

# CHAPTER 1

## INTERVENTION WITH A CHILD IN DISTRESS

### 1 INTRODUCTION

That some individuals are seen as **deviant** or **abnormal** because they do not behave according to what is considered meaningful and normatively correct for the group to which they belong is as old as humanity itself.

Children who become conspicuous because their behavior is not in agreement with what can be expected of them, and who respond with so-called behavioral deviations, which range from slight, ordinary ones to serious personal deviations, usually are qualified as "psychically disturbed". These children are distinguished from those who are conspicuous because of physical differences such as blindness, deafness, or other handicaps. These children are in developmental distress.

Since the earliest of times, there have been attempts to provide help to the "deviant" child. Interest in child deviancy has increased greatly during the past decades, and there have been attempts from a variety of sources to help children with specific handicaps, as well as those who span the entire spectrum of behavioral deviancy.

The origins of so-called psychic disturbances put forth were sought in a variety of points of view such as, e.g., in a child's life history, in an immature or damaged central nervous system, in inadequate environmental influences to mention a few.

To attain greater clarity on the matter, first, attention is given to child **deviancies**, as such, especially with the aim of evaluating the wide-ranging understandings about them, of clarifying them and the actions concerning them, all of which have quickly become a vast literature.

### 2. THE DEVIANT CHILD

Each person who, in his/her personal disclosure, as this is embodied in his/her behaviors, does not comply with moral-normative, affective and cognitive norms corresponding to his/her potentialities and level of becoming, usually is conspicuous. This conspicuousness is related to a "deviancy" regarding something unique to a particular person, and which is **different** from what is currently accepted as "normal" or ordinary. This usually refers to an **unfavorable** condition which is paired with "distress," and which has unfavorable implications for a person him/herself and his/her social peers. This deviancy can be manifestes in a variety of areas of a child's existence, and is usually recognized by those who live closely with him/her, e.g., parents, other family members, friends and teachers.

A **deviancy** in a child immediately raises the matters of "normality" and "abnormality." In this regard, Benedict (1935: 75) says [in English], "Normality, in short, within a very wide range, is culturally defined. It is primarily a term for the socially elaborated segment of behaviour in any culture; and abnormality, a term for the segment that that particular civilization does not use. The very eyes with which we see the problem are conditioned by the long traditional habits of our own society."

Wicks-Nelson (1984: 5) says [in English], "Children are expected to act in specific situations in certain ways and to comply with the situational norms. A deviation from the general expected behaviour is qualified as 'deviant'".

Any "deviancy" is related to "**abnormality**". An analysis of "abnormal" brings to light that "ab" is related to "way", "from," while "normal" refers to "usual", "standard", "norm" and "average" (Webster, 1976: 3,552). Thus, **abnormal** simply means to "withdraw from" what is usual, average or expected.

The terms "restrained", "disabled" and "exceptional," in their turn, are used to refer to the same deviant child. Mandell and Fiscus (1981: 3) indicate [in English] that these terms often are defined differently, and they say, "A child is identified as **exceptional** if he or she is atypical, if performance deviates from what is expected. Broader in scope than 'disabled', 'exceptional' includes not only those people who have limitations, but those whose performance excels or goes beyond normal expectations. A **disability** refers to either a total or partial behavioral, mental, physical or sensorial loss

of functioning ... . Whereas a disability or exceptionality is within an individual, a handicap refers to the environmental restrictions put on a person's life as a result of his or her disability or exceptionality".

In this book, the focus is mainly on the "restrained" and the "disabled" child. A disability refers to an unchangeable deficiency with respect to a child's potentialities such as deafness or epilepsy, or a designated deficiency in his/her educative situation, i.e., in his/her environment, e.g., inadequate housing, unfavorable socio-economic circumstances.

Because these disabilities keep a child's personal actualization in check, there are **aggravating** circumstances regarding the actualization of his/her available personal potentialities. However, this does not imply that a child, despite these aggravating circumstances, will not adequately actualize his/her personal potentialities'. Disabilities always are **specific** in nature and can be pointed out as such because, without a doubt, they are identifiable. In educative practice, there usually is an attempt, via **special teaching**, to counteract these disabilities, as aggravating circumstances, and help a child to adequately actualize his/her given potentialities.

A restraint in a child does not refer primarily to an aggravation regarding his/her personal actualization, but to its slower progress. Thus, a restraint means a personal potentiality which is under-actualized, which progresses more slowly than it ought to. A restraint which is present in itself, also is a disability. In addition, a restraint always includes the possibility of being abolished, in contrast to a disability, where such a possibility seldom is present (Van Niekerk, 1979: 4).

In practice, various criteria are used to determine that "something is wrong". However, what figures centrally is that the **harmony** between a child and his/her environment is disturbed, in the sense that the interaction between him/her and his/her world does not form a coherent whole because of his/her under-actualized potentialities for dialogue, and that his/her comportment, actions and achievements really, in the unfavorable sense, do not correspond with the generally accepted norms for his/her age group and his/her personal potentialities.

It is accepted as obvious that what their contemporaries can do is expected of children in general. In this regard, there are developmental or longitudinal norms. The typical progress and course of growth, knowledge, social skills can be tabulated and then be taken as developmental standards for evaluating if "something **might** be wrong". By comparing a child's personal developmental potentialities with them, a restraint might be corroborated as "something **is** wrong".

A child's conduct is the result of the meanings he/she gives to the world, and these meanings only can be understood essentially by applying **psychological** and **pedagogical** developmental criteria.

Where there is a child being restrained, it is logical to ask about the nature of the **reason** for it and its **intensity**. Why is a child excessively aggressive, anxious, afraid, ashamed? Why do some children manifest problems with eating and sleeping? Why do some children achieve poorly in school?

These questions only can be answered clearly by referring to what a child's development essentially embraces and how **normal** development is replaced by deviancy.

With reference to a "restrained" child, everyone generally is of the opinion that this is a "psychic" problem which represents a social problem. However, because it also generally is accepted that the **harmony** between an individual (who, as a **person**, gives meaning to his/her **environment**) and his/her environment is disturbed and there is an attempt to "restore" this relationship to a coherent whole, it can be said that this clearly represents a **personal** rather than a **psychic deviancy** and should be called such.

Herein also lies the point of departure for a unitary approach in educational psychology if the contemporary lack of consensus is to be eliminated. To understand the present lack of consensus, some of the more important theories about child development and deviancy, and the practice of helping children in distress are closely investigated.

### 3. EXPLANATORY MODELS

In general, it is found that the norms or yardsticks used to define deviancy are closely related to the explanations of development

because of the components of deviancy which are placed in the foreground as obvious by each.

A developing person usually is placed at the center of a model, and different dimensions of development are emphasized, e.g., the physical, psychic, moral, ethical growth, and language acquisition.

A closer analysis of the contemporary terrain of educational psychology reveals that a number of "specialized" practices are designed on the basis of one or another specific theory of human development from psychology, education, sociology and other fields.

Some of these theories which have gradually arisen in the course of time have more clearly come to the foreground than others and have served as a basis for designing explanatory models and practices.

Epistemologically, a **model** is the figuring forth of a specific phenomenon of reality so that it can be presented for reflection to explain it. The explanatory or illustrative function of a model also is involved in this.

The different theories also have mutually influenced each other, which, in turn, has contributed to contemporary educational psychological theory and practice having a strongly eclectic character. The aim is not to discuss all the theories about a given dimension, but only to refer briefly to what are most representative of specific views of human development and developmental problems.

Prior to the twentieth century, most theories about deviant behavior emphasized organic causes. The contemporary standpoint regarding development and deviancy in children can be grouped mainly into six models, namely, the biogenetic, the learning theory and behavior modification, the psychodynamic, the sociological, the ecological and the pedagogical model (not discussed here).

#### \* **The biogenetic model**

With reference to the conviction held by Gray, a prominent American psychiatrist from 1855 to 1880, that **organic** causes are at the basis of all behavioral deviations, psychic disturbances are

explained according to a biogenetic model (Rhodes and Tracy, 1974: 40). This really can be viewed as an **illness**-model according to which deviancy is explained in terms of genetic, developmental, unhygienic, nutritional, neurological and biochemical factors.

The illness definition mainly is directed to an individual and his/her personal relations with the environment. The disturbance is placed within the system of auto-regulated processes out of which an individual is built up.

### **\* The learning theory and behavior modification model**

The learning and behavioral model starts from the hypothesis that behavior is changeable by means of learning. Deviant behavior is a result of a flooding of stimuli from the environment. Thus, for example, emotional disturbance, as maladaptive behavior, is "acquired" or "reinforced" with the aid of behavior modification techniques. It can be corrected by deconditioning the undesirable behavior, among other ways, by many repetitions of a particular stimulus paired with a reward or punishment until the desired response is acquired.

This technique of behavior modification is based on a variety of learning theories which are attended to briefly because they have had such an important influence on the practice of educational psychology, and because learning is such a complex phenomenon and has a variety of meanings in the literature.

### **\* The Behaviorist**

Watson, the father of behaviorism, asserts that the possibility of forming behavior by manipulating the environment is almost endless. According to him, nearly any behavior can be learned if only the appropriate environmental circumstances are provided. In 1924, he asserts [in English], "Give me a dozen healthy infants, well-formed and my own specific world to bring them up in and I'll guarantee to take any one of them at random and train him to become any type of specialist I might select--doctor, lawyer, merchant chief, and yes, even beggarman and thief, regardless of his talents, penchants, tendencies, abilities, vocations and race of his ancestors" (Watson, 1963: 104).

Thorndike focuses mainly on trial-and-error learning by means of laboratory experiments, especially with cats (Thorndike, 1898; 1913; 1932). By allowing a cat to exercise a sequence of behaviors often enough, stimulus-response bonds are formed in the central nervous system which allow the cat to "remember" what to do. Thorndike describes the way in which this bonding can be strengthened or weakened, and he gave little attention to the possibility of thinking or forming concepts and, according to him, there is little difference between animal and human learning.

Other important exponents of behaviorism are Ebbinghaus (1913), Pavlov (1927) and Guthrie (1935).

In his "The three faces of intellect," Guilford (1959) constructs a model of the structure of the intellect. He suggests that intelligence can be divided into three categories, namely, operations, content and products. He differentiates, theoretically, a total of 120 separate factors.

Hull (1943) established an extended learning theory and an impressive set of learning principles by which he tried to predict how well associations can be learned by manipulating motivation. According to his theory, habit formation (learning) increases when a stimulus-response connection is followed by "reinforcement". He explains "reinforcement" in terms of "drive reduction".

### **\* The Gestalt psychologist**

Gestalt psychology originated in 1910 in Frankfurt under the leadership of Wertheimer (1945). The Gestalt psychologist studies the whole or gestalt because the whole is greater than the sum of its parts.

Where a behaviorist views learning as a result of associations between stimuli and responses, a gestalt psychologist views learning as a reorganization of a number of perceptions. This rearrangement allows a learner to perceive new relationships, solve new problems, and acquire a basic insight into the topic (Sprinthall and Sprinthall, 1977: 272).

Wertheimer (1945) emphasizes "understanding" and insight into a problem rather than merely relying on memory.

Kohler (Sprinthall and Sprinthall, 1977: 288) experimented with a chimpanzee and discovered that his solution of a particular problem suggests something more than trial-and-error. According to Kohler, the chimpanzee showed **insight**.

Today, the most prominent spokespersons for behaviorism and gestalt psychology certainly are B. F. Skinner and Jerome Bruner, respectively.

Skinner is not concerned about what goes on in a child. Based on his experiments with pigeons, he further refined Thorndike's law of effect by means of positive and negative **reinforcement**. The system of operant conditioning was originated by him. With this he shows that conditioning can occur when reactions are allowed to occur and then are followed by reinforcement from stimuli. Thus, reinforcement is viewed as dependent on the reaction (operant) is elicited. He contributed greatly to the technique of programmed instruction and behavior modification (Sprinthall and Sprinthall, 1977: 103-105).

Bruner (1962) absorbed himself in the study of how persons acquire knowledge and how they develop intellectually. He observed children in learning situations and, for him, the teaching aim is to promote a general understanding of the structure of a subject. "Grasping the structure of a subject is understanding it in a way that permits many other things to be related to it meaningfully" (Bruner [in English], 1962: 6). His teaching theory rests on four main principles: motivation, structure, sequence and reinforcement (see Sprinthall and Sprinthall, 1977: 307-319). He assumes that a child possesses a "built-in" willingness to learn. He emphasizes the curiosity motive and says a child's curiosity must be changed into a stronger intellectual purpose. He also distinguishes a need for competency because children are interested in what they are good at, and it is almost impossible to motivate them to become involved in activities for which they have no degree of competence. Another basic motive mentioned by Bruner is reciprocity, the need to work with others.



He (Bruner, 1966:44) contends that since learning is an exploration of alternative demands, and because the intrinsic motivation is itself rewarding, a teacher must facilitate and regulate a pupil's exploration of alternatives. Exploration is activated as soon as the right level of uncertainty is stimulated in a pupil. A child must feel secure while he/she explores. Moreover, the exploration must be directed to a goal and to how close a child is to attaining it.

According to Bruner's second principle, if it is adequately **structured**, any idea, problem, or component of knowing which is presented in a recognizable form which is simple enough, is understandable to any child (Bruner, 1966: 44). In structuring the content and communicating it to a learner, account must be taken of a child's level of development. In this respect, he emphasizes an **enactive**, an **iconic** and a **symbolic** presentation (see Bruner, 1966: 14).

A teacher also ought to lead a learner through a specific sequence of the different aspects of a subject since the sequence in which the new material is offered also is important during its explanation.

Bruner recognizes the importance of reinforcement, but it must be understandable to a learner.

Because it is accepted that learning has a prominent place in the development of a child, this matter is discussed in Chapter 2.

### \* The psychodynamic model

The psychodynamic model was begun in 1905 by Sigmund Freud. In his "Three Essays on the Theory of Sexuality" (see Rie, 1971), he states his view on being a child, and the early onset of sexual deviancies. His views were further built on by Melanie Klein (1963), Anna Freud (1965), Erikson (1959) and several others (see Rie, 1971), and had contributed to establishing psychology as an important discipline for studying and treating child deviancies, as was stressed by Leo Kanner in 1935 (Kanner, 1972) (see Rie, 1971).

The psychodynamic model locates its psychic foundation in biological dispositions such as given predispositions which then serve as the basis for the development of an individual self. As a

**sentient** being, a child's emotional world is profoundly intertwined with motivational systems which are related to desires, wants and needs. Deviancy arises when inner needs conflict with external factors. Here psychotherapy aims, among other things, to bring about realistic feelings of self-esteem, to build up defense against tension, an acceptance of the behavioral rules of society, manifestations of curiosity and creativity, expressivity, and learning to understand the world for him/herself in terms of cognitive and verbal skills.

#### **\* The sociological model**

The sociological model views "mental illness" mainly as a violation of societal rules.

#### **\* The ecological model**

The ecological model concentrates on the interaction between an individual and his/her environment. Thus, for example, psychodynamic ecology views deviant behavior by children as an interaction between a child and the family.

#### **\* Synthesis**

It seems that a biogenetic theoretician and a practitioner of psychodynamics view deviancy as a "state of illness," while sociological and ecological theories mainly concentrate on deviant **behavior**.

The various explanatory models mutually influence each other and, in current educational psychology, all figure to a greater or lesser degree. This also has contributed to the conspicuously eclectic character of its contemporary practice. The most conspicuous characteristic of the professional intervention with a deviant child remains the lack of a unitary approach: so many models, so many practices. Each type of psychotherapy also has found its application in child psychotherapy, where merely a few situational changes are made to facilitate communicating with a child without incorporating all the essentials of a child as a situated person. Rather, the emphasis continually is placed on a specific aspect of a child's development, which then enjoys predominant attention in the therapy.

The traditional "specialized" intervention with a deviant child, who manifests emotional, behavioral, learning and other symptoms, also confirms the impression that practitioners have put their trust in devices and recipes which are accepted in good faith without themselves taking sufficient account of the theories on which these designs of practice are based. Today there also are a variety of disciplines which all claim they have a child's personality development and problems, in this regard, as their area of study, and where a variety of combinations of components of the above models are taken as their [eclectic] points of departure.

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