

Childhood Disturbances

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Abstract

Most children exhibit behaviour that may be seen as problematic at sometime or the other. This does not mean that they all have psychological problems and would always need serious professional help. It is necessary for us to understand as to when the problem can be handled by oneself or decide that the child is mentally or emotionally disturbed and requires help. In addition, one also needs to know what are the causes of these problems and the way in which a parent, a teacher or a doctor can help. The article, first elaborates the causes and kinds of childhood disturbances briefly describing its types with special consideration to psychological disturbances. Lastly, it highlights the remedial measure that can be taken to reduce, minimise or to eliminate to a large extent these disturbances.

INTRODUCTION

Most children exhibit behaviour seen as problematic at sometime or the other. It is necessary for us to understand as to when one decides that the child is mentally or emotionally disturbed and requires help. In addition one also needs to know what are the causes of these problems and the way in which one can help.

The symptoms are manifested in different ways by different children. Some children faced with stress become anxious, withdrawn, fearful, cry easily and develop physical problems like stomachache and headache. When they manifest such problems and internalise the symptoms, these are known as *Emotional Disorders*. The children may act out their problems by being

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aggressive, fighting, stealing and telling lies. These are known as *Conduct Disorders*. The core of all problems, whether it is conduct problems, physical constraints or emotional disturbances, lies in the fact that the child is disturbed and cannot cope with the problems that bother him or her.

CAUSES OF CHILDHOOD DISTURBANCES

Socio-cultural Factors

(a) Encouragement of Dependency

The tendency of parents to be overprotective, imposing authority curbs the independent nature and the tendency to explore the environment. This makes the children dependent and they fail to take responsibility, when they are old enough for it. Prolonged study or monotonous indoor play fail to gratify the growing need of the child for vigorous physical activity and interaction with the physical world.

(b) Parents as Models

Identification is a process in which a child feels one with another person and internalises the thoughts, beliefs and actions of the other person. If identification is with a parent, who is an inappropriate model, the child may develop undesirable behaviour. For example, if a boy identifies with an abusive father, his behaviour would have undesirable elements.

(c) Integrity in Adults

Children are sensitive to the thoughts and actions of others. If they come across a discrepancy in what adults at home and school do and what they

preach, children become confused. The uncertainties that then arise may lead to different kinds of behaviour problems.

(d) Communication of Adult's Anxieties

When parents, teachers and other significant adult experience tensions at various levels, they communicate these to children in different forms as in words and actions. Change of school or teachers and other unexpected life events are likely to affect mental health of children.

(e) Social Class

The social class structure of the society also influences children's behaviour. Normally, teachers are from middle class and their expectations of child behaviour are more appropriate to children from the middle class. Even being regular or neatly dressed may not be in the child's hands. Children from low income families are at a disadvantage and many of their problems are of deprivation.

Behavioural problems are common during childhood. Most of the children show difficulties in coping with their problems at some stage of development or the other. Some of these difficulties disappear naturally as children grow older. They learn to adapt to the situation and get over the hurdle in due course. Children with emotional difficulty go back to earlier mode of reaction. They may sulk, express anger or show defiance.

Some children with physical handicaps such as blindness, deafness or deformed limbs due to polio or such disabilities may be very sensitive and ashamed of their physical handicaps. Epilepsy is a mental illness caused by abnormal electrical activities of the brain. Each time the child gets fits, the brain gets affected in its ability to learn and memorise. Such children are highly prone to behavioural problems and emotional problems.

The different kinds of childhood disturbances observed are–

(1) A Quiet and Withdrawn Child

The child is very quiet and withdrawn in the class. Does not answer questions or play with other children. The child shows reluctance in interaction with children.

(2) School Refusal

Some children who are emotionally dependent on their mothers often have difficulty in adjusting to the school set up. They are fearful, anxious and they cry a lot in the first few days in school.

(3) Conversion Syndromes

At times when children are extremely frightened of something in the school or of the teacher or about a threat of any kind, they may develop severe symptoms such as fits or paralysis of limbs out of fear.

(4) Bed Wetting or Wetting during the Days

Most children stop wetting at night at the age 3-4 years, some continue much longer than this. If the child has pain

when he/she empties the bladder or dribbles urine between proper emptying, he/she has a physical problem. In such case the child should be referred to a doctor. If there is no physical cause, the child has to be trained bladder control. Wetting in school can be due to poor bladder control, nervousness, scared to take permission from teachers, etc.

(5) Depression

Sometimes a child can become very depressed. He/She may cry a lot, easily at the smallest pretext or not talk to anyone, not take interest in usual activities or many times appear to be day dreaming.

(6) Neglected and Abused Child

Children who are neglected and abused may not have learnt how to form a trusting relationship with other people. This will also affect how they interact with other children. They may find it difficult to learn. They will probably not be able to attend school regularly.

(7) Nail Biting

This is fairly common in young children. But these do not indicate serious disturbances. Children who suck thumb or bite nails often do it when they are bored and have nothing to do or when they are slightly anxious.

(8) Masturbation

Young children sometimes play with their genitals innocently. This could happen, if the child has an infection or the child's genital organs have not been cleaned properly.

(9) Restlessness

Many children often are physically more active and restless than others. They do a lot of running and show interest in all new things.

(10) Anxiety and Fear

Perception of specific danger arouses fear. This produces withdrawal or flight reactions. The danger perceived and the degree of fear elicited would vary from individual to individual in different environmental context. Anxiety is a normal accompaniment of growth, of change, of experiencing sometimes new and untried, of finding one's own identities and meaning in life. Anxiety is closely related to fear. Stress situations often give rise to both fear and anxiety. This is usually experienced by the child during examinations, before any competition, when the teacher is too strict, overload of homework, etc.

(11) Phobias

The individual realises that his/her fears are irrational and unrealistic but are unable to dispel it. He/She takes elaborate steps to avoid the situation that arouses fear in him/her. A phobic reaction is a persistent fear of some object or situation which presents no actual dangers to the child. Some common types of phobias are:

Acrophobia – fear of height,
Agrophobia – fear of open places,
Claustrophobia – fear of closed places,
Zoophobia – fear of animals,
Pyrophobia – fear of fire,
Schoolphobia – fear of school.

Phobias are extremely disabling. They manifest physiological reactions like excessive perspiration, rapid breathing, tremor, diarrhoea, vomiting, dizzy spells, etc.

(12) Aggression

Aggression is considered as a typical adjustment mechanism used as an attempt to hurt or destroy the source of frustration. Children exhibit aggression by beating, bullying others, hitting, kicking, screaming and throwing things or being verbally aggressive through shooting, or yelling or ridiculing.

(13) Assertion

Assertive behaviour is a positive adaptive effort on the part of the child to achieve the goals. It is aimed at achieving desired outcomes which are not socially unacceptable.

(14) Defiance

Defiance is another form of aggression. Children may exhibit this behaviour through their overt gesture and actions. It is normally shown verbally or otherwise disobeying elders, doing the opposite of what has been asked and answering back. They become verbally rather than physically aggressive.

(15) Truancy

Truancy is another adjustment problem observed among some of the school going children. It means running away. Truant children exhibit such behaviour as not attending school, instead they spend their time roaming around or sometimes

indulging in socially undesirable activities such as stealing, lying. The reason of the truant behaviour lies with home, school and peer group.

(16) Speech Disturbances

Due to change in environment or accident, trauma, emotional disturbance, etc. a child may develop speech and language disturbances in the form of mutism, stammering, stuttering, aphasia, etc.

Other types of disturbances observed during childhood are insufficient appetite, food *finickness*, lying, over sensitiveness, physical timidity, somberness, temper tantrums irritability, jealousy, excessive emotional dependence, excessive demanding of attention, destructiveness, etc.

PSYCHOLOGICAL DISTURBANCE

Various other patterns of specific problems or disorders emerge during childhood. The primary behaviour disorder includes neurotic traits, habits disturbance and conduct disturbance. Psychotic reactions, the second major category to be used, are generally conceived to be of a more severe and inclusive nature than the primary behaviour disorders.

(1) Habit Disturbances

Habit disturbances are behaviour problems in which there has been a disturbance in the performance of major biological functions. Some manifestations of habit disturbances are already familiar from earlier consideration of disorders of infancy.

Thus, infantile disturbance of feeding, elimination and sleep have been considered. In growing into childhood either there is a continuous prolongation of infantile pleasure habits (fixation) or a reactivation (regression) of these habits after a period in which they are not practised.

(2) Conduct Disturbances

This term commonly means mild aggressive, destructive and delinquent behaviour. Developmentally conduct disturbances become manifest at a later age than habit disturbances. In common with habit disturbances the conduct disturbances indicate that the child is experiencing a conflict with the environment both within the home and outside of it.

(3) Neurotic Traits

In contrast to habit and conduct disturbance, with their focus on conflict of the child with his environment, neurotic traits are at least partially internalised and show a conflict with the self. Jealousy, inhibition of aggression and phobia are the three characteristics of neurotic traits. Jealousy of sibling is especially prominent. Inhibition of aggression makes the child appear self-effacing and timid not ready to stand up for his rights. Phobia takes manifold forms: fear of animal, of the dark, of strangers or certain places, etc.

Psychosomatic Disturbances

Kubie uses the word 'somatisation', i.e. "for any process by which tensions are

generated at the level of psychological experiences and are given some form bodily representation and a parting discharge through anatomical and physiological disturbance.” Rising psychological tensions overflow into anatomical and physiological channels. Thus, is a psychosomatic disorder showing both anatomical, physiological and psychological components. A variety of psychosomatic reactions appear in childhood. For example, gastro intestinal pain, headache, allergic condition, ulcerative colitis are prominent childhood psychosomatic disorders. Maternal rejection appears to be a prominent causative factor in allergic children with emotional trauma being a precipitating factor.

PSYCHOSES

The psychoses may or may not occur in children, but at least psychotic like reactions do occur. A typical development and disturbances in the earliest and most basic interpersonal relationships are present in the children. Psychosis is a more severe disturbance. The personality disorganisation is extensive. The characteristic of psychoses was when the development during infancy was a typical and disturbance in the earliest and most basic interpersonal relationship was present.

Schizophrenia

Schizophrenia is the major psychosis of childhood. Whooping cough, encephalitis or any acute infectious

disease may in some instances leave in its wake a behavioural disturbance of psychosomatic nature.

PHYSICAL HANDICAP

Reactions to physical handicap are found to bring forth a variety of psychological reactions. Hostility and guilt appear prominently in physically handicapped children. The attitudes of the parents towards the child’s handicap are important in deciding the child’s reaction to her/his handicap.

REMEDIAL MEASURES

When a child with disturbances is to be treated, it is most vital to ensure that the child and the family are taken into complete confidence before the therapy begins. The child must not be made to feel like a patient or as someone who is guilty of having an unusual condition.

The different remedial measures are elaborated as follows:

- (1) Behavioural therapy/modification
- (2) Counselling
- (3) Play therapy
- (4) Environmental manipulation
- (5) Dealing with aggressive and truant child
- (6) Music and dance therapy
- (7) Art therapy
- (8) Role play
- (9) Dealing with psychologically disturbed child

Behavioural Therapy and Modification

Relaxation Procedure

These procedures are adopted to reduce tension and stress from the body

and mind. Play method is often used for relaxation with children. Children are made to run, dance, act in caricature and joke. For older children yoga can be used as a relaxation procedure.

Desensitisation Procedure

Some children are sensitive to place, person, object or situation and show anxiety tension and fear. A child is gradually exposed to anxiety reducing situation in this manner. This technique will prove beneficial for dealing with children having problem of jealousy, irritability, anxiety and fear.

Modelling

The adult demonstrates by encountering the objects or situations to the child that the fear is baseless. Modelling is a best *remedial* for the child with phobia, for example, phobia of darkness. The adult plays the role of a model by demonstrating how darkness is harmless when he walks into a dark room and comes out and tells the child that nothing has happened to him.

Counselling

Unknowingly parents and others may be contributing to the fear and anxieties of the child. In counselling, the parents are made aware of how indirectly they have been contributing to the development of fear or anxieties in the child. And the child is also given a chance to speak on his/her fears and concrete suggestions are given to overcome them.

Play Therapy

A therapeutic intervention which is a combination of bio-psycho-social factors, is taken into consideration by therapists. All plays serve a therapeutic function in a general sense. However, when it is employed as a tool for therapy, therapist gives it a structure and a direction, depending on the nature of the child's age and problem. As young children find it difficult to express their needs and problems verbally, through their play pattern's conversation, the therapists can assess the cause and nature of problems. Materials like toys, dolls, paints and clay are provided while the therapist makes minimum suggestions to the child, so that the child leads the play. At appropriate moments, the therapist asks questions without interrupting the child's involvement in the activity.

Doll play allows the child to give vent to his/her inner emotions and expression. Situations like anxiety, rivalry between siblings, interpersonal stress, punishment, rejection experience at home and school and among peer group that lead to aggression in the child's life can find an outlet in such play activities. Play can be used for treatment of quiet, withdrawal child, day dreaming, lying and loss of appetite.

Environmental Manipulation

Due to some factors in the environment anxiety and fear might continue in the child. Hence the place, people and on going activities in an environment

should be examined and modified, so that the anxiety triggering factors are minimised. This can be done in the classroom in other situations.

Dealing with Aggressive and Truant Child

Never provide a model of aggressive behaviour to the child. If the child is old enough, talk to the child and explain why this behaviour is not acceptable. Reason out with them that every demand of their's cannot be fulfilled. Learn to ignore them when they are at the height of their temper. Introspection by parents and other adults would help identify the need for modifying adult behaviour. There is a need to develop an insight into children's needs, feelings and of thinking. As parents, we should become conscious of our own behaviour towards children, our comments to them. Diversion of aggression by engaging the child in some other activity is used to reduce aggression in the child or help it to be channelised.

Similarly teachers also play an important role in influencing children's behaviour. Sometimes comparison between two children in the classroom causes hostility between them. Teacher and parents should emphasise on all-round development of the child and not stress on only cognitive development.

Music and Dance Therapy

Music and dance are particularly appealing to children. These media have been used widely to help the disturbed children. Music can calm or

disturb people. Musical resonance evokes pleasures. Rhythmic sounds provoke motor activities. Shrill sounds create tension. Music can arouse a number of emotional feelings such as happiness, excitement and sadness. Music has been employed to promote self confidence, cultivates socialisation and even assists in speech impairment. By dance we mean not only the classical dance, but also unstructured movement. Like music, dance also can be used to release emotions, tension, attitudes, conflicts, etc. Dance helps in externalising the feelings and promotes socialisation, when it is used as a group activity.

Music and dance have helped the handicapped children to ease their stress, not be conscious of their incompetencies. It has been seen that group interaction also helped the other children not to be critical of his/her handicap.

Art Therapy

Art is a symbolic communication like play therapy; art therapy provides children a medium that is attractive and fun. It can serve as a vehicle for revealing inner problems, wishes and fear. Dreams, fantasies and childhood memories can be expressed through art. It is an effective technique to help aggressive inhibited and withdrawn children.

Role Play

Like play, music, dance and art, role play is also used as a medium of self expression. Through role play a teacher

can make children verbalise and act out thoughts, feelings, stable patterns of behaviour, styles of interactive inhibitions and impulsive outbursts. Role play could be used to teach better coping methods to handle anger and other negative emotions, to teach social skills, to promote socialisation and also as a medium for ventilation.

Dealing with Psychological Disturbed Child

Psychotherapy is the direct method of treatment for the child. In psychotherapy, there is one to one interpersonal relationship between specific child and specific therapist. The therapist uses play technique as a medium of psychotherapy. Indirect treatment is in the form of environmental manipulation (total removal of the child from the present situation) and environmental modification (change of some aspects of the present environment). Parental

counselling is necessary as it is found that there is a great parental responsibility for the appearance of psychological disturbances in childhood.

CONCLUSION

Children who have problems at home or school require help. The first task of the teacher is to understand why the child has problems. The teacher has to look for causes at school, home or within the child. To understand the child, the teacher needs to be friendly with the child, so that he can talk freely about his problems. The teacher needs to talk to the family too, in order to gather clues for solving these disturbances. If these methods do not work, the child can be referred to a place where a child is provided with mental health services. It is challenging yet possible for the teacher to convince the parents to take up medical and professional help.

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