

## STUDY OF BEHAVIOURAL PROBLEMS IN SCHOOL CHILDREN\*

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### Introduction

The incidence of mental diseases is related to certain factors such as family circumstances, society in which the child is brought up, problems with peers or teachers, etc. along with hereditary and biochemical peculiarities which influence human development. There is an immense need for building up an awareness regarding the need of an average child and specific needs of the exceptional ones who are psychologically or physically handicapped due to various reasons. Every growing child is fully dependent on the family and emotional relationship which extends from house to school and to the society in a gradual way. Development of personality is highly related to the environment in which the child is brought up. Defective family atmosphere or faulty associations in school may affect normal development. Children need physical, intellectual, emotional and moral nurture and most of the parents or even teachers don't care about the psychological nourishment that should be given to the children.

Psychopathological or psychological problems are detected in children very late only when it becomes very severe. The parents usually are not aware of or are afraid of admitting to themselves that their children are psychologically deviant. The behaviour signs in children are mainly the outcome of social, ecological and economic disadvantages of the society in which the child develops. Only 8.5% of parents are directing their children to mental health agencies on seeing mild behavioural signs.

Central Research Institute is doing yeoman service in the field of Community Mental Health. The project on "Mental Health Programme in Schools" was started by this Institute in February 1993. The project is aimed to promote mental health awareness in common people and assessment of mental status of the developing children in the district. Work on physical care of people has been initiated from all corners of medical sciences from very long back, but psychological care and prevention of mental diseases has not been initiated widely.

\* A report based on the study conducted by Central Research Institute for Homoeopathy, Kottayam

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Under the project "Mental Health Programme" an initial screening of all children of the nearby Government Harijan Welfare School in the presence of the parents of every child and the class teacher has been completed. From this primary screening those children were selected who needed special care with psychological and medicinal treatment. The children who were selected after this screening were periodically examined once in a fortnight. The number of children studied is comparatively less because the school could be visited only once a week and the initial screening itself took a lot time for assessment.

### Aims and Objectives

#### Diagnostic Services

On physical and psychological assessment children with behavioural problems or intellectually backward can be traced and psycho-educational treatment can also be provided with homoeopathic medicines. The common behaviour problems found in children are various sorts of neurosis, learning difficulties, psychological delinquencies, substance abuse and infantile psychosis. Differential diagnosis of the cases is described later. Identification of cases of mental retardation, hearing impairment, learning difficulties, autism, emotional and behavioural problems of unknown reasons can be studied.

#### Treatment Services

The treatment of these children include psychological counselling, parental education, family intervention and finding out a homoeopathic similimum on the basis of symptom-similarity. Through family intervention the underlying problem in the family atmosphere can be traced out by one or successive visits. A psycho-educational attitude is to be followed in the management of children with behaviour diversions, neurosis, slow in learning, learning disabilities, physically handicapped and mentally retarded children. Counselling services to the parents and psychotherapy is important in the management of this special group of children.

### Preventive services

Preventive programme is aimed to develop methods and conduct programmes in schools and communities for identification of children with behavioural problems, and teachers also are trained to identify children who are at risk for developing behavioural problems.

The object is to create awareness and understanding regarding learning, behavioural and developmental problems of children and adolescents among the community in general and parents, teachers, administrators and workers associated with children's and adolescent's social welfare organisations in particular so that they can understand and deal with these problems effectively.

Another object of the project is to organise short term courses for parents of children with behaviour problems so that they can understand the problems of their children and rectify them with the help of health workers.

### Research

- a. To find out children with behaviour problems in a selected school and to provide proper homoeopathic treatment based on the presenting physical and general symptoms.
- b. To provide assistance to the teachers in order to select group of children who need psychological care and to give proper guidance regarding the management of the disabled children.
- c. To develop standards in assessing the intellectual and behavioural status of the children.
- d. To find out various types of behavioural problems found in children with different socio-economic status.
- e. To find out action of homoeopathic drugs in children with behavioural problems without any evidence of mental or physical illnesses.

### Factors which influence normal psychological development

Most of the conduct disorders result from a combination of constitutional factors, adverse experi-

ences and parental disharmony. Parental disharmony is probably the single most important aetiological factor in child psychiatric disorder. Parental disharmony can be either related to the child or related to parents or their occupation. Death of mother, divorced or separated parents, punishment of father, isolation of child due to employment of parents, and defective management of children are the main causes of behaviour problems in children. Children of low intellect parents, history of delayed labour, premature birth and organic changes due to convulsions also cause behaviour diversions. In lower income families mothers have more complications during pregnancy and more irregularities at birth of child than in middle class mothers. Defects are also more common among their offsprings and the incidence of organic brain disorders is higher among these children. A careful screening can isolate cases of mild mental retardation which on careful management can be helped to continue studies and lead normal life.

On the study conducted by this Institute in a school 9 cases of mental retardation were noticed, out of which 3 had history of delayed labour, 3 were of unknown aetiology and in remaining three, one each had history of premature birth, history of contusion and incidence of pneumonia in mother in the IIIrd trimester.

### Common Behaviour Problems found in Children

#### *School phobia*

This occurs due to an unaccounted fear to attend school expressed with anxiety and restlessness. Discomforts can originate from parental separation in children having strong bond of affection with parents.

#### *Anxiety neurosis*

This is an unpleasant subjective feeling as if something bad is going to happen. The child may be anxious about some known incidents. This can be caused by means of exposure to sudden and unexpected fright, or fearful situations.

#### *Depressive neurosis*

This may be caused by loss of any valuable possession, death or departure of close relative etc. This is expressed with frequent spells of weeping, sadness, loss of appetite, irritability and loss of interest in social activities. This causes difficulty in school

### *Obsessive compulsive neurosis*

Children present as introverts, self centered and perfectionists. Children who have unconscious emotional conflicts especially in regard to their aggressive or sexual impulses, may develop obsessive compulsive patterns of behaviour in children.

### *Hyperkinetic children*

This is seen in children with history of inter-personal conflicts between family members and is shown as a reaction to the family psycho-pathology and also as an evidence of delayed maturation of central nervous system.

### *Withdrawn child*

This is associated with stress or strain of first entering the school, and having difficulty in adjusting to a new environment. Child withdraws himself from stressful situations.

### *Aggressive child*

The child may be quarelsome, disobedient, aggressive and destructive. In childhood these children may not have been exposed to any consistent pattern of discipline and are often described as bad or naughty.

### *Antisocial or delinquent child*

This occurs as an interaction of biological hereditary characteristics, personality types, and social environment in which he lives. The child may be grossly selfish, irresponsible, and impulsive in behaviour. They are unable to tolerate the frustration and act out their impulses without any thought of it's consequences.

### *Learning difficulties*

The level of intelligence may be lower than normal. This children have perceptive or motor difficulties and are slow to understand and speak.

### *Sexual problems*

Feminine behaviour in boys, excessive masturbation, precocious sexual interests, or activities and sexual abuse.

### *Psychiatric problems of the physically handicapped*

Chronic physical illness throws the children

to great strain and distress through limitation of physical movements.

### *Substance abuse*

#### *Cigarette smoking*

Due to some thoughts that cigarette smoking may draw attention and with an urge to get it they start smoking in suitable circumstances.

#### *Alcoholism*

Persons with psychopathic tendencies usually start the usage of alcohol in the late part of their second decade.

### *Childhood psychosis (Early infantile Autism)*

Recent evidences suggest that there is an inherent abnormality in the central nervous system of the autistic child. Intellectual capacity of the child may be low. Lack of responsiveness or withdrawal may be noticed from the early childhood.

### *Schizoid disorder of the childhood*

These children have normal abilities and lack warmth and empathy. Social relationships will be poor and, support & protection will benefit these children.

### *Childhood schizophrenia*

History of schizophrenia may be present in the family. Changeable mood and irritability may be seen. They are usually nervous and anxious. Delusions and hallucinations may not be prominent in childhood schizophrenia.

### *Elective mutism*

This is a rare disorder where children persistently refuse to speak outside the home but their speech and language will be normal at home.

### *Academic skills disorders*

#### *Developmental reading disorder*

Impairment in development of word recognition skills.

#### *Developmental writing disorder*

This involves difficulty in acquisition of linguistic skills and linguistic knowledge

### Developmental arithmetic disorder

Influence of excessively high testosterone levels during intra- uterine life is implicated in the aetiology of this disorder. Difficulty in acquisition of arithmetic skills is noticed here. Difficulty in learning numbers, difficulty in establishing counting sequence, aligning numerals, etc. are found herewith.

### Developmental articulation disorder

Consistent failure in making correct speech articulations in the developmental age not due to a pervasive developmental disorder, mental retardation, impairment of oral speech mechanism or neurological or hearing impairments.

### Cluttering

Cluttering is a disorder of speech fluency involving both the rate and rhythm of speech resulting in impaired speech eligibility.

### Developmental language disorder

This is seen as an impairment or delay in using or acquisition of language.

## Material and Methods

A total of 320 children (132) were screened and of these 60 cases were selected as research cases who had some sort of behavioural problem.

**Table 1**  
Children under study

	Total Screened	Research Cases
Boys	182	36
Girls	138	24
Total	320	60

After primary or secondary screening the parents of the children were called for collection of information. This pertains to the standards of living, area of speciality, educational status of the parents and their occupation. History of the parental relations and their relation with siblings are traced. The main object is to provide guidance, counselling and supportive psychotherapy to the parents. The periodical visit in the school thus covers, medical check ups, guidance to parents, prescription of homoeopathic drugs on the basis of similimum and referring the

## Observations

The following tables show at a glance various behavioural problems observed in the children and also their family background, relation with peers/parents/siblings, level of intelligence etc.

**Table 2**

	Family Status	
Joint family	-	56
Separate Family	-	264

**Table 3**

	Economic Status	
Low income group	-	217
Middle Income group	-	89
High Income group	-	14

### Intellectual Status

The general vocabulary, way of talking, level of comprehension and curiosity, gives an idea about the intelligence of the child. Capacity to read and write, quality of thinking and perception, judgement and adaptive capacity are also assessed. Memory of every child differs from one another. It may be affected due to the family circumstances, stress and anxiety of the children and organic changes in the brain. Under adaptation we consider the flexibility of the child in mixing with people outside the household atmosphere.

**Table 4**

	No Dysfunction	Minimum Dysfunction	Obvious Dysfunction
Intelligence	250	39	31
Memory	245	54	21
Adaptation	266	43	11

### Physical Health

Due to the influence of heredity, climatic differences and living status some of the children were found to be infected with various acute and chronic illnesses. A good number of children were found to be suffering from recurrent respiratory tract infections and helminthiasis. Deficiency of vitamins

**Table 5**

Physical illnesses	82
Deficiency of vitamin & iron	28

**Responsibility**

Lack of initiative and responsibility was noticed in certain number of children. The child may not adapt to the social and household performance.

**Table 6**

	No Dysfunction	Minimum Dysfunction	Obvious Dysfunction
Household Responsibility	271	36	13
Social Responsibility	275	34	11

**Social relationship**

This refers to how the child relates to others. The social relations of these children are always school-linked. In this, activities the child is engaged in other than studies, relations with peers and siblings and capacity to please others are estimated. The report on social performance is as follows.

**Table 7**

	No Dysfunction	Minimum Dysfunction	Obvious Dysfunction
Social mingling	267	36	17
Extra curricular activities	282	28	10
Relation with classmates	285	28	07
Relation with siblings	289	21	10

**Overall behaviour**

The children's personal hygiene, manner of keeping the surroundings and level of activity is noticed here.

**Table 8**

	No Dysfunction	Minimum Dysfunction	Obvious Dysfunction
Self care	268	45	07
Withdrawal	271	40	09
Slowness	265	43	12

**Emotional disturbances**

Emotions are external impressions of the internal mental conditions. Disappointments or deprivations always produce sadness or withdrawal. Prolonged mental stress and emotional disturbances are causes of psychosomatic diseases. The inner feeling of disintegration continues to develop some sort of abnormal temperament or tendencies such as anxiety, irritability, restlessness and moroseness etc. In the study conducted it was found that even though behavioural problems were noticed in only 60 children but behavioural peculiarities were seen in most of the children. Various mood differences noticed are as follows.

**Table 9**

Irritability	52
Anxious	14
Quarrelsome	30
Obstinate	34
Disobedience	14
Oversensitive	05
Absentminded	12
Weakness	14
Sadness/Tearful	07
Melancholic	13

**Table 10**  
**Factors influencing behavioural problems**

Emotional factors	08
Delayed labour	03
Premature birth	01
History of convulsions	02
Alcoholism of father	03
Mental deficiency	09
Low intellect parents	06
Defective management	15
Unknown reasons	13

The specific causes observed in children with behavioural problems due to emotional reasons are tabulated below.

Table 11

Death of Mother	01
Divorced parents	01
Separated parents	02
Punishment of father	01
No care from parents	01
Working parents	02

The aetiological factors found in 9 mentally deficient children studied who were in the level of mild or borderline mental retardation were as follows.

Table 12

History of delayed labour	03
History of premature birth	01
History of pneumonia to mother in the 7th month of gestation	01
History of trauma to mother in the 7th month of gestation	01
Without specific cause	03

### Homoeopathic Management

The homoeopathic medicines were prescribed taking into consideration both the physical and mental base. It has been studied that homoeopathic medicines applied on the basis of various physical and mental generals, has made changes in mood and behaviour of growing children. The application of homoeopathic medicine in behaviour problems of developing children may be first of its kind in this field.

Although we have started the work on Mental Health of developing children with a main object of prevention of mental diseases, the homoeopathic medicines applied on similimum could improve the emotional stability of the children and mental health awareness in the parents. In the total 320 children screened, 60 children were found to be showing some sort of behavioural problem. The details of administration of medicines, follow up and progress of the children are specified below.

Table 13

Sl. No.	Medicines	No. of cases given	Follow up	Improvement	Under Observation	No changes
1.	Tuberculinum	13	8	4	3	1
2.	Arsenic album	2	2	-	1	1
3.	Belladonna	2	1	1	-	-
4.	Stramonium	2	2	1	1	-

5. Sulphur	6	4	2	2	-
6. Nux vomica	4	4	2	1	1
7. Mercurius solubilis	1	1	-	-	1
8. Pulsatilla	8	5	2	2	1
9. Natrum muriaticum	8	4	2	2	-
10. Baryta carbonicum	1	1	-	1	-
11. Antimonium crudum	4	3	2	1	-
12. Lycopodium	2	1	1	-	-
13. Anacardium	1	1	-	1	-
14. Acid nitricum	2	2	-	1	1
15. Calcarea carbonicum	3	2	1	1	-
16. Ignatia	1	1	1	-	-

### Miasms and Mental Symptoms

Dr. Samuel Hahnemann in Aphorism No. 221 states that although certain mental diseases are caused by fright, vexation and abuse of spurious liquors, the sudden outburst of mental symptoms are acute exacerbations of latent psora. Along with psychological factors such as faults of education, bad habits, corrupt morals and ignorance, the inherent miasmatic background also influence the personality development. The person with inherent psora may produce functional disturbances which react on nervous and emotional plane. These children are usually anxious, fearful, oversensitive and irritable. Children with inherent sycosis, are suspicious, cross, irritable, deceitful, jealous, cruel and vindictive. Children with syphilitic miasm are dull, stubborn, sullen and having fixed ideas which cannot be reasoned by others. They are melancholic, depressive and condemn themselves.

In the 60 children studied, psoric miasm was predominant in 33 children, syphilitic miasm in 20 children and sycotic miasm in 7 children.

### Discussion

Mental Health Programme in Schools is a new project undertaken by CRI Kottayam with an objective to take part in the field of Community Mental Health. The children selected for the study are to be followed at least for a period of 3 years. Psychological counsellings and regular family intervention programmes are to be performed with the help of clinical and educational psychologists and social workers.

Individual and group discussions are also held which aim at:

1. Helping the parents to recognise and understand children's normal stages in the development of socio-emotional and cognitive functions, so that they can

develop appropriate attitude towards the problems of their children.

2. Helping them to understand, recognise, and deal with the behaviour problems which they face with their children.
3. Providing opportunities to clarify anxieties, doubts and apprehensions through mutual sharing of their problems.

It is evident that if we concentrate on studying the related problems, administration of proper homoeopathic medicines and performing regular fam-

ily intervention with the parents, we can remove the obstacles in the psychological development of the child and help him in his proper personality development.

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"Almost all the so called mental and emotional diseases are nothing more than corporeal diseases in which the symptoms of derangement of the mind and disposition peculiar to each of them is increased, whilst the corporeal symptoms decline (more or less rapidly), till it at length attains the most striking one-sidedness, almost as though it were a local disease in the invisible subtle organ of the mind or disposition".

*Organon of Medicine - Aphorism 215*  
*Samuel Hahnemann*

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