembling when scolded.

His anxious nature and continued apprehensiveness was due to the fact that from very early days he suffered from threats and actual beating by older boys of the majority community. His own community being out of caste, as it were, in that area, the family as a whole was undergoing similar experience of persecution which reflected back on the boy who, thus for years, lived in great mental tension. Once in a small quarrel between a member of the family and a neighbour's son, the mother was terribly hit on the head by this rowdy son of the neighbour, and this led to profuse bleeding. The boy was almost stunned and terrified to the core and was overcome by anxiety of losing the mother who remained in bed for a long time. He was often teased by the boys of the majority community in the repugnant colloquial phrasiology and teasing hurts so deeply. He knew that he could not have much protection from his parents, as they themselves lived in a state of nervous tension and fear of persecution in some way direct or indirect like abetted burglary or lifting of any of their cattle.

Such general and diffused fear without a definite content is hard to overcome. Its overcoming may take a long time even by living in totally changed environment, since the conditioning experiences have gone deeper, taking place from early childhood which is psychologically the most formative and unstable period in one's life. In actual fact, this boy having moved from his village to a bigger town to his uncle, did very well in his matric examination as he was quite intelligent. But his timidity and fearful and cowardly nature has not been entirely overcome even after 6 year's living in changed and improved environments, and even after attaining a good social position and good education.

The state of continued apprehension and nervousness, as depicted in this case can serve as a basis for acute anxiety states which may lead to inhibition of activities and of physiological functions. In acute anxiety states there may be loss of appetite, vomiting and nausea; abdominal pains or complaints like that of duodenal ulcers, lack of sphincter control leading to loose motions, diarrhoea and enuresis; headaches, choking or suffocating sensations with impaired breathing, palpitation of the heart, tremors or quivering of the limbs, hands, fingers or feet; sleep disorders and insomnia; nervous tension, listlessness or fatigue; sweating and perspiration of palms, flushing of face, faintness and dizziness may also occur. Psychological symptoms such as restlessness, lack of concentration, feeling of uncertainty, depression, instability and irritability also occur. The child may kick, throw things, stamp, bang the door, pound the floor, strike with his hands, be aggressive and destructive, may beat his body, head or breast; may tear his hair, bite his nails or bite himself and in moments of deep depression overcome by extreme anxiety may even commit suicide.

In the genesis of acute anxiety states, there may be precipitating causes in the form of traumatic events as well as the nascent or predisposing causes. Before the onset of anxiety, if a child is normal, it is to be attributed to an environmental stress. But before an environmental

stress, as the precipitating cause, leads to the attack of anxiety, something wrong may have gone on with the child's constitutional make up and his developmental history. Some children have temperamental disposition for neurotic reaction and it can operate to produce anxiety also. Since under the same circumstances some children become more anxious and worried than others, it is likely that they possess a more ill-balanced autonomic nervous and endocrine systems than the more stable ones. The developmental history may also reveal other nascent causes that the child has grown to be more sensitive to criticism, failure or disappointment and that he has been reserved, cautious and suspicious and too much imaginative in anticipating the worst conditions from even some small troubles. Such anxious and worrying character formation, under frightening conditions, as discussed earlier, disposes one to have attacks of anxiety more easily, in comparison with those who have different developmental history. The precipitating causes or traumatic events like loss or change of job, failure in examination, loss of some dear one, change in inter-personal relationships, as denial of sex relations by a mate or separation from home, disturb the equilibrium of the entire psyche in such a case and make him anxious.

Apart from the physical cause of danger of something in the external world and other predisposing and traumatic events as pointed out above, the sense of insecurity and mental stresses become stronger causative factors for anxiety.

In young children the loss of mother and prolonged separation from her does not lead to the development of emotional tie between the mother and the child and this tie is essential for the feeling of security. Emotional instability and inconsistency in the mother is an equally dangerous threat, as the child is helpless and dependent. The indifferent attitude on the part of the mother and the feeling of rejection and being unwanted produce anxious and negative reactions. Early weaning may also produce anxiety, as it means deprivation, discomfort, unhappiness and insecurity. The mother who has little or no emotional or sexual satisfaction in the marriage may over-protect the child and may give him too much love and then may demand in return a type of love which he is incapable of giving, and thus make him anxious. In such situations the ego formation is damaged and as the child grows older, he lacks initiative and is timid and apprehensive.

A more sheltered and indulgent upbringing or indifference after a period of spoiling and indulgence also makes the child insecure. If a parent gives anxious care and guidance with nervousness to a child whom he or she shields and protects at every step and calls him as weak or delicate from the birth, such nervousness of the parent is transferred to the child who also becomes nervous thinking that something is really wrong with him. The more nervous and fearful the child becomes, the greater becomes the parent's apprehension<sup>1</sup> and this creates a vicious circle. The more the parent gives him attention to make him well, the more he demands that support by remaining nervous and sick.

<sup>1</sup>Allen, F.H. *Psychotherapy with Children*, London, Kegan Paul 1947. p. 167.

Parents' too much worry or anxiety is communicated to the child, as children are very sensitive to the state of mind of the grown-ups. The symptoms like asthma, eczema, insomnia, digestive disorders, etc., as persistent somatic or motor equivalent of anxiety and as effective shield or as insulation against any adequate relationship with others, are kept alive, as they serve the means of attracting more attention. Such a patient even glorifies in the defeat of doctors or others attending on him and only a one way traffic is maintained, and the patient ever remains crippled, ineffective and anxious.

In too liberal and indulgent handling the ego does not develop strong enough to control and to keep in check the instinctual urges. Their upsurge produces anxiety, since they are allowed by the ego but not approved by the super-ego. In the same way, in too strict and dominating handling, where the instinctual gratification is forcibly suppressed, the ego does not find the satisfactory means of satisfying the urges whose presence will be felt, producing anxiety for the ego. So for proper handling of the development of excessive anxiety, there should be neither too strict nor too weak handling by parents.

Sometimes anxiety is produced by the sense of guilt resulting from the conflict between the ego and the super-ego. There is the 'naughty' and ignoble self in the form of instinctive or primitive desires which are not approved by the super-ego or the "pious or good-self". If these unapproved desires are allowed by the ego, the super-ego inflicts punishment on the ego in the form of remorse and guilt and with these feelings of sorrow and remorse fear is combined which is anxiety, (as is brought out by Freud<sup>1</sup>). It serves as a warning to the ego that an instinctual desire is not to be gratified or that it cannot be gratified because it is unacceptable.<sup>2</sup>

In the case of a girl anxiety, for example, was traced to the sense of guilt produced by jealousy towards her brother whom she insisted to be put in a particular school by the parents, knowing full well that he would not learn there much. This action of hers was based upon a hidden wish to see the brother remaining backward and ignorant as a revenge against him as he commanded all the attention of her parents. This wish of hers was not approved by the super-ego. She herself may not have been aware of such a wicked wish but her super-ego perceived it and as a punishment produced remorse and guilt which resulted in attacks of anxiety, and she would scream, cry, tremble and cling to her mother weeping. She was so frightened and unhappy.

Some children suffer from anxiety because they feel guilty about masturbation since the super-ego does not approve of the act. They may have disturbed sleep or night terrors and frightening dreams in which they may be threatened by parents with castration or they may be chased by some animal or person. They may also dream that somebody is mutilating any of their limbs. The threatening agencies,

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<sup>1</sup>Freud, Sigmund. *The Problem of Anxiety*; W.W. Norton & Co., New York 1936.

<sup>2</sup>Pearson. G.H.J. *Loc. cit.* p. 65.

in such cases, in the form of the parent, animal or some strange person are all representing the super-ego which is formed, in some degree, by introjecting the parents or other socially approved standards of conduct.

In the more anxious and conscientious individuals who have a predisposition to anxiety attacks, the precipitating cause for anxiety can also be uncertainty of achievement or creation or of coming out successful in an enterprise undertaken for self-glorification, pride and respect in the eyes of others, as is illustrated by the following case.

A young man whom the writer met in London (and whom he also helped), was on the verge of a nervous break-down with extreme worry and anxiety. He had very disturbed sleep and would get up at 2 A.M. with acute pain in the stomach and this he ascribed to the suspected duodenal ulcer. He had almost no appetite and had lost 18 lbs in weight since his arrival in England. He had impaired breathing with choking sensation and he sighed so often. His hands trembled and there was acute nervous tension with exhaustion and fatigue. He was much depressed and had dizzy spells. All these symptoms indicated anxiety neurosis and he was so unhappy and miserable. He cursed the day when he decided to go to London for his Doctor's degree in a science subject.

He was quite a shining student and had done creditably well all along in his school and college career and has won a name for himself in his social surroundings. Otherwise he was very conscientious but rather anxious and disposed to worrying more for anything, even quite small. He was more of an apprehensive type as discussed earlier, and was very keen to add another feather in his cap with hopes and dreams of a brighter future, financially and socially, on return to his own country. But the subject he chose for his research was quite abstruse and difficult on which hardly any work was done. Such a choice was in line with his character formation of a perfectionist; wishing to achieve something big to set up a high standard of work. This may have been perhaps to compensate more for his other inadequacies through such achievements. Apart from the nature of the difficult work undertaken, there was not proper guidance, as there were only one or two specialists in that particular field of study in that university and his tutors were changed thrice, the specialist having left for another university. The new tutors were just in name and did not or rather could not help him significantly. Thus he was struggling single-handed with increasing uncertainty as to what was expected of him and what standard of work was sufficient for the degree. Himself being a perfectionist wishing to do something which others had not done, he entangled himself in a net of intricate devices and thus weaving this cobweb around himself, he felt a choking sensation as there was nobody to take him out of it. On the other hand, two years had passed, his financial resources began to exhaust. He had left his job and his wife and children wanted him back home soon as they began to feel his separation more strongly. But what could he do, how could he go back? He was stuck in the mire. He could not leave the unfinished work nor could



he easily finish it. He was terribly worried and day by day was overpowered by anxiety for his work and for his future. If he gave up the quest and returned home without the degree, he was doomed both mentally and materially. For a man of his type with such brilliant record and such a reputation, returning from abroad without the degree would have been a matter of shame, a great slur and a proof positive of his worthlessness. Such thoughts haunted his mind and his whole being was paralysed and the symptoms mentioned above increased day by day. His ego was weak and could not find means to meet the situation, but his super-ego was very severe which would never favour retreat or look upon failure as a normal phenomenon. The youngman was on the verge of a break-down, but the writer's help by way of psychological analysis of the situation to him leading to some psychotherapy in a few sessions, together with the change of the more sympathetic tutor enabled him to revive his self-confidence and strength, to a certain extent, and it gained momentum gradually as he finished his work. Some months later, when he presented his thesis, the symptoms gradually began to disappear and after a holiday on the Continent he had quite recovered his lost health to go back home almost as he came, but with the degree.

## CHAPTER X

### ENURESIS, INSOMNIA, THUMB-SUCKING, NAIL-BITING, CYCLIC VOMITING AND CHRONIC CONSTIPATION

Among various behaviour and personality problems of children are the problems of the nervous and anxious children, as indicated in the last chapter, who though are usually of normal intelligence, well-behaved, amenable and conscientious giving not much trouble to their parents but they are internally perturbed and are quite dreadful of what may happen to them, and so are full of anxiety and insecurity. Their nervousness which in itself can be an indication of deep-seated anxiety, may be expressed by tremors of hands or fingers, weak muscular co-ordination, shaky handwriting (if they are educated), impaired breathing, broken and paralysed speech, easy sweating or flushing of face. They also generally suffer from poor appetite or digestive disorders leading in many cases to occasional or regular vomiting, chronic constipation or loose motions and diarrhoea. Urinary disorders or lack of control of the bladder, leading to occasional micturition during the day or bed-wetting at night; disturbed sleep with nightmares or insomnia and other symptoms of nervous tension like playing with their fingers or twisting a corner of their garment, scratching themselves in the head or elsewhere, nose-picking, nail-biting and thumb-sucking are also noted in such cases.

Some of these symptoms which are of more common occurrence and which are a little more serious than others, like enuresis, insomnia, cyclic vomiting or chronic constipation and the nervous habits of nail-biting and thumb-sucking, may be discussed here in some details. These disorders, like the other symptoms mentioned above are not really diseases or specific illnesses in themselves calling for treatment as such but they are the manifestations of some disturbances in the individual as a whole. These symptoms, if more fixed, are essentially expressions of some deep-seated or unconscious fear or anxiety, though some of them may occur in various other emotional difficulties also or may be caused by certain physical conditions. Hence it seems essential to enlighten the parent or the teacher about the causation of these symptoms and also to suggest certain lines of handling the cases which have these symptoms, for as much cure as possible.

Ordinarily in young children, control of the bladder during day is established at 18 months of age and during night at 2½ or 3 years. But if there is no control established beyond these ages or if older children, after having been normally clean, again show symptoms of enuresis, it can be a matter of concern and has to be investigated with regard to the possible emotional or other causative factors.

In the medical opinion, certain bodily states like malnutrition, endocrine disorders and irritable bladder or kidneys, are noted to cause enuresis. Some children may also have constitutional weakness in having proper sphincter control and others may be incapable of exercising normal control, as is the case with mentally deficient children who are generally found emptying their bladder whenever and wherever is the urge. In the experience of the writer a large majority of the parents of idiotic and imbecilic children have reported the complaint that the bedding or mattress of these children is found soaked almost every morning. In some children bed-wetting, particularly taking place in early hours of the morning, may be due to laziness as they feel reluctant to leave the warm and cozy bed to go to the lavatory. This may be the case more with dull children and with others who have faulty training in sphincter control.

As a behaviour disorder, enuresis can be a deliberate act to take revenge on the nagging and unreasonable parent or parents for their unkind treatment of the child. The child expresses his revenge by thus upsetting or mentally hurting and by putting the parents to inconvenience by making them to wash and change the bed or by making them to pay more to the washerman, as he is afraid or unable to express his revenge in any other way. In other cases it may be an unconscious effort to win the mother's attention, who may have started ignoring the child in order to look after the baby brother or sister. In thus becoming a nuisance by wetting the bed, the child strives to acquire some ascendancy or power over his parents. According to Individual Psychology enunciated by Adler, enuresis is also a compensatory effort for inferiority feelings, particularly for what he calls "organ inferiority". Children with short stature, dark complexion, snub nose, club foot, one eye or other physical defects, for example, try to compensate for their deficiencies by this means of achieving ascendancy or by thus expressing their urge for self-assertion.

Psycho-analysis interprets enuresis as an expression of either infantile sexuality or unconscious erotic fantasy. Norman Haire<sup>1</sup>, for example, quotes the case of a little girl who slept in the same room as her parents and wet the bed every night (her parents cohabiting every night) except during the week when the mother had her menstrual period. The psycho-analysts have interpreted it as an expression of infantile sexuality, as the child is simply said to imitate, in its own way, the act of the parents. Stekel calls it "urinary sexuality," "or as a form of displaced sexual activity." It may also be associated with masturbation and may thus be a sexual equivalent or it may be the result of the individual's unconscious attempt to identify with the father<sup>2</sup> and thus in erotic fantasy discharging urine in place of semen (as done by the father).

In some cases where the child is unconscious of his spitefulness towards parents, he is said to regress to the anal-sadistic stage and

<sup>1</sup>Madam Balint, *The Psychology of Nursery* (quoted by Norman Haire in his *Encyclopaedia of Sexual Knowledge*, loc. cit. p. 46.

<sup>2</sup>Pearson G.H.J. *Emotional Disorders of Children*, loc. cit.

enuresis, as a symptom of obsessional neurosis is directed to punish the parents by throwing or splashing urine on them, as it were, and thus deriving pleasure from the act.

But in the more persistent cases enuresis can be interpreted more rightly and nearly always as determined by fear and anxiety or by a sense of insecurity. Small children, for example, when frightened by adults with stories of demons or devils, may develop the symptom, but the more common causative factor is social misery as experienced by orphans, motherless children or by children who are forcibly separated from parents (as during a war) or who are over-powered by anxiety of losing either of the parents, particularly the mother or of some harm being done to her. A girl of 9½, for example, who was outwardly quite timid and babyish-looking from facial expression was emotionally disturbed with anxiety and worry and used to wet the bed every night. The reason revealed in family history was that the father of the child often rebuked, threatened and thrashed the mother even in the presence of the child. The man, being very short-tempered and not being quite happy with his wife, often created a scene in the house with shouts, abuses and blows showered on the mother and in this tense and frightening situation the whole being of the child was staggered and almost paralysed. The child naturally was ridden with anxiety that great harm might be done to the mother, or that she might even be lost. Her nervous symptoms of quietness and some stammering and persistent enuresis were obviously caused by the extreme sense of insecurity she felt under such living conditions.

A child who is unhappy and insecure due to other circumstances such as being unwanted, rejected or deprived of love, as by unwilling parents, step-parents or in a broken home, is very likely to develop the symptom of enuresis, particularly if his bladder control is poor. A boy of 12 brought for guidance was very anxious-looking. He was shy, guilty and troubled as he was a victim of enuresis. He was, however, above average in intelligence (I.Q.115), but had twice failed in his school examination. The reason revealed in his case history was that the mother being quite weak and sickly did not want any more children and he was the sixth child. The mother was quite exhausted and fatigued due to chronic constipation and had become very peevish, irritable and sensitive and could not look after the children. There was nobody else in the house to help her and the husband was most of the time away for his work. She often lost temper and scolded or smacked the child and asked him to go away and not to trouble her. She had from the beginning rejected him as he was another burden added to her already heavy burden of worries, mainly caused by her illness. Such neglected and rejected children, particularly by step-parents from broken homes, are also likely to be anti-social in their behaviour as has already been indicated in the discussion of delinquency. In an approved school, for example, in U.K., where the writer had the opportunity of staying with the juvenile delinquents for some time, a large number of the inmates suffered from enuresis and two

teachers from the staff were deputed every night by turns, to keep a watch in the residency to wake up the habitual enuretics and to send them to the urinals. The enuretic and the delinquent are sometimes both considered as psychopathic personalities, with deficient inhibitory tendencies, a weak ego and a poor super-ego also, together with a faulty intergration in the component levels of the personality.<sup>1</sup> They cannot renounce instinctual gratification and react primarily under the influence of the pleasure principle. But all enuretics cannot be classified as psychopathic, since many of them suffer from anxiety-neurosis, as anxiety or sense of insecurity are the essential conditions for precipitating more habitual enuretic symptoms.

The sense of insecurity and mental tension produced in the mind of a child by mal-treatment and unfriendly attitude by an authoritative parent can, likewise, produce enuresis. A boy of 14 (I.Q. 110) referred to the Child Guidance Centre, was suffering from enuresis. The symptom, however, was less whenever the boy went to live with one of his aunts during vacation and it regained its intensity when the child lived at home. The reason, revealed in the case history, was that the father who was a nervous and anxious man and who, in his boyhood, had himself been an enuretic, was very cold, reserved and severe-looking, with an authoritarian attitude. He was away from home most of the time but when he would come home it was like a tiger entering a yard of cattle. He said that he was a great puritan and a strict disciplinarian, not believing in "spoiling children" by too close, intimate and friendly relations. He would never play with his three children including the boy who was the eldest and even on holidays he would either go out for shooting or would busy himself with his files, accounts and so on. He was also interested in watch repair and if, by chance, out of curiosity the boy opened his drawer to look at his tools and other odds and ends which he could easily make out that they were tempered with, the boy had a good hiding. From the very beginning, the child feared this severe man and would be very nervous, confused and strained in his presence. He thus living in the social climate in the home surcharged with tension, fear, hostility and domination felt very insecure and developed the symptom of enuresis. He was, however, recommended to be removed to a boarding school.

The sense of insecurity and anxiety is noted not only in such dominated or suppressed children, but in the over-protected or over-indulged children also. The over-indulgent parent, particularly the mother, bestows upon the child all love and fusses too much about his cleanliness or feeding and satisfies his every whim. The child is not allowed to mix and play with other children in the street where she thinks that every dog bites and every cow is a bull. The child is thus made very timid and dependent lacking in self-confidence and in giving him so much security the mother, in reality, makes him insecure. The child remains emotionally immature and shy and would easily withdraw from difficult situations. In some such cases who are depen-

<sup>1</sup>J.J. Michaels. "Parallels between Persistent Enuresis and Delinquency in the Psychopathic Personality." *American Journal of Orthopsychiatry*. 1941 p. 261.

dent and looking for help from others and who are often emotionally unstable with other nervous symptoms, enuresis is also a common problem<sup>1</sup>. Over-protection and over-indulgence do not afford necessary conditions for proper training in sphincter control, as the child does not develop capacity for instinctual renunciation and ever lives on so many mouthfuls of pleasure, as it were. The parent, taking an indulgent view of his lapses and with many repetitions of bed-wetting which are taken lightly as normal occurrence by the ever obliging parent, the symptom becomes more fixed as a habit.

In recent years various methods are being used to control bed-wetting. In some cases medical treatment by injections of various kinds to sooth the central nervous system is tried with some good results. It is also commonly believed that bed-wetting is more likely if the child sleeps soundly and so the use of Benzedrine is recommended so that the child sleeps more lightly and he wakes up when about to urinate. Sometimes atropine or belladonna alkalies are recommended. Restriction of fluids at bed-time or controlling excess of water in diet is sometimes found helpful, but since the body manufactures quite a lot of water by its own metabolism, such restrictions are not always effective. Moreover, such restrictions are likely to make the child more conscious of the symptom and make him more worried and consequently more persistent in the habit. Occasional waking and taking the child to the toilet, use of an apparatus that rings a bell when the child starts wetting the bed and operative procedures such as circumcision all have been used and recommended. But these devices at best can, to an extent, check the symptom and since they do not go to the cause of it, no lasting cure is effected. Enuresis as a persistent symptom is essentially an emotional problem and has to be tackled more from the mental than from the physical point of view, and as it is not an illness in itself but is a problem of a disturbed individual and varies with individuals, the treatment is to suit the individual cases.

Parents and teachers quite often resort to repressive methods and even to corporal punishment and other privations in order to control enuresis in children. They sometimes put the child to shame in front of other siblings, play-mates, class-mates or relatives but such attempts, instead of helping, make the child still more persistent in the habit. So instead of scolding and corporal punishment, talking gently and kindly, (though with some firmness) and the use of incentives of rewards, flatteries and treats would be more helpful in training the child to control the bladder. In such a sympathetic manner, control of the bladder can be better taught by making the child to urinate after increasingly long intervals. In some cases, where the child shows lack of confidence or sense of inadequacy, giving him of some responsibility or some job of trust is found helpful in controlling the symptom. Another important point to be borne in mind by parents is that they should not make too much fuss about the symptom of bed-wetting, nor to be so much horrified by it, because their anxiety about the trouble

<sup>1</sup>Hall, Barton. M. *loc. cit.* p. 165.

passes on to the child who becomes more conscious of it and is thus likely to persist more. Since enuresis is caused essentially by anxiety and sense of insecurity produced by rejection, domination and over-protection on the part of the parents, a radical change in their attitude through parental education or personal analysis is an important step towards the eradication of the symptom. In certain situation where such a change in attitude is not easily possible, foster-home placement or removing the child to a boarding school will be found helpful. In a boarding school, where there is a competent and understanding educational staff who could make the child's life more regular, calm and relaxed and where through social participation with other friends and associates, a sense of acceptance and security can increase, the symptom is more likely to be controlled.

In some cases, at least, who are more grown up and whose complaint is more chronic and of psychological origin, deep psychotherapy shall have to be resorted to. If a child, for example, is suffering from inferiority feelings or has some unconscious erotic fantasies or unconscious desire to draw attention or to wreak revenge on parents, analytical therapy will be the helpful course. In others, on the more conscious and deliberate plane, some sort of auto-suggestion would be helpful<sup>1</sup>. A child, for example, can resolve, "I will be dry to-night" or that, "I will wake up to-night before urinating," or that "Nothing is wrong with me otherwise and I will control this symptom." Such forceful suggestions to oneself will also work.

In any case, the essential condition is to control the inner emotional life, as there is intimate connection between the function of the bladder and the emotional sphere so much so that the bladder can be compared to a barometer indicating the emotional level.<sup>2</sup>

Other disorders sometimes noted are those which are connected with the feeding, digestive or eliminating processes. Cyclic vomiting, chronic constipation and encopresis or faecal incontinence which though are in much less cases than enuresis, but are matters of great concern in cases where they occur. Cyclic vomiting may be caused in some cases by purely physical, somatic or constitutional factors such as abdominal pain, endocrine disturbances or gastro-intestinal disorders. It can be a purely nervous phenomenon also, as feelings of disgust which may be traced to varied mental sources, anxiety and fear play an important part in the production of this symptom. Sulochna, a girl of 8, for example, who was quite depressed and shy-looking with rather a weak health, had attacks of vomiting lasting for two or three days almost every second month. When the attack was experienced, she felt very restless and had disturbed sleep. Medical examination did not indicate any organic or constitutional difficulty. But in the case history the symptom was found to start at the time of partition of the country when she had the first attack in the refugee train. She had seen deaths and bloodshed in the way, as the train was attacked by hostiles.

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<sup>1</sup>Boenheim, Curt. *Practical Child Psychotherapy. loc. cit p. 80.*

<sup>2</sup>*Ibid*, p. 68.

On reaching the destination, the inadequate and huddled living conditions in the refugee camp, with bad smell, filth and squalor enhanced her feelings of disgust. She with the parents was removed from one camp to another and for a long time they roamed from place to place before they found some conditions of stable living in Delhi. This suspense and disturbed life further increased her feelings of disgust, fear and anxiety which were found to be the causes of her vomiting. This symptom after persisting for a long time of about two years had acquired the dynamics of a compulsive repetition, as is usually the case, and had become an ever-increasing disturbance. In majority of such cases, however, both the somatic and nervous factors exist calling for both physical and psychological treatment.

Faecal incontinence or encopresis having almost the same causative factors as enuresis is not of so common an occurrence. The reason may be that the control of the rectum is acquired more quickly than that of the bladder and one can retain the semi-solid faecal matter more easily and longer than the fluid urine. However, in the mentally retarded in whom there is delay in the bowel control like the bladder control, the symptom is commonly observed and these children, particularly the lower in the scale of intelligence, would ease themselves whenever is the urge. But in other children of normal or average intelligence, it may be due to faulty training, inadequate supervision of toilet habits or due to laziness. In some children faecal incontinence or lack of bowel control may be caused by nervous tension, fear and insecurity. A child of about 5 years, for example, of superior intelligence eased himself quite often in his clothes and had loose stool dripping even along his legs. This happened whenever his father who was short-tempered and of severe disposition scolded him and beat him. He had developed this symptom under the frightening and anxious conditions produced by intimidation by his father. In some other cases lack of bowel control can be due to unconscious reactions of spitefulness, the individual regressing to the anal-sadistic stage to wreak his revenge by throwing faecal matter, as it were, on the individual who is the target of his spitefulness.

In some cases chronic constipation is the trying symptom. It may be caused by acute illness, unsuitable food and disturbance in the digestive tracts like what is called "hungry intestines" which absorb all the water and make the faecal matter very dry and hard. It may also be caused by the physical conditions of disturbed peristalsis movements when the faecal matter is not normally passed down. Withholding of bowels or to be constipated may be indicative of a negativistic disposition also as a defiance of, for example, an over-anxious mother. A neurotic mother who is too fussy and too anxious about the child's cleanliness and who makes the child to empty the bowels regularly at the appointed time, in reality interferes with the child's development and more normal functioning and drives him to the sub-conscious defiant attitude. Persistent constipation may also be indicative of aggression which is more of a masochistic type caused by frustration,



failures or guilt feelings. Fear and anxiety are also found in many cases to be the cause of long or chronic constipation. Madan, a boy of 12, for example, complained of constipation for a long time. He would clear the bowels after every three or four days and that also not very clearly. He looked very sickly, quiet, and perturbed. In the case history and final analysis of the situation it was found that the child was terrified by the teacher who would beat him very often. He was slow in his class work and did not profit very much from schooling. The school and its routine presented a frightful situation for him, but due to the fear of his parents he did not play truant from the school and suffered himself silently. Such suppressing and inhibiting circumstances inhibited the functions of his bowels and chronic constipation as a psychosomatic disorder was a form of conversion hysteria in this case.

In symptoms like cyclic vomiting or chronic constipation it is the effect of repetition that one event becomes the ever-increasing disturbance. The causes of such a repetition can be, in some cases, desire for recognition or false striving for power or to draw the attention of parents. Such persistent somatic symptoms indicative of anxiety are often used by such patients as effective shield or as insulation against inadequate relationship with others. The individual keeps the symptom alive as a means of attracting more attention and glorifies in his attempt to defeat the doctor attending on him and also the parents who are so anxious for his cure. He thus only maintains a one way traffic by having everything from others without giving them anything.

The guiding principles for help in cases of loss of appetite, vomiting, chronic constipation or encopresis, however, are more or less the same. In the first instance, the troubled atmosphere in the household should be calmed down. Parents have not to be very anxious or so much worried about the symptom, nor should they try too early an anxious training by cajoling, bribery or punishment. Corporal punishment and threats to which psychotherapy is so averse will only fix the habit, though some withdrawal of affection and firmness for proper training will not only be helpful but would be absolutely essential.

As all these symptoms are connected with eating or meals, taking of meals is not to be turned into having lessons, with strict watch and control but children should be allowed to eat as they like in a friendly and sociable atmosphere. Meal-times are not for instruction and discipline, as a child looks upon eating in quite a different way than an adult. The adult considers a meal as a time for relaxation and so he needs quiet but to a small child quiet is a penance and he enjoys the meal only when he is allowed to eat his favourite dish in the friendly and even in a shabby manner preferably by himself. In the cases of acute and chronic disorders connected with the alimentary canal, psychotherapy is, however, to be resorted to, as in other difficult problems.

Another common difficulty experienced with some children is disturbed sleep or insomnia. Troubled sleep is essentially an indication of a troubled mind, though there can be certain physical or

organic conditions such as indigestion, uncomfortable bed, disturbing noises, illness or disease and so on which can cause sleeplessness.

Fear and anxiety are found to be connected with more persistent sleep disorders. In some cases, fear of darkness or of sleeping alone may be a cause of disturbed sleep. In some imaginative children an exciting or terrifying story before sleep or a lurid picture-book or some thrilling incident seen during the day, which may disturb their emotional balance, may produce nightmares or wakefulness. Frightening or worrying experiences like the death of somebody may also cause frightening dreams or nightmares with shouts and crying. Fear of the teacher and the school or conflicts with school-fellows are also noted to produce similar symptoms.

The more disturbing cause, however, is deep-rooted anxiety or sense of insecurity produced by any factors of social misery or difficulties with parents. Lack of interest on the part of either of the parents, fear of rejection or being left alone, parental quarrels, desertion by either of the parents leading to breaking of the family or the fear of losing father or mother are some of the observed conditions in many cases of insomnia. A child of 5 years, for example, shrieked and shouted at night and disturbed the whole family. In the play-room, in the Child Guidance Centre, he again and again played by making a canal in the sand-tray, filling it with water and making a bridge over it. He played a toy-car going over the bridge and bumping into a tree and toppling over. He would pick up the car with evident expressions of concern and fear exclaiming, "Oh! Oh! it is besmeared with blood and it has become dirty!" He would wash the car in the bucket of water and repeat the play over and over again. His case history revealed that his father had met with a car accident and it was described to him by his mother very graphically but in a horrifying manner. She told him how his father was driving along the canal on his inspection duty and how his car crossing over the bridge took a bad turn and bumped into a big tree on the corner. The car toppled over and was badly damaged and the father got severe injuries on his head and bled profusely. She told him that he was in the hospital for treatment and was in great agony. The insomnia of the child, in this case, obviously was because of the anxiety of losing the father. He, however, in various play sessions playing the same game and every time finding his father safe in the hospital, released his pent up emotions and anxiety and, sometime after, got over his insomnia.

A child may have disturbed sleep after seeing parents in the sex act as he does not understand it fully and is worried what is happening to the mother and may be afraid of losing her or of some harm being done to her. Insomnia is also noted, in some cases, due to a sense of guilt at possessing sex knowledge which may add to the child's anxiety. A girl, on knowing that babies are born to women, was having disturbed sleep as she feared that she might also have a baby at night. In a similar fashion anxiety about going blind or of dying while asleep are also noted in certain cases of anxiety neurosis. Anxiety about success in examinations or in the work in hand or about failure in achieving distinction

or in topping the list of the successful candidates is noted, in many intelligent school children, to be the cause of nervousness and insomnia.

With regard to treatment of sleep disorders medical advice is to be sought in cases where the cause is organic. In some cases a sedative, like mild bromide mixture, may be given on the advice of the doctor. In other cases, where the cause is more physical, the change in the environment with regard to the bedroom or bed, lightening conditions or other disturbing factors will be helpful. In cases where the child is afraid of darkness and has difficulty in going off to sleep or wakes up at night, the parent should go to him and sit by his side and talk to him quietly and soothingly preferably with hand on his head. Such reassuring and pointing out that there is nothing there in the dark to trouble him will help in lessening his restlessness and in putting him to sleep. Sleeplessness in some children is a more common symptom and the parents have to be more patient. If the child has some disturbed sleep they need not be so much worried and anxious about it and need not create a great fuss, because as children are very sensitive to the state of minds of their parents, the anxiety of parents will be communicated to them, and becoming more self-conscious, they will begin to feel that everything is not alright and that there is something wrong with them. This would keep the complaint alive and it would be more likely to become a fixed habit.

In cases where anxiety of some sort is firmly rooted in the child's character and is the cause of insomnia, sleep-walking or other sleep disorders, psycho-therapeutic approach, with the help of play (as in the case cited above) or with conversation to get clues of the origin of the disturbance or by analysing dreams (in the case of more grown up children) will be essential.

Nervous children who suffer from behaviour or personality disturbances are also sometimes noted playing with their fingers or buttons or a corner of their dress. Some of them also scratch themselves on the head, pull the hair, pick the nose, bite their nails or indulge in thumb-sucking. Such fidgeting and some other tics are symptoms of nervous tension. Such nervous children may be physically weak and they may think that they are ill or otherwise inadequate. They generally have nervous parents. Such parents are over-anxious and over-solicitous and from birth they concentrate anxiety on the child. Ordinary illness is too much fussed about and when various physicians may be consulted. Being thus made the centre of interest and attention by parents, the child grows self-conscious, thinking himself to be delicate, ill and incapable and thus becomes over-dependant lacking in self-confidence. Nervousness may also result from domination or wrath of the parent or teacher and is produced by guilt feelings, fear or anxiety.

Nail-biting as a commonly observed symptom in nervous children is associated with some distress in which condition one has a tendency to bite or to chew to release the nervous tension. Since the nails are tough and insensitive and lend themselves easily to biting, for some time

at least, one finds them as handy means of release of tension. In the cases of more pronounced anxiety and frustration nails are severely bitten. Repressive handling by parents and a feeling of being unfairly treated in the home or in the school produces resentment and insecurity and the child, like a "drowning man catching at a straw", catches hold of the nails to relieve himself, to an extent, of the tension. Some intelligent children who are nervous are often noted analysing their thoughts or expressing their feelings or resentment into words, while biting their nails. In such a situation the nervous tension produced in their mind by the problem is released by finding a prop in the nails, which are bitten the harder as the tension is stronger.

Another commonly observed practice, more particularly among very small children, is thumb-sucking for which various authorities quote different figures. Some give the figure of 42% to 75%<sup>1</sup> of very young children or babies doing thumb-sucking; Charlott Bühler gives the figure of 83% of such children indulging in thumb-sucking, most of whom though only suck before going to sleep. In small children this is a normal phenomenon, since at that stage the mouth is the centre of their attention and its stimulation by feeding or sucking is a source of satisfaction. This act can also be like masturbation or stimulation of the genitals. But even in small children the practice is found more in those children who have inadequate or brief breast-feeding. Some grown up children who resort to this practice have really been frustrated in their proper satisfaction of breast-feeding and become "fixated" at the "oral stage" and regress again to this stage whenever they feel emotional tension in their relationship with others. So thumb-sucking in more grown up children or even in some adults, as observed, is really a way to relieve nervous tension produced by frustrations, guilt, fear or anxiety, by forgetting oneself at the moment and by going back in life at a stage when satisfaction was derived from sucking. The sense of insecurity under the frustrating, resentful and anxious situations forces one to find some consolation or solace somewhere and in such cases the thumb, like the nail, is a handy means to supply a prop to stand on, as it were, to tide over the trying situation. In the habitually nervous and anxious people it can become a fixed habit, as every time they are to face nervous tension, they need the means to relieve it. Such people expecting difficulties at every step in life and looking upon the world as threatening and hazardous go about with thumb in mouth to drown, to an extent, their misery in the satisfaction they derive from such oral stimulation. The habit can get fixed up in some to such an extent that their thumb goes into the mouth whenever there is frustration, and they keep the thumb in the mouth most of the time even as quite grown up adults. On the occasion of a marriage, it is reported that —the father of the bride, received his guests and the marriage party by only raising his one hand in salutation, as the thumb of his other hand was in his mouth. He, as a nervous man and as a habitual thumb-sucker, had to do so particu-

<sup>1</sup>Boenheim. Curt. *loc. cit.* p. 103.

larly under such conditions of confusion, nervousness and embarrassment in the midst of strangers or new persons, in order to feel secure by having the satisfaction derived through "oral" stimulation. Similar is the situation with some children in whom thumb-sucking is such a fixed habit.

Children with such symptoms of nervousness can be helped by re-education and by widening their interests and activities and by gradually increasing their contact with other children in the school and in play or social activities. Their attitudes can be discussed in a sympathetic manner in personal interviews or impersonally in class or group discussions. Since such children generally view the world in a distorted manner, as full of potential enemies or hostile people and they look upon the average person as uncompromising and unfriendly, their such distorted conception becomes more habitual and their egoism or self-centred out-look draws them more within themselves to find substitute satisfaction through thumb-sucking or nail-biting. The more chronic cases have to be handled in the same manner as other cases showing other nervous symptoms or anxiety states already discussed.

## CHAPTER XI

### SPEECH DIFFICULTIES—STAMMERING OR STUTTERING

The difficulties of speech are delay in learning to talk, disorders of articulation, disorders of voice and stammering.

Quite often parents bring to the Child Guidance Centre children who are much delayed in acquiring speech. Some of them are found to be deaf and so they are also dumb. If deafness is partial, imperfect hearing delays talking and distinct speech. Delay in learning to talk is, however, a significant symptom, as quite commonly backwardness in acquiring speech is an indication of mental retardation and of an incomplete mental development. In such cases speech difficulty is only another indication of congenital mental deficiency—a difficulty which is almost impossible to get rid of beyond a very limited degree.

The second speech disorder is of faulty articulation which is not generally any source of concern to parents, but it can interfere with a child's progress in school. Faulty articulation may be due to defective tongue, lips or teeth, or due to deformities and diseases of the nose, throat or of the palate. The most common fault in articulation is lisping which occurs in most children, while learning to speak. If parents encourage baby talk or overlook the lisping habit, it may persist even in the school where, of course, it is overcome in normally intelligent children by loud reading or recitation. In some children, particularly with impaired hearing and mental retardation, faulty articulation, however, may persist more or less permanently.

Disorders of voice are rather rare in childhood, but nasal speech which may result from the defect of a soft palate should be referred to a medical man. In some children there may occur loss of voice unexpectedly, when formerly they have been speaking normally. The cause of sudden loss of voice may be shock or fright. A negativistic child may also refuse to speak and mutism may occur also as a symptom of schizophrenia.

But the more common and more worrying speech difficulty is stammering. It means halting articulation and a tendency to tax too much the articulatory muscles in order to overcome the obstacle in speech, and the term stuttering is employed to describe the repetition of the initial consonants of a word in an effort to speak. Anyway, it is not important to make out an exact difference between the two terms and both can be considered together to understand their causes. Stam-

mering is caused by the neuromuscular inco-ordination in the motor centres of the brain cortex and is aggravated by emotional factors. There is a theory which is more recently confirmed by Henderson and Gillespie<sup>1</sup> with the help of electro-encephalographic records that the incomplete or insufficient dominance of the leading cerebral hemisphere over the other is the basis of stammering. This is significant in view of the fact that a fair proportion of stammerers are primarily left-handed and according to some writers, there are as many as 40 to 60 percent of them.<sup>2</sup> In them the tendency towards left-handedness is not sufficiently strong to ensure complete superiority of the right hemisphere. If they are forced to use the right hand, stammering is very likely, but if a strongly left-handed child is permitted to use his left hand, it is very unlikely that he would develop a stammer<sup>3</sup>.

Stammering generally begins in early childhood and according to one authority<sup>4</sup>, in as many as 60% cases, it begins between the ages of 2 and 5 years i.e., at the time when the development of speech is not yet complete, and at this critical stage difficulties of adaptation may be encountered. As speech is the chief and universal means of expression and communication, speech difficulties in many cases are likely to begin at this age. Later at the beginning of school life, when new demands are made, children with poor speech face new difficulties and the symptoms may be aggravated and at puberty speech disturbances like other difficulties may become even more fixed.

For understanding a particular case of stammering, it is essential to go into the family history to find out if either of the parents, grandparents, uncles, aunts or cousins in the home had the complaint, since imitation plays an important part. Some writers ascribe imitation to 10% of the cases of stuttering<sup>5</sup>. It is, however, difficult to decide whether the particular case is purely of imitation, since a state of bodily ill-health, apart from other psychogenic factors, may also predispose a child to develop such nervous symptoms. But in some young children during the period of speech development, it is noted that the symptom, developing by imitation of some stammerer in the family, was stopped from growing further by separating the child from the family, as is clear from the following case.

Dipak aged 3, the third and youngest male child with 2 sisters of 5 and 7 years, began stammering soon after he was able to speak a few words. He was much attached to his father who unfortunately was a terribly bad stutterer. Through imitation and, perhaps, more by identification, the child developed the symptom and the pattern of

<sup>1</sup>Henderson, D.K. Gillespie, R.D. *A Textbook of Psychiatry*, 6th edition, 1944 Oxford Uni. Press, London. p. 636.

<sup>2</sup>Hall, M.B. *Psychiatric Examination of the School Child*, London. Edward Arnold & Co. 1947. p. 147

<sup>3</sup>*Ibid* p. 175.

<sup>4</sup>Nadoleczny, Max. (quoted by Curt Boenheim *Loc. cit.* p. 146)

<sup>5</sup>Gutzmann, (quoted by Curt Boenheim *Practical Child Psychotherapy*, London Staple Press, Ltd. p. 148.

getting stuck on certain consonants was quite similar to that of the father. The child was advised to be removed at once to the home of the mother's parents and the mother also to go with him for one year or so. She had the instructions to speak to him clearly with no baby talk and to correct the various mistakes of word sounds and to encourage him to speak calmly and slowly without any excitement in order to strengthen his self-confidence and to overcome the fear of talking. Since there was hardly any deep psychological reason in this more or less a pure case of imitation, the child did overcome most of the difficulty and it is hoped after his speech development is complete, the symptom would disappear. However, with a few such exceptions, stammering is more a form of neurosis and in those cases psychological procedure is of extreme importance for the understanding and treatment of this speech disorder. The personality make-up and psychological traumas constitute the psychogenic factors in the causation of stammering. In some individuals the pronounced aggressive element may dispose them to stammer. Intense aggression may make the child tense, excited and over-active in mind and body while expressing himself through speech, so that his flow of ideas is too rapid for his speech mechanism and he stumbles and stutters. In another group of children who stammer, there is the disposition to be shy, timid, and reserved, as they find it difficult to have contact with other children and adults. They are sensitive and nervous. Children of this mental make-up exhibit extreme self-consciousness with feelings of inferiority and inadequacy. This emotional difficulty is exhibited in hesitation in speaking to strangers or to those in authority, in contrast with the ease and smoothness in talking to friends or contemporaries. Such children with defective speech are generally depressed and are seldom bright or cheerful.

Psycho-analysis regards fear and anxiety as primary causes of stammering, and anxiety arising from repression of sex gratification is said to appear in the form of stammering. It is taken as one of the syndroms of conversion hysteria. From the point of view of Individual Psychology stammering, like other neurotic symptoms, is a means of escape from the obligations of society. Although all cases of stammering can not be explained in terms of anxiety connected with sex gratification, yet the importance of guilt in the etiology of stammering cannot be ignored and guilt feeling in many cases arises from the severity of the super-ego with resistance against sex, as is illustrated in the following case of a youngman.

Suresh, aged 22 years came to the writer voluntarily without letting his parents know of it. He felt concerned about his stuttering and seemed quite worried that this speech difficulty stood in his progress and he was quite keen to get rid of it.

His case history revealed that he was the eldest son in a family of 4 children, 2 younger sisters and 1 youngest brother. The parents, when approached later, told that he was of a quiet and rather shy temperament from the beginning. He had early developed a sense of res-



possibility and conscientiousness, as he was quite praised by the family members for his good and quiet behaviour. He often rebuked his sisters or even punished them for any undesirable mischief or lies or any other lapse of good conduct. He had quite a strong super-ego formation early in life which became very rigid and rather severe, more perhaps, under the religious influences of the Arya Samajic teachings practised by the family, and the severity of the sup-ego was, in particular, against sex.

At the age of three there was, however, a traumatic experience of severe fright, when the patient with other children was playing on the roof of their house. All of a sudden somebody shouted "thief! thief!", and all the children ran down quickly but he, being small, was left behind and was terrified. He tumbled down the stairs and was unconscious for sometime. The parents related the symptom to this incident, as he was stunned and choked and was quite speechless for sometime.

It is a fairly common story that in many stutterers, the complaint starts as a result of fright,<sup>1</sup> as a sudden fright causes a severe startle reflex which makes the child catch his breath and this catching of breath means regressing back to arrhythmic breathing of early infancy. In arrhythmic breathing, there is very inco-ordinate flow of air which makes clear and easy speech impossible and if it persists for long, stuttering becomes the only type of speech possible. In older children and in adults, however, the regression does not last long, but if it does, the symptom becomes set.

In this case, this possibility could not be overlooked. But here anxiety and guilt feelings were found to be the main cause of his chronic symptom. The environmental factors were, no doubt, contributory to the building up of the weakness in his speech which was utilized by the feelings of guilt for his self-condemnation and it is well known in psychosomatic medicine that the weaker physical function is made the target or means by the psychic conflicts to express themselves.

The facts of the case were that there was an uncle living in another city and the family lived with him for some time when the patient was about 4 years old. This uncle was a stammerer and the patient was quite fond of him. The factor of imitation also seems to have played some part in disposing the patient to have his weakness in speech. But the most precipitating cause was his terrible sense of guilt arising from his sex activities. At the age of 5 or so, the patient was seen by his second uncle with another boy of almost the same age in a dry ditch; the other boy sitting on the patient's posterior with homosexual desires. They had first manipulated each other's sex organs and were developing homosexual interests. The uncle startled the boys and the patient was threatened by the uncle that if he did all this he would die. But this unnatural handling of the situation by the uncle did not stop the interest of the patient in the natural sex play and he was dis-

<sup>1</sup>Pearson, G.H.J. *Emotional Disorders of Children*. London, George Allen & Unwin Ltd., 1951. p. 135.

posed to have even more interest by this forbidding, so much so that the patient began to masturbate. His shyness increased and he became more and more withdrawn and masturbated more and more. In the company of girls in the school and later in the college, he was like a fish out of water. Whereas other friends and his cousin cut jokes with girls and enjoyed their company, the patient even being in their company, was silent and morose all the time. His self-consciousness increased and so was his nervousness and his stammering. In the college he was quite often ridiculed by two boys who made fun of him by imitating his stammering. The patient was very miserable and self-conscious during his student life and was never seen on the play-fields. He never took part in any games or other extra-curricular activities. He had a terrible sense of inadequacy with occasional phantasies of suicide. Inferiority feelings had turned into a complex. His failure to make social adjustment induced more auto-eroticism or self-indulgence which created more guilt and consequent recessiveness and so a vicious circle was created. The patient was very nervous and was terribly stammering in front of his boss and others in high authority. His severe super-ego was working like a master with a cane in hand to a boy who did not learn his lesson. His weak ego trembled before his strong super-ego and while attempting to speak, his whole being trembled and so did his voice and stuttering was the result.

The treatment consisted in deeper psychotherapy to build up his ego to increase his self-confidence and to give him a sense of adequacy and also to tone down the severity of the super-ego by giving him right sex education, in particular. The patient was quite intelligent and had passed his B.Sc. in electrical engineering and was appointed in a Government Department on quite a good salary, whereas nobody else in the family circle had done so or had achieved any academic advancement. This achievement was an important material to build up his confidence and sense of adequacy. Side by side with psychotherapy, treatment was given by speech training and exercises as described at the end of this chapter. The patient has improved a lot and stammers on a few words only in front of the writer (because of transference) but otherwise he speaks quite well. With continued treatment, it is hoped he would overcome the difficulty, while speaking to others also.

Stammering, in some cases, can be one of the syndroms of conversion hysteria caused by anxiety based upon insecurity and deprivation of love. The symptoms of conversion hysteria, as pointed out earlier, occur in the form of disturbances of physiological functions by unconscious conflict in fulfilling the basic need for love and affection.

A case reported by Pearson<sup>1</sup> was that of a boy of 13 who was suffering from severe stuttering. He was very timid, aloof and reticent. He was the only child from his parents' first marriage and was breast fed only for two weeks. He used to suck his fingers until he was two and a half years old. The mother, not happy with the marriage, did not want him and she did not pay much attention to him and even neglected

<sup>1</sup>Pearson, G.H.J. *Loc. cit.* p. 129.

him. He started stuttering when he was 3 years old. The parents separated when he was four. He lived for sometimes with his father, on whom he was quite dependent. He went to his mother also sometimes but later the father remarried, when the patient was 7 and the mother also remarried when he was 10. He had attacks of asthma also which started at the age of 6, after a walk with his father when he felt tired and wanted his father to carry him but the father refused. His stuttering and asthma were a sort of reaction formation to attract attention and to be loved by the parents. When he stuttered he made a kissing or sucking sound with his mouth. In his unconscious was a desire to kiss his mother and to suck her breasts which desire remained unfulfilled even in infancy and he got fixated at the "oral stage", as in Freudian terminology. This stuttering represented his longing for the mother couched in oral terms. His speech difficulty and his asthmatic tendency were an expression of the conflict between his uncertainty about his parents' love, particularly his mother's, and his bitter resentment or anger about the way he had been treated or the frustration he had experienced.

Similar reaction formation to attract attention may arise from jealousy towards a brother or sister to whom parents pay more attention. The craving for love and attention which is denied to the child in this way leads to the development of the symptom of stammering in some cases<sup>1</sup>, as the aggression against the denying parent or the brother or sister towards whom jealousy is felt, is turned from them to the patient himself, and some weakness is found in the physical functions and so the minor speech difficulty becoming the target of impairment, stammering is the result.

Treatment of stammering consists in psychotherapy and exercise. When fear is the basic cause or when intimidation, feeling of inferiority and introversion, due to some sense of guilt or other inadequacy are the decisive factors, the patient is to be calmed and encouraged. For this purpose the source of fear, as far as possible, is to be traced back in the life of the patient; the attitudes of parents and educational failures are to be investigated. Quite often continued nagging or domination or very autocratic attitude on the part of parents with occasional threats or blows or intimidation and a disturbing attitude on the part of the teacher or bullying by class-mates, makes the child more anxiety-ridden and the symptom aggravates.

In such cases the aim of psychotherapy is to build up the self-confidence to strengthen the ego and to prepare the patient to overcome the fear of talking. In the case of the more aggressive, impulsive and unmanageable patients, we have to quieten both the atmosphere and the child. However, in all psychotherapy every case has to be dealt with individually and no hard and fast procedure can be laid down. The cause of the symptom in the life history has to be unearthed and the personality pattern and the environmental influences have to be carefully studied.

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<sup>1</sup>Pearson G.H.J., *Loc. cit.* p. 168.

Stammering, in course of time, may become set as an independent psychical symptom and in the majority of cases it is not possible to effect cure even in a moderate degree by psychotherapeutic treatment alone<sup>1</sup> and so exercise must supplement psychological treatment.

Usually stammerers start to talk with the last remaining breath; they should be made to start talking shortly after the transition from inhaling to exhaling so that they use the whole breath. The duration of the breath can be increased by breathing exercises i.e., by inhaling deeply and exhaling slowly, or by making one to count or name the alphabets or to repeat days of the week or months in the year or arithmetical tables for as long as he can, without stopping within one single expiration. Children enjoy this exercise and try to keep up with the analyst. They can be made to converse on a topic in which they are interested or made to recite. The well known fact that most stammerers have a flawless utterance when singing is to be made use of in therapy.<sup>2</sup> They can be encouraged to recite nursery rhymes or poems or to sing songs. By those who do not have a good voice rhythmic sentences can be repeated in a singing tone like the poem by Longfellow : "Tell me not in mournful numbers, life is but an empty dream" and so on. While answering questions or otherwise relating something, patients should be forbidden to use telegraphic style. To the question, for example, "where did you spend your vacation" ? they should not merely say "Srinagar", but that "we spent our vacation in Srinagar", as a full answer.

Another useful procedure is to tell a story or to make the child to read one and then to ask him to repeat it from memory. This is rather difficult for a severe stutterer, but he can be encouraged. Sometimes in stammerers the spasmodic movements of the muscles of the face and neck are very disturbing, but the exercises can begin after some rest and relaxation by making the child to lie down and to close his eyes when some suggestions are made to relax the muscles. The type of exercise and the method all depend upon individual cases but the exercise should be so chosen that the child is encouraged to speak more easily. When encouragement and some confidence have overcome the initial depression and hesitation, exercises can be supplemented by games or measured marching or other rhythmic movements, accompanied by some recitation.

To ensure success it is essential that both psychotherapeutic treatment or re-education of the patient and proper exercises to build up letter, word and sentence habits in a proper manner are extended over a considerable period. Stammering is not a minor problem to be solved by advice or only by speech training. As it is, in many cases, the result of intera-psychic conflicts, it needs an intensive and long treatment. The neuromotor habit formation of a long duration is very difficult to break completely. Even if the intra-psychic conflicts are resolved by intensive psychotherapy, a certain amount of stuttering remains which can only be overcome by persistent speech training, by breathing exercises and by conscious practice in speaking slowly and clearly and by forming the word sounds correctly.

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<sup>1</sup> Curt Boenheim, *Loc. cit.* p. 150.

<sup>2</sup> *Ibid.* p. 151.

## CHAPTER XII

### SEX PERVERSIONS AND PROBLEMS

In all living creatures sex urge is as basic or fundamental as the urge for food or the urge to eliminate the waste. The three biological functions of assimilation, dissimulation and sex stimulation (which is often associated with reproduction) are invariably accompanied by pleasurable sensations, as nature has contrived to make essential life<sup>1</sup> processes pleasure-linked. Some psychologists like Freud have thought that all such pleasures are really and ultimately sexual in nature. Freud gave a very wide connotation to sex and considered it to be synonymous with pleasure derived from any sensory stimulation. According to him, the pleasure derived from listening to good music, from seeing beautiful pictures or scenes, from smelling fragrant odours, from tasting or eating nice food and the pleasure derived from massaging or making soothing passes on the skin, are all sexual in nature. Such a view is supported by the reported facts by some people that they feel some tickling in the genitals with partial or complete erection when they are served with nice dishes or when they see a beautiful figure or have soothing skin touches. Urination and defecation are also taken as an expression of 'infantile sexuality' by some authorities. Norman Haire, for example, quotes the case of a little girl who used to wet the bed every night as she slept in the same room as her parents and saw them cohabiting. She thus imitated, in her own way, the act of her parents.<sup>2</sup> In any case, whether such a wide connotation of sex is permissible or not, is a debatable question, but the presence and importance of sex urge from early life is indisputable. The manner and type of sexual satisfaction sought by living creatures does, however, differ according to the species, the age and other conditions of the individual creatures. In human beings sex is an important drive right from infancy and after the epoch-making discoveries of Freud, the old notion that children are so pure angels that they do not have any sex impulse is only a museum piece in human thought. Little infants, quite early in life, give indication of having satisfaction when tickled round about the genitals, and male infants are also noted to have erection. Sexuality thus does not start only at puberty, but starting from early infancy, it blossoms at puberty. This early presence of 'infantile sexuality', as it may be called is, however, not of the same intensity and significance as it is in more grown-up children, adolescents or in adults. Charlott Buhler has rightly pointed out that 'infantile sexuality' is not sensual in nature to

<sup>1</sup>Freud, S. *Three Contributions to The Theory of Sex* New York, Nervous and Mental Diseases Publishing Co. 1930.

<sup>2</sup>Norman Haire, *Encyclopaedia of Sexual Knowledge*, p. 46.

the same degree as it is in the grown-ups. It is more dissociated from affection in selecting the object of love and it plays no part in reproduction. Gradual increase of excitement reaching its peak in the orgasm and then gradually subsiding, is not an essential feature of infantile sexuality. It is more diffused and weak.

The children of 11 or 12 are noted to experience orgasm if they masturbate and sex intercourse among a little more grown-up school children is not unknown. However, the sex drive starting from early infancy gains in intensity, potency and virility as the individual grows towards adulthood. There is thus always a desire to satisfy the sex urge in any manner one is able to satisfy it. Every one seems going about in life seeking an opportunity to ignite his matchlock of sexuality, as it were. Some of the ways and means of the satisfaction of the sex urge, though often found adopted by human beings, cannot be taken so normal or desirable both from the individual and social points of view. One may argue that since such methods of sex satisfaction are a matter of common occurrence in human life, they can be called quite normal and not as perversions. But human beings also tell lies, steal and behave dishonestly or cruelly to reach certain ends and such practices, though usually adopted by them, are condemnable and undesirable from the point of view of the individual's own best interest and from that of social welfare and are termed as perversions of conduct. So if the human beings, young or grown-up seek sexual gratification through channels which are really unnatural and wrong and so detrimental to the individual and social health and well-being, they can be labelled as sex perversions. Nature has made the male and the female—the two sexes for mutual sex gratification and reproduction of their own species. But if one derives pleasure by self-stimulation or "auto-eroticism", by seeking stimulation from an individual of the same sex or from an individual of a different species altogether (as an animal) or from an individual very young in age or from many individuals and that also so many times, all such attempts will be deviations from the more socially or individually desirable and healthy means of seeking gratification. Such attempts can be taken as sex perversions, each having its own degree of seriousness or harmfulness. They can be named again as follows :

- (a) Self-stimulation consisting mainly in masturbation.
- (b) Homosexuality.
- (c) Bestiality.
- (d) Loose promiscuous or heterosexuality consisting mostly in prostitution.
- (e) Certain morbid tendencies or practices such as rape of young children, incest or sex relation with daughter or son, brother or sister, exhibitionism, fornication, morbid interest in pornographic literature, lewdness etc.

These perversions and sex problems may be considered in some details.

It has already been indicated that small children, very early in life, derive sexual satisfaction when they are stimulated by somebody, but they also derive the same pleasure by stimulating themselves and after doing it once they have a tendency to do it again and again. Children at quite an early age become acquainted with their genitals, while playing with parts of their body or when they are washed, rubbed or clothed. Various physical conditions of local irritation caused by worms, dirt or tight clothes automatically draws their hand to the genitals leading to the discovery of pleasurable excitation. In play activities, like sliding down the banister or riding a rocking horse or pressing against any hard thing or rubbing against the bed, pleasurable sensations in the genitals are aroused. Thus sooner or later every child comes to experience some sex stimulation and satisfaction through any such means and has a tendency to resort to it again.<sup>1</sup>

Freud distinguishes several periods of self-stimulation or "autoerotism" in the development of the child, for example, the period of infancy, early childhood and puberty. In infancy genital manipulation is very rudimentary and is not generally accompanied by emotional excitement. Up to the age of two or three, the child's attention is more concentrated in his mouth, skin and anus and he derives more pleasure through sucking and elimination of waste and passes through what Freud calls the oral and anal stages of libidinal development. Genital stimulation at this stage does not have the same importance, as it has more in the period between 3 and 7 years which is said to be the genital stage of sexual development. In this period children derive great satisfaction in seeing or showing their genitals, in playing with them, in undressing other children and in seeing their organs and also in peeping at the sex organs of adults. They manipulate their organs quite often and derive some sex gratification. After the more docile and quieter latency period between 7 and eleven or so, interest in the genitals is more strongly increased in the period of preadolescence and adolescence and more self-stimulation begins.

Thus all children begin to stimulate themselves less or more and manipulate their sex organs to derive some sex satisfaction. Such self-stimulation or masturbation as it is generally called and which is also referred to as "self-abuse" "self-defilement" (at least in the case of more grown-up children or adults) is the artificially aroused genital activity either manually or otherwise to attain sexual satisfaction of some degree without the co-operation of a partner. Some authorities<sup>2</sup> are of the view that from 14% to 71% of children admit masturbation but it is a much more prevalent phenomenon than what most parents, educationists or physicians believe. Norman Haire<sup>3</sup> in his *Encyclopaedia of Sexual Knowledge*, quoting Prof. Young and Berger says that

<sup>1</sup>Pearson, G.H.J. *Emotional Disorders of Children* Loc. cit. p. 228.

<sup>2</sup>Boenheim Curt, *Practical Child Psychotherapy*, London, Staple Press, p. 86.

<sup>3</sup>Norman Haire, *Encyclopaedia of Sexual Knowledge*, p. 80.

everybody has masturbated and that it is a practice which is very wide-spread and which 99% of young people indulge in or have indulged in at some time or the other and that the 100th person "the pure" is either an impotent or that he or she does not confess the truth. Prof. Stekel, the great psycho-analyst, is also very emphatic in saying that everybody masturbates and that to this rule there is no exception, if we take into account unconscious type of masturbation as takes place in dreams. In dreams various repressed desires express themselves and certain wishes which could not be satisfied in real life, owing to moral inhibitions, are satisfied. Considered in that light, involuntary emission can also be taken as a form of masturbation, as such emissions are generally preceded by erotic dreams.

In any case, masturbation or self-stimulation is a universal phenomenon and not only human beings indulge in it but even animals are also noted to masturbate in their own way<sup>1</sup>. A bitch, for example, masturbate by rubbing her posterior on the ground or by licking the genitals with her tongue, as is also done by cats. Ponies and donkeys, when deprived of normal sexual activity, stimulate their member and rub it against the belly in order to produce even an ejaculation. Cows and buffaloes are also noted to do some masturbation by putting the end of the tail in their vaginal passage. Havelock Ellis supplies other examples of masturbation in goats, rams, stags, camels, elephants, bears, hyenas, ferrets, parrots, monkeys, etc. Masturbation among male monkeys is particularly common. The monkey uses his hand to rub and shake the penis, an activity akin to that in human beings.

Such self-stimulation for sex gratification in most human beings is learnt by the individual himself, as pointed out above. It is also learnt by imitating others, as some boys and girls in early days learn by watching their companions masturbating. Some may be taught by any of their playmates, relatives or servants. Thus having discovered or learnt this source of sex gratification, children indulge in self-stimulation again and again. In some cases they repeat the practice to seek occasional and wanton pleasure and to relieve some mental tension, as reported by an adolescent boy that he would masturbate on any rainy day when he felt excited or on some other occasions and most of the time he did it in the lavatory. Many adults also masturbate when they are deprived of sex life or are separated from the mates as in the army, navy, police or in a prison. Many resort to the practice in moments of depression, frustration and loneliness to create some pleasurable sensations to drown the momentary suffering and to escape from the unpleasant and trying situations. In small children self-stimulation is like thumb-sucking<sup>2</sup>, when one falls back on himself to create some pleasant sensations to escape feelings of loneliness, abandonment, nervousness or anxiety. It is also a means of quietening anxious feelings, since frightened by the turmoil around, one tries to disregard it by losing oneself in pleasurable sensations artificially produced in the genitals. The conditions of

<sup>1</sup>Norman Haire, *Encyclopaedia of Sexual Knowledge*, p. 80.

<sup>2</sup>Rambert, M.L., *Children in Conflict*, *Loc. cit.* p. 139.



unhappiness precipitated by difficulties in the home such as parental quarrels or unfaithfulness on their part, maltreatment of the child or neglect, step-parent situation or pampering, all can drive the child to seek consolation through masturbation. In step-child situation, the unhappy family tangles lead to lack of sexual control and the child finds easy escape from frustration by resorting to masturbation. In pampering situation, there is excess of love and the child is excited more and is more prone or actuated to satisfy his urge through self-stimulation. Other social conditions like poor housing, inadequate and huddled sleeping accommodation, lack of supervision and seduction by others, contribute to the habit of masturbation. Some children have almost a compulsive urge to masturbate excessively and in spite of punishment meted out to them by parents or guardians, they go on with it without any sense of shame or change in the practice. In many such cases of compulsive masturbation there lurks a desire in the background to attract attention or one may wish to humiliate the parents by such defilement.

Masturbation is done in many ways by boys and girls and also by the more grown-up human beings. Small boys do it by rubbing the penis with the hand or in between the thighs. More grown-up boys play the penis in the loose fist with rhythmic movements. If a boy is reluctant to touch the penis directly with the hand, he holds it with a piece of cloth. Instead of the penis, the scrotum is, sometimes, rubbed or the testes are manipulated. Some introduce the penis in something which can hold it. Norman Haire<sup>1</sup>, for example, quotes the case of a prisoner who made an artificial vagina in a loaf of bread given to him as his ration, and he had the illusion of a normal intercourse. A small child's masturbation before pre-adolescence is, however, different from that of an adolescent or of an adult. The small child is only aware of sensory pleasure and manipulates the organ more mechanically, but the grown-up child has erotic fantasies and visualises the love object with whom he has the illusion of having sex intercourse, as it were. The love object may be the parent, brother or sister or any other friend or companion or some other person seen beforehand, of the same sex or of opposite sex, according as the fantasies are homosexual or heterosexual.

Girls indulge in masturbation by rubbing against the bed or pressing the thighs together or by pricking the clitoris with a finger. They sometime masturbate by introducing a finger in the vagina or any other object like a hair pin, pencil, piece of stick, a carrot, a long bringel or a raddish. Often an attempt is made to masturbate by touching the urethral meatus or by attempting to introduce some object into it, the object sometimes even getting out of control and slipping back into the bladder. Climbing trees or slipping down a pole or cycling, in which case the seat presses against the vulva, produce stimulation. Wooden or rubber penis is also found handy and orgasm is often experienced by inserting the artificial penis into the vagina.

<sup>1</sup>Norman Haire, *Encyclopaedia of Sexual Knowledge Loc. cit p. 89.*

However, all attempts of handling the genitals or their manipulation cannot be taken for masturbation, as is often mistakenly done by some parents who smack the hand of the child when he touches the organ by shouting, "Dirty! nonsense! don't touch it"! The child, not understanding what wrong he has done, feels bewildered and confused. Small children often play with their sex organs without any emotional excitement and their manipulation of them is more recreational and experimental, but parents are likely to read more adult meanings in such activities<sup>1</sup>. Small children in manipulating the sex organs even for the sake of deriving some sexual satisfaction as in masturbation, do not take it as anything wrong and do not have any sense of remorse, shame or guilt, until the parent, feeling more concerned about it, rebukes, reprimands, threatens or punishes the child. The child begins to feel the sense of guilt or remorseness only when an idea is inculcated in his mind by parents that such manipulation of the sex organs is bad, dirty or sinful and that it is punishable or condemnable. Grown-up boys and girls, likewise, develop feelings of guilt, remorseness, inferiority or inadequacy only when masturbation in them is associated with morality by parents, *pandits*, priests or teachers and other adults and is so pointed out to them. That is why habitual masturbators are generally observed to be shy, furtive, unable to look people in the face and are often serious-minded, self-conscious and blushing. They also have symptoms like absent-mindedness, lack of concentration in studies, nervousness and anxiety. Such symptoms are caused by the disapproval of the act of masturbation by the super-ego which by that time grows fairly strong. Such symptoms are indicative of more habitual masturbator, though some people popularly but wrongly diagnose this habit on the basis of dark rings round the eyes or other signs of weakness. Dark rings round the eyes are no sure basis for ascertaining the habit, as they can be found in the mentally or physically fatigued or undernourished children.

Not only the man in the street believes that masturbation leads to considerable physical ill-health but many doctors and other indigenous medical practitioners also look upon it as a serious impediment, causing symptoms which are to be checked and combated. Some of them believe that it may lead to consumption of the spinal cord, mental decay, loss of memory, disturbance in sleep, sexual weakness or impotency and other physical ailments. But it is doubtful how far mere coincidence can establish a causal connection. There is no direct physical loss due to masturbation unless it is practised too excessively and even in that case one recoups quickly and nature sees to it that excess is infrequent as the desire fades away when stimulation exceeds a certain limit.<sup>2</sup> Moreover the small amount of albumen wasted by the more grown-up masturbator is easily compensated for by food and as Norman Haire says, "The

<sup>1</sup>Strain F. B. *Normal Sex Interests of Children*, p. 137.

<sup>2</sup>Moodie, W. *Doctor and The Difficult Adult*, New York, The Commonwealth Fund, p. 160.

amount of semen lost at an emission is small in quantity and the loss of it has no more importance for the bodily health than the loss of saliva from the mouth or tears from the eye."<sup>1</sup>

The immediate effect of masturbation can be fatigue and exhaustion which may be possible if it is indulged in extremely actively and frequently. But there also it is not physical exhaustion as such, as fatigue is felt due to mental tension created by the sense of guilt. Boys are known who go on masturbating without feeling any strain so long as they do not think it condemnable and wrong. They begin to complain of tiredness and fatigue and look pale when they are worried by moral ideas that what they are doing is bad and against social sanction.<sup>2</sup> So it is really the sense of guilt which produces temporary physical fatigue rather than any loss of bodily vitality. There are certain very wrong notions in some quarters in this country; some think that after the burning up of 40 drops of blood, one drop of semen is produced and so in every discharge so much blood is consumed. Some also think that very valuable mineral salts like calcium, iron and phosphates are washed away through discharge during masturbation. These are quite frightening and upsetting notions and not quite scientifically true. However, whatever small loss of the mineral salts may be, it is, as already pointed out, easily made-up by assimilation of food and one does not become a physical wreck.

There is yet another reason to explain whatever lack of energy, lassitude and fatigue is felt after masturbation, as in adults. Orgasm itself is not more exhausting in masturbation than in coitus, the difference begins only after emission. In the presence of the mate a certain amount of excitement still continues stimulating the activity of the glands and the secretions from the genitals, which reduces the state of vacuity and puts the individual back in normal condition soon, but in the event of masturbation once the act is over, there is nothing to continue the excitement and the loneliness and lack of physiological contact with a partner prolongs the vacuity leading to mental and physical fatigue and even disgust.<sup>3</sup>

Sometimes people frighten the young masturbators that the practice would make them impotent. There is no connection between impotency and masturbation.<sup>4</sup> The writer knows the case of a young confirmed and habitual masturbator who functioned more than normally as a husband after marriage and was the father of several children. He even boasted of his virility by saying that he had 8 times intercourse with his wife on the very first night and that he cohabits with her almost every night. There are so many similar cases on record. It is not masturbation that causes impotency or other

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<sup>1</sup>Norman Hairc, *Loc. cit.* p. 112.

<sup>2</sup>Andre Arthur—*The Unknown World of the Child*; London, Paul Elek, 1947, p. 151.

<sup>3</sup>Norman Haire, *Loc. cit.* p. 116.

<sup>4</sup>Andre Arthur, *Loc. cit.* p. 152.

allied weaknesses, but it is the fear of being found out as a masturbator that acts as a menace to the young persons' mental balance. The often attributed premature ejaculation to excessively indulging masturbators (when they do not play the role of satisfactory husbands) is, in whichever cases it may be true, not so much due to any physical defect caused, but due to the sense of guilt and inadequacy developed by the masturbator, when he begins to consider himself unfit for sexual intercourse with a woman and as unworthy of her.

Thus masturbation, in itself, is not such a dangerous, harmful, horrible or degrading act. It is a spontaneous response of common occurrence to the biological urges<sup>1</sup>. The adolescent, in particular, is bound to find satisfaction in himself since there are not so many opportunities coming his way to satisfy his growing and violent sex impulse. There is nothing very immoral in such auto-eroticism and it is a passing phase. But there are so many masturbators who have paid dearly for their habits and have met with deplorable consequences, not because the act, in itself, is so harmful or produces any physical ailment but the lack of proper sexual enlightenment, the frightful threats of elders, the atmosphere of anxiety and disgust created in the household, produce guilty conscience, shyness or introversion which prove impediments to one's mental and physical health and well-being.

It is the erroneous notions of adults and the ignorance about the real effects of masturbation on their part which has made it the bugbear of the youth. The lie with which the phenomenon of masturbation is surrounded must be exposed and the youth must be freed from the harmful psychological burden which is so hard to bear. Young men and women masturbate freely and there is not a single person who has not masturbated at sometime or other in life, yet there is no other sex habit which being so popular is so much misunderstood. In certain situations and conditions of separation or of loneliness, in view of its some desirable psychological and physical consequences, the practice can even be useful. In men it saves time and money and there is no fear of unpleasant and harmful connections in his bachelorhood. In a woman it is the nearest substitute for normal coitus. The healthiest form of masturbation (as suggested by McDougall also) is by visualizing the person loved or desired and by having the illusion of a sex intercourse. Such a practice resorted to in moderation with proper understanding and no guilt feelings on occasions when normal sex relation with a mate is not possible, will relieve, to an extent, the young person from mental tension and restlessness and will thus serve some useful purpose.

But masturbation cannot be advocated for all at all times and cannot be taken as the wisest method of obtaining sexual satisfaction as recommended by cynics like Diogenes who is alleged to have masturbated in a public street. Masturbation offers such poor satisfaction in

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<sup>1</sup>Rambert, M.L. *Loc. cit.* p. 139.

comparison with normal sexual intercourse that no normally healthy person will care to indulge in<sup>1</sup>. Moreover, it is a more selfish and self-centred act and is likely to push the individual in his own shell of egoism, instead of making him more social and open with other beings. Morbid persistence in this habit is likely to inhibit proper psychological development and is bound to make one over-anxious, nervous, sensitive and introverted, as the individual cannot help feeling that what he is doing is not socially approvable and that nature does not want human beings to derive pleasure only from "auto-eroticism" or self-stimulation, since there is the other sex also created for sex gratification.

Masturbation as found in small children or in adolescents can be taken as a normal passing phase and not so much a perversion unless it persists and is resorted to more frequently or excessively. Parents and teachers can guide and help children or adolescent boys and girls in this matter by adopting a more rational, objective, sympathetic, tolerant and permissive attitude. It is mostly because of mistaken and wrong theories or strange moral notions held by people about this practice that children develop anxiety and a dread of the future. Great damage is done to the child's proper development in the absence of suitable sex enlightenment and instead of allaying his fears and explaining to him the significance of the act suited to his age and understanding, parents often rebuke, threaten or punish the child. Such threatening will never dissuade the child from doing it ; it would, on the other hand, confirm him in the practice and would produce more anxiety.<sup>2</sup> A mother who, for example, smacks suddenly the hand of a child who masturbates, produces an emotional shock in the child's mind since he does not understand what wrong he has done and develops a stronger desire to do it again stealthily. Adults often look upon such acts in children from their own point of view and due to their own weakness and guilt read adult meanings into them. Many parents threaten the child with castration or that they would cut off the organ or would take the child to the doctor who would do the operation. Such parents can be reminded of their own youth whether they themselves had no such inclinations. Their opinion and attitude has to be moulded with suitable explanations so that the atmosphere of restlessness and anxiety is cleared, otherwise stupidity and prejudice leads to doom, as in so many cases. The case of an adolescent boy, as already cited illustrates this. He peeped quietly and meekly from the door of the room of the writer asking in very low tone, "Sir, may I come in ?" He was gladly and warmly received and offered a seat. He seemed so confused, nervous, shy and lacking in self-confidence. He had a drooping pose and pale looks and was so woebegone that he would speak very reluctantly and blushing. At last he came out with the trouble and said, "I am a great sinner and have ruined myself; my health is gone, I cannot put my mind in studies. The reason is that I have been masturbating for a long time and the habit is now so fixed that even at night in sleep my hand automatically

<sup>1</sup>Hirschfeld & Bohn quoted by Norman Haire, *Loc. cit.*, p. 116.

<sup>2</sup>Andre Arthur, *Loc. cit.*, p. 152.

falls on my penis and I masturbate. Finding no way out I now have started tying my hands to the cot, but this I can do in my own room in the hostel and when I go home during some holidays, I cannot tie the hand for fear of being noticed by others and the practice again starts. I am disgusted with life and really often feel like committing suicide." The boy was advised not to tie his hands and was asked to stop it from that very day and was told not to worry even if he did masturbate unconsciously at night. He was enlightened about the sex problem, particularly by pointing out to him that he was not the only "sinner", as everybody masturbates and that there was no physical loss to his body. After the long interview the boy's eyes sparkled and his face brightened up which indicated that he was redeemed and he went away happy as the burden was lifted off his mind. Later contacts with him showed that he was more settled and was making satisfactory progress in his work and social relations. Such victims of false notions, wrong training and lack of suitable information are so many. In such cases help is also given by diverting the attention of the child from himself to other objects and amusements which give pleasure. The child can be tired out in play and work and sent to sleep early. Such suitable ways of spending the day in gymnastics, games, social activities in the company of other children will prove useful in absorbing his mind in other things than in himself and thus in lessening the habit. In some cases change of environment after investigating the cause of the persistent habit can be helpful. The child, for example, can be sent to an institution or boarding school to avoid the threatening or pampering attitude of parents and to let him live in the company of other children for more social contacts and corporate living.

In any case, masturbation does not present so serious a problem and it is rather a milder form of perversion, if at all, as in many cases it is a passing phase not to be worried about and it can be easily handled by ignoring it (instead of over-estimating its bad consequences), by having a more scientific and objective attitude to enlighten the youth about it and by adopting any of the above mentioned methods, if the practice is more persistent than occasional. The more serious sex problems are, however, homosexuality, loose heterosexuality, bestiality and such morbid practices which deserve close consideration.

As all living beings are bisexual, the human individual also derives sexual satisfaction not only through self-stimulation but through stimulation by another being of the same sex. Human beings, even as small children are thus oriented not only towards themselves but towards homosexual and heterosexual individuals. It is, however, noted that homosexual leanings generally predominate more during the latency period<sup>1</sup> and that is why boys and girls in this period (from 7 to 11 or 12 years of age) are more drawn to children of the same sex and make close friendships with them. With adolescence the homosexual tendencies are a bit suppressed because interest in the opposite sex begins to develop more and more. However, in different periods of life such

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<sup>1</sup>Pearson, G.H.J. *Loc. cit.*, p. 215.

tendencies may differ in intensity but the desire of being stimulated by a person of the same sex, in some way, runs parallel with the auto-erotic or heterosexual desires. There are various ways of being stimulated by the same sex partner. Hugging and kissing each other, going arm in arm or mutual masturbation are very commonly observed. In the grown-up males, more specifically, homosexuality has two forms—the active and the passive, i.e., one may have sex relation by using the anus of another male companion or one may like to be used as a passive agent in the same act. There are some such perverted males, who after developing a habit, hanker for the union with an active male companion. There was, for example, quite a young *Sadhu* who would try to entice adolescent boys or some adults to function as active sex partners with him and he felt very restless and showed great erotic desires for being a passive agent and said that he had developed that habit because his *Guru* used to seduce him almost every night. Some homosexuals also function as active and passive agents for each other alternately.

Some more perverted males suck the penis of their companion. This practice sometimes called "*Gomboozan*", though very uncommon, yet is another form of homosexuality. There was the case of a young man who was married but instead of having intercourse with his wife himself he would offer her to any of his companions who would agree to let him suck his penis. Among women, apart from companionship involving caressing and kissing, satisfying each other's sex desire by using an artificial penis which they tie with a belt round the waist, is commonly observed these days.

Homosexual relations are observed in boarding schools, among boys or girls themselves or among pupils and teachers. They are also fairly common in reformatories, remand homes, police or jail dormitories, convalescent homes or hospitals and among soldiers in barracks or on the front.

Among school children in particular, boarding school living is a very common situation for homosexual indulgence. Adolescent boys, feeling strong and growing sex impulse, have generally no occasions for heterosexual relations and so they either fall on themselves and masturbate or fall on other boys generally younger than themselves and satisfy their sex impulse. In many such boarding schools, the teachers-in-charge (particularly if they happen to be unmarried or widowers) exploit some good-looking boys for their sex gratification. The writer is particularly aware of a boarding house where the warden was showering all his favours on three or four good-looking boys as he had regular homosexual relations with them. These boys were the subject of talk for the other boys in the hostel, who would often giggle and indulge in loose talk calling these boys as the "wives" of the warden, though they were afraid to point out the boys concerned openly. The whole atmosphere of the hostel was so surcharged with such homosexual interests and emotions that many boys indulged with each other. The boys' time was mostly spent in such gossips, rivalries and attempts to entice each other, as they were aroused and also subconsciously wished to imitate the warden and so their studies suffered. Generally in

such situations boys grow out of the homosexual tendencies later on, but if the urge that draws them together is not just a passing sexual interest or a curiosity to experiment and is aroused due to intense loneliness, unhappiness or anxiety (as in reformatories or juvenile jails) and if the homosexual attachments are the only emotional outlets which they have, then a boy may become fixed in this habit and may grow into a more confirmed homosexual.

Homosexual orientation and tendencies can be due to certain disturbances of the endocrine glands, as is brought out by certain authorities and is supported by cases of certain effeminate individuals. The disturbance is particularly in the sex hormones in the gonads and the secondary sex characters very much change and the individual acquires the pattern of life of the opposite sex member. There was the case of a young boy who talked like a girl, made gesture and blushed like a girl and gladly helped in the household work of cooking, cleaning, washing up. He used to take food for the male members of the house to their place of work and he would also submit to sexual advances by some male members of the community. More important than such biological bases which, however, are not so definite, there are certain psychological causes for a homosexual orientation. If a child has been brought up by people of his own sex and has had no opportunity for having feelings towards the opposite sex, he is likely to develop homosexual tendencies. In the second place one may become indifferent to or be repelled by the opposite sex, after getting a rebuff in his love making when he is jeered at or jilted by the opposite sex partner. Some people who call themselves as "men-haters" or "women-haters" are often victims of such treatment. Sometime one is forced to be a homosexual because of inaccessibility of the opposite sex as in the case of soldiers, prisoners or sailors. Some may be indifferent to the sex of their partners and can have relations with either sex by being sometimes homosexual and sometimes heterosexual. This may be caused by some painful experiences at the hands of parents, as in cases threatened with severe punishment for approaching the opposite sex. Out of fear and disgust in such a situation, one may turn more to the same sex. In Freudian Psychology, it is pointed out that due to threats by mothers to cut off the sex organ when they are found playing with it, children develop castration fears. So if a boy had long experienced such castration threats, he may become averse to women and shun them. Freud also points out that during childhood a boy may be frustrated in relation with his mother in getting her love and to avoid further frustration, he identifies himself with the mother and enhances his homosexual orientation. He may be saying to himself, as it were, "If my mother does not love me and always frustrates me, I will be my mother and then I can control the frustration I experience." The boy takes as a homosexual object another boy younger than himself and behaves towards him as he would have liked his mother to behave towards himself. According to Freud, if the identification with the mother is associated with a fixation at the anal stage, the homosexuality expresses in the wish to enjoy sexual pleasure in the same way as the mother does. Here the



partner is usually older than the boy and he himself is the passive agent, like the mother.

Whatever may be the reason for homosexual leanings, they have some far-reaching consequences in the psycho-social development of the individual, particularly if the leanings change into a fixed habit. Many marriages are failures where one of the partners is a homosexual. There are cases on record where the man being an active homosexual does not like his wife and does not function as a normal husband, with the result that the woman is forced to find satisfaction elsewhere which leads to many tangles and complications, resulting in many cases in desertion, separation or divorce. In cases of the man being a passive homosexual, the same consequences follow because he does not play the role of an active partner and is usually impotent since he considers himself unworthy of women. The passive homosexual suffers from a deep sense of inferiority or inadequacy and has very poor adjustment in seeking his goals in society. He goes about like a female in the garb of a man and often fails to make adequate progress in his material, academic or social achievements. He has a dwarfish personality and is in constant danger of being ignored, set aside, or even slighted by his fellow-men.

The problem of homosexuality cannot be entirely controlled, nor can all cases be satisfactorily treated. Some degree of defeat is to be admitted, as in all human problems. All the same, in so far as homosexuality is caused by the wrong and threatening attitude of the parents, some control can be effected by parental education. Parents can be enlightened not to punish or threaten the child, when he handles the sex organ or as an adolescent when he tries to mix with members of the opposite sex. Boarding house life and the segregation of the sexes in adolescence, as already pointed out, is an important factor in the causation of homosexuality. When boys and girls are separated or segregated, they would satisfy their sex impulses with their own sex members and there are more homosexuals and more neurotics among persons brought up in institutions or in boarding schools than among those reared in normal social or family life. So instead of shutting up boys and girls in separated institutions or boarding schools, it will be more useful and less harmful if they live normally in social and family life so that they have normal opportunities of social contacts and thus develop more heterosexual orientation instead of homosexual leanings.

In cases of more fixed or habitual grown-up homosexuals, an intensive psycho-analytical treatment will be useful. The passive homosexual, for instance, through such therapy can be helped to have his self-confidence and ego-strength built up, so that he begins to feel worthy of the opposite sex partner. The active homosexual likewise can be apperized of the origins of this abnormality in him and can be enlightened about the role of both the sexes in natural human living in society. In the case of the more confirmed homosexual, some such therapeutic procedure, apart from other control of or change in their social, economic or other conditions, will be essential.

Another sex problem which is of common occurrence among young boys and girls is promiscuous or loose heterosexuality often named as prostitution as a form of sex delinquency. Many youngsters of good background, development and personality, through internal curiosity at the time of pubescent gonadal excitement, wilfully engage in such sex acts which are socially disapprovable. Some adolescents even quite early, coming under the influence of adult degenerates, submit to loose sex unions. Others out of temptation offered to them or to imitate others, indulge in such sex relations. Under the living conditions as of the poor in crowded and congested quarters where everything is open to the gaze of others, sexual intercourse between children or between children and adults is a common phenomenon.<sup>1</sup> Many cases of such sex delinquency, however, may be victims of certain mental conflicts, maladjustments in the home, school problems and other social or economic handicaps and difficulties, as is observed in the case of juvenile offenders. Some such juveniles are rescued by the police or welfare workers from houses of ill-fame or from persons of bad or doubtful character and put in rescue homes like "Nari Niketan" or are produced before juvenile courts. Some of them are also restored to their guardians. But many such youngsters go on with their practices undetected or unnoticed in ordinary life and in this practice some even catch venereal diseases.

A small girl of 8 years or so had got syphilis from a boy of about 18, but she had been seduced by a number of other younger boys who would give her sweets, small presents or pocket-money. She used to go out with any one of her such friends on finding an opportunity and enjoyed herself with eatables and other things and used to submit to the advances of the boys in some lonely place, under a tree or behind the bushes in a newly inhabited area, in Delhi. In the presence of the medical officer she quite innocently described her exploits saying, "The boys give me money and nice things and take me to a place, they undress me and sit on me and then. . . . then it is all joy!" She was not sexually mature yet but by so much stimulation and temptations, she had developed such interests. The boy from whom she caught the disease was identified from amongst her friends but he tried to protest that he never saw her but she gave such a graphic description of the event that the boy had no answer. He was examined and was sent for treatment and so also the girl.

Some highly aroused teen-agers resort to other anti-social acts like theft, physical assault or even murder to find means for their heterosexual desires. The writer interviewed a boy of about 18 in the District Jail, as he was charged with the murder of an old lady whom he robbed of her ornaments after committing the crime which was committed with the sole purpose of finding some money for satisfying his sex hunger. In the interview he revealed his rather ingenious plan of committing the heinous crime. The old lady was his distant relative and she lived with her son and daughter-in-law. The boy instructed one of his

<sup>1</sup>Boenheim Curt, *Loc. cit.*, p. 98.

companions to go to the house of the old woman to tell her that her son, while going to office, had met with an accident so that the daughter-in-law would be at once away to enquire about her husband, leaving the old woman alone. The plan worked and he with another companion entered the house, gagged the old woman, while his companion gave blows to the old woman with a knife and thus did her to death. They took off her gold necklace, bangles and earrings and made good with the booty, but were consequently caught and were being tried, when the writer interviewed them.

The boy in the beginning had been working in a workshop in a refugee colony and used to go to pictures often with another friend who one day took him to a prostitute also. After that day his erotic desires flared up more and he gradually relapsed into a more criminal career. He was obliged to leave the workshop and took to thefts and pick-pocketing with the sole purpose of finding money to go to pictures and to visit prostitutes. He very proudly said that he had been to big cities like Bombay and Calcutta and had had sex intercourse with all sorts of women—Bengali, Punjabi, Madrasi, Parsee, Anglo-Indian, Christian and a few Europeans also. He seemed to have developed very morbid sex interests, as the responses on the Rorschach cards were full of sex contents. He would see a woman's vagina, buttocks, breasts, anus and penis, almost everywhere in the cards. He said that he often got quite big sums in this exploits as a pick-pocket, but before that murder he was out of pocket and was even running into some debt, so to find money, he resorted even to such a tragic crime.

In the interview he confessed his fault and seemed repentant for his misdeeds. On sober reflection in sympathetic and such psychological interviews, so many such sex delinquents feel ashamed and guilty about their acts and show a desire not to return to the practice. So instead of sharp criticism by parents or guardians, in which case the sense of guilt is over-fixated with inferiority, loss of self-respect, emotional imbalance and feelings of distrust, the better procedure is to refer such sex offenders to a guidance centre, so that the psychodynamics of the problem of these offenders are known for proper approach. Strictly regular psycho-analysis in the case of such juveniles who are not quite neurotics may not be so fruitful, for which (as Freud<sup>1</sup> also pointed out) a certain amount of clear-sightedness and maturity are essential and which the juveniles lack, but a face to face talk in all confidence and with full sympathy and understanding with regard to the child's life and his social surroundings which led to the practice of such loose sexuality and also about its consequences in the future, has been noticed to bear fruit in enlightening the adolescent and in his better adjustment. As such children grow into adulthood and are properly rehabilitated, with economic or other social handicaps and difficulties reduced to the minimum, the loose promiscuous leanings fade out in most of them.

Another form of perversion, though not so common, is bestiality

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<sup>1</sup>Freud, S. *Collected Papers*, Vol. I, p. 245.

or having some sort of a sexual intercourse with animals, like a she-donkey, goat, cow or she-buffalo, in particular, as is sometimes observed in rural areas. In urban quarters dogs or bitches are used. Rural school children are often found using a she-donkey, as in a case described to the writer. Three boys were caught by the potter to whom the she-donkey belonged. The boys had taken the donkey in a ditch and were indulging in sex act when the potter came on them and gave a beating with his shoe. One of the boys bled on his head but all ran away. Cow-boys or shepherds have intercourse with young cows often by sitting on their backs near the tail. They also use goats for the same purpose in standing position. In the urban quarters certain unmarried and grown-up women keep dogs as pets and stimulate them, so that the dog has erection and they try to have as much of an intercourse with him as can be possible. Some men or women make the dog lick their genitals and thus get normal orgasm. These practices quite morbid in character are found more in mental defectives or degenerates with grossly abnormal outlook, but, as in rural people it may be more due to the inaccessibility of normal human partners in the fields or jungles where the cattle or herds are taken.

Such morbid sex interests are derived mainly from unsatisfied curiosity and in majority of cases they are just play or adventures having no adverse effects. As such practices are to be forbidden and as they cannot be permitted to be a regular habit, a more practical and unemotional attitude has to be adopted by adults to check and to guide the adolescents. Suitable diversion of interests and a closer supervision for a period will help in stopping such practices. But if threats or other wrong way of handling are adopted, such perversions may become more fixed and may lead to mental conflicts, more morbidity of mind or to neurosis.

Apart from such morbid interests, adolescents or young people are also noted to be indulging in vulgar jokes or talks, and in telling or listening to obscene stories. They read pornographic literature secretly and see sexual scenes or pictures like the *Kok Shastra* or the pictures of various poses in sexual intercourse. These are not very serious problems and should be taken as mere indicative of interest in sex. Some, however, display their sex organs in public and indulge in what is called "exhibitionism". Others make a practice of abusing small children sexually. To exploit them such people frequent school playgrounds and the places where children are known to be playing and with bribe and threats entice them. In many such cases rapes are committed. Sexual intercourses among brothers or sisters themselves or with daughters also sometimes come to light. There was, for example, a man whose daughter gave birth to a son as a result of his sexual intercourse with her. He was, however, so ashamed that he ran away from his house and lived in another town in disguise.

However, in the case of people more fixed in such morbid sex life with some sort of psychopathic or neurotic personality development, psycho-analytic help will be essential, and in other cases, where the in-

terest is more temporary and occasional, such practices can be controlled by change in the environment and in the social and economic conditions of life of the individual. In many cases misconceptions and lack of proper information produce fear, worry, guilt and inferiority feelings which create more problems than the direct effects of such sex aberrations. Such difficulties or problems can be handled and checked by proper and scientific sex instruction wisely given, as suited to the child's or the youngster's age, understanding and mental capacities. The imparting of sex education, then, is a vital question for parents and teachers and has to be discussed in some details.

## CHAPTER XIII

### SEX EDUCATION

As all true education is based upon the natural urges, capacities, powers or potentialities of man and aims at bringing out the best in him, that is, to exploit, train and develop all the elements in his natural endowment to his best advantage, so also sex education is based on the great and fundamental forces lying within each individual and aims at enlightening the individual about the nature and functioning of the sex drive so, that he is able to control it and use it for his physical and mental health. Through sex education, the individual's sexual integrity and social well-being are thus to be maintained and enhanced and the creative or reproductive purposes are to be adequately fulfilled.

Sex education is no imposition, it concerns with a vital matter in which children, from the beginning, are naturally interested. People ordinarily miss or try to miss and ignore the spontaneous and universal sex interests and activities of children. Sex interests and activities of children are though not the interests of the adult performers, but children are no idle observers. Interest in sex is instinctive and starts from early infancy and how surely, gradually, though a little differently, it awakens at various stages can be known by observing babies, small children and adolescents in daily life.

The three organs, that is, the mouth, the anus and the genitals as the agents of the three important life functions of assimilation, elimination and reproduction, are the seat of pleasure, as nature has somehow made the essential life processes linked with pleasure. In early infancy the mouth is the main source of pleasure. The little mouths of human babies open automatically on mere touch and are ready to devour any and everything put in them. Pleasure is derived not only from sucking and eating, but also from the stimulation of the inside of the mouth i.e., the taste buds of the tongue, the sides of the cheeks, the lips and the teeth, as while pressing or biting. The importance of the mouth, as a source of pleasure is, however, not lost in the grown-ups. We not only eat to live but also live to eat and enjoy eating for the sake of eating, as it stimulates the pleasure zones of the mouth. For the same reason pleasure is derived by using chewing gums or betel leaves and by smoking. The second source of bodily satisfaction or pleasure is the anus, since the act of elimination or defecation is pleasure-giving. In small children this source draws special attention and they enjoy stimulation of the anus, even sometimes more by retaining the faecal matter longer, as more pressure will produce more stimulation to give more pleasure. Small children also enjoy it by thinking that they are creating something, and those who have experience of small children can

testify how proud they feel, as they point out to 'Mummi' what they are producing and, during the process seeing again and again between the legs, they experience great satisfaction. This source of physical relief and pleasure does not, however, lose its significance as one grows.

The third source of pleasure is the sex organ and the contiguous area. According to Freud the pleasure derived from all these three sources is the same in nature, i.e., sexual. This may be a debatable question but considering the pleasure derived from the sex organs proper, it is doubtless that the child's sex drive or libido is ready at birth to be coaxed into first faint stirring. From the very birth the genital mechanism is intact. Erections occur frequently right from the beginning of life in the world. In early infancy genital interests are, however, hard to identify, but they can be inferred from such activities as nursing of the face of the mother, sucking the breast with gusto, wriggling up close to the body of the mother to enjoy the warmth and soft touch, holding the breast in hand and from being cheek to cheek with her. The genitals, however, attract attention in babies of about a year or so and they begin to manipulate them. They scratch them, rub them against the bed and touch them with hand and do some sort of masturbation by manipulation.

In a small child stroking his own body, feeling the stomach and penis after bath and jumping up and down and running about naked with joy, pulling the penis or poking a finger of one hand in it by holding it with the other, indicate sex interests. Small children are also keenly interested in the sex organs of other children or of animals like a dog or of grown-ups in the house. They feel in between the legs of dolls. Small children manipulate their sex organs and cover them up when seen by others, particularly strangers. They show love to their pets, play-mates, associates and parents whom they cling, embrace and kiss. They sleep with a particular and loved doll and undress or dress it. They also dress and undress other small companions and see their organs and the navel. Small boys urinate with penis held in hand and are proud of the stream they flow. A small boy of 2½ years was noted to be feeding another small boy with his penis held in hand saying (the penis, though, touching the head of the child instead of his mouth), "I am suckling him". Small girls lie with a doll or younger brother or sister and pretend suckling them and so do boys, sometimes.

A small boy of about 3 seeing his mother suckling his baby brother, knowingly and with obvious interest mixed with some mischief said, "Yeh Mummie Ka Keya Pee Raha Hai", (what is he sucking of the mother?). He would insist on seeing his mother's breasts and would peep when she undressed or changed her clothes and he would follow her in the lavatory quite often. He would cry when the door was closed and would ask her to open it protesting that why did she close the door. He one day also asked her where was her "Muti" (organ for urination). Small girls of four or five play mother or having a baby and look after doll babies. They take them to the bathroom, clean, caress, dress or undress, put to bed and feed them. They also play father and

mother or husband and wife among themselves or with small boys and even sit on each other with sex organs exposed. They also giggle and cut jokes about buttocks, bottom, faeces, anus etc., They show interest in each other and express their love. Boys hide to see little girls undress or urinate and *vice versa*. Girls handle the organs of boys and wish to have one like that and satisfy their desire by holding a pencil or a twig in between the legs. Little boys see little girls and, not finding a penis in them, cry out, "Mummi, she has no place for " *Muti* " (urination).

A little older children about six or seven years of age become more aware of young ones being born to pets or to their mothers. They draw teats of a cow and show the difference in a woman and a man in clothing. They dress up like older children and are often aware that boys marry girls and girls marry boys. They kiss each other and stimulate each other's sex organs and even attempt an intercourse ; girls also sitting on the bottom of the boys. They try to tease each other ; boys, for example, hide the clothes of girls while bathing or shut the bathroom from outside.

Still older children of 7 to 11 or 12 or of elementary school-going age become more aware of their own sex and they try to keep together more with their own kind. They begin to feel the difference of their roles. They become more aware of sexual relations between man and woman and even sometimes draw picture of a man and woman mating. They are aware of the result of marriage, i.e., having babies. Boys walk behind girls giggling or laughing at their expense. Sometimes they chase them and pull at their dresses. They keep nude pictures, watch with interest dogs mating, giggling and throwing stones at them. They write on the walls of lavatories sexy words or draw sexy pictures. They have some companion of the same sex very dear and beloved and with arms around each other, they hug each other and roll around inseparably together. They lean on each other and shriek and yell together with joy. They slap and poke and express some exhibitionism. They even begin to show interest in the opposite sex partners and have some judgment about their appearance and are quite definite about the two sex relationships and the function of marriage and about the role each sex has to play.

In pre-adolescent boys and girls, the sex drive further grows. Interest in sex activities of human beings and other animals is more aroused. They draw sexual scenes between man and woman on walls of public places or lavatories more vividly. They become a bit more self-conscious. They show interest in the opposite sex and twisting of arm, chasing, teasing, touching and necking or kissing, whenever possible, are commonly observed. But they hide their growing interest in their beloved partner just as they hide themselves when undressed. They read about all sex matters and listen with rapt attention from associates, stories about sexual matters but feel shy to discuss them with adults. Girls get worried about menstruation and try to hide it but tell to mothers or teachers if encouraged or properly informed on these



matters. They begin to have fantasies about their own marriage and begin to evaluate the opposite sex associates for life partnership. They also become concerned and worried about their changing figures, gait, height, voice, weight and the growth of other secondary sex characteristics. They exchange soft glances with opposite sex companions, and boys try to fool with girls in such a way that they could touch the breasts and pretending to pick up something from the floor, they purposely try to touch the legs of girls. They look at pictures in bathing suits with great interest or often at obscene or pornographic pictures and also draw pictures, with all curves and contours. They stealthily write love notes to each other also. But sexual interest in the adult sense is only casual at this stage. The pre-adolescent is more an experimentalist and his sex activities are more recreational and not so sexual in the adult sense.<sup>1</sup>

The more grown-up adolescents who have passed through this stage become more definitely men or women and are now planning to play their different roles. They try to attract the attention of the opposite sex by coquettish dress, manners or gestures ; they get lost in the love-lore and dream of the sweet future with fantasies of a partner. Girls spend a good deal of time in personal decoration and make-up to look appealing and they talk to each other, whenever possible, with protests of love with genuine interest. Particularly in European countries, adolescents choose their partners, have appointments or "dates" and even mothers ask their grown-up boys, "Why don't you go out with girls ?" Some of them in their late teens may reply, "I am not ready to get married yet, though every girl is."

It can easily be seen how much interest children indicate in sex, from early infancy. However, in these changing and growing sex interests, it is to be noticed that in early childhood or rather babyhood the psychic or affectional interests and biological or bodily interests are closely allied. But as the child grows and as the connection between "meals and mother" becomes less, the two interests, i.e., the bodily and the psychic become more distinguishable from one another. In adolescence and later, the psychic interests expressing in personal attachment, affection and feelings towards others all blended, develop into sexual love. But, in any case, interest in sex is as basic as in eating from the beginning, though ordinarily people out of ignorance, personal inhibitions or resistances and wrong training with consequent feelings of guilt, try to ignore it and feel bashful and embarrassed when required to talk about it. If asked to point out what interest children have in this vital urge, they would often parry the question or would mention a few vulgar words on the walls of old monuments or public lavatories and a few by-plays between boys and girls. There is so much hush-hush talk about sex interests or sexual matters and there is no other urge which is so much tabooed, censored and inhibited. It is rather a strange thing, why so much hesitation, fear, guilt, shame, blushing and embarrassment is associated with this urge which is as natural a

<sup>1</sup>Strain, F.B. *Normal Sex Interests of Children* p. 137.

function as eating, drinking, smelling, sneezing, looking at beautiful things or listening to music. The partial answer may be that since this urge is the most pleasure-giving and since pleasure-seeking is a more individualistic or selfish act, the person seeking sexual pleasure is functioning more from the egoistic point of view, which attempt is contrary to or in contradiction with his more social or altruistic nature and hence his egoism in pleasure-seeking is censored or disapproved by his more altruistic nature and so he feels guilty, remorseful, apologetic and repentant. This may explain, to an extent, why in almost all societies sex is considered as a more secretive, low and ignoble affair. Such an explanation seems quite plausible, since human beings are basically social in nature and sociability and individuality get and grow together (though both somewhat opposed to one another). Such a view may also explain some noted indications of guilt or remorse in the behaviour of even very small children who manipulate their sex organs and try to stop it and hide or cover up the sex organ when seen by any elder person, even when the child has not been rebuked, punished or shown some concern about it before by parents or any other person in the house, though, of course, the intensity of one's guilt, fear and shame is according to his training.

In any case, even if we do not accept the presence of such fundamental bases of guilt, remorse, secretiveness or shyness about sex stimulations from early infancy, there is no doubt that our society has tabooed and inhibited the sex urge to the point of morbidity. The handling of natural sex interests and urges is, haphazard, moralistic, strict and authoritative, accompanied with a sense of shame, emotional involvement and fear. Such an unhealthy attitude made worse by lack of scientific knowledge, on the part of parents and teachers, (who are particularly concerned with the education of children) is the cause of similar attitudes and ignorance in children which make them to fall in the abyss of guilt feelings and deep anguish and which disorganize them inwardly to make them experience great emotional tensions.

Many children become anxious, worried and nervous, as they grow and as the sexual impulse develops and as they begin to have sex interests and sexual fantasies. Quite often, instead of being a period of happiness, adolescence becomes a period of perplexity, disquiet and occasional depression. Many boys on having the nocturnal emission, for example, get extremely worried that they are suffering from some disease which will do them great harm. They try to find some medicine for it and the unscrupulous quacks exploit them. In a similar fashion many a girl on the first appearance of menstruation think it their own monstrosity and have horrified reactions which cause psychological complications. A number of menstrual disorders have been traced to anxiety, dating from the first appearance of the menstrual flow. Many young people have strange notions about sex relations or conception. There are cases of many girls who thought themselves pregnant after a kiss or a passionate hand pressure or talk with a young man. Getting very worried they are noted to have approached physicians for an

abortion. Some also think that to love a man was enough to conceive a child. Many look upon marriage with strange mixture of longing and hostility and have a sense of fear and shame in approaching the partner. They may experience frigidity or impotency in their first marital relation. In most cases insufficient knowledge of the functioning of sex is at the bottom of these difficulties and many such physical and mental functional disorders have been caused by lack of proper knowledge of sex. Many children or adolescents have very queer and wrong ideas about birth of babies, differences between sexes, fertilization, pregnancy and about sexual life in general. They will be saved from many difficulties which they often face and they will grow into happy and healthy adults, if proper sex education is imparted to them at a time which is not too late, considering their age and understanding. So to avoid harmful consequences in future, children have to be enlightened about matters like sex differences, seminal emission, menstruation, masturbation, marriage, mating, fertilization, pregnancy, birth of babies and about common sex perversions and sex diseases.

Now the question is how to impart such sex education and who is to do it? Sex education is more the responsibility of parents, but it is also of the teachers. But how can the problems be tackled in both the social agencies of the family and the school? That is a more important question.

In the first instance, in order that parents or teachers are in a position to impart proper sex education, they themselves should not only be well-informed about sex but to have a more scientific, objective, dispassionate and healthy attitude towards it. They cannot redeem children unless they themselves are redeemed or have resolved their own problems, as one cannot build up personality of a child unless one has a properly developed and a healthy personality himself. They have to look upon the sex organs like other sense organs as the ears, eyes, nose, skin or the tongue and have to consider sex as natural a function as other physical or biological functions of say, eating, urination and so on. They also have to be more objective and less sentimental so as not to read too much sexuality into children's activities. Parents are generally likely to think children's play from their adult point of view. If a little girl undresses a little boy (and in this little prank there may be a sex interest), the parents often reading their own adult meaning of a woman undressing a man, as it were, get perturbed and smack the child. Similar show of anger, guilt and shame is displayed if children are seen playing with their genitals or those of their companions. Such so called "sex offences" have to be taken as mere outlets for healthy high spirits and normal sex interests, and have to be more ignored than to be so much made a fuss about. The atmosphere in the home has to be quite wholesome and no insinuation or jokes of a doubtful character have to be indulged in. Parents also are to present their own living examples of balanced persons with self-control and self-denial to help children to exercise healthy normal control on their sex impulses and desires. Such poise and harmony in the family circles with no over-indulgence or too much strictness would be congenial

conditions for sex knowledge to grow in children with their general physical and mental development. Children with such proper knowledge would cease to be passionately interested in things sexual and these would present no mysteries to them.

Enlightenment on sexual matters is, however, to be given intelligently and pleasantly but gradually and methodically. Everything can neither be grasped at one time nor has its significance any meaning to children of an age when that information is not connected with their development. It will, for example, be useless to tell a boy of five or six years about seminal emissions or a girl of that age about menstruation. In early childhood, since the sensual side of sex has no meaning, too much information about sex relations or about the significance of marriage will be uselessly imparted. A golden rule about sex education is to answer all questions of children, as they arise and as honestly as possible without lies, bluffs or side-tracking and also to give them details only in so far as they evince interest in them. No attempt should be made to force down the throat of children ideas which seem to bore them or which they are emotionally incapable of comprehending. One cannot, for example, indulge in giving a full lecture to a little child on mating, pregnancy or birth of babies. But explanations should not be too late either, when they would convey no meaning. Moreover parents or teachers have to guard against elucidating sexual processes to children too much, to avoid undue attention to sex or precocious stimulation.

Some "modern" enthusiasts purposely contrive that children watch them naked but it is unnecessary and even harmful, since it may lead to premature interest and restlessness. Parents should avoid being watched by children in their sex act, since to small children who do not understand the significance of sexual intercourse, it may look like intimidation of the mother by the father. They are likely to think that he is maltreating her, belabouring her and doing her some grievous harm by handling her in that unusual manner. They may suffer from anxiety in thus losing the mother or in having her injured in that situation. Many children have been noticed to be emotionally upset or hurt by observing intimacy between their parents, and so "modern" parents who sleep together in one bed in the same room where children also sleep should either sleep separately and avoid children watching them in their sex act or should have a separate bedroom for children.

Just as parents have to watch the progress of the child in his scholastic attainments and other physical or mental development, so also they have to watch the progress of the child in his sex interests and in the necessary information which he should have by a specific age when that much information is essential. They can answer the question of children as much as is comprehensible by them and return to the subject as and when needed. Sometimes children may not ask questions and may not show any interest. In such cases parents can throw a leading remark into the family circle and see what happens to judge the amount of the child's awareness. If no response is coming,

it may indicate that no confidence has been built up and before the period when that information is essential, some chance can be found to enlighten the child on those questions.

The first important matter about which children should be enlightened is the difference between the two sexes and the different roles they play in life, so that children from an early date accept their position and develop their interests in their own spheres, instead of trying vainly to be different from what they really are. Girls, for example, generally, on finding something missing which is provided in boys, feel jealous and also a bit inferior to boys. They, while small, are often noted to hold a pencil or a twig in between the legs to have a "penis" and are also often noted to look at boys' organ with longing desires feeling quite miserable that they have been deprived of it. In psycho-analytical findings, it is often noted that girls show hostility and aggression towards their mothers whom they consider responsible for this partiality towards boys and deprivation to them. Such unresolved sexual problem of "penis envy", as it may be called, intensifies inferiority feelings in some girls to such an extent, that to compensate for it, they do not accept their femininity and do not play the feminine role in marital life and maternity.<sup>1</sup> They wish to be like men and some as "tomboys" even dress up like men. Boys, on the other hand, after finding the fact of girls not having a penis, have a feeling of contempt and pity for them. But parents can help children to realise that both sexes are equal and none superior or inferior and that they, being different, play different roles which are complementary and equally important as the role of the male cannot be played by the female and *vice versa*.

In early days boys and girls can be made to play together and bathed together naked, so that they know the difference in each other and do not have such curiosity about their sex organs. The mother can also explain the difference, for example, to a small boy on having a sister and on his asking that the sister does not look like him by saying, "Yes, she has hands, hair, head and everything else like you but not the little penis which you have got and this she would never have, because she is a little girl. Girls do not have penis, but they have just an opening for urination and they grow up to be mothers, but little boys grow up to be fathers. Mothers and girls are alike, fathers and boys are alike, but just as fathers and mothers are different, so also boys and girls are different. They are just two kinds. They are made different because they have different parts to play as men and women." It may also be pointed out that other boys whom he may have known, also have little organs on the outside which he knows they use to direct the stream of water when they go to the toilet and that they can use it either by sitting or by standing up, whereas girls only can urinate by sitting because they have only a small opening and would get splashed if they stood up to urinate. In some such simple way, the difference between the two sexes can be brought home to children at quite an early date to avoid abnormal curiosity later on, as brought out in the

<sup>1</sup>Rambert, M.L. *Lec. cit.*, p. 138.

following incident. At a residential school in Surrey, the pupils were shown how to attach mirrors to long sticks in order to observe the interior of birds' nests without disturbing them. To the surprise of the staff some of the boys preferred to hold the mirror between the girls' legs so as to see up their skirts.<sup>1</sup>

As children grow, they reach the stage of puberty when they develop various secondary sex characters. To many children this is a period of disquiet and disturbance. They feel awkward among other members of the family, because of long limbs, fallen voice, clumsy gait, growing hair on the face as in boys, enlarged hips and breasts, as in girls. They often are shy, restless and ill-adjusted by finding themselves more queer-looking than what they have been and by being pointed out this by others. Little before developing signs of puberty the boy, for example, can be told of the outward indications of masculinity, preferably by pointing out some other adolescent boys. He can be told that these developments in him are happy and welcome signs as they mean a preparation for fatherhood, which part he will play when he is more grown up and married. The girl should also be explained the physical changes in the same way and these physical changes should be closely linked to the whole question of motherhood.

During pubescence the two very significant events which occur in boys and girls are nocturnal emission and menstruation. Many a boy feels perturbed and depressed and not knowing what it is all about, either go about in a moody frame of mind or secretly consult a *Hakim* or *Vaid* or any other medical practitioner. Due to certain wrong impressions created in their minds about seminal discharge, many young boys feel worried that they are losing their health and in some cases these ideas become so fixed in their minds that certain symptoms of hypochondria and other functional disorders develop. They should be told beforehand that such involuntary seminal emissions are absolutely normal phenomena in all healthy young boys and are an indication that they are now not small children but are becoming like men to play their role as fathers. They should rather rejoice in this advancement instead of having any spells of depression. They should be told that as they are eating every day, the semen will be formed and it will accumulate but it cannot go on accumulating indefinitely and must have a safety valve and so this overflow of the accumulated semen is the nocturnal emission. Girls can also be told in the early period of puberty about menstruation by pointing out to them that the flow of menstrual blood is no abnormality and that it is an indication that they are getting ready to play the part of mothers. Mothers can instruct their adolescent daughters before their first menstrual discharge how to manage it; they can make some pads for them or buy for them some sanitary towels and tell them how to use them without any sense of shame or emotional involvement. They can also be informed that under normal conditions menstruation appears after four weeks or so and that it would be a regular four-weekly occurrence ever after. The

<sup>1</sup>Sex Education and Youth Organisations H. M. S. O., London.

children have to be enlightened on these questions before puberty because after puberty the door is practically closed and it is difficult to arrive at a sympathetic understanding later.

Adolescent boys and girls must be made to develop healthy attitude towards love and marriage. They, before marriage, can be made to realise that nature has created men and women to be husbands and wives united in wedlock for reproduction or for the propagation of the species. Love and marriage have more meaning than any other achievements and so young people should be properly oriented to play their role as marital partners. Sexual side of love cannot be ignored and there is no such thing as "Platonic or pure love." It is sheer waste of time and living in a fool's paradise to live on a Platonic basis. "Love at first sight", "Love at first hearing", "love at first smell or touch" as often quoted and wherever true are all based upon sex appeal in the partners. A loving kiss or even a loving glance without some sexual excitement is impossible. The two ardent lovers who profess to be Platonic in their love, are in reality physically aroused and are willing to surrender to their sexual urge with all defences thrown off but they are held back by fear of pregnancy, disgrace or scandal. So they pretend to be Platonic in their love which is a mere expedient design to replace the real thing and as such it is comparable with masturbation. "To love Platonically and to kiss is as absurd as a hunger-striker who would carry out his purpose by becoming a vegetarian." Love-play is, therefore, not an invention of vicious or degenerate people, but is a physiological and psychological necessity and we must no more hesitate to accept it and to discuss it as a normal healthy human function, than we do for other manifestations of life. Love and sexual enjoyment have thus to be glorified as done by Montegazza who said, "Voluptuousness in union with love is a virtue and theologians' subtle casuistry is far more impure than the most ardent kisses." Adolescent boys and girls, therefore, should be made to look upon love and sexual relations after marriage as happy, healthy and desirable expressions of human longings and not as dirty, ignoble or low practices as some "moralists" would look upon. True morality, after all, is never conformity to outside laws and codes, as it is conformity to the best in us, and so sexual morality or ethics can never be the denial of the sexual forces within us but the conservation and expenditure of them to our greatest good. Young people thus should have no ideas of impurity and no inhibitions or sense of guilt or shame in functioning as sex partners and they should be made to think that they are created by nature for such co-operation in the vital enterprise, and that to love and to enjoy sex life is their privilege.

The other important sex processes of mating, fertilization, pregnancy and birth can be explained to children dispassionately without any emotional involvement by explaining to them the simple and elementary facts about birth of babies before adolescence when children show so much natural interest in this question. As children take interest in life and its processes from early infancy, they at one stage or the other normally ask questions about arrival of a new baby,

but parents or adults, being reminded of their own sex acts about which they are often secretive, bashful and guilty, either put off the answer by making the child to talk of something else or by telling lies. Parents who often pose to be so truth-loving and honest and who always drill respect for truth and horror for telling lies to their children, blatantly lie about a subject which is so intensely interesting to young minds. When a little child innocently asks where from his little brother or sister has come, they tell him many fibbs saying, "the doctor brought him in his bag, or that he was bought from the shop, or was found behind the bush, or that it was brought by a big bird" and so on. In many Christian homes, following the statement that Christ came forth from the bosom of the Blessed Virgin, many children are taught by parents who are guilty and bashful to name and accept the "dirty" genitals, that women have an injection which makes a baby rise up into their breasts and it then emerges by this "natural route". It is the adults' own emotional difficulties about sexual processes which stand in the way of telling children simple facts about birth, than it is the fear of "tarnishing the purity" of the children's mind or of "corrupting" them by arousing their sex interests.

The answer to the question about the birth of babies has to be according to the type of the question and according to the age of the child. In very young children a question is generally more personal. The child may, for instance, say to his mother, "Where did you get me from, mother?" In such a case the mother can answer by saying, "You grew in mother in a special little place, just made for you to grow in." An intelligent little child of three or so may further ask, "Is there a baby in you now?" The mother, (if she is not again pregnant) can answer by saying, "No, there is no baby in me now," but to satisfy the child further she can point out any of the child's aunts who is pregnant by saying, "You have noticed that auntie of yours, she is fat and rounder on the stomach and she will become rounder still as the baby inside grows in size" The child may further ask, "Can I also have a baby?" to which the mother can answer (if the child is a girl) by saying, "You too may have a baby when you are grown up. Little girls are not yet ready for the growth of babies in their bellies. Moreover there must also be a father because mothers alone cannot have babies." In a similar fashion if the child is a boy he can be told that babies grow in their mother's and not in little boys, but little boys, when they grow bigger, can become fathers and that a boy can have a baby when he grows but first there must be a mother for the baby because fathers alone cannot have babies." These answers will satisfy very young children but a little grown up children will further pursue the question and ask, "How does the baby get out?" The mother can answer by saying, "There is a little passage way made near the place for urination (as you know) in every mother and it is made to bring the baby down and out in the world when he is ready to be born." A further question may be asked, "How did the baby get in the mother?" The mother can answer by saying, "The baby does not get in the mother as a baby but it



grows from two cells, the father cell, and the mother cell which unite inside the mother before the baby starts growing. You have seen the yellow of the egg from which the chicken grow; something like that is the combined cell in the mother's body from which the baby grows." The next major question which may be asked by a little more grown up children is "Where does the combined cell come from?" Answer to this question will depend on the assumed knowledge of the differences in the two sexes. As most children know these differences between boys and girls from early childhood, they can be told that men and women are made just, so that they can be fathers and mothers and for that purpose they can fit together. The outer fingerlike organ of the father (as you know in boys) fits into the passage of the mother as you know at the place of urination in girls, so when father and mother are thus fitted, the father's cell goes up into the mother in a milk-like fluid and meets the cell of the mother. It takes one father's and one mother's cell (called the sperm and the ovum) to make a combined cell from which the baby grows. It takes about nine months from the time of this combination for the baby to be grown up enough to come out and it comes out through the passage way of the mother."

The four basic processes of mating, fertilization, pregnancy and birth can be explained in some such simple manner during the pre-school and elementary pre-adolescence years, when the interest in the reproductive process is spontaneous and when there is less sex consciousness. One should answer the questions as they arise and the answer must be such as can satisfy children and as they evince interest. Ignoring the question or telling too many details both defeat the purpose of sex education. The child's spontaneous interest should not suddenly be damped or damned. A small child, for example, saw a dog and a bitch copulating in a street and asked his father, "Why were they joined like that?" The father harshly and curtly said, "Go on, you mind your own business, they just get joined like that!" One can obviously see what that child must have felt and what any other child in the same situation would feel. On the part of the child it was an honest and innocent enquiry but the father, obviously looking at it from his adult point of view and projecting himself in the situation, felt ashamed to explain the phenomenon of mating in the dogs. He could dispassionately tell the child that the male dog has put his thumb-like organ in the urinary organ of the bitch and out of this union, pups will be born, which he had seen so often in the street. This could easily satisfy the child's curiosity and he would have felt elevated by being more informed.

In pre-adolescence, apart from verbal teaching about the process of reproduction, such occasions should be properly exploited and children can be provided more opportunities of seeing the process by themselves. Mating among animals and pregnancy in some other women or pets, when pointed out, is not a fact to be learnt, it would be an experience, an occurrence common to the everyday scene. Such correlated first-hand experience, along with verbal instruction would make good

teaching of sexual processes. In urban areas rearing of pets like dogs, cats, rabbits, love birds form the best source of knowing the processes and principles of reproduction and children can also be taken for a visit to farms and veterinary hospitals. In rural areas, however, cows, donkeys, goats, buffaloes, horses and other animals automatically provide so many opportunities for observation and familiarity with the phenomena of mating, pregnancy and birth but proper verbal explanation would make it more enlightening and definite for them.

One objection, however, which can be raised against such knowledge is that what happens if children begin to show too much interest in sex and go about talking to others in the school or in the neighbourhood and that they will be so much excited that they will begin experimenting with or investigating about these matters themselves and this would thus end in sex misconduct. This is really the general fear in the minds of even many parents and teachers who would be otherwise quite willing to impart such education. But there need be no anxiety about open discussion with children on these matters. After giving them necessary instruction in a dispassionate and sympathetic manner, parents can well trust children and need not be afraid of such information in their hands being misused. The effect is usually noted to be beneficial; it is an observed fact that if children have the necessary knowledge at the proper time when they are not much sex-conscious, without the feeling of guilt or shame, they not only have a sense of enlightenment themselves but are very good teachers to other children. The child whose conversation and behaviour is more deplorable is the one who gets his information secretly from this source or that and who is more confused by highly coloured impressions produced by various exaggerated descriptions. The other anxiety about experimentation with sex after having such sex instruction seems also baseless, as such sex instruction is to be given in the pre-adolescence stage when sex consciousness is low and children will accept these facts in an unemotional manner and will not have such curiosity to investigate the matter for themselves. But one may still say that they would use this knowledge in adolescence when sex impulses are very strong. The answer to this is that adolescents will know about these matters somehow, but unfulfilled curiosity is likely to lead one astray more than enlightenment.

Another matter about which proper sex education is essential is self-stimulation or masturbation which is a common phenomenon in children from early infancy. As has already been pointed out, children quite early in life begin to manipulate their sex organs but many ignorant parents, reading adult meanings in this activity, smack the child's hand by shouting, "Do not be nasty, it is rude, it is very dirty. I will cut off the organ or I will take you to a doctor who will do an operation". But the child does not understand what wrong he has done and such punishments and threats may give rise to an emotional shock or a trauma with certain bad consequences. In cases where the child has experienced such persistent threats, castration fear is noted to develop which produces its own problems. In

some such cases foundations for homosexual tendencies are laid and in others aggressive feelings towards parents may be released. Parents, therefore, in such activities of children should not read too much sexuality and should rather ignore them, but at the onset of puberty such sex stimulation or masturbation can, to an extent, be taken note of. The child who is likely to persist in such a practice and who may be haunted by feelings of guilt or remorse with recessiveness, shyness and increasing unsociability, should be taken into confidence and can be saved from too much worry and anxiety about this act by sympathetically telling him that it is not a sinful act in which he alone is indulging but that everybody at some time or the other has done it. Though one does not lose anything physically and no harm is done to the body but still nature has made the two sexes and self-stimulation or self-indulgence is not what nature ordained. Moreover, it is a selfish and self-centred act and should not be indulged in as far as possible, but if by chance he indulges in it on some unguarded and more excited moment, he should not worry about it in the least as it is a passing phase, and as he is preparing to be a grown-up person, he will find full sex satisfaction in marital relation with the opposite sex partner, which is a natural, normal and healthier course for self-fulfilment and mental and physical health. The adolescent is not to be frightened about this practice which is otherwise quite harmless and a more liberal, permissive and rather ignoring attitude has to be adopted, so that he is mentally prepared to look upon it as an ordinary matter, without paying too much attention or being too much conscious of it.

Since sex education is a part of general education which is often taken to be connected with schools, the question naturally arises as to what part teachers and schools have to play in sex education. It is quite a debated question in many quarters and some heads of schools, teachers or educationists think that sex education should be imparted in schools as a part of school curricula, where various problems can be covered in various classes. Some of them also think that specialists from outside, as visiting lecturers, should deliver special lectures or talks on sex matters for the benefit of school children and that it should not be left in the hands of teachers.

However, the question of having a set curriculum for sex education for children of various grades seems not only useless but also undesirable. All necessary knowledge cannot be imparted by set lessons at a definite stage of teaching as sex enlightenment cannot be confined to a certain age but is to be instilled in the minds of children over the whole period of development. Teachers, however, have an important responsibility in enlightening children about sexual matters. Instead of making a special occasion for a long discourse, they have to be wide awake with an objective attitude to give children necessary information during their class lessons according to the age, and understanding of the children concerned. As and when such questions arise, they should answer them honestly and rightly without any bashfulness or an attempt to summarily dispose them off. Through the teaching of general science, biology, physiology or hygiene, so much

physiological knowledge about sex differences and about animal and human reproduction, involving all the processes of mating, fertilization, pregnancy or birth can be imparted. Children can be made to learn about these functions and also about functions like nocturnal emission and menstruation from some readings from standard books. There cannot be any general rules as to the time and place or manner of imparting sex education. Teachers have to use their own discretion and particularly, teachers of biology, physiology or hygiene are required to be conscious not to lose any opportunity during the course of their teaching to enlighten children about sex functions. Apart from sex knowledge imparted verbally in class lessons and made more concrete and definite with the help of pictures, models or charts, actual experience with living animals in zoological gardens, farms or veterinary hospitals will make sex functions and sexual processes matters of common occurrence to them and these would no longer remain any mysteries to children.

Sex education in schools cannot be left for outside specialists to impart, who would come and give some talks on sex matters and go away and teachers maintaining absolute silence about it. Common sex knowledge is not the monopoly of the specialists, as if school teachers do not have sex impulses to understand them or are incapable of talking about sex matters to children. Sex is everybody's concern and though specialists may be knowing many details in their expert manner but the basic principles and functions of the sex urge are supposed to be known to every builder of personalities of children. Teachers who know so much of their own subjects are supposed to know also about the subject of sex which is so near everybody's heart and which is a part of their making. In reality, it is not so much the question of lack of necessary knowledge but of the unwholesome and unhealthy attitude which many teachers have and because of their own unresolved problems and complexes, they fight shy of openly discussing sex matters with children. Sex education only by outside experts seems as absurd as having a "Sex Teacher" or "Sex classes" like history or geography classes, or as having "Sex examinations."

This does not, however, mean that schools should be out of bounds for sexologists, medical practitioners and psychotherapists or other specialists having expert and first-hand knowledge of sex problems, perversions or sex diseases. Sometimes, at least, in higher classes in secondary schools where the teachers of biology or natural sciences are not generally supposed to be conversant with these issues and where some more detailed information on these matters is essential for more grown-up adolescent boys and girls who are likely to enter life on leaving school, some talks by other experts will be quite desirable. One or two of such talks can, for example, be for describing the male and female sex apparatus with details about the structure of the penis, testes, vagina, uterus, ovaries, fallopian tubes, sperm, ovum and so on together with the constitution of semen and the process of fertilization of the ovum by the sperm leading to multiplication of the cells and formation of the fetus. Such talks may be more for the benefit of those boys

and girls who have offered only arts subjects and have not had much opportunity to learn natural science, biology or physiology. One or two talks in a similar fashion may also be arranged about common sex interests of children to enlighten the adolescent about the natural and universal manifestations of the sex urge and also about certain common sex perversions like homosexuality, prostitution, exhibitionism, rape etc., illustrating their bad consequences. Such information, apart from broadening the outlook of adolescents with regard to sex functions, is likely to put them on their guard to avoid some pitfalls, as the sex urge in adolescence, being quite strong and surging, can lead many astray. The question of venereal diseases like syphilis and gonorrhoea, generally caught in heterosexual or loose promiscuous sex relations, can also be raised and explained not with a view to horrify or terrify the adolescents but to make them better informed.

Such talks on sex matters by outside experts in schools can be more frequently arranged, if not for the benefit of pupils so much but certainly for educating parents and teachers who, having been thus better informed and better mentally prepared, will be able to impart sex education to children in a better and healthier manner.

Sex education, if scientifically and without any sentimentalism, is imparted to children by sexually adjusted and properly informed parents, teachers or any other adults, it has never been known to have injured any child and he has never disappointed the instructors. On the other hand, children and young people show definite personality improvement on receiving such sex education and guidance. They become more stable, lovable and amenable and in them conduct becomes less secretive. Nude photographs, sexy picture, books and other pornographic literature which were hidden and secretively seen and read, now come in the open and some of them lose their mystifying significance. Morbid sex interests expressed in vulgar drawings or writings on the walls of old monuments, public lavatories or urinals or in vulgar jokes and talks or songs, become less or disappear altogether. Children become more adjusted to their sex impulses and also more sober with some degree of depth, power and grace. Sex presents no problems for them and they go on harmoniously with family or social life. They make friends with the opposite sex easily and thus grow into mature and happy citizens.

## CHAPTER XIV

### ORGANIZATION OF A CHILD GUIDANCE CENTRE

As has been indicated in the foregoing pages, there are many children who are misfits in various ways and who are emotionally disturbed needing help and guidance. Of course, problems of children will remain so long as the human race survives, since parents who (as has been brought out in this study) are chiefly responsible for the creation of these problems are not and cannot themselves be ever perfect. Some of them are abnormal and misfits and others who can be said normal are also human beings who do, sometimes, feel frustrated by the child, as he does not live up to their expectations or standards and thus contribute to the development of the difficulty. It is and it will, therefore, be quite usual and universal to find disturbed children in human society. But it does not imply that if mental ill-health is a usual human trouble and is bound to occur so long as the human race exists, no provisions should be made to cure or help the problem children. If it were so, it would be as absurd as not to open hospitals and dispensaries, thinking that what is the use, since ailments or physical diseases will only go with the human race.

The importance of helping the mentally disturbed children is not so realised by parents or teachers in this country, as they are more worried of physical ailments and think themselves quite competent to look after the mental health of the child. The medical men also, some of whom even mock at the idea of psychological help, generally think that medicines, operations or injections are the only cure for all ailments. This is rather unfortunate and it is a pity that due to these and other causes so little work has been or is being done in this country in child guidance which, though must be considered as an integral part of the educational and health services in the country, necessitating the setting up of child guidance centres or clinics like opening of schools or hospitals.

A child guidance centre (sometimes called 'Clinic', which is not a very appropriate word) is the set-up where advice is given to parents or teachers in the management and upbringing of difficult children, where some of them are treated or corrected and where consultation is also provided to general practitioners, nurses, welfare workers, magistrates or all those who have the care of children, in any way, as their charge. This set-up includes workers, accommodation, material or equipment which may be considered here in some details.

In a standard or ideal child guidance centre the personnel include the psychiatrist or the psychotherapist, the psychiatric social worker, the psychologist, preferably an educational psychologist, the pædiatrician or the specialist in the diseases of children and also the speech-therapist and possibly the play-therapist.

The central figure in a child guidance set-up is, of course, the psychiatrist or the psychotherapist<sup>1</sup>. He is, preferably, to be a qualified medical person, but where it is not, a psychotherapist, helped by a specialist in children's diseases, can equally fill the position. In earlier days from the advent of Freud, round about 1920, child guidance was increasingly psychiatrically oriented and also it was more psycho-analytical in approach and the psychotherapist was essentially to be the psycho-analyst steeped in Freudian psychology. But these days, psychotherapy is not done only in the analyst's own consultation room but is combined with social therapy and the term psycho-social therapy is better suited than psycho-analysis, to the therapeutic procedure.

However, many think that, since child-analysis and treatment is a more difficult task than adult-analysis, the psychotherapist must be first trained in adult therapy, in order to handle problem children. In any case, in the strict sense, the preparation and training of a psychotherapist comprises three stages as given by the Bulletin and Catalogue of the Philadelphia Psycho-analytic Institute. In the first place is "his personal analysis which is a basic and indispensable preparation for psycho-analytic training. In this analysis the prospective student undergoes a penetrating psychological study of himself. He is expected to explore resolutely and thoroughly the unconscious reaches of his mind, trace his development back to the formative experiences of his childhood and arrive at a better knowledge and more realistic appraisal of himself as an individual and as a product of a given period and culture. He is expected to overcome his personal difficulties and acquire a greater measure of self-direction, psychological and critical, independence and a more mature outlook upon life." It is only through such self-analysis that the therapist is able to understand the patient, and when the patient is not responding to therapy, is the therapist able to find a solution to his problem and defences by answering the question to himself, 'what is my own attitude to the problem?' Such self-analysis and self-study through self-criticism is likely to produce more openness of mind, humility and a preparedness to learn more from each of one's patients. This may add to the 'personal charm' and winsome ways which really are gifts for easy rapport with the patient, particularly the child. The duration of such preparatory analysis depends upon the needs of the individual and his own insight into his life, as apart from the help of the

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<sup>1</sup>The words Psychiatrist and Psychotherapist are used interchangeably here, though the difference in them is that the psychiatrist is a qualified medical person, whereas the psychotherapist is not. In other respects they are equal.

analysing instructor, there is self-analysis<sup>1</sup> done by the trainee himself, as stressed by writers like Karen Horney and as the length and outcome of an analysis is determined by the individual's own constructive activity to understand his problems. No doubt, in the case of certain severe conflicts the expert's help in surmounting the unconscious resistances cannot be ignored and a trained person is certainly more efficient than an untrained, but an "expert" is not always successful. In any case, the individual trainee with his own efforts can and does, to an extent, free himself from inner conflicts and with the help of insight and introspection understands the relationships as exist between his desires and social obligations and between his limitations and ideals. Such self-analysis increases the individual trainee's self-confidence, self-esteem and the strength of his will and gives him more initiative, courage and maturity.

The second requirement for the training of the therapist is that he attends an intensive series of lectures on the theories of psychodynamics and psychotherapy and participates in many case conferences conducted by the instructors of the training centre which is usually the child guidance centre. The third requirement is that he handles a number of cases himself under the supervision of the control analyst till he attains maturity and is considered fit for conducting analysis and treatment himself.

Certain writers like Dr. Alexander and Dr. French<sup>2</sup> insist that only an analyst with 10 years training and experience in psychoanalysis is competent to practice psychotherapy. That may be ideal, but a student of psychology with the necessary background and understanding of the dynamics of human behaviour and of the pathology of illness need not necessarily wait for 10 years till "perfection" is attained as psychotherapy cannot all be learnt from textbooks, from attending lectures or from formal training even for 10 years. There are physicians who work wonders in curing maladjusted individuals, because they have an intuitive understanding of the basic concepts of the psychodynamics of human life and also of the emotional reactions of particular cases from their history and symptoms, in the light of this understanding.

Another important requisite for psychotherapeutic work with children is a thorough acquaintance with them in a normal social setting, like a school, residency or some other institution for children. A teacher or one who has been in close association with children is likely to prove a better therapist on getting the necessary training, as compared with a pure academically qualified psychiatrist within the precincts of the training centre.

There is, however, a tendency that general practitioners or paediatricians who have had a course in psychotherapeutic methods

<sup>1</sup> Horney, K., *Self-analysis*, London, Kegan Paul, 1942. p. 17.

<sup>2</sup> Franz Alexander & Thomas French : *Psycho-analytic Therapy*, Ronald Press Co. New York. 1946.



begin to consider themselves competent to handle the psychological problems of children or parents. No doubt, the more the physicians understand psycho-dynamics and psychotherapy, the better for their own practice, but the short acquaintance with the subject does not, in itself, qualify them to treat neurosis or other mental ailments.

On the other hand, the few "foreign trained" psychotherapists in this country are quite reluctant to allow others to enter their trade and seem to maintain an 'iron curtain' of impenetrability lest some new entrants usurp their monopoly and they revolt against anybody venturing to take to psychotherapy without long and formal training, preferably in a foreign land. But, as mentioned above, one with the necessary qualifications and background in the study of psychology and an understanding of the psycho-dynamics, after self-analysis and preliminary training, can undertake psychotherapy if he has the bent of mind and interest which implies certain amount of intuition into emotional problems of human beings. After all skill is more acquired in doing a job and we cannot wait till 'perfection' in approaching difficult children is acquired. One with the necessary study, interest, bent of mind, sympathy for the sufferers and the basic training and understanding, can begin with simple cases and as he advances and learns more the psycho-dynamics of various mental illnesses, he can increase his clientage. A beginning must be made somewhere. The pioneers like Freud, Anna Freud or Melanie Klein did not have all the formal training before they started their work. Experience is the best trainer. Since in this country there are very few thoroughly trained and qualified psychiatrists or psychotherapists, the immense work in the field of child guidance cannot wait till all perfectly trained persons "return from abroad!" Since no guidance is absolutely perfect, imperfect guidance is better than no guidance at all and the dangers of it cannot be greater than of letting the child grow with the trouble, though, of course, the dangers of therapy undertaken by quite an untrained and unscrupulous quack or a novice cannot be minimised, as he can do more harm than good.

The psychotherapist makes use of the whole material secured by other workers, regarding a particular case in understanding the genesis of the complaint. He deals with the child's emotional problems and undertakes the treatment of the symptoms after proper diagnosis. This is his chief function, but quite often even educated people fear a psychotherapist, as if he were a sorcerer in close association with evil forces, whom he can let loose. They approach him, if at all, with a feeling of distrust, dislike and apprehension. Otherwise also, they feel humiliated on being asked to consult a psychiatrist or a psychotherapist, as if they are to be subjected to some witchcraft or sorcery which they do not believe in. Obviously such a fear of humiliation or being subjected to any sorcery is ill-founded.

As classical psycho-analysis or medically oriented psychiatry is not considered enough to deal with children these days, psychotherapy implies social therapy and the psychiatrists are to be trained for social therapy also. It consists in methods of adaptation to the

demands of society in work, play and other associations in the family and elsewhere. The treatment of the disturbed child equally requires social adjustment by effecting a change in the social conditions and not by mere asking him to adapt or conform to any conditions such as of harsh and depriving home circumstances. Such conditions have to be altered so that the child is able to achieve a more adequate use of all his faculties to be his best self and not merely an "average" or "normal being".<sup>1</sup> This help in social adjustment is more given by the psychiatric social worker—another important person in the therapeutic team of the child guidance centre.

The psychiatric social worker secures the facts about the child, his family history, the personal history of his development, his physical condition, environmental conditions within the home and outside under which he has been living, his school achievements and his interests or participations in social activities together with the history of the present complaint. But the function of the psychiatric social worker is not only of fact finding, but he also serves as a case worker and interviews and advises the parents and teachers about the ways and means of managing the child according to the recommendations made by other members of the guidance staff. There is thus, a common denominator in so far as help to the patient is concerned, as given by the social worker and the therapist, though there is a delimitation in the roles of the social worker and the therapist.

The psychiatric social worker also has to be a trained person. He, in the first instance, must have had his education in a recognised school of social work, where he studies various social subjects to have a grasp of social institutions and social problems like labour problems, community planning, social legislation, public welfare and the like. But apart from this fundamental background he must also learn the fundamentals of medical, economical and psychotherapeutic methods, on all of which the basic social service programmes rest.

Since guidance work is a team work and the psychiatric social worker has also to work as a case worker to help the child to be more adjusted to his environments, he must have basic training to recognise personality needs. He must understand the working of the unconscious, as it expresses in behaviour, defensive structures or fantasies in the projected forms. Since psychotherapy in which the case worker participates, consists in the establishment of transference relationship and in the overcoming of resistances to let the unconscious express itself, the case worker under training must have instruction in these disciplines also, through special assignments and seminars under the skilled teaching therapist.

Apart from such training in understanding the personality needs and the psychodynamics of life, the social worker for specialization in psychotherapy must understand the social forces which

<sup>1</sup>G. Hamilton., *Psychotherapy in Child Guidance*, Columbia University Press., New York, 1947, p. 16.

react on the individual, such as irrational prejudices, discrimination, jealousy, hostility and distortion of values. Realizing their damaging influences he should be able to associate himself with and stand for those forces and values which will make society wiser and more tolerant, as therapy and human progress go together. Psychotherapy makes use of progressive education and social values in so far as they create more wholesome social climate.

Before the psychiatric social worker undertakes any clinical case work in a child guidance centre, he must have had substantial amount of practice in social work by associating himself with an agency whose function is addressed to the satisfaction of certain social or economic needs of human beings. He should also associate himself with an agency carrying on therapeutic work and should actively participate in the treatment process of certain cases. For social case work or group work, however, only persons with certain interests and aptitudes which can enable them to understand personality and to feel for the suffering humanity would be better fitted. There is no training which can be a substitute for liking for children and for having a natural bent to approach and to handle them.

As for the development of a healthy personality there must be a balance between the inner and the outer or between the inner urges and reality, psychotherapy consists in a reorganization of the forces of personality itself as well as of the social milieu in a healthy growth process. The co-operative efforts based upon psycho-analytic understanding of the psychiatrist and the social understanding of the case worker prove very effective.<sup>1</sup> The case worker carries out therapy in so far as he effectively creates a favourable social setting along lines suggested and agreed upon by the therapist. This becomes essential since the child by himself cannot change the environment and looks to adults for its alteration or amelioration, so that undue pressures and burdens are removed. Since the home is the seat and the beginning place of all troubles in children, the parent is to be carried along through the treatment situation, when the therapist is handling the child. It is the task of the psychiatric social worker, functioning as a case worker, not only to carry the parents through the developing treatment situation but also to arrange for the recommendations made by the therapist to be carried out in the total social setting of the child.

The third important member of the staff of a child guidance centre is the psychologist or the educational psychologist. He is to investigate the child's level of intelligence and other aptitudes or special abilities, his scholastic attainments or failures, if any, with the help of standardized mental tests. He advises the parents with regard to the vocations the child can profitably pursue or the type of school subjects he can take up with advantage. He also undertakes

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<sup>1</sup>Alexander, Franz and William Healy, *Roots of Crime*, New York, 1935 p. 294.

remedial teaching to treat scholastic deficiencies which, though, is an arduous task and requires great patience and skill. He also sometimes supplies the psychiatrist with the information about the unconscious contents of the patient as reveal themselves on the various projective techniques. The psychiatrist, however, has to do his own interpretation (though in consultation with the psychologist) in the light of understanding of the total picture of the case.

The psychologist must also be a trained person. He must have senior university qualifications in psychology and education and also some experience in teaching children so that he can approach them more naturally and can befriend them more easily. It requires skill to let the child feel free without hesitation, nervousness or shyness, while having a test. So the psychologist has not only to know the use, application and interpretation of the tests, but the techniques of winning the child's confidence, arousing his interest and exacting as much information or responses as he can give on the tests.

He like the psychiatrist or the case worker should have liking for children and sympathy for their suffering. He must attend case conferences, seminars or discussions, apart from formal lectures during training and must have undertaken testing, interpretation of test results, remedial teaching of some backward children under the supervision of the control instructor. He should also understand himself better through self-analysis or with the help of the control therapist to acquire balance, maturity and depth. His work, however, is essentially quantitative involving statistical methods and so he is to be well grounded in the use of statistical techniques not only in the interpretation of the test results but also sometimes to evolve his own methods of assessment in the absence of adequate methods of mental measurement. Such research in the evolution of new tests is again a difficult and team work and cannot easily be undertaken by the psychologist alone and requires a different set-up, but sometimes it becomes essential to fall on one's own resources and the psychologist should be competent to rise to the occasion. His basic university qualifications and later training should give him this skill. In the child guidance centre, where the psychotherapist is not also a medically qualified person, it is essential to associate a paediatrician or specialist in the diseases of children for physical examination. He is to advise for physical treatment when organic factors are revealed in the genesis of the complaint. The cause of backwardness in the school in a child, for example, may simply be hard hearing or defective vision or malnutrition. The restlessness of a child may be due to more secretion of thyroxin or his chronic bad digestion may be due to sluggish liver. Sometimes, incorporating the services of the paediatrician becomes essential not because he is an expert and more well-versed in physical examination and treatment, but also to relieve the psychiatrist of this function to enable him to concentrate more on the emotional life of disturbed children, as particularly in a more busy child guidance centre.

Though a team, consisting of the psychiatrist or the psychotherapist, the educational psychologist, psychiatric social worker and also the paediatrician, works so well that there is no reason why it should not be accepted as a standard set-up, but the increasing use of play, these days, as a therapeutic method, has created the need for specially trained and selected workers in the techniques of play therapy. This is more to relieve the psychotherapist of handling every child himself in the play-room, as the play-therapist works under the directions and control of the psychiatrist who is still in overall charge of the case. He can discuss with the play-therapist the child's reactions and his play, to form a complete idea of the complaint on the diagnostic level and to issue further directions regarding therapeutic procedure in play sessions.

Sometimes the services of a speech-therapist who is specially trained to diagnose and treat speech difficulties, particularly stammering which is more common, are secured. The treatment of stammering in many cases is one of the most difficult, arduous and long process, as, apart from psycho-analytic therapy, it requires giving exercises in correct speech to remove the symptoms.

The child guidance centre must be housed in an airy, attractive accommodation having a number of rooms. There should be one waiting room for parents or preferably a play-cum-waiting room where children can play and engage themselves when the mother is being interviewed, so that they may not be hanging round and become restless. There should be at least one play-room for therapeutic purposes for children, fitted with a sink, tap, sand tray toy-shelves etc. Its walls and floor should be of washable material, as children make a mess with water and sand. The walls of the play-room can have various coloured boards fixed in, so that children can freely scribble, draw or write as they fancy. The scanty furniture, preferably a sofa or set of easy chairs with cushions, two small stools and also a small table or teapoy should be sturdy. The play-room can have toy-shelves either in the walls or separate and even a side board for keeping play material can be used. There can be more play-rooms, if possible, if more children are engaged at the same time. For group plays or for catering to various age groups and to children of different interests and abilities more play-rooms will be needed. The play-room may be fitted with a one-way screen for observing children at play, if the child guidance centre also serves as a training centre.

There should be consultation or testing room for each member of the staff—the psychotherapist, the psychologist, the psychiatric social worker and for the paediatrician, (if there is one) apart from accommodation for the secretarial office. There should be suitable and easily accessible toilet facilities. In the consultation room not much equipment or test material need be displayed, as no child is at ease with a grown up person if in a surgeon's coat sitting grim and stern in a chair at the desk surrounded by various apparatus. The consultation room should give an informal look and the staff member inter-

viewing the child should approach him in an informal and friendly fashion even by getting up from his seat.

The centre should, however, be well-equipped as far as possible. The medical equipment as used and required by the pædiatrician or the psychiatrist, the psychological tests material or apparatus needed for psychological examinations, the play material or toys to equip the play-room and mechanical recording apparatus like a tape-recorder to record the conversation between the therapist and the child in the play-room are essential, as even in stenographic records many significant words or phrases may be omitted.

Mention may here be made of the play material to equip the play-room which, like the psychiatrist as the central figure in the child guidance set-up, is the central place for the child, since child-therapy which is more recent and somewhat different from adult-therapy consists largely in play-therapy. The play material represents the outer world in the form of toys, so that the child can relive his life in fantasy again through play. The play material is universally the same as the motivation and the causal factors in children's problems have a universality about them. There are toy canons, guns, soldiers, darts and knives for the display of aggression; blocks, bricks, paper, pencil, scissors, hammer and other tools and material for construction or for building, say of doll houses representing real tenements. There are miniature wooden or metallic utensils, dishes, plates, tea-sets, dining table and chairs to set up a home, with beds, bed clothes, drawing room furniture, cradles and bath-room sets. There are then dolls (preferably wooden) and other figures which can stand for family members—father, mother, baby, older child, brothers or sisters, grand-parents etc., to study the family relationships and also joined dolls from which limbs can be detached to reveal hatred, anger or revenge. The dolls also represent play-mates, *sadhus*, strangers, women, ghost or gods to study the social relationships and fears. As certain investigators only use dolls for therapy, it is interesting to mention all these dolls which can be used to study the child's reactions to human beings around in various positions. Sand, water, funnel, paints etc., are provided to satisfy the anal sadistic impulses or for the outlet of toilet problems, as by messing up in the sand-tray and playing by pouring wet sand through the funnel. These may also serve outlet for creative activities and so clay, plasticine, crayons, water colours, pencils or brushes, drawing books, leather and other tools are used for self-expression. There are also carts, carriages, trains, cars, mecano sets, buttons, wild and tamed animals, birds, trees etc., to provide the child not only with amusements, but many things as he comes across in actual life so that he can successfully create his own new world with the toys. In therapy, however, it is not so much the kinds of plaything used, as the use the child makes of the plaything that has significance. The playthings should be simple and not ornamental; they should be homely and stimulating to fantasy. Sometimes, children are received who are so compulsive that they play the same game with the same

toys over and over again for a number of days. They feel extremely anxious and depressed, if they miss them and are panicky, if the toys are lost, broken or disfigured. So it is wise to have some replacements of toys in anticipation of loss or breakage.

Every child guidance centre maintains a secretarial staff which keeps adequate record of the cases referred. Every individual case has a separate file containing all necessary information, findings and recommendations made by the guidance staff for future reference, case work, follow up and for checking up the results of the treatment procedure to improve upon the methods adopted. In recording the information given by the child or the parent or in recording the idea during play session, there is a tendency to scribble a few words or to write illegibly, as there is great resistance for recording ideas in black and white (which is so often also a flight from accurate thinking). From the sketchy recording, it is difficult to select what is relevant. So it is better to make elaborate recording, as from an elaborate material the relevant can be sifted. So notes are to be dictated or a steno takes down what transpires between the child and the analyst from behind the screen, which material can be later typed. Better still is the use of any mechanical recording apparatus like a tape-recorder to avoid loss of significant material, as the steno can also leave out something by not being able to catch or by failing to record when speaking is too fast.

Another important function of the guidance centre is sending a report to the parents or guardians about the case. Parents or guardians do not wish so much to know the results of the diagnosis, as they are anxious to know the lines of treatment, both for immediate relief and for ultimate cure. This reporting must be done after careful deliberation, consultation and decision and in an efficient manner within a reasonable time. The child guidance centres have to maintain a high standard of efficiency and ethics and have to aim always at higher standards of social service.

There must be provision both for individual and group guidance and this set-up can be used for training of other personnel, as without an increasing supply of trained workers, the guidance work would be hampered. If trained personnel is not available the unscrupulous untrained persons motivated by financial gain will dabble in guidance work which can do more harm than good. The trainees, however, should be chosen with great care and discrimination and they should receive individual attention in their instruction and training.

Apart from being a training centre, a child guidance set-up must strive to prevent the incidence of problems in children. This can be done through parental education. The centre can organise occasional seminars, discussions or lectures for parents, teachers and for all those who have to look after children in some capacity, on the origins or causes of the common personality and behaviour

disorders among children so that they have certain useful suggestions, hints or tips for the proper upbringing of the children to avoid any future difficulties. Parental attitude is an important factor in the wholesome growth of the child and quite a number of parents can find themselves more clearly through such discussions and can avert any likely mental casualty. Such preventive measures can save quite a few children from being hampered in their mental and emotional growth and from being, sometimes, permanently misfits. After all prevention is always better than cure and unfortunately the scars of the illness do persist for long and do mar the beauty, mental or physical of the growing child. So it is better if mental illness does not occur and even the existence of the methods of cure should not be considered a relieving feature. Parents, teachers and all should see to it that mental troubles do not occur, or at least are minimised as much as possible.

The set-up of a child guidance centre discussed here seems a standard one, but such set-ups may be quite unapproachable to children needing help from far flung corners of the country, particularly if they are located (as they generally are) in big cities. In big cities also, all children needing help cannot be easily brought and if they are brought all cannot be handled by one or two such centres. Guidance is an educational process and every teacher in a school could be guidance-minded to help certain ill-adjusted children. So another feasible and desirable provision can be that of a school psychologist on the staff of as many good schools as possible. He should be a trained person as is one in the team of a child guidance centre. He can undertake the assessment of the childrens' mental level to place them in various grades to prevent backwardness and consequent emotional problems. Other teachers can consult him with regard to the management of a particular child. It is not expected that he can handle all the poorly adjusted children himself but certainly he can have an allover view of such children as need help and he can have an eye on them, as they progress. Some he himself can correct in close association with the parents and teachers, others he can refer to a nearby child guidance centre, if they need more help. He is thus a sort of liaison between the school, parents and the child guidance centre. He can also give some remedial treatment to certain backward children and can help in making other teachers more and more guidance-minded, so that they prove a great help in the wholesome growth of the children in their charge. It is not suggested here that the school psychologist can be a substitute for the child guidance centre, but certainly in a school there should be a trained person to know who stand in need of psychological help and how and where it can be given. Ordinarily teachers are busy in taking their classes and in finishing their courses and they generally do not have the eye or the mind to take note of mental casualties, and much less are they able to help them. It seems strange that in the development of personalities of children, which is the aim of education, there is hardly anybody in ordinary schools who can judge whether this aim is being attained.



## CHAPTER XV

### GENERAL CONSIDERATIONS OF PSYCHOTHERAPEUTIC METHODS

When a maladjusted or mentally disturbed child is brought to the child guidance centre for help or treatment, the situation is not different from that of a sick child being taken to a hospital or to a general practitioner. Before suggesting any line of treatment, the physician has to thoroughly examine the sick child and to subject him, as necessary, to various medical, physical or biochemical tests. Psychotherapy also rests on psychological understanding of the case and it is based on an adequate diagnostic procedure which is necessitated by the nature of the symptoms and is conditioned by the circumstances under which it takes place. As treatment lies in effecting a change in the individual and in his environment, diagnosis of the problem, which is the centre of any therapeutic process, is directed both towards the individual and his environment. Diagnosis insists on a comprehensive picture of the total situation, i.e., the person, and his earlier experiences which have contributed to the shaping of his pattern of life which reacts to his environments. Diagnosis consists not only in knowing the development of the illness but also in knowing its effect upon the functioning of the personality of the patient. Every complaint, problem or illness, thus, must be understood in the context of the whole personality, the family and the social milieu. The functioning of the total personality, with its strength and weakness, its potentialities and limitations, its social and personal modes of reaction, its resistances, fears and fixations, its defences and inhibitions, therefore, becomes more important in the evaluation of the problem as a whole.

Majority of the mental cases do not, ordinarily, display evident diagnostic signs. It is only after very careful investigation and close observation that the nature of the complaint is ascertained. This involves various steps which may be put under four main heads :—

- (1) History taking,
- (2) Environmental study,
- (3) Direct observation of the child during interview or at play,
- (4) Psychological examination with the help of certain tests.

Sometimes the historical method of enquiry is under-estimated but this is not wise, as in child guidance, it is very important procedure to elicit the information and opinions about the case. There is, in fact, no better substitute for the historical method for understand-

ing the complaint, as it can reveal the time, when the symptoms started and it can tell us about the past which is the part of the present structure. It also brings out the traumatic incidents which may be like scars to which the individual is still reacting. But getting accurate history in psychological medicine is rather difficult, as compared with the case history in ordinary medical treatment. There, apart from suspicions and anxiety which are often found in physical illness also, resentment and deliberate withholding of facts are often encountered. In many cases when the parent gives the history about the child, he or she gives it indirectly about himself or herself. There is often hesitation or withdrawal in panic, as a guilty or anxious parent becomes partially aware of his own role in the problem. In any case, apart from the parent, detailed information is secured from the family doctor, the teacher or social worker, if any, and also from the superintendent of a reformatory or children's home, if the child was obliged to live there for sometime. Such information or the case history and facts about the child are generally gathered by the psychiatric social worker by visiting the home or other places, but sometimes the facts are also gathered from interviews with the child and the guardian or parent in the guidance centre, by the therapist and by contacting other sources through correspondence.

The full history both personal and social include family history and also information regarding the child's rate of development, his bodily health, home background, school achievements, if any, and school adaptation, or participation in any social or recreational activities. His present condition and its origins and development have also to be traced and in the case of delinquent children, it is also to be ascertained if he has been referred to the juvenile court before.

The family history throws some light on the inheritance of the child. Any incidence of insanity, emotional instability, mental deficiency, chronic ill-health or crime may constitute findings of some importance. Health records of grand-parents, parents, brothers and sisters may indirectly throw some light on the mental or physical stemina of a child. This, however, does not imply that the mental or physical traits of grand-parents or parents are passed on to offspring in inheritance, as is property. Inheritance is not so simple, it is bi-parental or grand-parental and is highly complicated and there is no basis to claim that "like always produces like" or that traits are easily transmitted through 'germ plasm', though in some cases effects of inheritance are quite obvious and cannot totally be denied.

Developmental history records the process of growth of the child, as to his cutting of teeth, learning to sit, crawl and walk, beginning to speak, to dress, to feed himself and the learning of toilet habits. These facts are compared with an average child in order to determine whether his growth has been normal, slow or faster. If, for example, a child of 18 months is not able to sit up, he, if physically healthy, will be imbecilic, if a child of 3 years cannot say more than a few words, he will be feeble-minded, as an intelligent child at this age is able to

converse and to understand what was required of him. A normal child usually begins to notice at 4 months, to sit up at 9, to begin to talk and walk at about 15 months, to control his bowels at about 12 months, the bladder during day time at 18 months and during night between 2½ years to 3 years. Pronounced deviations from these standards indicate either exceptional intellectual powers or poor intellectual powers. The record of developmental history is thus valuable in ascertaining the position of the child with regard to his natural powers. In recording the physical history, apart from any illness from birth onwards, it is usual to enquire about the health, both physical and mental, of the mother during pregnancy and at birth; also whether the delivery was normal or premature and whether any instruments were used. The health, weight, appearance of the baby at birth and his adaptation to sucking, sleeping and gaining in weight later are noted. Also if he was bottle-fed or breast-fed and whether he was kept separate from the mother or was made to lie with her is noted, as in quite a number of cases insecurity and anxiety is traced back to this deprivation from the warmth and touch of the mother's body. From the well recorded physical history, it will be possible to make out if the child's health has been the cause of his problem and also how far it has contributed to his being, for example, pampered or invalid which condition he uses as a tool for drawing more attention.

In investigating the environmental history, both the economic and social factors within and outside the home are recorded. Some children are adored, as they happen to be the only children of wealthy parents, others are brought up in utter misery, squalor and poverty. The immediate surroundings, locality and the neighbourhood, the income of parents and their habits, the pocket-money given to the child, all have influence on the development of the child and contribute to the genesis of various behaviour disorders as has been seen, particularly, in the case of many delinquents. The social climate within the home, where the child spends the most impressionable years of his life, is perhaps, the most important factor in the mental and moral or social growth. In a home, living with parents and a few brothers and sisters who have affectionate understanding of each other, mutual regard and good will and who are ready to share with each other duties, responsibilities, hardships and privileges, the child grows up in an atmosphere of security and happiness and he looks upon the world as a safe and joyful place to live and its people as friends and as sources of gratification. But all are not such fortunate children. There can be many significant deviations from such fortunate position, which the psychiatric social worker has to record. The child may be unwanted, rejected, illegitimate or an orphan. He may be neglected, as either of the parent may desert the other or both may remarry after divorce. The child may be dominated, bullied or harassed by unkind parents or step-parents. He may be, on the other hand, too much fussed about, over-protected or pampered, as is generally the case with only children or only male children. All these situations are hazardous and detrimental to mental health. All rele-

vant information regarding the treatment meted out to the child and his home life has to be recorded. The presence of grand-parents or other family members or relations may not only be the cause of friction in the home but their conflicting views and interference in the ways of life of the child may arouse his resentment and undermine his sense of security. Preferential treatment or favouritism shown to other siblings produces jealousy. Under all such conditions, the child feels frustrated, insecure and unhappy and he is forced to seek his enjoyment elsewhere and often through undesirable or anti-social channels.

The child's school history, as to when he first started going to school and how he first reacted to it, the change of schools and the reports from these schools about his attendance, progress, behaviour, adjustment with class-mates and his social participation, have to be secured. School progress or retardation may point to personality disturbance. The attitude of the headmaster or principal and class teachers towards the child is a very significant and revealing information, since, apart from other things, just as the parental attitude is the real determining factor in the genesis of the complaint, so is the attitude of the teachers. It is the human factor which has real causative significance in all situations. A report from the head of the school can also be secured about any particular problem like truancy, stealing, nervousness, stammering or any other complaint. But on the positive side information must also be obtained about his achievements, special skill or proficiency in art, music or games and about any gifts like unusual verbal expression, mastery of language or exceptional powers of memorizing.

The way a child spends his leisure time is indicative of the degree of mental stability, health and happiness. The activities can be many, outdoor sports, indoor games in the company of others, reading, drawing or doing similar things in solitude. The activity reveals his nature but it is also important to know whether he has taken to that activity out of his free choice or as an escape or in obedience to his parents to fulfill their wishes. The child's attitude, countenance or spirits and his expression or confession to the case worker can reveal all this.

It seems essential also to have a record of any offence committed by the child alone or in the company of others and also if he has ever been committed by a juvenile court to serve a sentence, as quite a number of children referred for psychiatric help are juvenile offenders.

The psychiatric social worker has also to make out as to when the complaint began and under what circumstances and what variations has the complaint undergone from time to time. This can also be done by asking the child what he feels and what could he ascribe his condition to. The few concise statements of the child can reveal much about etiology, the nature and the degree of severity of the symptoms and can suggest possible lines of guidance.

needed for him on the basis of his interests and wishes, elicited from cross questioning.

When the psychiatric social worker has prepared such social and personal history after interviewing the parents and the child in the home, he submits it to the psychiatrist for study before he interviews the child, so that he can fill in any gaps or get further elaboration of any significant point.

When the child is brought to the therapist for the initial interview, there are three situations *i.e.*, should the child be interviewed first or the parent or guardian; or should they be interviewed together. It is better to interview the child alone first, just as the physician asks the patient about his trouble. Parents or guardians sometimes fear that the child will not tell the whole truth or would be afraid to speak or would speak more than he should. But this fear is often more to hide their own resistance towards treatment, as parents are often prejudiced against a child or are anxious to shield him or are guilty of their own treatment to him. Also, though some parents are frank and fair-minded in their statements of the problem, but still it is commonly experienced that the information given by children is more exact, unbiased and more to be relied upon. However, in cases where the child is timid, hesitant or afraid to come into the room alone on the first occasion, the parent can also enter but should sit in a chair so that he or she is in view of the examiner but not of the child who is to sit face to face with the analyst.

When the child enters the room he should be welcome and received with a friendly smile by the analyst. He should be greeted warmly with a handshake or '*Namaste*' and addressed by his first name. He may then be engaged in very informal and friendly chat by asking his name, address, father's name and his occupation, name of the school, if he is reading in any and of his play-mates or school-mates. He should be encouraged to tell about his play, hobbies or interests and also of his friends, brothers or sisters. Such interested talk would not only make the child at ease with the therapist, but would also serve the purpose of assessing his ability or willingness to give an account of himself.

The initial interview need not be much prolonged but the child should be asked the reason for his visit to the guidance centre. In many cases we would find a quick and frank reply about the trouble, may it be bed-wetting, backwardness or any delinquent behaviour. He should also be asked questions (when alone) regarding his parents and their attitude and that of other family members towards him. An experienced interviewer would thus easily assess parental attitudes, whether protective, rejective or otherwise, of either the natural or substitute parents, if any. A child who is thus encouraged to express himself freely before a sympathetic and unprejudiced listener will also co-operate more in subsequent examinations or guidance sessions. The first interview is, therefore, primarily

spent in creating the right atmosphere so that further inquiry or treatment may proceed smoothly and rapidly in subsequent visits.

When the child is giving his opinion or expressing his attitude towards his parents or other family members, the examiner has to listen with interest, sometimes expressing, "I see, tell me more about it", without joining in the criticism or comments made by the child. The child should be made quite free to say what he feels about people in close contact with him, but the therapist should give no criticism and should remain non-committing and impartial with a detached and objective attitude.

Some children are more withdrawn, reticent and resistant and, if one such child is not opening up, there is no use of reasoning, cajoling, threatening or reminding him that the interview is for his good. Any such attempt to force him to speak will only antagonise him. In such a case another attempt should be made next time and he can be allowed to go with a few encouraging words by way of explanation of the need for co-operation and for putting trust in the examiner.

Some children cry when they come for interview. This crying should not be made too much fuss about and should rather be ignored. A casual remark asking about the crying, which will indicate that the analyst is not affected by this show of emotion, will put an end to this common means of attracting attention or sympathy. The child will realize that crying will not help him out of his difficulties.

Though in the first interview, the aim is that of creating the right atmosphere for further examination and treatment and it is mostly for eliciting information about the complaint from the child, yet even after the first interview the delinquent child, for example, should feel that a serious view has been taken of his offences and that what he has been doing is not right. The initial interview should make a nervous child more confident and a backward child should go away with the hope that he is not a hopeless case and that he has some assets. The emotionally disturbed child, if approached with calmness, patience and gentleness, leaves the room less disturbed and more assured than when he entered it. If these aims are attained, the path for further investigation and treatment is smoothened and the child will willingly come next time.

After this initial interview with the child, the parent or guardian is interviewed to have a detailed account of the symptoms with regard to their duration, severity and the circumstances under which they are thought to have occurred. For such history interview, it is better if the parent or guardian comes alone, since, if facts are discussed in the presence of the child, he may be annoyed or frightened and if he is kept outside to hang on while the parent is being interviewed, he may feel quite bored or agitated, as he may wonder what terrible plans are being hatched inside. In subsequent interviews the parent or guardian who escorts the child may wait in the waiting

room but it is better to leave him in the guidance centre and to collect him again at the appointed time so that the child does not feel tied to the parent or guardian and is more free.

Another source of understanding the complaint or problem of the child is direct observation of him in any natural setting like an institution, class room, play-ground, camps or other group formations where the life pattern of the child can be under constant observation. The psychiatric social worker must watch the child how he acquits himself in such situations. He should also be watched during interview or in play situations in the play-room and also during psychological examination. By observation, during any type of examination, interview or play, the mental states can, to an extent, be judged from his gestures or remarks. Any apprehensive looks, sighs, embarrassed appearance or excitement are significant for assessing his personality pattern, which may further be supplemented by more objective tests.

For a more thorough study of the individual patient, as much attention is devoted to taking his history and that of the symptom, as is required for a physical or psychosomatic and psychological examination. This is done with the help of physical examination equipment or medical tests, standardized intelligence tests, educational or scholastic tests, aptitude or special ability tests and also by means of tests to assess personality traits, temperamental qualities, interests and other deeper motives, fears, complexes or conflicts. Such an elaborate examination, however, depends upon the age of the child, nature of the complaint and the facilities of the staff and the equipment available. Diagnosis with the help of tests and the appliances is made to ascertain whether the child's difficulties or his maladjustments are actuated by any physical defect or illness or by an intellectual or emotional disturbance. Such correct diagnosis is essential in order to find suitable methods of treatment as, for example, under no circumstances can a backward child be treated the same way as an intelligent child.<sup>1</sup>

A physical and medical examination is essential, because quite often parents wrongly attribute the child's behaviour to a physical cause. He or she as a rejecting parent, for example, may often insist that the child is backward and hopeless due to a defect in himself rather than in the home. His dullness or backwardness, for example, may be attributed to a severe blow on the head in a fall in early childhood or to the abnormal working of any gland when the real cause may be lack of affection, nagging or maltreatment. The close association between physical illness or defect and behaviour difficulties cannot entirely be denied. A backward child, for example, may have defective vision or defective hearing or may be suffering from asthma, chronic nasal catarrh or malnutrition. A thorough physical and medical examination possibly also with tests of the blood, urine,

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<sup>1</sup>Rambert, M.L., *Children in Conflict*, New York, International University Press 1949, p. 2.

sputum etc., to have a check on any type of infectious disease or defect may be necessary.

During physical examination, it is better if parents are not present and with a woman doctor their presence is all the more unnecessary. The doctor can win the confidence of the child by approaching him in a friendly way, by keeping him in good humour and not subjecting him to any sudden or rough handling with a grim and stern face. Children fear an adult in doctors' coat with a stethoscope or even with an electric torch. Their willingness and co-operation must be won, sometimes, by explaining to them the purpose of each instrument or test used in particular cases. As indicated before, a pædiatrician is sometimes found to undertake the examination and care of the physical aspects of the patient in a guidance centre, to ascertain the nature of the illness or physical defect and its possible relationship with the psychological symptom.

After the first interview with the therapist, it is sometimes found essential to assess the level of general intelligence of the child. There is no rule for routine application of intelligence tests to all cases seeking guidance. In cases of extreme anxiety states or any other serious mental trouble, intelligence testing is rather put off as it is not so urgent. But ordinarily it is of great use for diagnosis of mental deficiency, scholastic backwardness or certain cases of neurosis, and also for prognosis and for making recommendations for educational and vocational pursuits or possibilities.

All human beings are born with general intellectual capacity, some with less, some with more, which enables them to learn new things, to deal with new situations successfully and to profit by such experiences later. This degree of brightness or dullness is assessed by means of objective tests. Some tests of intelligence are verbal, and some purely performance or non-verbal, others have mixed items. They are standardized on a population to determine the ratio between the child's mental age and chronological age or what is called I.Q. (Intelligence Quotient) or any other norm to assess the level of a particular child's mental alertness. These tests are either individual or group as applied to beings individually or in a group, at the same time.

After the pioneering work of Binet in France, so many standardized tests are developed in other foreign countries for use with children there, and it is not possible at this place to give an account of them. Some tests of intelligence are also evolved in this country to be applied, particularly to children of the area where they are standardized.<sup>1</sup> Mention may be made of V.V. Kamat's test after Terman-Merrill's Stanford Revision used for Marathi and Kanada speaking children near about Bombay, Dr. C.H. Rice's "Hindustani-Binet-Performance-Point-Scale" for children in northern parts of

<sup>1</sup>An account of the tests can be found in E.W. Menzel's *Suggestions for New-type tests in India*. Oxford University Press, Bombay.



India and other adaptations of Terman's test in Calcutta, Bureau of Psychology, Allahabad, Central Institute of Education, Delhi, where other types of intelligence tests are standardized or are in the process of standardization. In India more systematic work in the standardization of various types of intelligence tests is required to cover various areas or regions, since a test used for children of a particular region with its own distinct culture, must be standardized in that region, though there can be some culture-free tests also which can have a wider application.

The cause of a child's delinquent behaviour like truancy or some such trouble may be failure to make satisfactory progress in the school. In such cases, apart from assessing the level of their general intelligence, it is necessary to ascertain the nature and extent of their backwardness or failure in school subjects. It is to be determined as to how much less is the child's attainment in various subjects, as compared with that of an average child of his age or class, and in what particular subject he is worse; whether his achievement is in accordance with his native ability, and also the exact areas, the specific processes or elements in the particular subject which the child has failed to understand. This is determined with the help of scholastic and diagnostic tests. In other countries so many tests of this type have been developed, like the Northumberland tests or the Moray House tests, prepared by Burt, Ballard, Schonell and others in U.K. and a huge amount of tests in all subjects in America.<sup>1</sup> But they cannot be used for Indian children, since apart from language difficulty, scholastic tests are based on the syllabus or courses of study prescribed in schools in a particular area, province or state. Some work is already done in this country<sup>2</sup> in this field but much more is needed in various states to cater to the local school population of various grades.

The incompatibility between native ability and scholastic attainment will throw light on the possible causes of backwardness like physical defects, lack of attendance, methods of teaching, attitude toward the subject or toward the teacher or any other emotional problem arising within the home, to have a more thorough understanding of the nature and causes of the child's trouble.

Educational backwardness and other complaints arising with it may be due to wrong choice of subjects which are in direct clash with the child's aptitudes and interests. A child who is more linguistically minded may not like science subjects or a child with mathematical bent may find classics boring. Maladjustment due to wrong choice of vocation may also lead to various emotional difficulties. A creative worker in a routine job, for example, may become more aggressive, intolerant, morose or pessimistic, anxious and insecure. In all such cases assessment of their aptitudes and interests with the help

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<sup>1</sup>A detailed list can be found in McCall's *Mental Measurement*.

<sup>2</sup>An account of the tests can be found in E.W. Menzel's *Suggestions for New Type tests in India Loc. cit.*

of aptitude tests and interest inventories becomes essential. Not much work, however, is yet done in this field in this country and this gap must be filled so that more adequate tools for guidance are available.

The various other personality traits and temperamental qualities have also to be ascertained. Some children may be more withdrawn or introverted and others may be more open or extroverted whose emotions and impulses easily express themselves in action, words or in gestures with not much control. The extremes of temperament have to be detected, so that parents or teachers can be made to understand these children better, in order to encourage and to inculcate in them qualities of opposite temperament to produce more balance in their personalities. The temperamental qualities and other personality traits can, to some extent, be assessed by means of objective tests like C.G. Jung's test for extroversion-introversion or by the tests as evolved by Cattell and others in England and elsewhere.

But various traits in the individual like self-reliance, aggressive trends, restlessness, irritability, lack of initiative, obstinacy, shyness, fear or timidity can be judged from his behaviour, gestures, remarks, looks and the way he enters the room or sits in the chair or fiddles with things in the analyst's room and also from how he handles play material in the play-room. The analyst can observe the child closely during interview with regard to his posture, gait, facial expression, tone and pitch of voice, his speech, manner of addressing, general bearing or appearance with regard to tidiness or shabby dress.

In many such channels, the real personality reveals itself but other hidden or unconscious motives, fears, anxieties, conflicts, painful feelings and jealousies also come out in many projections of the child on test materials like ink-bLOTS as designed by Rorschach, pictures as in T.A.T, word association test and in other "projective techniques," as they are called. The fundamental assumption underlying these techniques is that the individual reveals and betrays many of his hidden motives, fears or unfulfilled wishes by projecting himself or by identifying himself with the characters of the stories. A detailed description and use of these techniques cannot be given here and can be seen in so much literature available on them. Mention may, however, be made of the Rorschach test, in particular, which is more objective in scoring and interpretation and is culture-free. It can be used with children and adults with great profit and its use can extensively be made in this country, without any modification or adaptation, whereas other projective methods need adaptation to local Indian conditions. Of course, some new types of projective techniques can be evolved on the basis of study of Indian children in a particular region, but the Rorschach test can also be of great use, for diagnosis of behaviour disorders and intellectual or emotional retardation. It throws light on personality dynamics or quality of affective reactions and unconscious feelings and motives. It reveals, in some degree, the patterns of social responses and the functioning of the

patient's ego with regard to its strength, rigidity or flexibility. It brings out also the quality of intelligence, common-sense or the capacity to have insight into problems as a whole or to be lost in petty details. Aesthetic sense or artistic bent of mind and inner life of rich experience or of anxieties and inhibitions can also be made out.

The purpose of all these methods of investigation, employed according to the requirements of the case, is to have as complete a picture of the personality pattern and its problems as possible, so that the lines of treatment, correction or guidance can be adopted. Although in some cases and in some methods of investigation, diagnosis is itself accompanied by a degree of treatment or help and the sequence of treatment followed by diagnosis is not so rigid as, for example, in initial interview and play situations, yet some methods of treatment have to be resorted to, after a proper psychological understanding of the case.

Treatment or psychotherapy aims at freeing an individual from trying conditions and hardships in the environments and from his own inner conflicts, anxieties or a sense of inadequacy, so that he is able to express his emotional life unhindered and is able to grow to his full stature. A treated individual will be livelier, spontaneous, friendly, efficient, happy and enthusiastic for play, social participation and work.<sup>1</sup> Treatment will enable him to be more balanced and adjusted to be in full physical and mental health and to be free from inconsistencies and discords. Psychotherapy or treatment aims at the restoring of mental health and at making a person more mature, flexible and adaptable, so that he is submissive or aggressive, co-operative or resistant, according to the requirements of the situation. Treatment aims at self-realization; it sets out to liberate the individual from ignorance about himself. The individual comes to have self-knowledge and self-evaluation through insight and understanding of himself. He comes to accept himself with regard to his appearance, capacities, motives, emotional and intellectual peculiarities, handicaps and failures. His own ability to deal with real life situations is strengthened and he is able to help himself to meet his basic needs both economic and social and his self finds opportunities to exert and express itself. He is able to be consistent in his thinking and acting and is able to subjugate his desires and impulses to his own ideals or approved social goals. Through such self-control and self-understanding, he effects better social adjustment and is more able to get along with people and to maintain harmonious relationships in the family, the community, the school, the workshop or the office. A mentally healthy person is more creative and he finds genuine satisfaction in work. He would spontaneously pursue things that are good, true and beautiful and would think of life worth living. The world to him will not be threatening or hazardous, but a place of enjoyable opportunities, happy contacts and fruitful endeavours.

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<sup>1</sup>Jackson, D. and Todd, K.M., *Child Treatment and the Therapy of Play*. London, Methuen & Co., Ltd. 1948 (Ed.) p. 83.

Such a change is brought about in the individual in some cases through release of pent up feelings and aggression or through self-expression which is cathartic or satisfying. Release of pent up feelings as in letting off the steam through talk may lead to spontaneous recovery, particularly in situational conflicts. But a more abiding cure or solution of the problem lies in changing the pattern of thinking and feeling of the individual and in their integration in the whole personality pattern posited against a particular social situation. Thinking and feeling is changed through new orientation, through more perception, knowledge, self-awareness and revived self-confidence. The patient's ego is to be built up and his unconscious fears, hates and unfulfilled desires are to be exposed. His super-ego, if it is rigid or severe, is to be toned down in its demands so that guilt feelings and inferiorities are removed. These alterations in the individual take place under suitable conditions which are favourable for some change both physical and mental and for education which is mostly self-education and for self-expression.

So the ill-adjusted child is helped by medical, social, personal, institutional and legal measures, and the methods of treatment range from simple reassurance to one which brings about a fundamental change in the pattern of life of the child. Some of the methods or remedial measures as applied to particular types of problem children have already been referred to and discussed in brief in the discussion of the problems. But a more general discussion of the various therapeutic methods in some details seems essential for a more comprehensive outlook to deal with various problem children.

Since therapy involves more than dealing with the child only, it may take any of the following forms : (1) Direct treatment, correction or education of the child, (2) Environmental adjustment requiring parental or teacher education, (3) Change of environment of the child, (4) Legal measures. These may be discussed one by one.

Direct handling of the child requires attention to his general medical care and physical treatment of any specific illness which may be the cause of his trouble. But the more important measure from the psychological stand-point is psychotherapy which consists in eradicating symptoms by the direct influence of a skilled person in possession of more psychological knowledge. The methods or techniques employed in psychotherapy demand a capacity in the therapist to give confidence and stability to some nervous or difficult children and insight or understanding to others, so that they could overcome various symptoms, bad habits, anti-social tendencies or other failings and weaknesses.

The methods employed in psychotherapy with the child fall into various groups. Methods like reassuring, re-education, advice and fact-supplying are more workable through the conscious mind of the child. Reassuring a child that nothing is wrong with his body or mind and that he is in perfect health, helps towards recovery. Many worries can be removed by such reassurance.

Re-education consists in making the child realise his own faults and the consequences which they lead to. By such realization, a sense of responsibility and self-confidence increases. Children in trouble can be re-educated to change their outlook and system of values. They can, for example, be made to be more conscious of their own rights and the obligations which they have towards others. On the conscious level, more sense of duty, loyalty, honesty of purpose and sincerity in work can be inculcated. This is possible in very few cases who are not much disturbed by certain inner forces and it is more possible only in grown-up cases. The cause of maladjustment in certain cases is sheer lack of information or wrong impressions and ideas. Many adolescents and older children suffer from minor emotional disorders because of being ignorant or curious about certain facts of life. They, for example, may be ignorant about the expression of the sex impulse and may be tormented by an anxiety on having menstruation or nocturnal emissions. When their ignorance is removed and curiosity is satisfied, they become more adjusted. In the same way certain hints given on matters like making friends, dealing with unreasonable parents, art of study, preserving health or deciding upon a career, can help young people through a difficult situation.

Suggestion, persuasion or hypnotic suggestions also help many a man who are not quite sure and confident of their views and opinions and who stand in need of advice, exchange of views and suggestions which work more effectively, if these come from a more forceful personality. Suggestion or persuasion as a therapeutic method implies the influence of one mind upon another. Persuasion works on the conscious plane and consists in inducing a person to do something in a particular way or to give up a habit or symptom with the help of logical and intellectual arguing and reasoning.

Suggestion, given in the waking state, can be helpful in overcoming a difficulty as in being able to have more control on impulses or in having an objective outlook. It, however, depends upon the force of personality and skill of the analyst from whom the suggestion comes. Hypnotic suggestion, on the other hand, is given in a relaxed, sleep-like state and has been long used as a therapeutic method, more by European physicians. It has, for example, been helpful in enabling a person to hear, see or move a paralysed limb. However, treatment of symptoms in children by hypnosis is almost of a negligible value and, otherwise also, it does not remove the cause of the trouble and can only control the symptom temporarily.

Play or other expressive therapies aim at release of thought, emotional blockades, aggression, frustration or anxiety. The means are drawing, painting, modelling, constructing, playing with ordinary toys, sand and water and play-acting, as children have a limited capacity to express themselves through language and as they express themselves more through bodily activity and fantasy or make-belief.

Play is a spontaneous activity, innate in all human beings and even in animals. It is different from work and games and is pursued

for its own sake and is free from the necessity and compulsive nature of the task and has different motives than the motives of work. Play is also free from the sense of competition or rivalry, as is found in games. Certain writers have tried to give an explanation of play. Gross, for example, held that play was nature's own method of teaching her creatures how to use their capacities, it was a sort of school for the training of instincts. McDougall, on the other hand, criticising such a view, held that play could not be an instinct, as it had no definite pattern or goal and was not aroused by any particular external situation. It is pursued for its own sake and the urge arises spontaneously from within and is accompanied by enjoyment. For this reason, according to McDougall, play has no utilitarian significance, as it is non-purposive. Another simple explanation given is that play is a means of expending surplus energy which is not used up in work, but this obviously strikes a very incomplete explanation. However, it seems more plausible that in play both the enjoyment factor and the utilitarian motives enter. Living beings by nature are exploratory and they meddle with new things, possibly goaded by an unconscious urge to equip themselves to fight the battle of life in future and so in play, they not only exercise their senses and fill their minds with new information, facts or principles, but also derive pleasure from such achievement. Thus play has both educative and enjoyment values.

In playing various roles like a doctor or a murderer through imaginative identification and by using toys in different ways, the child not only relives his earlier experiences but also reveals what he would like to experience. Through such free play, he externalizes his unconscious desires or conflicts. His fears, guilt, aggression or anxiety also come out. Through such expression he also learns to handle his feelings of anger, jealousy or fear and thus gains an understanding and an inner balance on which depends his further emotional development. For this reason, although the use of play as a means of understanding the mental working of a child is as old as Rousseau, but its use as a therapeutic method is being made more extensively now. This technique is, these days, developed considerably in various ways by a number of workers. Some allow free play with any toys or the material the child chooses, others employ directed or supervised play with carefully selected material. Some only use dolls representing various family members or other beings like ghost, fairies etc. It is, however, impossible to completely differentiate between play as a means of investigation and as a therapeutic technique, since the two intermingle or overlap. The nature of the play situation itself is such that whether initiated for diagnosis or for therapy, it carries with it therapeutic gains, since after living through an experience, the individual finds satisfaction, as he wished to live through that experience. Moreover, in play situations in a play room with the play therapist, it is impossible to completely avoid the modifying influence of even the passive and objective observer, as no investigatory situation in which a child is placed, is totally devoid of suggestions and interpretation.

Since action is more natural and easy for a small child than speech, he is best able to express himself through activity and so the distinguishing technique in therapy for young children is in the use of play. Play, with young children, is a combination of release and gratification. It offers opportunities for acting out fears and anger or for release of tension. It gives practice in new achievements which help in further development. Through play the child learns how to meet new situations to increase his motility, to bring together fantasy and reality and to distinguish between the two. Through play, ego strength is built up and by reproducing frightening and traumatic events in harmless disguise, their threatening character is diluted. The case of the small boy suffering from insomnia, as quoted before, illustrates the point. The car accident, in which his father was involved with severe injuries and bleeding, was reproduced by him in the play-room again and again by making a canal with a bridge over it and by bumping the toy car into a tree after taking a sharp turn over the bridge. The car was made to topple over but was immediately washed in the bucket of water to wash off "the blood of the father", as it were. The traumatic experience of hearing the most likely death of the father lost its sting when it was lived out over and over again, as every time the child played the game, the father was saved and he was reassured more at home when he found the father alive. In slightly older children also, play can be used as a means of treatment, when they are encouraged to talk as well as to act out, in order to experience release and also to communicate their feelings.

Melanie Klein makes use of the play technique for child-analysis or for understanding the "depth-psychology" of the child which, according to her, is the essential method of treatment with children. She thinks that any disturbance in the intellectual or psychological development of the child can be resolved by an analysis. By such a play-analysis not only the disturbed are cured but the normal children improve a lot. Such is her claim. She puts a host of tiny play-things or toys, a world in miniature at the disposal of the child and interprets his reactions, as the spoken words are interpreted in the case of adults. The toy environment is very manageable by the child and is liked by him and he carries out in it all the actions as if in the real world. Melanie Klein believes that toys and play are the only material or technique by which resistances are overcome, since other attempts do not succeed with children. Even the most inhibited child would do something with the toys. So she maintains that play-analysis is a technique which is more suited for child analysis<sup>1</sup> and treatment, as by this means we reach the most deeply repressed experiences and fixations and are able to exert an influence on their expression. The difference between play-analysis and adult-analysis, through free-association and dream interpretations,

<sup>1</sup>Melanie Klein. *The Psycho-analysis of Children*, London, The Hogarth Press, 1949 (Ed.) p. 38.

according to Klein, is only of material or of methods rather than of principles. The child brings as many associations to the separate elements of its play as adults do to the separate elements in their associations or dreams. She thinks that the resistances, the infantile amnesias and repressions, all can be analysed and removed by play-analysis.

But her analysis consists in interpretation of the play activities to the child and treatment lies in the child's acceptance of the interpretation. She thinks that children often accept the interpretation with ease and pleasure, as the communication between their unconscious and conscious levels of mind is comparatively easy. Though sometimes great resistance is encountered which means that we are up against the deep-seated anxieties or sense of guilt, but she thinks that one can succeed in overcoming such resistances in course of time and by proper and careful interpretation. The interpretation, according to Melanie Klein must be carried down to a sufficient depth to reach the mental layer with which the anxiety or sense of guilt is associated. If an interpretation does not descend down those depths and is not done at the time required and does not attack the place where the strongest hidden resistance lies and does not thus endeavour to reduce the anxiety where it is most violent, it will have hardly any effect and would rather arouse more resistance.<sup>1</sup>

But Melanie Klein, as criticised by Anna Freud<sup>2</sup> also, interprets too quickly the meaning of the play and tries to find beneath everything done in the play, some symbolic meaning. If a child throws a lamp post or a male toy on the ground, she at once thinks that it is an expression of aggression against the father; if two cars are made to collide, it is interpreted as sexual union between the parents. If a child runs towards a lady visitor and opens her handbag, it is considered as an expression of curiosity to know if his mother's womb conceals another brother or sister. Many such interpretations are too naive and hasty.

However, with the help of many examples, Melanie Klein tries to make out that elucidation and interpretation of hatreds, fears, etc., to the child, leads to insight and the child is able to understand the contents of his unconscious mind and is able to integrate them in his conscious. But this may not be quite so, since the child is too immature and dependent. He can accept anything suggested. There is lack of will in him for cure and he is not much troubled by his problem and others suffer more from his difficulty than he himself. An adult decides for himself to seek help for cure but the child cannot and does not ordinarily decide for himself and if asked for it, he will have hardly any opinion. He has no felt need for treatment and has no insight into the malady. Thus he cannot very willingly take part in the interpretation and it is even as useless to show him the

<sup>1</sup>Melanie Klein, *Loc. cit.* p. 52.

<sup>2</sup>Anna Freud, *The Psychoanalytic Treatment of Children*, London, Imago Publishing Co. 1947 (Ed.) pp. 29-30.



whole background of his case, as it is futile for a teacher to give the child a complete account of the fundamentals of education, in order to educate him.

This difficulty of lack of will for being thus analysed through play does not, however, minimise the use of play as a therapeutic technique. Other therapists use play not so much as a means of psycho-analysis, as advocated by Melanie Klein, but as a means to see the child in his own little world of fantasy, in order to be familiar with the conditions of his life and also as a means of releasing his repressed experiences and emotions.

For little children family relationships are the whole world and play, particularly with dolls, sheds great light on family scenes. Advice given to parents for the handling and management of these children also depends upon the kind of knowledge derived from such play. The jealousies, rivalries and hostilities experienced by the child in the family constellation, in relationship with the siblings can be studied in this type of play, apart from having an idea about more hidden anxieties and fears or persistent infantile habits and about other difficulties connected with the physiological functions.

In the play session, the child is given freedom of expression, but the activities either verbal or physical which are dangerous to the child or to the therapist are not to be permitted, nor are the destructive activities allowed beyond a certain level. It is also important to bear in mind that absence of all prohibition arouses anxiety in the child and does not provide any gratification. The child is not to go on indefinitely and care must be taken in keeping to the schedule of the play session extending to about an hour. The play material would be variously used by different children. The young child's play is generally repetitive. But if a little grown-up child is bound to a particular play which becomes rigid and repetitive, it can be indicative of inattention and an inhibited child will not play at all. Placed in a room full of toys he remains tense and rigid, as if he is not able to touch them and if he touches them, he would not be able to play anything significant. An anxious child would do the same.

But what is often considered as resistance to treatment itself, may be found in great many cases to be a resistance to the therapist, and it may be due to the sex of the therapist. The child therapist relationship is a therapeutic tool in play therapy, as the child projects his anxieties or his hostile feelings on to the therapist and identifying himself with the father or mother, may even address him as "father" or "mother" who, if happens to be of different sex than the wanted one, may disturb the transference situation, positive or negative and thus may hinder treatment. It is not only the catharsis in play itself, which leads to treatment but the relationship which the child establishes with the therapist that also helps in cure. The child uses play to communicate with the therapist who participating in the play.

environments created by the child, guides him<sup>1</sup>. One of the functions of play in therapy, however, is to help the patient to have better balance between his impulses and internalised sanctions and controls. The child discharges his emotions and transforms frightening or unpleasant experiences into more pleasant ones. He is permitted to repeat symbolically, without criticism, the hidden pre-occupations and to relieve traumatizing situations and to work through confused identifications. Thus "it helps him to find strength and confidence in his own ideas and activities, to lay aside binding defences to externalize painful feelings of failure, inferiority and shame; and slowly to bridge the gap between dreams or fantasy and reality."<sup>2</sup>

For this help, in dealing with children with different complaints, different attitudes have to be adopted by the therapist. In the case of a passive child, for example, the therapist takes a more active role. He has to bring the child out of his initial timidity by pointing out to him that other children are also timid in expressing themselves to strangers. He has to be assured by interpreting his moods, silence, quiet gestures and lack of activity. Resentment and concern has also to be shown for the rash acts of an aggressive child, as such an attitude sometimes helps a child to have more insight in his problem. But in all cases analysis and synthesis of one's own observations and of historical data about the child's life individually and in relationship to his family has to be done for greater help in the play sessions. For the play-therapist linking of the present with the present and with the past is essential. The behaviour of the child in the play-room and his comments directed towards his fears, anger, disturbance, inability to play and so on, are explained and are linked with his behavioural situations in the family or the school or with other conditions from which they arise. As tension through play and acting-out decreases, adjustive learning takes place. The therapist has all along to maintain a really friendly and sympathetic attitude for affectional attachment or the positive transference which is the essential pre-requisite for all therapy, though sometimes there is the expression of anger towards the therapist, which has to be gladly put up with. The therapist has to succeed in becoming the child's ego-ideal for the duration of the treatment and this is possible only through positive transference. Treatment lies not only in the play but in such close association with the therapist also.

Apart from play and other projective methods which require mainly visual material, creative arts like music, drama, puppet shows, story telling, drawing and painting also constitute useful, though flexible, projective techniques or expressive devices for diagnosis and therapy. When the patient, after overcoming inhibitions imposed by conventional standards in the home or school, is able to express his deepest wishes, fear or fantasies on paper, in clay, with brush or on

<sup>1</sup>Hamilton, Gordon, *Psychotherapy in Child Guidance*, New York, Columbia University Press 1947; p. 183.

<sup>2</sup>*Ibid.* p. 184.

the stage, he is bringing to the surface the unconscious in a symbolic form. He, drawing on his own inner resources, expresses his conflicts, his own experiences of his childhood, his own unfulfilled and repressed wishes and day-dreams about the present or the future. Mention may be made of drawing and dramatics which are more commonly in use these days for therapeutic purposes.

Drawing is not used generally before the age of five, because upto this age, it is a very inadequate means of expression. Moreover, for evaluating the meanings of the drawing, its contents must be associated with verbal productions or articulation and so a very young child who draws without any articulations or inadequate verbal expressions of the contents, may be taken as very inhibited or as being on the defensive. However, the form of the drawing, apart from its contents, is indicative of the symptom. An obsessional will start with small and cramped patterns and will persist in this form of drawing until he is released from his obsessions and guilt.<sup>1</sup> Aggressive children will mostly draw in bold style, violent fighting scenes, fires or killing or the dead. The anxious child, if he draws at all, makes conventional houses, trees, animals and not human beings and if he at all includes people they are small, stiff and stereotyped and even the animals drawn seem lifeless and in bear outlines.

Play-acting or dramatics, mostly used and developed by J. L. Moreno<sup>2</sup>, as a specific psycho-dramatic technique, is found very helpful, both for the spectator and the active creator or actor, as both experience catharsis. A deeper therapeutic effect is felt when the patient actively uses play-acting as a means of releasing his own unconscious conflicts in some form of individual and original expression, for example, a boy playing the bullying father. The child in such identifications can be the subject and object of his fantasy and he experiences the feelings of both the victor and the victim. He may sometimes be overpowered by his role in the fantasy play and may experience intensified fear or anxiety, as in identifying with a murderer, a lion or a bullying father. In any case, in play-acting, when he dramatizes feelings and attitudes of others towards him which he finds painful and frustrating, he in the end experiences a release of tension, since he has lived through the experience he wished to live through and thus finds wishfulfilment which is pleasant and satisfying. Such abreaction of affects has therapeutic value which occurs both in the normal and the neurotic child.

Another method of direct psycho-therapy with children which is advocated and practised by some therapists is psycho-analytic therapy as developed by Freud. It aims at the same results as any form of psycho-therapy, i.e. the restoration of mental health of the child. It aims at strengthening and consolidating the personality

<sup>1</sup>Moodie, W. *The Doctor and the Difficult Child*, New York., The Commonwealth Fund. 1947, p. 221.

<sup>2</sup>Moreno, J.L. "Mental Catharsis and the Psycho-drama." *Psychodrama Monograph*, No. 6, New York, Beacon House, 1944.

and its integrating forces, so that the child's ability to solve his own conflicts is restored and strengthened so that he is able to forestall the danger of relapse in future. Psycho-analytic technique in children as in adults aims at rendering the unconscious psychic contents conscious, by analysing the pathological formations of the ego which inhibit the free expression of the natural urges.

Psycho-analytic therapy was applied to children by Freud in 1905, though indirectly later Hug Hellmuth applied Freud's method to children from 1913, and he replaced "Free association" by play, as was done by Melanie Klein<sup>1</sup> later, which has just been discussed. In 1925 Freud's daughter Anna Freud<sup>2</sup> developed a special technique for investigating the deeper psychology of the child. She maintains that pure analysis on Freudian lines or even with play technique as is done by Melanie Klein, can be useful, if at all, in the case of infantile neurosis or where there are definite mental disturbances. But actual neurosis being very little among children (as most of them are the victims of family situations or other emotional tangles), direct psycho-analysis of children is seldom necessary. Moreover, the method is too difficult, costly and complicated and one accomplishes much too little. This method is also not suited to children, since the certain essential pre-requisites for anybody to be cured through analysis are not found in small children. The requisites are : (a) A Conscious will to get well and so to communicate his free associations, feelings and dreams to the analyst sincerely and truthfully. The patient must also be able to introspect and to express himself in verbal forms. (b) He should be able to control his behaviour outside the analytic situation and be able to manage temporary increase of tension, pain or anxiety during analytic period. (c) He should be able to establish transference situation with the analyst which necessitates capacity for object relationship so that he can identify with the analyst and transfer his problems to him. (d) He should have insight or understanding to see his own part in the conflict, so that the morbid mechanisms are analysed and understood.<sup>3</sup>

But a young child does not ordinarily want help from any other outsider than his parents, nor does he come for help out of his own free will and is not ordinarily aware of his illness. He does not accept the doctor or the therapist emotionally, as a helper, nor does he have any perspective of his own problems. There is lack of willingness in the child to communicate to the analyst pertinent events in his life. He, because of his weak and formative ego, does not have the capacity to stand the increase in tension or anxiety, nor does he have the necessary insight to see through his problem. But he can establish transference with the analyst after sometime, as his emotions tend to return again and again to his parents, since he has the unconscious

<sup>1</sup>Melanie Klein, *Psycho-analysis of Children* Loc. cit.

<sup>2</sup>Anna Freud, *The Psycho-analytic Treatment of Children* Loc. cit.

<sup>3</sup>Margaret S. Mahler, "Child-analysis" in *Modern Trends in Child Psychiatry*, Loc. cit. p. 272.

apprehension that by accepting the relationship with the analyst, he may lose some affection with his parents.

Since transference is the essential condition for therapy, Anna Freud builds upon the possibility of the child's establishing transference with the analyst. In Klein's therapy, transference situation is not much taken care of and without it, it is difficult to understand how she overcomes resistance and defences. But Anna Freud takes great pains to establish the transference situation. She takes the child through a preparatory period, when only she thinks he can be made 'analysable', by inducing in him the required insight, power for decision and will for cure. This "dressage for analysis"<sup>1</sup>, as she calls this preparatory phase, is a long and laborious process. She gives various methods for establishing transference or for creating the analytic situation, before the child will be ready for analysis. The methods are :

(1) By making oneself interesting to the child and by being familiar with his interests and inclinations.

(2) By siding with the child and by being an ally with him even in criticising his parents for some lapses in the beginning, in order to court his affection. A delinquent child, for example, in the beginning, can be shown sympathy for his acts to create a sense of suffering and then a confidence in analysis and the power for decision in favour of it can be created.

(3) By spending a number of sessions befriending the child, and by being useful to him. Anna<sup>1</sup> Freud, for example, spent quite a considerable time knitting woolies to dress up the dolls of a girl patient.

(4) By making the child to rely on the analyst for protection against punishment and for repairing consequences of the child's rash acts. This is aimed at the analyst becoming a powerful person without whose help the patient cannot get along. Exaggeration of symptoms and sometimes frightening the child about them also helps in making him lean more and more on the analyst.

(5) By showing resentment and even concern for the rash acts of, for example, an aggressive child and by calling them even as very bad. This would enable the child, sometimes, to have more insight in his problem. Thus by talking to the child, by doing things for him and by showing some concern about his trouble, the child, in some cases, can be made to realise that he is not quite alright and that he should be better for which he needs treatment. It is only after creating such an analytic situation that analysis can be of any use with children, which still, as pointed out above, has a very limited value in child-therapy, since analytic methods apply more to neuroses and require many interviews and are only recommendable where there is no hope of early recovery or of benefit by change of environments or by adjustment with the existing environment, particularly with the change in parental atti-

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<sup>1</sup>Anna Freud, *Loc. cit.* p. 6.

tude. In the case of children, the problems or symptoms being comparatively simpler and not so deep seated, direct psycho-analytic treatment is not so necessary. However, wherever it has to be resorted to, the analysis proceeds as in the case of adults after establishing transference, i.e., through dream interpretation, study of day-dreams, fantasies or drawings, free association, (sometimes substituted by play, as in Melanie Klein's techniques, discussed before) after taking case history from parents. The purpose in all these methods is to dig up the unconscious mental contents and to integrate them in the child's conscious personality pattern. By exposing more of the unconscious fears, hates and blunted pleasures, the ego is built up or the effects of a repressive, severe or rigid super-ego, as in the case of anxiety neuroses, are minimised or the faulty, poor and defective super-ego as in delinquents, is built up or corrected.

All this is done by the analyst in close association with the child in a transference situation which has to be created, as it is the essential requisite for analytical therapy. The child's interest and co-operation is secured and he is approached in a friendly and uncritical manner. Parents ordinarily give their children far greater acceptance or love than they receive in the external world and since this atmosphere of praise, affection and approval is one of the greatest nutritives for mental health, they become problem in cases where they have been deprived of this experience, partially or wholly. The therapist in handling problem cases then, has to play a parental role to provide the child a social climate of deep acceptance that he has lacked so long. The therapist, not being a substitute parent, has nonetheless to be a good friend but not a friend in the ordinary social sense, as his chief purpose is to help and treat the patient. He has not to criticise or condemn the activities of the child, so that the child feels relieved and reassured by thinking that there is one who knows his fears, guilt and shame and is still not repelled by them.<sup>1</sup> The personality of the child has thus to be respected and not ignored. Just as the friendly, approving or accepting attitude of the therapist enables the patient to talk and act freely without fear or censor, so it is the accepting attitude which permits the patient to turn his attention inward and learn about himself. Insight in this way sets in motion an integrative process in which the ego may have more control of the impulses and build up its strength. The therapist, through transference, imparts his own ego-strength to the patient and gives him understanding and even his own super-ego, since for proper therapy the analyst must succeed in becoming the child's ego-ideal. For this the therapist uses his whole self as consciously as possible and the patient uses his own self more and more demandingly, as it were. The weaker the ego the stronger the transference to be built up for new identifications, for emotional support and for overcoming rigid personality structures or deeply fixed childish traits. The transference permits the child to "regress" or retrace back to the earlier levels of development and to

<sup>1</sup>Jackson, L. and Todd, K. M. *Child Treatment and the therapy of his play*, London, Methuen & Co. 1948 (ed.) p. 84.

make a new start. This courage to change comes from identification with the therapist, which brings with it enhanced self-esteem and self-confidence. In the accepting, tolerant and permissive atmosphere created by positive transference, the defences are broken and learning of new habits of thought, feeling and action is made possible which constitute essential elements in treatment. So transference is a means of not only release or catharsis, but also the basis for insight, re-education and sublimation.

For such analytical therapy, a peaceful conversation in privacy, quietness and in freedom from distraction or interruption is necessary. The child is seated comfortably in an easy chair or a revolving chair in which he can move about freely. Small children under seven, however, may prefer to stand or move about freely in the room and the analyst is to keep company and not to keep sitting stiff in his chair. There should not be any distracting material to deflect his attention. The child is helped in overcoming his hesitation and when transference situation is developed, he is encouraged to talk about his difficulties, faults or assets, his fears, anxieties or worries; his interests, hopes, ideals or ambitions and his attitude or reactions towards parents or any other relations or associates. In this he is not to be hurried, he can chatter as much as he likes and the therapist listening with interest but with an objective attitude, only saying sometimes, "I see", "Is it so?" "How was it, tell me more about it." There should not be any criticism, admonition, exhortation or commanding; there should be no threats or recriminations, though sometimes authoritative firmness is used to help the patient to make some wise decision for himself. For example, a very immature, infantile or childish and unmarried mother is asked firmly to give up her baby. Indecisive, wavering or compulsive persons have to be backed and supported to choose a more constructive course of action. The patient is also helped to discover and to develop his assets, talents and interests. The analyst has to take care not to be too critical of the parents or others in close association with the child in the home. His attitude should not be too opposed to that of the parents, since younger the child, the more the parents are the original love objects. Very marked discrepancy between the educational views or attitudes of the parents and of the analyst can develop severe obstacles in child-analysis and the analyst is not to enter into an argument with the child on these issues. A statement of facts made in a calm and detached manner has more beneficial effects. A few carefully chosen words at the appropriate time may alter the child's whole outlook.

Sometimes, the analyst encounters great resistances which may be hard to overcome. The child may, for example, refuse to give his history, insist after brief treatment that every thing is alright and that there is nothing more to talk about and he may stay away too long and organize his defences against treatment or against expressing himself. If a child makes excuses in coming to the clinic, no bargaining or appeasing would serve any purpose, nor it is advisable in therapy. Such resistance means that the analyst has come up

against the centre of the emotional conflict or against the child's anxiety or sense of guilt belonging to deeper layers of his mind. Resistance is not the same as negative transference and it is experienced in some measure, along the establishment of positive transference. It is not the same thing as hesitation or resistance to come for treatment in the beginning. It means defences put up against treatment or an interruption in the patient's opening himself up, after the establishment of transference situation. It can be overcome by quick recognition, friendly and warm attitude and interest, encouragement and persistence in sympathetic explanations of the mechanism involved.

Resistance is experienced both in the case of small children and older children. But since the mental characteristics in the two often persist (with, of course, the ego of older children more fully developed), almost the same techniques are used to overcome the resistance and for analysis. Some modification, however, is natural, since, just as motor and vocal expression is more common with small children, discussion of feelings in interview can serve a better method of release with more grown-up children. Catharsis or release takes place slowly as the patient is free enough and strong enough in the transference to bring out disturbing feelings and as he moves ahead to discuss life experiences. The problem children, in latency period, are more reserved and full of distrust<sup>1</sup>; they neither play like small children nor give verbal associations like adults and so there is no easy access to their mental contents. It requires much labour to establish contact with their unconscious and it is done from an angle of approach more suited to slightly older minds. In their cases verbal associations can be possible, in at least those who are more anxious for cure and who are made to realise the help given them by such analysis. Drawings are also of some help in their cases, though in them imagination is mostly repressed and there is not much representation of fantasy.<sup>2</sup> At puberty, the fuller development of the ego, the greater dominance over emotions, the more grown-up interests and the richer life of imagination, demand a technique for resolving conflicts or repressions, more approximating to that of adult analysis. Here mostly free verbal association is to be relied upon, in order to enable the adolescent to establish a complete relation with reality, and to overcome obstinate and violent resistances which are more characteristic of this phase of life.

Apart from the factor of age of the patient being significant in the use of the techniques for analysis, catharsis or release, treatment is flexibly adapted to shifting phases in the personality and the changes in the social situation of the patient. Although there are some common elements in all psychotherapy but still the treatment of psychoneurosis differs from that of the behaviour disorders. In the former, therapy is directed mainly towards the intra-psychic problems

<sup>1</sup>Melanie Klein. *Loc. cit* p. 94.

<sup>2</sup>*Ibid.* p. 113.



and to the resolution of inner conflicts or to the reduction of deep-seated anxiety. The neurotic child is enabled to realise that his inner impulses may be discharged into the environment without destroying him, that his thoughts and wishes are not so terrible and that they need not be so cruelly and rigidly inhibited. The severity and rigidity of his super-ego is to be toned down to allay his anxiety or guilt. This is done by enlightening the patient on many issues or by re-education of the super-ego. Since the super-ego is mostly formed by introjecting the parents, a change in the super-ego of the patient is effected not only by changing the parent's attitude (which is discussed in some detail in a later section), but also by identification with the lenient super-ego of the therapist. The severe super-ego produces more anxiety, particularly if the ego is weak. The anxiety is to be made conscious for cure, since so long as the anxiety remains unconscious, the individual is incapable of having proper adjustment. Mental health of the child and of the adult depends not only upon a liberal and enlightened super-ego but also upon the strength of the ego.<sup>1</sup> The strong ego is the one which is not overwhelmed by the impulses and which is not cowed down by the demands or rebukes of a rigid super-ego, as it were, to experience guilt and anxiety in consequence. One with a strong ego or a strong personality will be able to maintain a mastery of life by adjusting himself with the changing social requirements and by feeling more secure within himself in the absence of inner conflicts. So the ego-strength in the neurotic is also to be built up so that his guilt, fear of punishment and feelings of inadequacy or inferiority are gradually desensitized.

In the case of children having behaviour problems, like the delinquents, the chief aim of therapy is to achieve more self-restraint, a strong ego and particularly a stronger super-ego, since the delinquent is mostly characterised by weak or very feeble super-ego. The child with a primary behaviour disorder, having weak ego and super-ego structures, acts out his impulses or aggression easily. But the therapist in a relationship of acceptance helps the patient to form some constructive identifications with him which effect some inner controls and restraints. At first, the child with behaviour disorders is very suspicious, fearful and also hateful and he expects nothing but wrath and retaliation. He, therefore, needs more acceptance. The therapist, not because of weakness, but because of tolerance takes a warm interest in what the patient is, what he likes or dislikes and what his achievements or exploits and boastings are. Since he wants unconsciously all the love and the admiration which he did not receive as a little child, the therapist, for sometime, makes himself indispensable to him as an instrument of his self-love or narcissism. This need for gratification binds him to the therapist and the identification with the therapist in the new experiences gives strength to his super-ego which finally enables the patient with be-

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<sup>1</sup>Mahler, M.S. "Ego Psychology Applied to Behaviour Problems" in Lewis and Pacella, B. *Loc. cit.* p. 56.

haviour disorders to have more inner control. His conflicts which are not much internalised and which are, generally, between his desires and the outside world, are easily unearthed and resolved.

However, the help given to problem children through such analytical situation has, as is pointed out above, its own limitations, and the many difficulties in child-analysis necessitate resorting to other psycho-therapeutic methods. The indispensable pre-requisites for child-analysis warrant it in only a very small number of cases<sup>1</sup> and perhaps a combination of play, talk, drawing, dramatic play-acting and other social techniques would be more effective. The therapeutic procedure depends upon the age of the child, the nature of the complaint and the individual views of the therapist. Moreover, the child is flexible and growing and he is not fixating on a specific growth process or phase and does not live out his entire life at one period. This calls forth not simply a purely psycho-analytical approach but various combinations of therapy including educational methods. Some therapists, though draw a line of distinction between education and analysis. Susan Isaacs, for example, said that in any mixture of education and analysis both are liable to be ruined. Melanie Klein was all for analysis as she maintained that child-analysis is not only useful in every case of abnormal mental development but also in normal education. Anna Freud, however, expressed a more moderate view for making use of analysis in cases of real infantile neuroses, where it can be of use and she suggested other therapeutic approaches also, including educational procedures. In any case, whatever the method, it is imperative to handle a problem child as early as possible and child guidance is to be given preference over adult guidance, as it saves many a life in future. It is also more effective and easier, since the child who has started an abnormal character development needs only to retrace his steps a shorter distance in order to find the road to normality. The child has not yet planned or built up his whole life, nor has made friends or embarked upon a career. He has not yet found a partner or thought out his ideals. His conflicts are not so deep-rooted and his problems not so complicated. So the earlier we can handle the abnormality of the child, the greater service we can render to him and to society.

Behaviour disorders, in particular, can be corrected by socialization of the child through group living. This special technique called "Group therapy," as developed specially by S.R. Slavson,<sup>2</sup> Director of the Jewish Board of Guardians, New York, aims more at giving "social experience", as against individual psychotherapy. In this "activity group therapy" programme, seven or eight children suitably selected, on the basis of their liking for each other, are made to engage in various types of handwork like metal work, wood work, painting, clay modelling, basket making etc. They also play pair or group

<sup>1</sup>Mahler. M.S. *Loc. cit.* p. 287.

<sup>2</sup>Slavson, S.R. *An Introduction to Group Therapy*, New York, Commonwealth Fund, 1943, pp. 213-216.

games like hand-ball, ping pong or basket-ball. After work and play the children jointly partake of meals prepared by them. They thus work and live for some time in a democratic atmosphere participating in trips, picnics, excursions and in visits to other places of interest. In such an atmosphere of permissiveness, where individual freedom is not curbed, children with behaviour disorders benefit a lot. The mildly neurotic child also can release his hostility or aggression in work, play and mischief. As his behaviour is not reacted to by any form of disapproval, punishment or retaliation, his pent up feelings find easy discharge. In group therapy, the ego is either expanded or limited. A withdrawn child is stimulated by other children, while an over-assertive and self-centered child is restrained. So group therapy aims at ego-building or ego-correcting. It is a form of ego-therapy for either strengthening the ego or for limiting or checking the activities of the ego, by providing or creating opportunities where the youngsters feel more reassured, self-confident or co-operative. Parties are, for example, arranged for older children and adolescents to mix with youngsters of the opposite sex, where they feel more social and open or more restricted in their wilfulness.

For "activity group therapy", the essential condition is that the child feels a craving to be with others, to be accepted by them and to be a part of them. The "social hunger" is comparable with transference in individual psychotherapy, which is, in a way, extension of the infantile love craving of the child. Just as in the analytic therapy, transference situation provides a supportive ego for the child in the person of the therapist, so also one child helps another in group living by becoming a supportive ego in close association. In such a social situation, through identifications with and introjections of certain members of the group, the super-ego also is not only corrected but is also built up. Children begin to feel that certain behaviour traits in them or in others are not right and good and that they themselves ought to be somewhat different from what they are, since their activities are not socially approved.

Such a programme of "activity group therapy", however, is not so useful for children with definite neurotic symptoms or for habitual offenders, psychopathic personalities or for psychotics. The neurotic, in whom the conflicts and anxiety are intense, may become even more anxious or frightened, as his symptoms are so deeply entrenched that they are not accessible to such corrective experiences. In such cases (as has already been seen) individual therapy or some form of interview group therapy is found more effective. Interview group<sup>1</sup> therapy consists in discussing the children's behaviour on the spot in a group or individually, as required according to the needs of the case.

Another form of group therapy as opposed to individual therapy is occupational therapy which, though more used for

<sup>1</sup>Slavson, S.R. "Group therapy with children" in Lewis and Pecella *Modern Trends in Child Psychiatry* Loc. cit. p. 294.

adults to encourage the depressed, introspective or anxiety ridden patients, is also beneficial to adolescents or older children. This type of the therapeutic procedure provides means for occupying the patients in different physical or manual activities, group organisations or group occupations, so that they come out of their own shells, as it were, and with a sense of achievement feel more confident and worthy. Through participation in occupations like building, sewing, knitting or some other craft, their interest in new skills is aroused and they, feeling capable of doing something, revive or increase their confidence, self-pride and self-esteem. The manipulation of both arts and crafts thus constitutes a group method of treatment as opposed to individualized psychotherapy. When some special techniques are to be mastered and in the execution of a new project a sequence of new models or designs are to be planned, group co-operation and group activities lead to a sense of corporate living by enabling one to make one's own contribution. This becomes largely the motive or purpose of occupational therapy and through this means the wayward impulses of the disturbed patients are controlled and disciplined. But this therapy works more on the conscious level and differs from other deeper analytical therapies which probe the unconscious depths of personality.

All correction, treatment or cure, however, cannot arise from altering the organism only, as the human organism is inseparably connected with the environment and so a change in the environment is also essential to ensure abiding change in the organism. The human being, big or small, cannot be expected to have all the strength to fight with the adverse circumstances and too much reliance on human will is unfair. Treatment is more easily effected by modifying and altering the environmental difficulties, tensions and stresses, so that the child is relieved of the mental strain and can feel more adjusted. Such environmental rectification may relate to the home, school, street or any other social group or agency where the child spends his life. The main change is, however, required in the home conditions, as he spends the most formative period of his life in the home and also lives for the greater part of the day in the home. The change in the home has essentially to be in the attitude of the parents, or guardians who, due to their emotional difficulties, immaturities, ignorance, prejudice, hostility, resentment or indifference, may prove obstacles in the proper adjustment of the child. There is a need for family analysis and for proper parental education and even sometimes for parental treatment, since intra-familial psychopathology often draws a child into the pathological emotional ill-balance of the family and his anxieties, emotional disturbances and resistances originate there and they can be overcome by effecting a change in the social and emotional climate existing within the home and by making parents alive to the problems of the child.

Therapy is dependent, to a large extent, on what the parent is able and willing to do to meet the child's needs. So, just as for accurate diagnosis of the trouble, the dynamics of the family group

are fully grasped, the same dynamics must be fully utilised in treatment. In dealing with parents the aim should be, not to take them as obstacles in the child's progress which must be removed but to enlist them in the search for removing obstacles in the child's progress and adjustment. Treatment depends not only upon the skill, patience and insight of the clinician but also upon the co-operation of the parents.<sup>1</sup> For such help and co-operation things have to be brought home to parents in very simple terms, without confusing them with technical words or phrases. Their confidence and interest has to be gained, so that they can admit their failings. They have not to be criticised as, some of them are too sensitive to bear any criticism. No blaming remarks or harsh words should be used in explaining to them the cause of the child's trouble. Their ignorance should not be openly revealed lest they may feel humiliated or small in the eyes of the analyst, and this would arouse antagonism and would be an obstacle in winning their co-operation. Their questions should be properly weighed and answered not so directly but by asking them the reply to their own questions. But in reply to their questions, care must be taken that whatever the child has told in confidence is not betrayed.

In all successful cases of treatment, the parents have to realize their own role and there has to be honest questioning at some time by them with regard to their contribution in the genesis and treatment of the trouble. But sometimes, parents throw the responsibility on "heredity"; a nagging mother, for example, may attribute the obstinacy of her son to the trait in the father and may try to escape herself from the charge. Sometimes, not accepting their part in the child's problem, the parents hold the physician responsible for it or attribute the problem to diseases or to his intellectual limitations. In some parents who come to the guidance centre there may be a wish to keep the child unchanged. Such resistance to treatment is shown in different ways. The parent may say that the child is much better and so stop coming or may resent signs of improved adjustment in the child. There may be some hidden rivalry or jealousy towards the child whom the parent does not want to be cured. The gifts of a talented child, for example, sometimes provoke irritation and also some hidden rivalry mixed with hostility, just as the dullness of a dull child provokes irritation and hostility<sup>2</sup>. So treatment carried out as only directed towards the handling of the child is not successful and treatment of the parental situation has become an integral part of the therapeutic process. In all family difficulties the question of who provokes whom is basic and because the problems stem from distortions in the parent's own life and outlook, the change in the social and emotional climate in the home becomes basic for therapy. Culturally, however, the mother is the most concerned in bringing up children and the original biological unity in the mother-child relationship is

<sup>1</sup>Moodie, W. *Child Guidance*, London, Gassell & Co., Ltd. 1947, p. 44.

<sup>2</sup>Rambert, M.L. *Children in Conflict*. *Loc cit.* p. 8.

never entirely lost. So often the mother is more to be made to understand her own involvement. Some mothers are disturbed, frustrated, nervous, anxious, or tense. Some have masculine drives, others may have very little love or respect for their husbands, some mothers are rejecting and indifferent, as the child may be the result of unwilling marriage, ill arranged marriage or the fruit of defloration to which the mother unwillingly submitted. The marriage of immature or partially mature persons presents various difficulties for children, who are caught in this involved situation. All children, to an extent, interfere with the life and pleasures of grown-ups but normally mature people easily adjust themselves to these disturbing conditions. But the rigid, stern, dominant, weak-minded and the immature fail in arranging the home situation for the wholesome development of children. The problems created by such parents in the family are transmitted to children through the unconscious. There are also cases in which the parents incite the child to an aggression which they themselves have inhibited, or pass on their anxieties, instability, guilt or mental conflicts to children imperceptibly, as children unconsciously suck in, as it were, the parental attitudes and traits. To cure children, therefore, it is essential to treat the symptoms in parents also, as the most important role the parents play in a child's education is not so much their words as the deeper influence of their unconscious motivation which works in a far more direct manner. Parents' own anxiety, nervousness, fears or any other symptoms should be analysed and they be encouraged to speak about themselves. They may be too ill to be helped by mere instructional therapy which consists in suggestion, persuasion and reasoning. In such cases they have to be subjected to the psycho-analytic treatment, though it is difficult to cure the neurosis in parents in a short time. But the relief of symptoms in certain simpler cases goes a long way towards relieving the child of the symptom. The parent should be handled by the same therapist who is handling the child, as allocating their cases to two workers may easily arouse hostility and greater anxiety in the parent. The parent may be interviewed separately and this therapeutic procedure enables the therapist to understand the parent-child situation better, for speedy treatment of the child, in particular.

Such "attitude therapy", to change the outlook of the parent for treatment of the child, was first used by Dr. Levy in 1937.<sup>1</sup> It enjoins upon the analyst to bring home to the parent the unconscious mental contents carefully. Some parents even after initiating the treatment of the child are quite resistant to change in him or even in themselves. When this is recognised by the parent, he or she may be thrown into a panic and may even withdraw from the treatment because of mounting guilt, unless very carefully handled. All such hostility or resistance cannot be removed at once and the analyst remains steadily non-threatening to encourage the parent and by sympa-

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<sup>1</sup>David Levy. "Attitude Therapy" *American Journal of Orthopsychiatry*, January, 1937 p. 103.

thetic identification which is sincere and consistent, the parent is saved from being overwhelmed or shocked by what he or she is revealing.

Apart from understanding the unconscious conflicts and the establishment of the transference situation for direct treatment of the child and the parent, the cure in some cases also necessitates a shift in the environment. The child may be removed to different environments or the existing environment is basically changed. If the environmental situations are prepared and conditioned to suit the child, he is greatly helped, since, just as the parents and children form a constellation, so the individual and his environment are inseparable and interacting. Expecting too much power for adjustment to all unfavourable environments is a great strain on the child. The favourable environments, in many cases, automatically remove the patient's resistance to the world and bring him out of his self-encapsulation.<sup>1</sup> Therapy lies in the patient allowing the world to get at him. He must not remain in a state of isolation to develop a social or anti social attitudes. Social opportunities must be opened up to him so that tensions are discharged in more constructive ways. So the social worker has to look for conditions which can be utilized by the child according to his interests and abilities to relax himself more. The immature and growing ego of the child must be provided with educational and other supportive help so that it can adapt to the demands of life. The child must also have social experiences which have therapeutic significance through other social agencies than the home. "Placement" or removal of quite a young child from the family setting is, however, not to be resorted to, except in very exceptional circumstances, since a child separated from his mother for a long period suffers from physical, mental and emotional starvation. From seven years of age onwards, placement or removal of the child to a place away from his home surroundings for better discipline and for more understanding care, can be recommended. Active intervention in the environment of a neurotic child is, however, not so effective, since in his case the problem is more internalized. But certain cases due to their impulsive acting and dissocial attitudes may be better placed in institutions like boarding schools, where the setting may be quite comfortable, especially for children with poor inner controls. Quite a number of patients, however, who are anxious, nervous and backward do not find institutional placement very suitable and some sort of specialised handling and treatment for such children away from home which proves to be incorrigible, is essential. In institutions, however advanced and progressive, there are rules, restrictions and impersonal attitude which can only be overcome by placing the child in a set-up which provides, comparatively, more normal family situations and community life.

Such a set-up can be a foster home, more suited for the orphan, the neglected and the unwanted children who are the victims of bad

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<sup>1</sup>Slavson, S.R. "Principles and Dynamics of Group therapy" *A m. J Ortho.* Vol. XIII Oct. 1943. p. 656.

environment. In an institution such children miss the freedom, pleasures and privileges of a family member. Between natural parental contact and controlled relationships in groups or in institutions, there are intermediate relationships with quasi-parental figures such as foster parents, "big brothers" or "big sisters", house-keepers or such volunteers acting in various family capacities with a view to help the disturbed and deprived children. In many cases such changes in the environment are rewarding. The more nearly these intermediate figures can act and behave like real and affectionate parents or friends, the better it is to relieve the child of his anxiety, insecurity or conflicts. In the foster home, the group experience by way of sibling relations is made possible and through conversation, shared activities or play with other children, socialization and education of the child is facilitated with definite gain.

But the difficulty in finding suitable foster homes, particularly in this country, is considerable, as there is hardly any such practice of keeping some children in homes here. In any case, before placing a child in a foster home the personalities of the foster parents and the motives behind their acceptance of a child must be thoroughly investigated with the help of a skilled social worker. Economic motives or remuneration often actuates quite a few people who do not supply or cannot supply the required environmental conditions in their home, which is supposed to be a therapeutic agency for the particular child or children.

Foster home placement, however, is not so useful for delinquent children, as their anti-social behaviour arouses too much justifiable hostility and annoyance and in the end, out of desperation the child may be rejected by the foster parent. For the vagrant, truant and delinquent child the placement should rather be in a reformatory or approved school (as discussed earlier), where facilities for his education, rehabilitation and social adjustment are provided. Their group experience with other children and social stimulation through group formations, play or games, social activities, dramatics etc., serve as a means of group therapy to help the child to act out his inner conflicts and for his super-ego to gain strength for more control of his impulses or anti-social activities. For such children camps can be utilized for group living which has great therapeutic value. There, opportunities can be provided for their personalities to be loosened, their ego strengthened and the super-ego corrected or better built up, which, in fact, are the essentials of the treatment of delinquents.

The child takes his family into the school, as it were, and the school problems are not generally of the school itself but are displacements upon the school situation of unresolved parental problems. But if in the school the teachers do not act as substitute parents and if the child is frightened or frustrated, he will magnify his maladjustment. The school can also serve as a therapeutic centre and through group living, creative endeavours and wholesome pupil-teacher and pupil-pupil relationships, the child may gain emotional and social



maturity. The children who have stored-up aggression against their parents, or a sense of inferiority or some other emotional difficulty, can be liberated in the more permissive school environment. In a modern school in which individualized help in adjusting to the learning situation and to other children<sup>2</sup> is emphasized, much damage can be rectified. The school can offer so much by way of individual and group opportunities for educational achievements and consequent satisfaction, emotional feeding and social learning, which are all so essential for the wholesome growth of the child, that there can hardly be any better therapeutic agency for ordinary cases of maladjustment.

The whole work of correction, treatment or re-education of problem children cannot be adequately done without state-help, both financial and legal. There have to be legislations to handle the social disease expressing itself in juvenile crimes, mental or physical handicaps and other forms of emotional problems which, apart from causing social wastage, pollute the social climate and prove a bane to the wholesome development of the members of the community.

So far as children are concerned, the legal measures can be employed for education, for dealing with mental deficiency, juvenile offences and for mental ill-health. A good example of such measures can be found in U. K., where before 1944 the health of the school child was provided for by the Education Act of 1921. The Education Act of 1944, apart from providing educational facilities for all school-going children, makes provision for improving the mental and physical health of children. One of its important features is the elaboration of special schools for the mentally or physically handicapped children. From the psychiatric stand-point the significant categories for which provision is made are the "educationally subnormal" and the "maladjusted" children. The nature of the mental disability is ascertained and provision is made for the education of such children in a special class or school. Before the 1944 Act, the special educational treatment of the handicapped (blind, deaf, epileptic, crippled, delinquent, mentally deficient etc.) was supplied by voluntary organizations. The new Act requires local authorities and the Ministry of Education to assist these bodies financially and to make use of them. The local authorities also decide whether a child is incapable of receiving education at school, after considering the advice of the medical officer, teachers or social workers. Once it has been established that a child is mentally deficient, the fact is reported to the appropriate Local Authority, Mental Deficiency Act Committee, to provide for his training, supervision and care in accordance with his needs.

The provision for dealing with juvenile offenders was made in the Children's Act of 1908 which established juvenile courts and developed the reformatory and industrial schools which were later called approved schools. The Children and Young Persons Act of 1933 (considering children as below 14 and young persons as under 17) made important changes in the treatment of the juvenile offenders.

More juvenile courts were to be set up and no child below 8 was to be considered an offender. The courts had to deal with three types of children :

- (a) Juvenile offenders.
- (b) Destitute children or those who needed care or protection.
- (c) Refractory children and young persons who were proved to be out of control of their parents or guardians.

The courts in U.K. are authorised to deal with children brought before them in a number of ways. There can be any one of the following ways of dealing with such children :

1. May dismiss the charge.
2. Fines not exceeding forty shillings may be imposed.
3. May be discharged conditionally on surety of good conduct.
4. May be put under the supervision of a probation officer for not exceeding 3 years, who "visits, advises and befriends the child and when necessary helps him to find employment."
5. A child found guilty may be detained in a remand home for 20 days which is a part of residential school, as no child under 14 can be sent to prison. He may be sent to an approved school and while waiting for a vacancy in an approved school he can stay in a remand home.
6. The child may be flogged privately with 6 or less strokes of the birch-rod, but in 1937 the Committee for Corporal Punishment recommended abolition of whipping.
7. Instead of sending to an approved school, a child can be given in the custody of a "fit person."
8. May be sent to an approved school after 10 years of age.
9. A young person of sixteen may be committed to Quarter Sessions with a recommendation that he be sentenced to Borstal detention.

Every L.E.A. has also to look after the mental health of children in the area and has to refer them to child guidance centres. The Mental Treatment Act of 1930, provides that any person under 16 years of age suffering from mental illness may be received as a voluntary patient. Such a patient cannot, however, be sent to a mental hospital without written application from guardians or parents together with a medical recommendation preferably by a practitioner approved by the Board of Control for the purpose of making recommendations under the 1930 Act. Many L.E.A.'s maintain child guidance centres or mental hospitals where children are referred. It would not be an exaggeration to say that in U.K. the L.E.A.'s are the real guardians of children, looking after their education and physical and mental health.

In this country there are some legislations prevalent in various states which only deal with the destitutes or young offenders. Most of

them only provide for the custody, trial and punishment of youthful offenders. The Bombay Children Act of 1924, for example, requires the custody, trial and punishment of young offenders. In the 1948 Amendment of the Act we, however, read that the Act provides also for the treatment and rehabilitation of the young offenders. The Acts in force in other states like Bengal, Madras, former Madhya Bharat, Madhya Pradesh, etc., also provide only for the custody, protection, trial and punishment of the juvenile offenders. They are to be detained, fined or discharged after admonition or given in the custody of suitable persons or guardians. They are sometimes, to be sent to a certified school or a reformatory or Borstal Institute, the provision for which are also made in some of these Acts. With the changing conditions in the West, there is some change coming in this country also, but in practice the young offender is still treated more or less like any other prisoner ; the official attitude is still harsh and autocratic and the public opinion is still more or less favouring the retribution principle. There are hardly any legal provisions for helping the emotionally disturbed children.

There have to be some more rational, liberal and adequate legislation not only for dealing with the delinquent, in order to educate and rehabilitate them, but also for the state to take financial, technical and administrative responsibility for helping the mentally deficient, dull or the handicapped and the emotionally maladjusted children, by setting up, children's homes, special schools and guidance centres. Only healthy and happy children will make a healthy and happy nation and no other charge of a Government can be more important than to take care of its children. India can follow the lead given by Britain to meet this challenge.

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