CHAPTER 1

INTERVENTION WITH A CHILD IN DISTRESS

1 INTRODUCTION

The fact that particular individuals are seen as **deviant** or **abnormal** because they do not act according to the behavior that is 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 that 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. All of 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 personal disclosure as this is embodied in his behaviors, does not comply with particular moral-normative,

affective and cognitive norms corresponding to his potentialities and level of becoming, usually is conspicuous. This conspicuousness is related to a "deviancy" regarding something unique to a particular person and that is **different** from what is currently accepted as "normal" or ordinary. This usually refers to an **unfavorable** condition that is paired with "distress" and that has unfavorable implications for a person himself and his social peers. This deviancy can manifest itself in a variety of areas of a child's existence and is usually recognized by those who have to live closely with him, e.g., parents, other family members, friends and teachers.

A **deviancy** in a child immediately raises the matters of "normality" and "abnormality." Benedict (1935: 75) in this regard 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 (sic) 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 designatable deficiency in his educative situation, i.e., in his environment, e.g., inadequate housing, unfavorable socio-economic circumstances.

Because these disabilities keep a child's personal actualization in check, there is mention of **aggravating** circumstances regarding the actualization of his available personal potentialities. However, this does not imply that a child, in spite of these aggravating circumstances, will not adequately actualize his personal potentialties. 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 given potentialities.

A restraint in a child does not refer primarily to an aggravation regarding his personal actualization but to its slower progress. Thus, a restraint means a personal potentiality that is underactualized, that progresses more slowly than it ought to. A restraint that 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 the fact that the **harmony** between a child and his environment is disturbed in the sense that the interaction between him and his world does not form a coherent whole because of his underactualized potentialities for dialogue, and that his comportment, actions and achievements really, in the unfavorable sense, do not correlate with the generally accepted norms for his age group and his personal potentialities.

It is accepted as obvious that what their contemporaries can do is expected of children in general. In this regard there is talk of 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 gives to the world and these meanings only can be understood essentially by applying **psychological** and **pedagogical** developmental criteria.

Where there is mention of 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 that 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 **environment**) and his 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 it is necessary to closely investigate some of the more important theories about child development and deviancy and also the practice of helping children in distress.

3.   EXPLANATORY MODELS

In general it is found that the particular norms or yardsticks used to define deviancy are closely related to particular explanations of development because of the components of deviancy that are placed in the foreground as obvious by each.

The 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 eductional 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 that 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 in order to explain it. The explanatory or illustrative function of the 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 of 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 model, the learning theory and behavior modification model, the psychodynamic model, the sociological model, the ecological model and the pedagogic 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 the individual and his 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 the 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 that will be attended to briefly because they have had such an important influence on the practice of educational psychology and also because learning is such a complex phenomenon and has a variety of meanings in the literature.

*   The Behaviorist

Watson, the father of behaviorism, asserted 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 asserted [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 focused 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 particular sequence of behaviors often enough, stimulus-response bonds are formed in the central nervous system that 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) constructed a model of the structure of the intellect. He suggested that intelligence can be divided into three categories, namely, operations, content and products. He differentiated, 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 explained "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 the 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 the 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 the problem rather than merely relying on memory.

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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. On the basis of his experiments with pigeons he further refined Thornidke's law of effect by means of positive and negative **reinforcement.** The system of operant conditioning was originated by him. With this he showed 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 fact that 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 the 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" will to learn. He emphasizes the curiosity motive and says a child's curiosity has to 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 the exploration of alternative demands, and because the intrinsic motivation is rewarding in itself, the teacher has to 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 has to feel secure while he explores, Moreover, the exploration has to be directed to a goal and also to how close the child is to attaining it.

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

The teacher ought also to lead the learner through a specific sequence of the different aspects of the 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 has to be understandable to the learner.

Because it is accepted that learning has a prominent place in the development of a child, the matter will be 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 that then serve as the basis for the development of the individual self. As a **sentient** being a child's emotional world is profoundly intertwined with motivational systems that 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 himself in terms of particular cognitive and verbal skills.

*   The sociological model

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

*   The ecological model

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

*   Synthesis

It seems that the biogenetic theoretician and the practitioner of psychodynamics view deviancy as a "state of illness" while the 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 the 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 of the essentials of the 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

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devices and recipes that 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 that all make the 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 the components of the above models are taken as their [eclectic] points of departure.

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