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A STUDY OF MALADJUSTMENT AMONG URBAN
INDIAN PRIMARY SCHOOL CHILDREN:
A PSYCHO-EDUCATIONAL APPROACH

by

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1. UNIVERSITY OF DURBAN - WESTVILLE
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- (A) AN OVERVIEW OF THE NATURE AND PROBLEM OF
MALADJUSTMENT AND THE METHODS FOR INVESTIGATING
THIS PHENOMENON
- (B) THE PRESENT STUDIES
- Project One : A Study of the Incidence of
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Indian Teachers to Behaviour
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of Sub-Samples of Well-adjusted
and Maladjusted Indian Primary
School Children in respect of
Selected Aspects of their Home
Environment
- (C) DISCUSSION AND RECOMMENDATIONS

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tactfully/...

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A. Ramphal

Durban

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(A) AN OVERVIEW OF

THE NATURE AND PROBLEM OF MALADJUSTMENT

AND THE METHODS FOR INVESTIGATING THIS

PHENOMENON

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REFERENCES

1 THE PROBLEMS INVESTIGATED

This is a report of investigations carried out into three aspects of the problem of maladjustment among Indian primary school children. For the sake of convenience and clarity, the dissertation is divided into the following parts, each investigating a different aspect of the topic:

- (a) A Study of the Incidence of Maladjustment among Indian Primary School Children.
- (b) A Study of the Attitudes of Indian Teachers to Behaviour Problems of Children.
- (c) An In-depth Comparative Study of Sub-samples of Well-adjusted and Maladjusted Indian Primary School Children in respect of Selected Aspects of their Home Environment.

The research was carried out in the form of three projects corresponding to the title order given above and referred to in this report as Projects One, Two, and Three, respectively. All three projects are linked together by the common theme of "maladjustment".

2 MALADJUSTMENT : A MATTER OF CONCERN TO THE EDUCATOR

The problem of maladjustment or emotional disturbance among children constitutes a major concern in the field of education, particularly in view of the close relationship which exists between a pupil's mental health and his achievement in school.¹ After years of uncertainty there is now widespread interest in these children. Recent surveys undertaken in Britain^{2,3} and the U.S.A.⁴ suggest that a significant proportion of the school population needs help on account of some degree of maladjustment.

Over the years there has been a gradual shift in emphasis from a rigid concern for academic learning to the child himself, his experiences and his general social and emotional development.⁵ It is now generally acknowledged that in addition to an intellectual life, children also have an emotional one, and that these two parameters of the individual's personality interact very closely. Education, says Schonell,⁶ means more than instruction: it means providing for the adequate personality development of pupils by satisfying their basic psychological needs. This is not to deny the importance of subject matter. It is indeed essential that the child should learn to read, write and calculate but the approach to teaching these skills should be a natural outcome of the child's experiences and changing needs.⁷

Bower,⁸ a well-known American psychologist, who has written widely on the education of emotionally disturbed children notes that the relationship between achievement in the basic academic skills and school adjustment often "becomes gyrosopic and mutually reinforcing." Those children who are successful are rewarded, find satisfaction in whatever they are doing, are friendly to the school and its values, and are encouraged to invest more of themselves in their school activities. Conversely, those who are not successful in academic activities, says Bower,⁹ find little reward in them, perceive themselves negatively, and are perceived by their peers negatively. As a result they are unable to see the school or its activities in any constructive manner. For them the school becomes "an unfriendly, often persecuting institution with little opportunity for real satisfactions"¹⁰.

In the U.S.A., the following announcement by President John F. Kennedy on 5 February, 1963, did much to stimulate interest in the welfare and education of emotionally disturbed children:

"I have sent to Congress today a series of proposals to help fight mental illness and mental retardation. These two afflictions have long been neglected. They occur more frequently, affect more people, require more prolonged treatment, cause more individual and family suffering than any other condition in American life.

It has been tolerated too long. It has troubled our national conscience, but only as a problem unpleasant to mention, easy to postpone, and despairing of solution. The time has come for great national effort. New medical, scientific and social tools and insights are now available."¹¹

The President was successful in securing a Bill that included broad benefits for the handicapped, including an increase in the number of professional personnel available to work with them.¹² Moreover, diagnostic and treatment programmes began developing rapidly on national, state, and local levels. Colleges and universities enlarged their curriculums to provide the necessary professional training. No longer is the study of the physiological - psychological - sociological behavioural relationships limited to the medical specialities of neurology, pediatrics, and psychiatry; increased research and interest are being contributed by the disciplines of education, psychology, sociology and anthropology.¹³

The educator's increased responsibility for the maladjusted child has placed new emphasis on the importance of the classroom teacher, the school counsellor, the school psychologist, and other school personnel involved in the identification, diagnosis, and treatment phases. Conse-

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quently, it is crucial that educational personnel, particularly classroom teachers and members of the psycho-educational services staff, such as school counsellors and school psychologists, be prepared to contribute effectively their share in meeting the needs and problems presented by the behavioural problem child. As educators, school personnel owe pupils a certain responsibility especially in view of the fact school experiences during the early formative years exert a strong influence on the development of skills and feelings relevant to mental health.

Laycock¹⁴ rightly urges that the school should so organise its programme that it does not produce mal-adjustment but rather contributes to the mental health of its pupils. It should be aware that a pupil's concept of himself, his relationship to others, and his characteristic modes of attacking life's problems are affected by such school factors as teacher-pupil relationships, methods of discipline, methods of teaching, and the suitability of the school curriculum to the child's abilities and needs. Education and the treatment of behaviour problems in children should, therefore, go hand in hand. If the school is to help children to achieve their highest potential, says Laycock,¹⁵ it must feel concerned when emotional disturbances in pupils hinder the fulfilment of this purpose.

Teachers, since they observe children for several hours a day, are in a unique position to act as "suspecticians" and note children whose "behavioural temperature is rising",¹⁶ The difficulties of such pupils should be diagnosed as early as possible, and remedial treatment and educational guidance arranged. If they do not receive the necessary assistance, warns de Haan,¹⁷ they are in danger of becoming the unhappy and ineffective adults of tomorrow.

3 MOTIVATION FOR THE PRESENT STUDY

At present numerous discussions on the subject of maladjusted children are taking place among professional educators and lay people in educational journals, newspapers, speeches, and conferences. In many of these discussions, radically different points of view are taken. There are widespread differences in thinking on what constitutes problem behaviour, on its extent, and on what is being done about it. With such a wide area of disagreement, it is apparent that there are many aspects of problem behaviour, which are not fully understood. And insofar as problem behaviour and the Indian school situation is concerned, even less is known or understood. This became obvious from the discussion which followed after the investigator had read a paper entitled "Children with Behaviour Problems"

at a conference held at the University of Durban-Westvill

Some of the questions which were raised in the discussion that followed included the following:

- (a) "Just how serious is this problem of maladjustment in Indian schools? How do our children compare in this respect with children from other countries?"
- (b) "Why is it that girls seem to present fewer behaviour problems in school than boys do?"
- (c) "Do families who belong to the lower socio-economic group produce a relatively greater number of mal-adjusted children than those from the higher socio-economic group?"
- (d) "Are there any features peculiar to our Indian culture which may be regarded as possible factors in promoting maladjustment amongst our pupils?"
- (e) "Is there any relationship between school attainment and the behaviour problems of children?"
- (f) "Do the views of Indian teachers about what

constitutes/... 13

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- (a) Ramphal, A : "The Child with Behaviour Problems". Paper delivered at the conference of the Faculty of Education, University of Durban-Westville under the title "The Child Under Stress in the Normal School," held at Durban on 8 - 9 October 1973.

constitutes problem behaviour more or less correspond with those held by psychologists and psychiatrists?"

(g) "To what extent do the views of less experienced and more experienced teachers differ insofar as problem behaviour in pupils is concerned?"

(h) "How can the school and the educational authorities assist the maladjusted child?"

No research project has yet been taken, in the South African Indian context, which gives answers to such questions. It is the writer's view that the practical implications of these problems make such an investigation necessary.

It is anticipated that the present study will shed light on some of these problems and enable teachers to acquire a better understanding of themselves, of their pupils and of the issues involved in their dealings with children who present marked behaviour problems. Hopefully, too, this investigation may provide useful guidelines when further educational provisions for maladjusted Indian pupils are planned. It should enable the administrator to monitor the effects of the existing system and to develop a greater awareness of those areas and policies which call for change. Certain desirable school practices based on ideas distilled from research will be presented. Finally, it is expected

that/... 14

that the study will provide future researchers with pointers for further investigation.

The writer is in a particularly favoured position to carry out a research project of this nature in view of the fact that besides being an experienced Indian school teacher himself, he has, through his association with the University of Durban-Westville Child Guidance and Research Centre, had eight years of practical experience in working with children who present behaviour problems.

During the academic year 1972-1973, the writer was awarded a British Council Scholarship which enabled him to study for the Associateship of the University of London Institute of Education. In the course of preparing his detailed report for the Associateship he was provided with the opportunity of visiting and participating in the programmes of various child guidance clinics and schools for maladjusted children in Britain and Sweden. In the last two months of his stay in London he undertook all the duties required of the permanent staff at the Harlow and West Essex Child Guidance Clinic which works in close co-operation with the Harlow School Psychological Service.

At present he is Senior Lecturer in Empirical Education at the University of Durban-Westville.

4 AIMS OF THE PRESENT INVESTIGATION

Corresponding to each of the three projects that comprise this study, the broader aims may be stated as follows:

Project One

To ascertain the incidence of maladjustment among Indian primary school pupils in the Greater Durban area.

Project Two

- (a) To gain an insight into the attitudes of Indian teachers toward behaviour problems in children.
- (b) To investigate the extent to which the attitudes of Indian teachers toward behaviour problems in children correspond to those of mental hygienists or clinicians (i.e. psychiatrists and medical practitioners who have a special interest in problems of a psychiatric nature).

Project Three

To identify some of the home background and familial factors which are associated with maladjustment among Indian children.

Related to each of the above-mentioned primary aims

are/... 16



are certain secondary, though intimately related aims. These will be stated later in the respective projects.

5 THE CONCEPT OF MALADJUSTMENT

The term "maladjustment" is a relatively recent one which first came into use in the 1920's.¹⁸ However, the condition itself is now new. It would seem that the first recorded case of maladjustment was Cain, the eldest son of Adam and Eve. His general behaviour, as depicted in Verses 4 to 8 suggests that he was emotionally disturbed.¹⁹

Unlike the physical handicaps, maladjustment is not a specific condition. Like the legendary chameleon, it changes its colour with its context.²⁰ Generally, it covers a whole range of symptoms and emotional problems along a continuum of severity, requiring attention of some kind that is specific to each particular child in his own particular home and school setting.²¹

Writers such as Thouless,²² Bower,²³ and Kellmer Pringle²⁴ also comment on the vagueness of the term "maladjustment". Thouless,²⁵ for instance, says that there is no precise clinical condition or behaviour pattern which characterizes the maladjusted child. It is simply that, for some reason or other, he does

not fit into the social demands made on him and suffers consequently in his social life. This difficulty of definition will become clear from the next section.

5.1 DIFFICULTIES IN DEFINING THE TERMS "ADJUSTMENT"
AND "MALADJUSTMENT"

Any definition of "maladjustment", says Wall,²⁶ implies a prior definition of "adjustment".

Neither of these terms, however, is easy to define. Some of the reasons for this difficulty are given by Lovell²⁷ and are as follows :

- (a) The evaluation of mental health always involves a value judgement. There is a general agreement, for instance, that stealing, childhood depression and social aggression, are undesirable. However, when we move into the more marginal areas, such as to the question of how much conformity to social expectations is desirable as opposed to how much individual expression is good, determining a basis for judgement becomes complicated.
- (b) Normality is relative to the culture pattern. Some kinds of behaviour considered abnormal in one society may be thought normal in another.

(c) What/... 18

- (c) What may be regarded as normal behaviour at one age may be regarded as abnormal at another. Thus temper tantrums at the age of say 2 to 4 years, might be considered quite a usual occurrence whereas the persistence of such symptoms in a child of 10 to 12 years would be a more serious matter.
- (d) Ideas of normality may change with time. A reformer in his own generation may be looked upon as a maladjusted and dangerous crank. In the next generation he may be looked upon as an intelligent, progressive and normal person.

The difficulty of defining maladjustment is further increased by the fact that what one is attempting to define is the beginning of the process and not the ending - "the sniffles and sneezes - as it were, rather than the full fever".²⁸ One can communicate with some success the pronounced symptoms of a condition since the characteristics are often sufficiently recognisable to be described. But in trying to differentiate early symptoms one runs the risk of defining characteristics which are more or less true of almost everyone.

The normal shades off into the abnormal, the non-delinquent shades off into the delinquent, the adjusted

into the maladjusted, and the dividing lines are both hazy and arbitrary.

When considering maladjustment, it is necessary to guard against assuming that there are two exclusive conditions: that either a child is maladjusted or he is well-adjusted. Like so many other phenomena in psychology, it is almost certain that emotional stability follows a continuous distribution. Hard and fast distinctions between "normal" and "abnormal" behaviour, says Kellmer Pringle,²⁹ are artificial since the difference is one of degree not of kind: the maladjusted child closely resembles the normal child in the way he reacts to insecurity, jealousy, rejection, and inconsistent handling. However, he shows these reactions in an intensified form and "in the wrong places, at the wrong time, and in the presence of the wrong people".³⁰ There is a wide range from the extremes of severe maladjustment to the hypothetical condition of perfect adjustment, and an individual child can be placed anywhere along this line.

Emotional upsets and occasional difficulties, says Gulliford,³¹ are a necessary part of growing toward maturity. It would be unusual for a child particularly in the preschool stage, not to show some tendencies to excessive emotional reactions and behaviour. Within limits, these are signs of a healthy degree of self-assertiveness which is essential for the proper development of the individual's personality.

In general, these are managed within the family discipline in such a way that the child is helped to achieve reasonable conformity to requirements of his environment and to harmonize his inner urges in such a way that he feels a sense of security. This enables him to tolerate the insecurities which accompany new experiences and new steps toward independence and social co-operation. Soon he overcomes his problems and life moves along at a more or less even tenor. But maladjustment, says Gulliford,³² is of a different order.

Bower³³ has put forward a useful continuum upon which the degree of handicap can be perceived. He begins the continuum with (A) children who experience and demonstrate the normal problems of everyday living, growing, exploration and reality testing. (B) Some children develop a greater number and degree of symptoms of emotional problems as a result of a crisis or traumatic experience. Such a crisis or traumatic experience may be the death of the father, the birth of a sibling, the divorce of the parents, brain or body injury, school entrance and so on. Some children move beyond this point and may be described as (C), ones in whom symptoms persist to some extent beyond normal expectations but who can manage an adequate school adjustment. The next group includes (D) children with fixed and recurring symptoms of emotional disturbance who can, with help, maintain/... 21

maintain some positive relationships in a school setting. Beyond this are (E) children with fixed and recurring symptoms of emotional difficulties who are best educated in a residential school setting or temporarily in a foster home setting.

In the light of the discussion above it is clear that no water-tight definitions of the terms "adjustment" and "maladjustment" can be given since the difference is one of degree and not of kind. Indeed, as a report of the Scottish Education Department³⁴ points out, it would be "misleading and dangerous to suggest specific, comprehensive criteria by which any case of maladjustment might be recognised". Nevertheless, certain writers have attempted to provide broad and overall impressions of the kinds of behaviour which these conditions try to portray. These will be discussed in the next section.

5.2 DEFINITIONS OF "ADJUSTMENT"

Gould and Klob³⁵ define adjustment as "the process whereby an organism, organ, or individual entity enters into a relationship of 'harmony' or 'equilibrium' with its environment".

A similar definition is suggested by Eysenck, et al.,³⁶ who see adjustment as "a state in which the needs of the individual on the one hand and the claims of the environment on the other are fully satisfied."

For Woodruff, ³⁷ healthy mental development depends upon the adequate reduction of personal needs. Primary and secondary needs bring about striving behaviour within the organism which, in turn, brings about behaviour patterns directed toward the attainment of goals which will lead to need reduction. If the child reaches a large proportion of these goals, provided these goals are socially acceptable, then there will be healthy personal adjustment.³⁸

Well-adjusted children, says Strang,³⁹ feel accepted, respected and trusting, whereas disturbed children are more often motivated by feelings of hostility, fear and anxiety. Other characteristics of well-adjusted individuals are listed by Kolesnik ⁴⁰ and include the following:

- (a) They have favourable self-concepts and believe that they have a fair share of desirable characteristics.
- (b) They recognize and accept their limitations without exaggerating or minimizing them. They try to overcome those deficiencies which can possibly be overcome, and make the best of those that cannot be removed.
- (c) They like people of both sexes, make friends with them easily, and enjoy their company.

(d) They/... 23

- (d) They are not overly sensitive, shy or withdrawn.
- (e) They do not demand immediate satisfaction of their desires but are willing to postpone immediate satisfaction for the sake of delayed rewards.

5.3 DEFINITIONS OF "MALADJUSTMENT"

In Britain, the Handicapped Pupils and School Health Service regulations of 1945 defined maladjusted pupils as "pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational re-adjustment".⁴¹ This was the first time that maladjusted children were given official recognition as a category of handicapped children. This recognition of special emotional needs was due partly to the child guidance and progressive education movements during the 1930's, and partly to evidence of emotional disturbance revealed by wartime evacuation.

In 1955 the Committee on Maladjusted Children⁴² which was appointed to enquire into and report upon the medical, educational and social problems relating to maladjusted children in England, accepted after considering the problem for five years that it had no "novel insight into the nature

of maladjustment, or new and even revolutionary ideas about the way it should be treated". The Committee recommended that the legal definition given in 1945 should not be changed since it achieved its purpose in making it possible for special education to be provided for a wide range of children with emotional problems or behaviour difficulties. However, for the sake of its own investigation, the Underwood Committee considered that the definition was unsatisfactory because:

- (a) It did not offer any help in the identification of maladjustment in particular children.
- (b) It was not sufficiently widely conceived to ensure that maladjustment was dealt with at as early a stage as possible before any disturbance became deep-seated and difficult to eradicate.
- (c) It was confined to children who could and should be treated within the educational system; it thus ignored the very young children, and those older ones who had to be treated outside the educational system, e.g. as in-patients of hospitals.

In proposing its own definition the Underwood Committee notes that the maladjusted child develops

in ways that have "a bad effect on himself or his fellows" and "cannot without help be remedied by his parents, teachers, or other adults in ordinary contact with him".⁴³ Such a child tends to be insecure and unhappy, and fails in his personal relationships. Receiving is difficult for him as well as giving, and he appears unable to respond to simple measures of love, comfort and reassurance. At the same time he is not readily capable of improvement by ordinary discipline.

A more recent report on maladjusted children was published by the Scottish Education Department in 1964.⁴⁴ This report criticises the term "maladjustment" as seeming to imply a static and irremediable condition, but regards its retention as now unavoidable. The Scottish Working Party was of the opinion that the nature and scope of maladjustment could best be understood by describing the groups of children among whom the maladjusted are mainly to be found, and the characteristics of maladaptive behaviour. Eleven such groups are listed: for example, children who have been deprived of normal early life experiences such as individual mothering, association with other children, normal play opportunities; children living with parents who are handicapped in the parental role by their own childhood experiences;

children whose parents are known invalids or mentally ill; children who have been over-protected and indulged in early childhood and have inadequate resources for meeting stress.

The Scottish Working Party⁴⁵ mention the following characteristics as being frequently associated with maladaptive behaviour: high level distractibility; tendency to marked swings of mood; persistent demanding of attention; regression to infantile behaviour patterns; unusual degrees of self-assertiveness.

The Encyclopaedia of Psychoanalysis⁴⁶ defines maladjustment as the individual's inability to maintain a harmonious relationship with the environment; usually the result of intrapsychic conflict within the total personality. Since maladjustment results from the presence of unconscious conflicts, leading to an inability to react appropriately, emotionally and intellectually, it can be viewed as the manifest expression of such conflict, which results in an inadequate and more or less unhappy way of life".

According to Jones,⁴⁷ the emotionally disturbed child is one who, because of organic and/or environmental influences, chronically displays

- (a) an inability to learn at a rate commensurate with his intellectual, sensory, motor and physical development;
- (b) an inability to establish and maintain adequate social relationships;
- (c) an inability to respond appropriately in day-to-day life situations;
- (d) a variety of excessive behaviours ranging from hyperactive impulsive responses to depression and withdrawal.

These children have to be taught and directed in special ways, and a wholesome and constructive environment has to be developed for this purpose.

Pate⁴⁸ regards a child as being emotionally disturbed when his behaviour is so inappropriate that his regular class attendance

- (a) has a disrupting effect on the rest of the class;
- (b) places undue stress on the teacher;
- (c) furthers the disturbance of the pupil himself.

Bower⁴⁹ describes the maladjusted child as "a child who is unable or will be unable to take the slings and arrows of life without caving in, becoming

immobilized/... 28

immobilized or exploding". Such children demonstrate one or more of the following characteristics to a marked extent and over a period of time:

- (a) an inability to learn which cannot be explained by intellectual, sensory, or health factors;
- (b) an inability to maintain satisfying interpersonal relations with peers and teachers;
- (c) inappropriate types of behaviour or feelings under normal conditions;
- (d) a general pervasive mood of unhappiness or depression;
- (e) a tendency to develop physical symptoms, speech problems, pains, or fears associated with personal and school problems.

Jones⁵⁰ approaches the problem of defining maladjustment by posing a number of questions related to the symptoms which a particular child displays. Are the symptoms severe? Are there many of them? Are they inappropriate for the age of the child? Are they of an enduring nature? Are they such that without help of some kind they will not be modified/... 29

modified? Are they causing distress and disturbance to the child's family or the community at large? An affirmative reply to these questions, says Jones, could indicate maladjustment. Alternatively, teachers could be asked the following: Is the child teachable in the normal classroom? Does the child accept affection and concern of other people as most children would? Can the child accept normal discipline? A negative reply to all these questions may give justification for thinking a child is maladjusted.

From the descriptions given above it is clear that there is no exact definition of maladjustment. However, there seems to be general agreement that the maladjusted child is unable, to a noticeable and incapacitating extent, to enter freely into the life of his group and to meet the demands it makes on him in a way which the group itself finds acceptable. In contrast to relatively well-adjusted children of the same age, he seems less able to tolerate tension and cope with frustration. Moreover, his unacceptable behaviour seems less amenable to modification by rewards and punishment than is the case in better adjusted children.

Deep-rooted conflicts resulting in fear and tension often handicap his progress in school. It appears as though his mental energies are blocked or exhausted and school becomes a place of anxiety

and frustration. What he seems to be seeking unconsciously is help in gaining self-esteem and a feeling that somebody cares about him. An understanding person can provide this but the process of rehabilitation may be slow and difficult and the child will need individual attention and a chance to learn good social behaviour within a small group.

Brief consideration at this point will lead one to realize that such global descriptions of maladjustment as have been considered thus far are of limited value for, as Chazan⁵¹ points out, to call a child maladjusted does no more than to indicate that he needs some kind of help because of emotional or behavioural difficulties or because of an unsatisfactory school or home situation. The problem here is that the term does not imply a precise diagnosis. What is important from the clinician's point of view is to ascertain precisely what is wrong with the child or his situation and, as far as possible to discover the causes of the maladjustment. This assessment will be greatly aided if the clinician makes use of a satisfactory scheme of classification.

6 CLASSIFICATION OF MALADJUSTMENT

Various attempts have been made to classify maladjustment into clear-cut categories. Some of these classifications have been based upon overt behaviour described as the problem; some have been based upon the etiology of the problem; some have been based upon the effects of the problem behaviour. Owing, however, to the complexity of the factors involved, none of these attempts have been particularly successful.⁵² Classification based upon symptoms, for example, is not very helpful since it is common for maladjusted children to present symptoms which are characteristic of a number of disorders

Among the other difficulties encountered in attempting to draw up an acceptable scheme of classification, Rutter⁵³ mentions the following:

- (a) the same children may show different kinds of disorder at different ages;
- (b) what is considered a problem at one age may be normal or acceptable behaviour at another (e.g. enuresis);
- (c) the severity and duration of the disorder are important variables but are difficult to measure;
- (d) no theory has gained sufficient general support for it to be used as a basis for classification.

In short, child psychiatry is a relatively new discipline without the accumulated knowledge necessary for a classification which will stand the test of time. This situation, however, in no way minimises the need for at least a tentative classification which can be improved and developed as further knowledge becomes available. ⁵⁴

Some child psychiatrists, says Rutter, ⁵⁵ see little value in distinguishing between the different conditions; others believe that classification tends to obscure individual differences and prevent a more penetrating understanding of disorders. While recognising that it is important to consider each client as a unique individual with his own particular attributes and life history, Rutter ⁵⁶ argues that it is equally necessary to consider those characteristics which he shares with them. A classification, he says, is a kind of language which facilitates communication among different professional workers. Without it communication becomes difficult and misinterpretations and misunderstandings arise. In addition, the comparison of observations and studies at different clinics and research centres is hampered. However, one should never lose sight of the fact that children suffer from multiple handicaps. In actual practice one seldom seems a child showing only one problem and that in pure form. Indeed, there are many more disorders than children, so that when it comes to planning services these must be planned for

children rather than the separate disabilities.

Some of the systems of classification which have been proposed will be discussed in the section that follows.

The Underwood Report, ⁵⁷ following a medical model, regards children's difficulties as 'symptoms', and groups them under six broad headings:

- (a) 'Nervous' disorders: (i.e. disorders which are primarily emotional), such as fears, depression, anxiety, timidity).
- (b) Habit disorders: stammering, asthma, enuresis, nail biting.
- (c) Behaviour disorders: unmanageableness, jealous behaviour, stealing, aggression.
- (d) Organic disorders: conditions following head injuries, etc.
- (e) Psychotic behaviour: hallucinations, bizarre symptoms.
- (f) Educational and vocational difficulties: backwardness not accounted for by dullness, etc.

Although widely used, this system is very limited. It calls for a great deal of interpretation in deciding, say, what is 'jealous behaviour'. Moreover, it does not take sufficient account of the age of the child. ⁵⁸

For example, fears are commoner at some ages than at others, so that they do not necessarily indicate any gross deviation from normal development.⁵⁹ But as an initial scheme, the Underwood classification spurred others on to improve it.

Wall⁶⁰ suggests that a classification based on educational needs is probably the best for handicapped children of school age. Cruickshank and Johnson⁶¹ describe one such classification used by the St. Louis County Health Department:

Group One Children: definitely the responsibility of the schools and educators. These children are 'normal', or show the 'normal' variations to be expected in the course of development and in meeting new situations. There are limited disturbances in mood and action which are usually found to occur in relation to changes in their environment; these symptoms do not disrupt the child's environment and do not have serious implications for his future.

Group Two Children: requiring school-centred guidance services, to provide support to the child, family, teacher and principal. These children show more fixed behaviour disturbances, not so clearly related to causal factors as in the case of group one; these may affect school progress and adjustment, but the child does not lose contact with the school. His home and school environment remains intact.

Group Three Children: mainly requiring treatment services. These children show fixed behaviour disturbances which threaten their social adjustment. Their school attendance is poor, but their families remain intact; they tend to produce the same behaviour and symptoms even when they are placed in a new environment.

Group Four Children: needing residential facilities, or exclusion in the last resort. These children show fixed disturbances in behaviour and mood that are severe enough to disrupt attendance and social adjustment; the families are also broken up.

Hutt and Gibby⁶² describe childhood emotional difficulties within a developmental framework, and in terms of four main categories of adjustment problems:

- (a) Transient Adaptive Problems: This includes the temporary disturbances which result from growing up, from coping with physical illness, exceptional circumstances such as changes of environment or culture. The child may present "symptoms" but they are appropriate to the stresses and strains being experienced. Once the stressful situation is changed for the better or the child has had the time to work through the new problems the symptoms subside - a sign that a new adjustment has been made. Any anxiety or impairment of the self-concept is temporary and relatively mild.

(b) Persistent Non-Adaptive Problems (or Persistent Maladjustment)

The behaviours in this category are those brought about by the more or less permanent incapacity of the child's ego to tolerate anxiety and to deal with conflict in an effective manner. These children use inappropriate adjustive strategies and experience anxiety which is disproportionate to the objective situation which elicits it. Their personal and social relationships are impaired. The youngsters show excessive inhibition, shyness, quarrelsomeness and so on. They manifest other symptoms such as regressive behaviour, compulsions, anxiety states, psychsomatic syndromes, marked aggressiveness and excessive dependency. These children are unable to work to their full potential in school.

(c) Extreme Persistent Non-Adaptive Problems

Here anxiety is so severe and conflict so great that the ego loses its capacity for harmonious and integrated action. In this category, children show bizarre and inexplicable changes in mood; their thinking is out of key with their feelings; and delusions and hallucinations may be present. Such children "have lost touch with reality."

(d) Constitutional Problems

This includes behaviours which are mainly the result of physical factors present at birth, or occur soon after birth. Brain diseases or other damage, for example, affect the integrated functioning of the nervous system and produce mild or severe emotional problems.

In a widely acclaimed article, Rutter⁶³ put forward an eleven-fold scheme based on a wide review of the research literature. The two largest groups of problems are:

- (a) Neurotic disorders (characterised by inhibition and unhappiness)
- (b) Antisocial or conduct disorders (characterised by aggressive behaviour)

The neurotic disorders have a better prognosis than the antisocial ones. In some children, the picture is not clear-cut so that a third category is called for:

- (c) Mixed groups
- (d) Developmental disorders: enuresis or language disorders occurring in isolation would be placed in this heterogeneous category.
- (e) The hyperkinetic syndrome: this is a distinct type of severe overactivity.

- (f) Child psychosis: this includes the rare condition, early infantile autism, and all disorders in this category are distinguished by their very poor prognoses.
- (g) Psychoses developing at or after puberty which are similar to adult-type schizophrenia
- (h) Mental subnormality
- (i) Educational retardation as a primary problem.
- (j) Depression
- (k) Adult-type neurotic disorders

Like the Underwood Committee before him, Rutter put this scheme forward in a tentative way in the hope that it would be refined as difficulties were noted in its use.

From the discussion above it is obvious that there is no "natural" system of classification that will serve all purposes equally well. Different writers therefore classify disturbances in behaviour according to what they believe will serve their purposes best. The behaviour listed as a conduct disorder in one scheme is shown as a habit disorder in a second, or as a personality problem in yet another. However, all the schemes of classification mentioned above have something to offer. It must be emphasized that there will always be difficulty in using any scheme for, as Kanner⁶⁴ points out, "children do not read the textbooks and so

do not present neatly to fit in with any scheme."

On the basis of his experience as an educational psychologist at the University of Durban-Westville Child Guidance and Research Centre over the past eight years and his appraisal of the schemes outlined above, the writer is of the opinion that a suitable classification system of the disorders of childhood should provide for four main categories, viz, intellectual retardation, educational disorders, behavioural - emotional disorders and physical disabilities. Behavioural-emotional disorders in turn, may be grouped under the following headings:

- (a) Acting-out behaviours (hitting, aggressive, disruptive behaviours)
- (b) Withdrawing behaviours (timidity, shyness, lack of sociability and other such restricted behaviours)
- (c) Defensive behaviours (lying, cheating, and avoiding tasks)
- (d) Disorganized behaviours (autism and other behaviours which indicate loss of touch with reality)

The frequency of occurrence of the various problems varies widely. An examination of the kinds of children's problems encountered at the University of Durban-Westville

Child Guidance and Research Centre between January 1971 and December 1975, for example, reveals that referrals are made on grounds of disobedience, destructiveness, fighting, lying, stealing, truancy, temper tantrums, stubbornness, enuresis, speech difficulties, poor school progress and withdrawn behaviour. The extent and diversity of the activities of the Centre will be discussed at greater length in a later section.

7 SYMPTOMS OF MALADJUSTMENT

7.1 GENERAL CONSIDERATIONS

Just like pain, symptoms of maladjustment are a danger signal, a call for help. They indicate that there is intolerable tension between the personality and the environment.⁶⁵ The message conveyed by the symptoms is not an obvious one. It needs to be carefully decoded taking a number of other circumstances into account. The significance of symptoms is personal and specific for each individual. The act of stealing, for example, can carry a host of different meanings. In order to understand the particular meaning of this symptom it will be necessary, says Wolff,⁶⁶ to explore the individual's past and present life situations and to listen to what he has to say about his thoughts and feelings.

Louittit ⁶⁷ shares this view. He points out that the behaviour which brings the child to the clinic usually is not in itself the basic problem. If a hundred children who will not eat are considered, it is found that, while the complaints are the same in all essential respects, the actual psychological problems may be quite different. The specific act, or combinations of acts which are the basis for the complaint need to be considered in the light of the child's individual characteristics, his past experience, and the effect upon his behaviour of such factors as parental attitudes and environmental conditions.

The complaint behaviour, or symptom, is the expression of the underlying problem and represents an unacceptable or inadequate solution to difficulties in adjustment. Consideration of any symptom is merely the starting point for understanding the child. ⁶⁸

Garrison and Force ⁶⁹ list the symptoms of maladjustment as follows:

Physical Signs

Facial twitchings	Rocking feet
Nervous spasms	Drumming with fingers
Stuttering	Twisting hair
Biting nails	Restlessness
Vomiting	Fidgetting

Enuresis	Rapid, nervous speech
Digestive disturbances	Crying easily

Behaviour Signs

Aggressiveness	Retiring
Negativism	Easily embarrassed
Night terrors	Sleep disturbances
Bullying	Walking in sleep
Voluntary mutism	Masturbation
Lying	Stubbornness
Poor school work	Regression
Overly sensitive	

Emotional Signs

Given to worry	Disposition to hate
Feelings of inferiority	Resentful
Abnormal fears	Temper tantrums
Pouting	Extreme timidity

The range of possible symptoms, says Kellmer Pringle,⁷⁰ basically fall into two broad categories: aggression or withdrawal, fight or flight. Some children habitually choose one mode of reaction while others oscillate between retreat and attack.

To some extent, habitual behaviour is determined by personality type.⁷¹ The emotionally robust,

confident and outgoing child is likely to adopt outgoing, aggressive methods whilst the gentle and retiring one is likely to choose retreat. To begin with, says Kellmer Pringle,⁷² a child will try out various means of meeting a difficult situation. Experience then teaches him which is the most effective or least painful way.

Thus the relative success of aggressive or withdrawn behaviour determines which aspect of the child's personality subsequently finds predominant expression. If he gains his ends more readily by one mode, he will persevere with this behaviour pattern. Hence, the way in which the earliest attempts at non-conformity and independence are handled has a vital influence on shaping later reactions to adult authority. It is important to realize that withdrawal on the part of the child is just as urgent a danger signal as aggression. Indeed, the quiet, withdrawn child may often be much more seriously disturbed than the boisterous, attention-demanding child.⁷³ In practice, aggression is more likely to demand attention and invite action because it constitutes a threat to adult authority. On the other hand, the withdrawn, over-conforming child tends to be overlooked and his needs may remain unmet since the idea that it is possible for a child to be "too good" has been slow in gaining ground.⁷⁴

It is also necessary to remember that individuals differ from one another and that experiences which for one child are bearable and even stimulating may for another child, prove crippling. ⁷⁵

7.2 CRITERIA POINTING TO MALADJUSTMENT

The following criteria listed by Kessler ⁷⁶ and Kellmer Pringle ⁷⁷ are helpful when considering problem behaviour:

- (a) The discrepancy between the child's behaviour and what is appropriate behaviour for a child of a given age: Frequently temper tantrums are quite common in a four-year-old, are unusual in a seven-year-old, but are so rare in an eleven-year-old that at that age they are likely to indicate serious disturbance.
- (b) The intensity and persistence of a particular symptom: Transient fluctuations in children's behaviour and emotional state are quite common and normal. ⁷⁸ Development does not proceed entirely smoothly and plateaux and temporary regressions are part of normal development. However, says Rutter, ⁷⁹ these fluctuations are more likely to occur at some times than at others. It is therefore important when

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diagnosing a child's problem to take his life circumstances into account.

Many children revert to more immature patterns of behaviour when a new baby brother or sister arrives. They may return to sucking their thumb or wanting the bottle and they may become more demanding and attention-seeking at this time. Starting at a new school or joining a new class is another common stress which may be associated with increased anxiety and dependency. Some increase in emotional and behavioural difficulties is to be expected in many children at times of stress. Isolated regressions, says Kessler,⁸⁰ are not pathological as long as the child can recover quickly. However, when the symptomatic behaviour is aroused somewhat frequently and under minimal stress, there is reason for concern.

In describing the behaviour of the emotionally disturbed child, Bower⁸¹ draws attention to the inappropriate or disproportionate amount of energy which he devotes to a task. He may play with an intensity and frenzy which can spell trouble for anyone who may interfere. Or he may bite his nails to the point of drawing blood. Such a degree of intensity indicates emotional disturbance rather than just a bad habit.⁸²

Bower⁸³ draws attention to those children who are unable to obey rules in school even after being disciplined repeatedly. Such a child, continues Bower,⁸⁴ often behaves in an automatic, repetitive pattern. On the other hand, the child who enjoys healthy emotional development has relative freedom to change his behaviour as a result of rewarding or punishing relationships - i.e. he has sufficient "ego strength" to vary his persona according to the demands of the situation in which he finds himself.⁸⁵

The essence of normality, says Bower,⁸⁶ is flexibility. This is in contrast to the "freezing of behaviour into patterns of unalterability which characterise the emotionally disturbed child". Such a child has relatively little freedom to adapt. He is often regarded as being stubborn and recalcitrant since the usual influence techniques of reward, punishment, recognition, praise, and the like, are relatively ineffective in influencing his behaviour. On the other hand, he may leave himself almost completely open to the influence and ideas

of others.

(c) The number of symptoms: In general, the greater the number of symptoms a child displays the more maladjusted one would expect him to be. However, Kessler⁸⁷ rightly warns against such an over-simplification. One should not rely exclusively on the number of symptoms to judge the extent of psychopathology. It is possible for a single symptom to work so efficiently that all the child's anxieties are taken care of at once. A good example is that of school phobia. Such a child may appear completely happy and well-adjusted if he is allowed to remain at home. All his problems may be bound up in the one phobic situation so that they do not spill over into other areas.⁸⁸

(d) The degree of social disadvantage: Behaviour such as aggressiveness or day-wetting or soiling which alienates the child from others has serious secondary consequences for the child.

In some cases a vicious circle arises in which the effects of a symptom tend to perpetuate the symptom.⁸⁹ For example, the school phobic child will after a while be even more fearful of returning to school

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because he will have fallen far behind in his classwork. Similarly, the aggressive child will make so many enemies that he has no choice but to continue to fight.

(e) The child's inner suffering: It is often assumed that the child's opinion of himself is based solely on the spoken statements of others. This may lead parents to think that if they are tolerant and outsiders do not know about the child's symptom, he is not upset about it. But, says Kessler,⁹¹ children are quite capable of judging themselves and generally feel embarrassed and inferior because of a habit which they cannot stop, even if it is a secret habit. And although they may not verbalize their inner distress, they often reveal it to someone who knows them well. The obvious pride in the occasional dry night demonstrated by a chronic bedwetter, for example, reveals his hidden shame about wetting.

(f) The child's home background: Behaviour cannot be judged normal or abnormal in an absolute sense. Rather the way the child behaves must be assessed in terms of the norms for his immediate socio-cultural milieu.

Some children may well find themselves at odds with their school, not because they have any deep-seated emotional or behavioural problem, but simply because the forms of behaviour which they display, normal enough in themselves and in their own out-of-school background, is not in keeping with the general expectations of the teacher and the other children - and may, indeed, be difficult to tolerate.

It will be readily appreciated from the discussion above that in deciding on maladjustment, a combination of criteria have to be considered. In giving attention to these criteria, the child's total personality and behavioural manifestations must be taken into account. For this, it is necessary to use all available sources of information so that a correct diagnosis can be made and appropriate remedial measures suggested.

8 FACTORS RELATED TO MALADJUSTMENT

Since enough is not yet known about the way in which maladjusted behaviour develops, says Chazan,⁹³ it would be more accurate to talk in terms of "factors associated with maladjustment" rather than "the

causes/...50

causes of maladjustment". However it is generally agreed that, by and large, several factors - physical, temperamental, emotional, social and intellectual - interact to produce problem behaviour. It is unlikely, therefore, that there would be any short-cut to diagnosis or to treatment. A multidisciplinary approach is indicated. ⁹⁴

Wall ⁹⁵ notes that maladjustment "is of slow growth, the result of a series of wrong turns which progressively bring about a disequilibrium between the resources of an individual and the demands of his society". Some children are born with inherited defects or weaknesses of temperament. ⁹⁶ Others, including those who fall into Stott's "inconsequential category" (i.e. impulsive, distractable children who lack temporal integration) suffer minimal brain damage early in life, perhaps during birth. ⁹⁷ This may leave few or no signs of actual physical impairment, but may have rather insidious effects on the child's behavioural adjustment. Cashdan ⁹⁸ stresses that brain-damaged children do not necessarily have later adjustment and learning difficulties. However, these children are "at risk" and when mothering (or any other family relationship) is inadequate or inappropriate, they are more likely than constitutionally better endowed children to experience difficulties.

Research related to factors associated with maladjustment will be reviewed more fully in Project Three of the present report.

9 IDENTIFICATION AND ASSESSMENT OF MALADJUSTED CHILDREN

Over the past few years there has been widespread concern among educators about the need for early identification of children who are potentially emotionally disturbed. It has been suggested that if identification is made early and remedial action is taken soon enough, the development of more serious emotional problems can be reduced.^{99,100} If this identification is to be the responsibility of the school, it is necessary that the methods used for screening children be practical in terms of time and effective in terms of accurate identification of emotional disturbances.

Bower and Lambert¹⁰¹ list the following broad criteria which should be considered when selecting or developing a screening instrument for school use:

- (a) The instrument should be designed for group administration.
- (b) It should be possible for the teacher to administer and score it with little or no help from the administrative or psychological personnel.
- (c) The administration and scoring of the instrument,

moreover, should require a minimum amount of time and work on the part of the teacher.

- (d) The data should be obtainable as part of the regular classroom routine and not involve the teacher in extra classroom duties, extra home visits, or individual test administration.
- (e) The data collected should help the teacher to obtain a comprehensive picture of the child from as many sources as is economically possible.
- (f) The procedure should be one which neither invades the privacy of individuals nor violates good taste.
- (g) The procedure should not encourage the teacher to diagnose emotional problems, nor to draw conclusions about their causes, nor label or categorize children; in fact, the procedure should actively discourage the teacher from undertaking any of these highly technical interpretations.
- (h) The procedure should be one which does not offer a threat to any child.
- (i) The procedure should be inexpensive to use.

Allinsmith and Goethals¹⁰² recommend early detection for two important reasons :

- (a) It may prevent dependence on "secondary gains" derived from illness. For example, if the child is rewarded excessively for staying at home when he feels ill, he may later deceive himself or others about his state of health in periods of anxiety. Staying at home may provide not only the primary gain of offering a retreat from pressures in his life, but also the secondary gain of being a pleasant activity in itself.

- (b) Early detection may prevent "circular effects" of symptoms, i.e. some emotional problems in a child's life may cause difficulties that leave him with two problems: the original emotional disturbance that caused a symptom (such as difficulty with reading), and new failures attributable to the symptom (such as learning handicaps, which cause him difficulties in school work).

While the detection of maladjustment is the responsibility of all adults, the teacher is perhaps in the most advantageous position to note any abnormality of behaviour. ¹⁰³ Besides having an objectivity which only a minority of parents can be expected to possess, the teacher has the advantage of observing the child both as an individual and in relation to the school group. His experience with large numbers of children

tells him what to expect and what is unusual in children. Both individual and group activities are monitored by teachers, a fact that enhances teacher judgements when compared to a clinical interpretation in a one-to-one situation.

Kessler ¹⁰⁴ lists four grouping principles that provide a useful conceptual framework for understanding emotional problems in children. These principles require the evaluator to determine the following:

- (a) whether the behaviour is caused by organic disturbance or by a functional disturbance with roots in traumatic experiences and conflict;
- (b) whether the conflict is internalized or whether it is reactive to environmental pressures;
- (c) whether the disturbance results in suffering for the child or in suffering for others;
- (d) whether the disability is partial or total.

It is important when working with maladjusted children to resist the temptation of applying ideas about adult personality organization to the child. ¹⁰⁵

The child's relatively greater vulnerability to both external and internal pressures makes his behaviour less predictable than that of the adult and more changeable with respect to circumstances. Therefore, symptoms

seldom indicate a specific disorder. The child is in the process of developing and in this immature organism, constant change is normal.

A number of instruments have been designed for the measurement of adjustment or for the diagnosis of adjustment problems. These have been critically reviewed by Buros. ¹⁰⁶

Chazan ¹⁰⁷ makes a useful distinction between those methods of assessment which may be used in the classroom situation and those which are suitable for use in more specialized settings such as the child guidance clinic.

9.1 Assessment Techniques at the Classroom Level

There are four important approaches which may be used in the classroom. These are as follows:

9.1.1 Teacher assessment

9.1.2 Assessment by fellow-pupils

9.1.3 Self-assessment

9.1.4 A comprehensive approach to assessment

which combines the three approaches mentioned above.

9.1.1 Teacher Assessment

Three well known scales are the Children's Behaviour Questionnaire, ¹⁰⁸ the Mitchell and Shepherd Teacher's Questionnaire, ¹⁰⁹ and the Bristol Social Adjustment Guides. ¹¹⁰

9.1.1.1 A Children's Behaviour Questionnaire:

Rutter has developed two Behaviour Rating Scales, one for completion by parents and the other by teachers. The teacher's form (Child Scale B) is one of the basic instruments which has been used in the present study and will be discussed in detail in Project One.

9.1.1.2 Mitchell and Shepherd Children's Questionnaire

This questionnaire includes items on attendance, attainment and physical disabilities as well as a list of twenty-one behaviour problems, for example:

- (a) has stolen things on one or more occasions
- (b) very shy, finds it difficult to mix with other children
- (c) aggressive toward other children
- (d) not interested in schoolwork

The teacher rings those items of behaviour, which apply to the child in question. The number of items ringed gives an index of the extent of behavioural disturbance.

This questionnaire could be used to give an estimate of the incidence of maladjustment provided a cut-off point is determined above which children could be regarded as maladjusted and below which they could be regarded as being well-adjusted.

This questionnaire is also useful as a means of indicating the severity of maladjustment since the number of pointers underlined by the teacher gives an index of the extent of behavioural disturbance.

9.1.1.3 The Bristol Social Adjustment Guides: Stott's Bristol Social Adjustment Guides are described by Vernon ¹¹¹ as "a compromise between ratings and more detailed short-term behaviour observations". There are separate guides for the Child in School, the Child in Residential Care and the Child in the Family. These are completed by teachers, houseparents or social workers as the case may be. The Child in School guide, for example, has 166 items possibly indicative of maladjustment and many more items describing normal behaviour, for example:

Ways with other children

Gets on well with others; generally kind, helpful / sometimes nasty to those outside to own set / squabbles, makes insulting remarks / selfish, scheming, a spoil-sport / hurts by pushing about, hitting / spiteful to weaker children / tells tales, underhand (tries to get others into trouble) / nothing

noticeable/... 58

noticeable. Plays only or mainly with
older / younger children / those of own age.

The teacher underlines those descriptions of
behaviour which best fit the child. The
items indicative of deviant behaviour are
coded on a special diagnostic form, on which
these items are grouped according to the
following syndromes: 112

Unforthcomingness (U)

Withdrawal (W)

Depression (D)

Anxiety or uncertainty about adult interest
and affection (XA)

Hostility to adults (HA)

Anxiety for approval of and acceptance by
other children (XC)

An attitude of unconcern for adult approval
and a "writing-off" of adults (K)

Restlessness (R).

There are, in addition, two groupings of
miscellaneous symptoms of emotional tension
and nervousness. Details of environmental
disadvantage, degree of backwardness, sexual
maturity and physical condition are also
recorded on the diagnostic form.

Although the Bristol Social Adjustment Guides are simple to use, their completion demands a great deal of a teacher's time. This was an important reason why the present investigator decided against using them in the present study.

Data from the Isle of Wight Study, says Tizard,¹ indicate that teacher questionnaires alone cannot be regarded as valid indices of maladjustment. It is necessary to use them in conjunction with other measures of maladjustment. However, they are useful as screening devices provided the best cut-off points have been adopted.

9.1.2 Assessment by Fellow-pupils

Children have value systems which differ from those of their parents and teachers. ¹¹³ They have their own ideas of what sorts of behaviour are serious or not serious, desirable or undesirable. In identifying children's problems and children with problems, researchers have increasingly considered it important to get the viewpoint of children themselves and to combine and contrast these data with the observations of teachers and with other information.

One of the techniques most commonly used to enable the teacher to see the classroom

society as pupils see it is the sociometric test.¹¹⁴ In its simplest form, sociometry is based upon a simple questionnaire, in which the members are asked to nominate other children for associates in various situations. The relationship may be one of working with him or being in a team together, or going on a holiday, and so on. The sociometric test yields quantitative scores when choices are merely tabulated for the number of choices a child receives. However, the results may also be given qualitative analysis so as to show the patterns of relationship that exist between members of a group or subgroup. Since it is difficult to visualize purely numerical results, it is a very common practice to place the details on a sociogram so as to view the relationships in a class in graphic form.

A common finding in classrooms is that some children secure very many choices and may be called "stars". Others are neglected or isolated or are actively rejected by members of a classroom group.

The results of sociometric tests yield important information for the mental health of the classroom. Since, however, the test

and sociogram are insufficient to tell the whole story, it should only be thought of as a beginning. The isolates or neglectees are screened out from the analysis as potentially maladjusted. The key word here is "potentially" because there are isolates and neglectees who are very stable, naturally-independent characters. Sociometric techniques can be of great value in supplementing information obtained on a child from himself and from adults who know him.

9.1.3 Self-assessment

The third approach to assessing maladjustment is the self-assessment approach. In this case, children are asked to assess themselves by providing a description of their own characteristics. As in the assessment by teachers, the approach can be that of a simple check list in which the child indicates by a tick which of a number of descriptions apply to him. An example of this type of approach is the Mooney Problem Check List .¹¹⁵ Here the child is provided with a list of possible problems such as:

- (a) Often feeling sick
- (b) Getting poor school reports
- (c) Spending too much money
- (d) Not allowed to stay out late
- (e) Too shy
- (f) Not having enough friends

The child is asked to put a tick next to those problems which apply to him. There are 210 such items in the Mooney List - problems related to the home and family area, the school area, boy-girl relationship, and so on. In this way specific problem areas are identified, for example, in school. It is not possible to make use of the Mooney Problem Checklist in the case of very young children.

Another self-assessment device is an inventory. A good example is The Bell Adjustment Inventory ¹¹⁶ which contains 140 questions requiring a choice of answers from YES/NO/? Examples of these items are the following:

Do you day-dream frequently?

Do you enjoy social gatherings just to be with people?

Are you troubled with feelings of inferiority?

The test measures four aspects of personal

and social adjustment: (a) home, (b) health, (c) social and (d) emotional adjustment. This inventory, being free for the most part of linguistic usage appropriate only in the American context, seems worthwhile investigating as to its possibilities for use with South African pupils.

9.1.4 A Comprehensive Approach to Assessment

Eli Bower, ¹¹⁷ recognising the school as an ideal setting for identifying and helping the maladjusted child, has devised a screening procedure to be used in the classroom by teachers and pupils.

The final profile incorporates a teacher rating, peer rating, and self-rating.

For the teacher assessment Bower uses his own Pupil Behaviour Rating Scale which consists of seventeen items. Each child's behaviour is rated on a five-point scale in relation to each of these items, for example: This pupil gets into fights or quarrels with other pupils -

- (1) Seldom or never,
- (2) Not very often,
- (3) Not observed,
- (4) Quite often,
- (5) Most of the time.

After rating, the teacher ranks the class from highest score to lowest, i.e. from "most" to "least" maladjusted.

Peer assessment is achieved by requiring each child to act as the director of a hypothetical class play. The child is required to cast a play of fifteen parts, using his peers, i.e. classmates, as possible actors. The roles are divided into two categories: positive roles (which, it is assumed, the director will fill with children he likes) and negative roles (which the director will fill with children he dislikes). In Section I (Peer Perception), each child is asked to act as a director of a play and to choose fellow-pupils for 15 specific parts, for example:

Choose.....someone who could play
the part of a true friend.

..... some girl who could play the
part of a mean, bossy sister.

In Section II (Self Perception), each child answers a number of questions relating to the 15 roles listed in Section I, for example:

Which two parts would you like to play
best of all?

Which two parts would you think the
children in the class would pick for you?

The higher the percentage of the negative roles allocated to a child when the choices of each of his classmates have been accumulated, the more negative is the class's perception of that child. As with the teacher rating procedure, the class is again arranged in rank order from the most maladjusted down to the least maladjusted

Self-assessment is carried out through the use of a 'thinking about yourself' questionnaire, consisting of fifty-three items, each describing personal characteristics or behaviour.

This boy/girl... has bad dreams
... hates school
... is happy

For each item each child records (1) whether he is always or frequently or seldom or never like the person described and (2) whether he wants to be always or frequently or seldom or never like the person described. The score on the self-rating assessment is the sum of the differences between response (1) and response (2) for each item. The class is then arranged again in rank-order from the most maladjusted - i.e. the child

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with the greatest difference between self-concept and ideal self - down to the least maladjusted.

After ranking the pupils in his class, the teacher draws a line under the pupils receiving the five highest scores on the "Pupil Behaviour Rating Scale" and another line under the pupils receiving the five highest scores on "A Class Play" (Section 1). In the rankings on "Thinking about Yourself", a line is drawn under the third highest boy and the third highest girl. Those pupils who are above the line in two out of the three rankings or on all three of the rankings are selected for screening purposes.

This screening method was tested for validity by asking clinical psychologists to examine individually an unselected random group of 225 screened children, 169 boys and 56 girls in grades 3 to 7. Ninety per cent of the screened group were found to have moderate to severe emotional problems on the basis of a clinical examination. Bower's method has the advantage of combining teacher assessment, peer ratings and self-report. The items are interesting to children, and the slightly indirect way in which they are expressed is likely to make them

more acceptable.

As soon as teachers have identified these maladjusted children, they should refer them for further psychological examination. In this way maladjustment can often be detected in early childhood. Indeed, if such observations and referrals were made a regular part of the school programme, it is not unlikely that many of the disturbed youngsters who later find their way to the children's courts could be assisted before any serious misfortune occurs. 118, 119, 120 The educational system in this sense can and should act as a preventive force.

9.2 Specialised Assessment Techniques

There are a number of other tests which purport to measure certain aspects of personality. Many of these, however, are not available for use by teachers since specialised training is needed before they can be meaningfully used and interpreted.

The psychologist gives a series of tests designed to explore the significant emotional and mental characteristics of an individual. The psychologist is interested in determining the level of intellectual functioning, potential capacity,

basic conflicts, and manner in which these conflicts are resolved. The psychological battery usually includes tests of personality and intelligence, and very often also includes tests of interests, aptitude, and achievement. The psychologist takes all the information provided by the tests, and integrates and interprets them in order to obtain an evaluation of the way an individual is functioning. The purpose of this evaluation is to obtain the basic patterns an individual uses to adjust to the testing situations, and, in interpreting these patterns, predict future behaviour and the degree of ultimate adjustment.

In personality evaluation, it is important to know the level of intelligence at which the individual is actually functioning. Individual tests of intelligence are particularly useful for this purpose. They are also valuable as clinical instruments to the extent that they give the psychologist an insight into the child's personality functioning.

Some of the better-known instruments which are used at the University of Durban-Westville Child Guidance and Research Centre for assessing children with behaviour problems will be discussed briefly in the section that follows.

9.2.1 Individual Tests of Intelligence

9.2.1.1 The Stanford-Binet Scale - L.M.

Revision (1960) ¹²¹

Although this test is heavily weighted with verbal items, there are in the pre-school ages, 2 years to 6 years, a fairly representative number of items which tap non-verbal abilities, such as the simple three-hole form board, identifying parts of the body, building towers and bridges with blocks, threading beads, copying a circle and a square, comparison of the lengths of sticks, paper folding and other such tasks.

The test is essentially a verbal test.

It is not appropriate for use with children who have marked verbal handicaps. ¹²²

9.2.1.2 The Merrill-Palmer Scale of Mental Tests ¹²³

The Merrill-Palmer Scale is often used with pre-school children. It is heavily weighted with performance items. There are relatively few language tests. These test the child's memory span for words and his ability to answer simple questions such as "What does a doggie say?" "What is this?" (pencil) "What is it for?" and also a number of verbal action-agent

associations/... 70

associations, for example, "What runs?"
"What cries?" "What burns?"

Many of the non-verbal tests assess sensori-motor co-ordination - for example, throwing a ball, pulling a string, crossing the feet, standing on one foot, closing a fist and moving the thumb, cutting with a pair of scissors, buttoning and solving practical problems involving visuo-spatial abilities (such as the reconstruction of picture puzzles).

The fact that most of the performance items have to be completed within specified time limits makes this a poor test for use with children who have motor handicaps.¹²⁴

9.2.1.3 The Wechsler Intelligence Scale for Children - Revised (WISC - R) ¹²⁵

The WISC-R was published in 1974 and is a revised form of the Wechsler Intelligence Scale for Children (WISC) which was first produced in 1949. It is standardised for children from 6 years to 16 years 11 months of age and is probably the most satisfactory test of general intelligence available for use with children of school age. A great

deal is known about this test and it has the merit of allowing separate measures of different aspects of intelligence.¹²⁶ In the manual accompanying the test, Wechsler¹²⁷ writes as follows: "Intelligence can manifest itself in many forms, and an intelligence scale, to be effective as well as fair, must utilize as many different tests as possible. It is for this reason that the WISC-R emphasizes the importance of probing intelligence in as many different ways as possible; that is, by as many different tests as one can marshal."

The WISC-R, because of the variety and number of its tests, can also be used as a clinical instrument for the psychological diagnosis of organic brain disease, mental deficiency, reading disability, anxiety, and so on.

The WISC-R is made up of the following ten subtests:

Verbal Scale

- (1) Information
- (3) Similarities
- (5) Arithmetic
- (7) Vocabulary
- (9) Comprehension

Performance Scale

- (2) Picture Completion
- (4) Picture Arrangement
- (6) Block Designs
- (8) Object Assembly
- (10) Coding (or Mazes)

The numbers correspond to the order in which the subtests are administered.

I.Q. scores can be obtained on the verbal and performance scales separately, or on the full scale.

Besides cognitive skills, intelligent behaviour includes such traits as persistence, zest, impulse control and goal awareness. Like enzymes, they serve to direct and to enhance (sometimes also to demean) the use of other capacities. 128

9.2.1.4 The Wechsler Preschool and Primary Scale of Intelligence (WPPSI) 129

The WPPSI published in 1967 has been developed for the 4-6½-year level. The scale includes eleven subtests, only ten of which are used in finding the I.Q. Eight of the subtests are downward extensions and adaptations of the WISC subtests.

As in the WISC, the subtests are grouped into a Verbal and a Performance Scale, from which Verbal Performance and Full Scale I.Q.'s are found.

In the WPPSI, however, the administration of Verbal and Performance subtests is alternated in order to enhance variety and help to maintain the young child's interest and cooperation. Total testing time ranges from 50 to 75 minutes, in one or two testing sessions. In the following list, the new subtests have been underlined:

VERBAL SCALE

PERFORMANCE SCALE

- | | |
|--|-----------------------------|
| (1) Information | (2) <u>Animal House</u> |
| (3) Vocabulary | (4) Picture Completion |
| (5) Arithmetic | (6) Mazes |
| (7) Similarities | (8) <u>Geometric Design</u> |
| (9) Comprehension | (10) Block Design |
| (11) <u>Sentences</u> (Supplementary Test) | |

"Sentences" is a memory test, substituted for the WISC Digit Span. The child repeats each sentence immediately after oral presentation by the examiner. This test can be used as an alternate for one of the other verbal tests; or it can be administered as an additional test to provide further information about the child, in which case it is not included in the total score in calculating the I.Q. "Animal House" is basically similar to the Wechsler Adult Intelligence Scale (WAIS) Digit-Symbol and the WISC Coding test. A key at the top of the

board has pictures of a dog, a chicken, a fish, and a cat, each with a differently coloured cylinder (its house) under it. The child has to insert the correctly coloured cylinder in the hole beneath each animal on the board. Speed, errors, and omissions are taken into account when determining the child's score. "Geometric Design" requires the copying of 10 simple designs with a coloured pencil.

9.2.1.5 The New South African Individual Scale and The Individual Scale for Indian South Africans (ISISA) 130

In 1939 Fick constructed an Individual Scale of General Intelligence for use in South Africa. This intelligence test was based largely on Terman's revision of the original Binet - Simon Scale. Since the I.Q.'s derived from this scale were subsequently found to be grossly inflated,¹³¹ and the test itself rather out of date and limited in scope, a new test, known as the New South African Individual Scale (NSAIS) was constructed and standardized by a committee of the National Bureau of Educational and Social Research (now the Human Sciences Research Council). Work was begun in 1957 and completed in 1964).

The NSAIS covers the age range 5 years to 17 years 11 months. Performance is indicated in standard

scores, with a mean of 100 and standard deviation 15. 132

The NSAIS battery consists of nine subtests, of which five are verbal and four non-verbal. There is thus a slight preponderance of verbal material.

Each of the subtests will be briefly discussed.

The vocabulary test is a picture - type test on lines devised by Ammons and similiar to the Peabody Picture Vocabulary Test. Five plates, each containing four pictures are shown in turn to the testee. The testee is required to point to the picture on the plate to which a word spoken by the examiner refers. There are six words graded in difficulty applicable to each plate. In this subtest the testee's grasp of words is determined without reference to his reading or writing skill.

The comprehension subtest consists of items involving social situations similar to those found in the Binet - Simon and WISC scales. The items are designed to test social sensitivity and moral judgement.

The verbal reasoning subtest corresponds to the similarities subtest of the WISC, and consists of items such as the following:

"Iron is hard, but wool is".

The problems subtest deals with arithmetical items.

The memory subtest comprises meaningful material presented in story form. The emphasis is on retention and concentration, important ingredients in learning.

The pattern completion subtest is similar to the Raven's Progressive Matrices. The block design subtest is related to the Koh's block and examines the testee's ability in respect of perceptual organization and spatial orientation.

The absurdities subtest consists of 15 items in progressive order of difficulty. Each item consists of a picture and the testee is required to indicate what is wrong or absurd about each picture.

The form board subtest consists of six embedded geometrical figures. Each figure has to be constructed from 3 or 4 loose pieces. The essential ingredients of this subtest is to investigate a person's sensori-motor ability, and visual perception.

The verbal reasoning, comprehension, block design and form board subtests are concerned with general intellectual functioning involving analytical - synthetic reasoning.

In 1971 an Individual Scale for Indian South Africans (ISISA) was produced by the HSRC. This scale is based on the NSAIS, but has an additional non-verbal subtest, namely a mazes test, similiar to the Porteus Mazes.

9.2.2 Personality Assessment Instruments

In addition to the Children's Personality Questionnaire, the Bristol Social Adjustment Guides, and the Mooney Problem Checklist, the following instruments are generally used by the team of psychologists at the University of Durban-Westville Child Guidance and Research Centre to assess personality:

9.2.2.1 Rogers Personal Adjustment Inventory:¹³³ This inventory has been designed for children ranging in age from 9 years to 13 years. From it, four scores and a total score can be derived. A personal inferiority score indicates the degree to which the child perceives himself as physically or mentally less capable than his peers. The score of social maladjustment is an index to the child's feelings about his social relations with other children. The family-relations score represents the child's reports of conflict and dissatisfaction in his relations with his parents and siblings. The daydreaming score reflects the child's indulgence in fantasies and

unrealistic thinking. The total score indexes the seriousness of the child's maladjustment.

9.2.2.2 Projective Techniques

Projective techniques, says Chazan,¹³⁴ are essentially "ways of stimulating the imagination in a situation of 'make-believe'. The subject speaks out or acts out responses which he invents as he proceeds". The clinician attempts to discover the conscious and unconscious drives, feelings, complexes and conflicts of the subject. He provides ambiguous stimuli, verbal or pictorial which will help to uncover these. It is necessary to comment briefly on some of the main approaches

- (a) The Rorschach Test:¹³⁵ This test consists of ten cards, on each of which a symmetrical inkblot appears. Some of these are black and white and some in colour. One by one, in a designated order, these cards are presented to the child with the request that he describe what he sees in the blots. Human beings, animals, landscapes and inanimate objects are usually seen, in whole or in part, in movement or motionless. Abnormal perceptions and preoccupations may often be discerned by analyzing a child's responses and comparing them with those most commonly given.

The nature of the responses gives an indication of the subject's personality make-up. The frequency with which a person interprets the entire inkblot is indicative of his willingness to take account of all aspects of a situation in which he finds himself. On the other hand, the frequency with which only peripheral parts are considered, shows caution and uncertainty. The person who does not refer at all to the colour in the patterns has a different emotional make-up to the one who uses colour frequently. Introducing movement into the context of the inkblot reveals the presence of fantasy activity. ¹³⁶

Kisker ¹³⁷ is of the opinion that while the test does provide a good insight into personality, the results that can be obtained from the instrument depend ultimately on the clinical sensitivity of the investigator as well as his thorough knowledge of the psychodynamics of human behaviour.

(b) Apperception and other Pictorial Tests:

Apperception tests involve the presentation of a series of pictures to the subject, who is encouraged to invent stories about them.

(i) The Thematic Apperception Test (TAT):¹³⁸

This test, somewhat more structured than the Rorschach, presents a series of situational pictures. The subject is requested to make up a story about each picture, telling what events preceded the situation pictured, what is happening in the picture at the moment, what the characters are thinking and feeling, and how the story is likely to end. In respect of the blank card, the subject is required to imagine a scene on it.

The rationale behind this test is that the subject identifies himself with the "hero" or central figure in the story he tells. The way this figure is described, the force brought to bear on him and the way he reacts to his problems, are reflections of the subject's own attitudes, emotions, and feelings.

The stories the subject tells are analyzed in terms of the type of character that makes up the central figure, e.g. happy, rejected, defeated, lonely, etc.; the needs the hero/heroine manifests; the environmental forces with which the hero/heroine must contend; the interaction between the needs of the central figure

and external pressures; the nature of the outcome.

A separate group of cards has also been devised by other researchers for adolescents as well as for children. Whereas the cards designed for adolescents (the Picture Story Test) ¹³⁹ present pictures of adolescent boys and girls in various situations, the cards presented to children (the Children's Apperception Test) ¹⁴⁰ use animal characters in one form and human characters in another. The underlying premise in the animal version is that young children can identify most readily with animals. Furthermore, it is argued that presenting children with pictures of other children in emotionally charged situations may be excessively traumatic for the young child. Responding to pictures of animals in emotionally tinged situations, on the other hand, enables him to reveal himself without experiencing too much personal stress. However, according to Bell and Bellak, ¹⁴¹ some children between the age of 7 and 10, especially if their IQ's are

high, consider animal stimuli "childish" and "below their intellectual dignity."

In such cases the human version of the CAT is very valuable. These picture situations depict some possible problem aspects in the areas of toilet training, sleep, feeding. The child's narrative also frequently contains clues to his impressions of his relations with significant figures in his environment, to areas in which his perceptions are consistently distorted, to particular preoccupations, or to deviant modes of thought.

(ii) The Rosenzweig Picture - Frustration Study:

This test examines the individual's reaction to frustrating situations depicted in 24 pictures. It claims to measure such tendencies as consideration for others, dependency, penitence over wrong-doings, and aggressiveness.

(c) A Verbal Projective Technique 143

The Sentence Completion : Generally, in this type of test only the opening words are provided and the respondent has to fill in the ending. A few typical examples are given below :

I feel

What annoys me

My mind

If I had my way

Women

The sentence stems are frequently formulated so as to elicit responses relevant to the personality area under investigation. This flexibility of the sentence completion technique, says Vernon,¹⁴⁴ represents one of its advantages for clinical and research purposes.

Some standardized forms of this test have been published for more general application. An example is the Rotter Incomplete Sentences Blank,¹⁴⁵ consisting of 40 sentence stems. The directions to the examinee read: "Complete these sentences to express your real feelings. Try to do every one. Be sure to make a complete sentence." Each completion is rated on a seven-point scale according to the degree of adjustment or maladjustment indicated. Illustrative completions corresponding to each rating are given in the manual. With the aid of these specimen responses, fairly objective scoring is possible. The sum of the individual ratings provides a total adjustment score that can be used for screening purposes. The response content can also be examined clinically for more specific diagnostic clues.

9.2.2.3 Expressive Techniques

A large category of projective techniques is made up of many forms of relatively free self-expression. These techniques are often employed as therapeutic as well as diagnostic procedures.

Through the opportunities for self-expression that these activities afford, it is believed that the individual not only reveals his emotional difficulties but also relieves them. The techniques most frequently employed in this category are drawing and dramatic use of toys. 146

- (a) Drawing: Special attention has centred on drawings of the human figure. A well-known example is provided by the Machover Draw-a-Person Test (D-A-P). 147
- In this test, the individual is provided with paper and pencil, and told simply to "draw a person". After he has completed the first drawing, he is asked to draw a person of the opposite sex from that of the first figure.
- While the individual draws, the examiner notes his comments, the sequence in which different parts are drawn, and other procedural details. The drawings may be followed by an inquiry, in which

the subject is asked to make up a story about each person drawn, "as if he were a character in a play or novel". A series of questions is also employed during the inquiry to elicit specific information about age, schooling, occupation, family, and other facts associated with the character portrayed.

Scoring of the Draw-a-Person Test is essentially qualitative, involving the preparation of a composite personality description from an analysis of many features of the drawings. Among the factors considered in this connection are the size of the male and female figures, their position on the page, quality of lines, sequence of parts drawn, distance, front or profile view, position of arms, depiction of clothing, and background and grounding effects. Special interpretations are given for the omission of different bodily parts, disproportions, shading, amount and distribution of details, erasures, symmetry, and other stylistic features. There is also detailed discussion of the significance of each major body part, such as head, individual facial features/... 86

features, hair, neck, shoulders, breast, trunk, hips, and extremities.

Handicapped persons omit or stress the affected part of the body more often than normal children do. ¹⁴⁸ Machover ¹⁴⁹ recommends that for greater reliability the Draw-a-Person Test should be used in conjunction with other techniques.

- (b) Toy Tests: Toys and dramatic objects, such as puppets, dolls, and miniatures, have been widely utilized in projective testing. These objects are usually selected because of their expected associative value. Among the articles most frequently employed for these purposes for example, are dolls representing adults and children of both sexes, furniture, bathroom and kitchen fixtures, and other household furnishings. Play with such articles is expected to reveal the child's attitudes toward his own family, as well as sibling rivalries, fears, aggressions, conflicts, and the like. The examiner notes what items the child chooses and what he does with them, as well as his verbalizations, emotional expressions, and other overt behaviour.

Moore and Ucko¹⁵⁰ describe the use of the London Doll-Play technique with boys and girls aged 4 to 6, and stress the value of this approach for studying children's perceptions and fantasies about the roles of people who are important to them. The technique, although structured, gives the child opportunities for free play. There is a fixed sequence of situations, but the child can introduce any member of the doll family as often as he wishes in roles chosen by himself. This is an attractive test for very young children

9.2.2.4 Other Useful Clinical Instruments

- (a) Tests of Family Relations: Research into the causes of maladjustment has stressed the importance of interpersonal relationships in the family setting,¹⁵¹ and it has long been the practice of the child guidance team to obtain detailed information about these. However, family relationships are usually seen through the eyes of the parents - often only the mother - and too little

attention may be paid to the child's own view of his relationships with other members of the family.¹⁵² Structured tests of family relations can be helpful in obtaining the child's point of view without causing him embarrassment. A British test of this type is the Bene-Anthony Family Relations Test.¹⁵³ This test consists of twenty figures representing different members of a family, sufficiently stereotyped to represent any child's family, yet ambiguous enough to become a specific family unit; there is also a figure called 'Nobody'. Each figure is attached to a small box which has a slit in the top, and there are a number of small cards, on each of which a statement is printed. The form for younger children has 40 test items. These items indicate positive or negative feelings coming from the children or going towards the child, for example:

"This person in the family is very nice" (mild positive feelings coming from the child).

"Sometimes I wish this person in the family would go away" (strong negative feelings coming from the child).

"This person in the family likes to kiss me" (strong positive feelings towards child).

"This person in the family hits me a lot"
(strong negative feelings towards child).

The child chooses his own family from the twenty-one figures and is then told that the cards contain messages and that his task is to put each card 'into the person' whom the message it conveys fits best.

'Nobody' is used for those items that are not felt to apply to anyone in the family. The scoring consists of placing check marks on the scoring sheet, which is arranged in rows and columns, the rows standing for Nobody, the Self, Father, Mother, Siblings and Others in the Family. The number of items going to each person within each area is totalled, the totals showing how much of each kind of feelings the child has assigned to each member of the family. The data are summarized in the form of tables, and conclusions are reached on the basis of both the quantitative results.

The test is simple to use, and attractive to children. It has the advantage of requiring no verbalization on the part of the child, so that it is particularly useful with younger children and can even be given to E.S.N. pupils. 154

(b) The Bender Visual-Motor Gestalt Test: 155

This test consists of nine geometric figures, each produced on a separate card. The designs are presented one at a time and the child is asked to copy them on unruled blank paper. The test measures (i) the visual acuity function, (ii) the integrative function, i.e. the ability to interpret the visual stimuli, and (iii) the motor function, in which the visual percept has to be translated into a drawing. According to Koppitz, the Bender test also has considerable value for diagnosing neurological impairment in children. The test has been standardized for children between 4 and 11 years of age.

The test is based on the principle that the interpretation of geometric forms varies with the maturational level of the child. Ability to copy the figures varies from a scribble at the age of 3 years to an accurate reproduction at 11 years.

Research data indicates that the Bender Test is also useful for differentiating between children who are well-adjusted and those who are maladjusted.¹⁵⁷ In a well - designed study Byrd¹⁵⁸ examined the

Bender Test records of 200 maladjusted and 200 well-adjusted children. He compared the Bender protocols on 15 test factors. Six of these were found to differentiate significantly between the maladjusted children and the controls. The six deviations include orderly sequence of designs, change in curvature and in angulation of figures, difficulty in closure, rotation of designs and change in the size of the designs. Byrd found no significant differences between maladjusted and well-adjusted subjects in the following Bender deviations : use of margins, compression of all Bender designs into a small space, fragmentation of designs, perseveration, collision of designs, retrogression in quality of drawings, and placement of figure in the extreme upper corner of the paper.

Clawson ¹⁵⁹ who used 80 young clinic patients and 80 school children as her controls obtained findings which were very similar to those of Byrd.

In another study Eber ¹⁶⁰ found significant differences in the total Bender scores of well-adjusted and maladjusted retarded school children who were not brain injured.



In 1976 the Watkins Bender-Gestalt Scoring system ¹⁶¹ was developed. A very useful feature of this system is that the directions are so clearly presented that highly trained examiners are not necessary. Also, every effort has been made to describe clearly the scoring system so that it is not too difficult to learn how to score the test.

- (c) The Tree Test: ¹⁶² The application and use of tree-drawing as an aid in diagnosis was first advocated by the Swiss vocational consultant Emil Jucker. Following his lead, many vocational consultants have used tree-drawing and interpreted the drawing intuitively for the most part. Koch, the author of the Tree-Test, pursued Jucker's idea of having a tree drawn and regarding the drawing as "an expression of the being of the person who drew it." Thus the Tree Test may be classified as a projective technique. The instruction is simple : "Please draw a fruit tree as well as you can. You may use the whole sheet."

Obviously, the Tree Test by itself is not sufficient for character analysis. However, says Koch, when used together with other tests and in conjunction with handwriting

interpretation, the Tree Test often reveals valuable information about the individual's personality.

The Tree Test has been criticized on the grounds that the system which school children may have learned will set limits to the test in their case. This difficulty, according to Koch, can be minimized by urging them to draw several different shapes of trees.

- (d) The Sceno Test: ¹⁶³ The Sceno Test is described by von Staabs as "a medico-psychological method of investigation and treatment." The test evolved from ideas gained in the course of play therapy and has been found to be particularly useful in acquiring insight into the psychological background of neurosis in children and adolescents.

Part of the standardized test equipment comprises a number of well-defined doll figures which represent environmental persons of any age level and which, being extremely flexible in all joints, can assume any desired posture. This makes it possible to express various gestures and stimulates the subject into making figures act in an emotionally alive manner. Added to the test equipment are some accessories

which have been selected according to psycho-analytic and psychological criteria. The dynamic and symbolic character of the material enables the subject to sketch out any desired scene which, it is presumed, conveys insight into the manner in which he experiences the world, especially his fellow human beings and his attitudes toward them. These feelings may be expressed at a conscious and/or unconscious level. The emotional experience takes place within the framework of a miniature world.

- (e) The Columbus: ¹⁶⁴ The Columbus is a projective picture technique designed by M.J. Langeveld of Utrecht for studying some basic aspects of the growing child's creation of himself and his world. There are 24 cards in all. Three of them have been reproduced in colour, and 21 in black and white. The study of the child's reaction to the pictures enables psychologists to describe, analyse and understand his relationships to himself, to his parents, educators, peers and other people in his environment.
- (f) The Aston Index: ¹⁶⁵ The Aston Index is a recently designed compendium of sub-tests taken from existing established tests (for example, the Illinois Test of Psycholinguistic/... 95

linguistic Abilities, the Draw-a-Person Test, and the Schonell Graded Word Reading Test) for screening and diagnosing language difficulties in children from 5 to 14 years of age.

The Index is divided into two main areas:

- (a) General underlying ability and attainment and
- (b) Performance items

Section (a) above consists of the following tests : Picture recognition, Vocabulary scale, Goodenough draw-a-man test, Copying geometric designs, Schonell reading test, and Spelling test.

Section (b) consists of tests related to the Child's laterality, Copying name, Free writing, Visual sequential memory (picture), Auditory sequential memory, Sound blending, Visual sequential memory (symbolic), Sound discrimination, Grapheme/phoneme correspondence and Graphomotor test.

The result of the whole range of tests at either level is to provide a profile of the child's ability to cope with the vital skills that written language requires. This enables the teacher to recognise individual patterns of learning and

individual areas of difficulty and plan his remedial programme accordingly.

In closing this general discussion on the identification and assessment of maladjustment it is worth noting Chazan's observation that the quality of the assessor is as important as the quality of any technique used, and too much reliance should not be placed on the results of tests. ¹⁶⁶ Much depends on the assessor's practical and theoretical knowledge of a wide range of children as well as on his training and experience of those techniques which he adopts.

Moreover, says Chazan, ¹⁶⁷ maladjustment should not be regarded as a permanent handicap. Changes of behaviour and attitude often occur, particularly in the case of young children and adolescents, and a maladjusted child's behaviour may be modified as a result of maturation as well as through treatment or alteration in his environment. It is therefore advisable to regard diagnosis as a continuing process with a regular feedback from all who are involved in the treatment of the child. It is possible that in the light of accumulating knowledge about his behaviour and his response to the treatment measures originally recommended, changes may have to be made in the plans initially suggested for a particular child. In this connection the teacher has a particularly valuable part to play since he often has the opportunity of seeing the child/... 07

child in a variety of situations.

10 TEACHERS' ATTITUDES TOWARD THE BEHAVIOUR PROBLEMS OF CHILDREN

It is generally accepted that a quiet, orderly classroom is an essential part of an efficient learning setting and that anything that interferes with orderliness is of concern to the teacher. Thus classroom behaviour that interferes with the goal of producing academic achievement in pupils is viewed with disfavour by the teacher.

In 1928 a classic study by Wickman¹⁶⁸ in the U.S.A. confirmed this assertion. Moreover, a significant discrepancy was found between the views of teachers and those of mental health workers toward behaviour problems of children.

From the material supplied by teachers who were asked to describe problem behaviour, Wickman drew up a list of fifty behaviour problems commonly found in school children. A large number of elementary teachers from schools in different communities rated the seriousness of each problem. These ratings were contrasted with those of thirty clinicians (or mental hygienists).

Wickman found that teachers gave a great deal more emphasis to violations of authority and other aggressive forms of behaviour, especially those which upset the classroom and interfered with school routine. They

took a less serious view of the shy recessive personality. In striking contrast, clinicians were more concerned at the isolate, the withdrawn and the shy whom they judged to be more seriously maladjusted.

Wickman's study set off a series of similar studies, 169, 170, 171 172, a number of which will be reviewed in Project Two. In the meantime, it is sufficient to note that later investigators are in general agreement with Wickman's original findings. Furthermore, there has been an observable shift in the intervening years in the attitudes of teachers in the direction of being more like those of clinicians.¹⁷³ In spite of greater congruence, however, a sizeable difference remains between the attitudes of teachers and clinicians toward behaviour problems of children.¹⁷⁴ These differences are still in the direction of teachers being more concerned with classroom management, sexual adjustment, and adherence to authority problems whereas the mental health professionals are more sensitive to withdrawn behaviour and behaviour not directly related to the school routine but suggesting a deterioration of social or emotional patterns.

To what extent are these findings relevant in the case of South African Indian teachers? An attempt will be made to answer this, and other related questions, in Project Two.

11 HELPING THE MALADJUSTED CHILD IN SCHOOL

What are the kinds of action which can be undertaken within the scope of the school's responsibility to help maladjusted pupils? What can the school, as one community agency, do to control maladjustment among children? These questions pose a challenge to educators. It has to be accepted that the disturbed pupil is in the classroom each day and the teacher is forced to interact with him. Whether the child's problems are aggressively acted out or are manifested in quiet withdrawal, he eventually has an effect on those with whom he comes into contact and unless the teacher is able to manage the child's behaviour, there will be interference with the learning processes. 175

In the normal school situation it is taken for granted that, given a reasonably skilled teacher, children are teachable. There may be slight problems of discipline, variation in amount of attention and drive on the part of the pupils, but, on the whole, whatever the methods or content of the teaching, the children give their attention to work and to the teacher and make progress. This conforming attitude depends on children having secure relations with adults. The basis of these are formed in the young child's home. 176

In the course of his visits to schools for maladjusted children in Britain and Sweden, the investigator found that not all maladjusted pupils are badly behaved although

many of them are extremely provocative and difficult to control. One of the great problems in the education of maladjusted children seems to be that so many of them have, in fact never known a good home.¹⁷⁷ The school is faced with the difficult task of caring for and educating children handicapped by unhappiness, deprivation and rejection-experiences which delay the children's ability to control their emotions and free them for intellectual effort. They are often slow to respond to normal disciplinary measures, however fair and appropriate these seem to be; they may lack the ability to become one of a group, due perhaps to a lack of early experience, their unwillingness to share the adult with others or fear of failure. They may be distrustful of adults whom they regard as deceitful, demanding and rejecting. Often they interpret any criticism or punishment in school as further rejection by adults. For these children school becomes a place of anxiety and frustration. Thus to begin with many of them are not teachable in the sense that they are not able or ready to accept the classroom situation. The classroom is often associated in their minds with social and academic failure and with people who make seemingly impossible demands.¹⁷⁸

Curative work with disturbed children is usually slow. Simple recipes or easy "do-it-yourself kits", say Kvaraceus and Ulrich¹⁷⁹ cannot be offered to what is a many-sided problem. The first essential for these

children is to establish a relationship with an adult. What they are unconsciously seeking is help in gaining self-esteem and a feeling that somebody cares about them. They need gradually to develop trust and confidence in other people.¹⁸⁰ Experiences in personal relationships with the classroom teacher can be a significant aspect of the corrective program for the disturbed child. Myrick and Pizer¹⁸¹ note that it is often important for the teacher to provide individualized instruction, set realistic expectations of achievement, make encouraging remarks, and allow individual freedom and play. It is also important for him to communicate personal warmth, empathy, and positive regard for children. He has the difficult task of combining tolerance with firmness in appropriate situations, of being sympathetic without becoming emotionally over-involved and of being both a teacher and in some respects, a therapist. Such personal attributes are significant characteristics of the helping relationship.

It is necessary for the teacher of maladjusted children to accept them with all their faults so that they, in turn, may come to accept him and his standards - standards which should have been inculcated by their parents in the early years.¹⁸² And from this they can be led to accept the situation which is implicit between teacher and taught and on which successful teaching depends. A teacher who stands before a class and

directs learning from a physical and emotional distance, say Myrick and Pizer,¹⁸³ frequently sustains the fears, the defenses, and the disturbed relationship patterns of the child. But a teacher who "works closely with children, moving among them, smiling, touching, and sharing relevant feelings whenever possible, creates the climate for new relationship patterns that pave the way for effective learning".¹⁸⁴

Relationship experiences with other children can also be a significant aspect of the programme of the disturbed child.¹⁸⁵ Learning how people relate with one another helps children understand themselves better and results in greater willingness to change.

Since maladjustment is often associated with educational backwardness or failure, it is generally good therapy to try to correct whatever is educationally wrong.¹⁸⁶ A child may need a second chance to learn to read, going back to an educational stage some distance below his chronological age. To acquire such a basic skill may be an important step towards establishing a point of confidence for that learner. This stage of going back a stage or two is by no means easy, but neither is life with a youngster whose nose is rubbed deeper and deeper in the mire of scholastic failure.

It is widely recognized that a child's needs are best served in a regular classroom in his own school.¹⁸⁷

Outpatient therapy would appear to be the appropriate first step in instances where support is needed to maintain him there. The contained classroom for children with emotional disturbances is the next order of priority and may be recommended along with psychotherapy. If the pupil is still disruptive and unresponsive referral may be to a day school program or possibly total institutional care.

From the foregoing it becomes clear that problem children constitute a major concern to all educators. Failure to meet the challenge offered by these children, says Woody,¹⁸⁸ can lead only to a steady sapping of human and institutional resources: "The maladjusted child of yesterday," according to the Underwood Report,¹⁸⁹ "can be the maladjusted parent of today, and his offspring the maladjusted children of tomorrow." Obviously, therefore, it is important for any community to find out the extent of the problem among its school population. An important aim of the first of the three projects which comprise this dissertation is to estimate the incidence of maladjustment among Indian primary school children in the greater Durban area. Such an estimate would serve as a guide to the extent and nature of the facilities needed for the education and treatment of the children concerned.

12 METHODS OF RESEARCH IN THE BEHAVIOUR SCIENCES

There is no universally accepted system of classification of research methods in the social sciences. However, in practice, most authors agree on the following basic categories: 190, 191, 192

12.1 The Historical Approach

The historical approach attempts to trace the past as a means of seeing the present in perspective. The historical study of an educational idea, for instance, gives us a perspective that can do much to help us understand our present educational system and avoid the mistakes which were made at an earlier date.

When the main concern of a study is to produce an accurate record of what has happened in the past, say, in the field of education, the investigator is faced with a truly historical problem.

12.2 The Descriptive Approach

The descriptive approach is concerned with the observation and description of the factors which exist in a given situation. However, in addition to description it is concerned with the analysis and the interpretation of what is described.

Descriptive research can be classified into three main types : surveys, developmental studies, and case studies. Each of these will be discussed when the descriptive approach is presented more fully in a subsequent section of this dissertation.

12.3 The Experimental Approach

In the experimental approach, says Kerlinger,¹⁹³ the investigator "manipulates and controls one or more independent variables and observes the dependent variable or variables for variation concomitant to the manipulation of the independent variables." The steps of the experimental method are essentially those of the scientific method, particularly insofar as the establishment of controls are concerned. Unfortunately, says Mouly,¹⁹⁴ educational science has not yet attained the stage of development at which many of its significant problems are amenable to experimental procedures.

This is understandable in view of the fact that the number of variables which often have to be controlled - such as chronological age, intelligence, previous background, motivation, the amount of outside work, and so on is large. There is a limit to the extent to which one can manipulate human beings for experimental purposes, and, as far as educational research is concerned, it is frequently necessary to compromise between what is administrative

feasible and what is scientifically rigorous.

In the light of these considerations, it is obvious that the nature of the present study does not lend itself to treatment by purely experimental procedures.

The three above-mentioned approaches are not rigid and mutually exclusive. On the contrary, in the process of dealing with such complex issues as are encountered in education, they inevitably overlap to some extent.

13 THE DESCRIPTIVE APPROACH AS A METHOD OF RESEARCH IN THE STUDY OF MALADJUSTMENT

13.1 General

By and large, the present study falls into the second of the three categories given in Section 12 above, viz. descriptive research. It will therefore be necessary to examine this approach more closely. As already pointed out, descriptive research can be classified into surveys, developmental studies, and case studies.

13.2 Surveys

The survey is one of the most commonly used methods of descriptive research in the behavioural sciences. The purpose is to obtain information about prevailing

conditions on a planned basis. It gathers data from a relatively large number of cases at a particular time and is not concerned with the characteristics of individuals. Instead, it is concerned, as Lovell and Lawson ¹⁹⁵ point out, "with the generalized statistics that result when data are abstracted from a number of individual cases."

A survey may be broad or narrow in scope, encompassing several countries or it may be confined to only one nation, or school. Data may be obtained from a total population or from a representative sample from which generalizations may be made.

Surveys carried out at a national level by government departments are usually extremely large and present considerable organizational problems. However, as Behr ¹⁹⁶ points out, such surveys are very necessary, for without the information thus obtained decisions relating to administrative, financial and other matters in our educational system cannot be made. For example, in order to plan special educational provisions for maladjusted children, it is necessary to have national figures reflecting the incidence of the handicap among children. It is also necessary to know how maladjusted children develop, what factors

influence their development, and how maladjustment is related to other types of handicaps. Information of this nature can only be obtained through large-scale surveys.

The important role of surveys in educational research is well illustrated by two recent projects, viz. the Isle of Wight Survey in the United Kingdom and the Project Talent survey in South Africa.¹⁹⁸ The Isle of Wight Survey was an epidemiological study, since it was area based and was concerned with a survey of the total population of children who lived in a defined geographical area. Such a study provides not only detailed information on the size, nature and location of the problem but also indicates which groups of the population are likely to be at risk. In addition, according to Rutter, et al.,¹⁹⁹ "epidemiology may provide important pointers to the causes of conditions by demonstrating which disorders tend to be associated with each other and what background factors are found with each disorder".

The survey, which was conducted in three stages revealed that 2,6% of the children in the age groups 9 to 11 years had IQ's of less than 70 (i.e. two standard deviations below the mean); 7,9% were 2½ years backward in their reading; 5,4% were maladjusted or psychiatrically disordered;

and 2,7% had chronic physical handicaps which were of educational concern.

The overall picture of this survey brought to light that 13,9% of children (or one child in seven) had one or more handicaps of moderate or severe intensity that interfered with their school work. The survey also revealed that the more severely handicapped a child was in one respect the more the likelihood existed that he would also have other handicaps of moderate or severe degree. This very substantial overlap among handicaps means that one simply cannot plan a system of Special Education which is based on the assumption that most handicapped children have but one single disability.

Commenting on the results obtained from the Isle of Wight survey, Behr ²⁰⁰ writes as follows :

"The figure obtained from the Isle of Wight survey cannot be taken over uncritically as a basis for planning services in South Africa or elsewhere. If anything, the figures quoted above are likely to be lower than in most other parts of the world, because the Isle of Wight is a prosperous area with well established and adequately organized health and educational services."

Project Talent Survey is a good example of a large-scale survey carried out in South Africa. It was

begun in 1965 under the aegis of the then National Bureau of Educational and Social Research (now the Human Sciences Research Council). In this survey all White Standard VI pupils in ordinary schools in the Republic of South Africa and in South-West Africa were subjected to a comprehensive series of tests and questionnaires. No fewer than 69 908 children were involved in the investigation.

The main aims of this survey were twofold, viz:

- (a) To obtain an estimate of South Africa's White manpower potential.
- (b) To determine or identify the factors and circumstances that promote or impede the maximum development of this manpower potential.

The main measuring instruments used included the New South African Group Test and a biographical questionnaire.

Among other findings, the survey revealed the following :

- (a) There are more males than females in classes or schools for below average pupils.
- (b) The Std VI pupils of below-average intelligence are, on the average, a year older than Std VI pupils in general.

- (c) The general state of health of these Std VI pupils of below-average intelligence appears to be inferior to that of the general population, and they are consequently more often absent from schools than other pupils.
- (d) Their general socio-economic circumstances at home are not as favourable as those of other pupils. The parents of the test group have lower educational qualifications. Moreover, relatively more of the parents of the test group than of the population were deceased or divorced.

The findings of the various surveys described above have implications for the present study.

13.3 Developmental Studies

In general, surveys are concerned with the study of a group of individuals at a particular moment in time, or at two points in time which are not widely separated, as when, for example, a class of pupils is tested at the beginning and at the end of an academic year. In contrast, developmental studies are concerned with observing an individual or a group of individuals over a long period of time "with a view to determining what has happened in the past and what is happening now, either for its own sake or with a view to

predicting what is likely to happen in the future".

Developmental studies may be either longitudinal or cross-sectional. ²⁰² Longitudinal studies follow the same group of subjects over a relatively long period of time while cross-sectional studies involve the study of an individual or a group at a particular moment in time.

A good example of a longitudinal survey is the National Child Development Study which was conducted in England under the direction of Kellmer Pringle. ² In this survey about 16 000 children were studied at birth in 1958. A follow-up study of these children was carried out in 1965. By then they were in primary school. In 1969 a further follow-up was conducted. The purpose of this study was to determine the development of these children and what underlying factors affected their progress at school. Reference will be made, wherever relevant, to some of the more important findings of this investigation.

The value of long-term longitudinal studies of the development of children, physical as well as mental or educational, cannot be doubted. It is important to know what a child is likely to become in the future, what he is like now, and what earlier

factors in his development have made him into what he is. On the debit side a longitudinal project is expensive and time consuming. There is also the problem of the loss of subjects due to migration or other reasons. In addition, there is the problem of retaining the interest of the subjects and of the researchers for a prolonged period of time.

A well known cross-sectional study was carried out by Sheridan ²⁰⁴ in which she uncovered the general normative stages of development in children from the age of 1 month to 5 years. She compiled a chart depicting the "milestones" of development in several areas, including posture, movement, hearing, speech, social behaviour and play. The purpose of this chart was to offer "to medical practitioners, in plain words and tabulated form, information derived from many years observation of normal and handicapped young children, in the hope that they might find it helpful in assessing the progress of normal children, in the earlier detection of physical disability, mental retardation and social adjustment, and in the guidance of parents and others concerned with the care and management of young handicapped children in the community."

The chief advantages of the cross-sectional approach (the approach which was used in this study) lies in its relative cheapness and the speed with which patterns of development may be obtained. It is much less time-consuming than longitudinal research, and it allows for the study to be completed without a period of years elapsing before the results are known. Moreover, longitudinal studies often involve complex organizational problems which one does not encounter in cross-sectional studies. For these reasons cross-sectional studies are frequently used in research involving human development. The chief limitation of this approach lies in the fact that it is particularly vulnerable to the sampling problem. In an attempt to counter this problem in the present investigation, a large random sample - 2 430 pupils - was used.

13.4 The Case Study

The purpose of a case study is to examine the characteristics, not of a large sample or a total population, but of an individual unit. This unit may be a person, a family, a group, or a community. 20!

The clinical type of case study is usually carried out by psychiatrists and psychologists in order to diagnose a particular condition, such as maladjustment or reading disability, with a view to recommending therapeutic measures. The individual

is studied as a unique personality rather than as a representative type. Data have to be gathered about his home background, school achievement, health record, intelligence level, special abilities and disabilities, personal qualities, interest, relationship with peers, siblings, teachers and so forth. In carrying out a case study, standardized tests may have to be given and careful observation of the child's behaviour kept.

While the clinical method per se was not used in this research the writer nevertheless scrutinized files of the University Child Guidance Clinic and has included relevant information for explanatory purposes wherever appropriate. Five case studies, have been includedⁱⁿ this study so as to provide information about the extent and nature of mal-adjustment in its acute form.

14 METHODS OF DATA-COLLECTION IN DESCRIPTIVE RESEARCH

A variety of methods may be used to collect data in descriptive research. The particular instrument used depends upon the nature of the problem. If the existing instruments do not meet his specific needs, say Lovell and Lawson,²⁰⁶ he may supplement or modify them or even construct his own. Modified questionnaires were used in the present study.

In general, the questionnaire and the interview are most frequently used in descriptive research, although standardized tests, attitude scales, and other such tools are also employed. Two of the most important techniques which were used for data-collection in the present study were the questionnaire and the interview. It will therefore be necessary to examine these strategies more closely.

14.1 The Questionnaire

Behr ²⁰⁷ distinguishes between the terms questionnaire and schedule. The questionnaire is normally distributed through the post to be filled out by the respondent himself in his own time while a schedule refers to "a form filled out by the investigator in the presence of the respondent."

Questionnaires and rating scales were used in Projects One and Two while an interview schedule and a questionnaire were used in Project Three. Factors of time and economy prevented the development of measuring instruments specific to the present survey. It therefore became necessary to make use of as well as adapt questionnaires which had already been used in well-known overseas studies which were readily available in South Africa. The choice of the instruments was limited by a number of factors:

- (a) The questionnaires needed to be straight forward to administer and to score;
- (b) they needed to be short, since it was essential that their completion should not take up too much of a respondent's time;
- (c) they had to have, at least, "face" or content validity. (a)

Three of the instruments which were chosen by the investigator - A Children's Behaviour Questionnaire, 2: A Teacher's Questionnaire About Pupils In His Class, 2: and A Parental Attitude Inventory²¹² were used in British studies. A fourth instrument - A Rating Scale for Measuring Teacher's Attitudes Toward Behaviour Problems Presented by Children ²¹³ - was used by Wickman in the U.S.A. All these instruments, together with the modifications which were necessary, will be described in the relevant projects.

Compared to the interview approach, the self-administered questionnaire has a number of

advantages/... 118

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- (a) Content validity, according to Kerlinger, (208) is basically judgmental. The test content is carefully scrutinised to see how well it covers the particular field the instrument is measuring. This approach to validity is perhaps less satisfactory than the other approaches but, as Helmstadter (209) notes, "it does have a place in testing."

advantages. Some of these are as follows:

- (a) The questionnaire is relatively less expensive and does not require a trained staff of field workers who may incur considerable travel and maintenance expenditure.
- (b) It affords wider geographic coverage and reaches persons who are difficult to contact. As a result, a bigger and more representative sample can be collected.

A large proportion of the data which was required in Project Two was obtained by means of questionnaires sent by post. This was necessary since the sample of clinicians were widely dispersed throughout the Republic of South Africa.

- (c) The questionnaire is particularly appropriate for use with respondents who understand the subtleties of the written word.

Teachers and clinicians, two important groups in the present study, thus make ideal targets for an inquiry based on questionnaires.

- (d) The questionnaire, especially when it does not call for a signature or other means of identification, has the potential for eliciting candid replies. Fisher ²¹⁴ found that a

questionnaire which had to be signed by a respondent influenced the frankness and honesty of his responses. For this reason the teachers and the clinicians who participated in this study were given the opportunity of remaining anonymous.

A serious disadvantage of questionnaires sent by post is the high proportion of non-replies. A response rate of less than 70 per cent, according to Nisbet and Entwistle,²¹⁵ generally implies that the findings lack validity for general application, since about one in three of the sample have been missed. This is too large a proportion to ignore. In the U.S.A., the mean percentage of questionnaire returns in respect of master's dissertations and doctoral theses from a large number of investigations was in the region of 70 to 80 per cent.²¹⁶

In the present study a total of 95 questionnaires were posted to psychiatrists and psychiatrically inclined medical practitioners based in different parts of the Republic of South Africa. Seventy-six questionnaires were completed and returned, giving a response rate of 80 percent. Such a high percentage of returns is not surprising when one considers the educational and professional status

of the respondents as well as their involvement in work related to emotionally disturbed children.

14.2 The Interview

The interview is a direct method of obtaining information in a face-to-face situation. Though it is a somewhat time-consuming and expensive approach, it is preferred to the written questionnaire particularly where the investigation concerns matters of a personal nature.²¹⁷ In the present study, for instance, parents of adjusted and mal-adjusted children were asked to furnish information relating to matters such as the child's place of birth, whether or not the mother experienced difficulty in pregnancy, the parents' state of physical health, and whether or not the child was considered a problem at home. It is unlikely that many parents would have volunteered such information if an impersonal technique like the mail questionnaire were used.

The interview technique also has other advantages which make it more suitable than the mail questionnaire for carrying out an in-depth comparative study, similar to the one undertaken in Project Three. These include the following:

- (a) The interview situation permits the establishment of greater rapport. This makes it

possible for the respondent to give more complete answers.

- (b) It provides the investigator with the opportunity of observing and gathering valuable qualitative supplementary data pertaining to the type of dwelling, the presence of various possessions, parent-child interaction and so forth.
- (c) The interviewer is able to note signs of evasiveness and non-co-operation not only through the respondent's verbal behaviour but also through his facial expressions, bodily movements and gestures.

In the present study a structured or standardized interview procedure was used. A schedule was prepared in which were indicated the following: the pattern to be followed in the interview, the wording of the questions, and the method of coding the answers. The questions were presented in the same manner and in the same order to each subject. A copy of the interview schedule is included in Appendix H.

A skilled social worker was employed to conduct the home interviews for it was felt that her training in social work techniques would enable her to cope better, than the investigator himself

could, with antagonisms, irrelevancies and other such problems. It has to be remembered that, in interview studies, unlike in experimental studies, the interaction between the subject and the observer is a vital part of the total situation. Details related to the choice and preparation of the interviewer for this study will be presented in Project Three. Before discussing this and other related issues, it is important to try to establish the size of the problem of maladjustment. What is the extent of the handicap among South African Indian primary school children? An attempt will be made to answer this question in Project One.

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(B) THE PRESENT STUDY

Project One : A Study of the Incidence of
Maladjustment among Indian
Primary School Children

C O N T E N T S

(Project One)

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REFERENCES

1 INTRODUCTION

As pointed out in the opening section of this dissertation Project One is concerned with a study of the incidence of maladjustment among Indian primary school children ranging in age from 7 to 13 years. This knowledge is essential for, without it, decisions relating to the planning of special provisions for the education of maladjusted children cannot be taken. To date, as far as it has been possible to ascertain, no extensive or detailed survey of a scientific kind of the incidence of maladjustment among the general population of Indian school children in South Africa has been undertaken.

Insofar as the white community is concerned a number of valuable studies which have implications for the problem of maladjustment have been undertaken by individual research workers as well as the Human Sciences Research Council. ^{1,2,3,4,5,6,7} Indeed, a plea for the establishment of child guidance clinics in suitable centres in this country was made as early as July 1943 at the South African Education Conference held in Cape Town and in Johannesburg. ⁸ In 1969 the Minister of National Education appointed a Committee to inquire into and report on the identification, incidence and treatment facilities in respect of white autistic children in the Republic of South Africa. ⁹ The Committee recommended inter alia that children with early childhood autism should be regarded

as "handicapped children". They should have the opportunity of receiving "special education" in a "special school" as defined in section 1 (xiv), 1(xxix) and 1(xxviii) of the Educational Services Act, 1967 (Act 41 of 1967) respectively, under the Department of National Education, and that the category "early childhood autism" should be added to Schedule 1 of the Act.

In spite of the paucity of research data pertaining to emotionally disturbed Indian children, the awareness of the need to assist these children has always been present. Facilities have been established for the welfare of children who come from homes where they receive inadequate attention. The Lakehaven Children's Home and the Aryan Benevolent Home in Durban are two examples of such institutions.¹⁰ There is also a School of Industries at Newcastle to which Indian boys in need of care are committed in terms of the Children's Act, 1960.¹¹ The psychological services play a particularly valuable role in the rehabilitation of these youngsters. It is likely that research data gathered in a scientific manner will not only enhance the effectiveness of these institutions but will also provide the impetus for the establishment of resources for assisting pupils who are less severely maladjusted. Ideally, what is needed in South Africa are long-term follow-up studies of the emotional development of

unselected samples of children from birth to maturity, along the lines of the National Child Development Studies in Britain.¹² Reference has already been made to these studies in the general introduction. Such studies will not only reveal, for example, how many children are maladjusted at say seven and at eleven years of age but also whether they are the same children at eleven as at seven. It is important to establish this point since, as Rutter¹³ points out, transient fluctuations in children's emotional state are quite common and normal. Until such a longitudinal survey is undertaken, there is hardly any alternative but to rely on the usual research method of comparing groups of maladjusted children with control groups (rated as being well-adjusted) matched for such factors as age, education and social class.

Although the present investigation is set within a psycho-educational framework, care has been taken not to neglect the social aspects of the problem. Thus a large part of Project Three is devoted to a study of the relationship between home background factors and maladjustment.

2 STATEMENT OF THE GENERAL AND THE SUB-PROBLEMS

In order to clarify and systematise the various issues involved in Project One, it is necessary to present them in question form.

2.1 The Central Problem

What are the proportions of boys and girls in Indian primary schools in the Greater Durban area who, according to the ratings given by teachers, may be considered maladjusted?

Closely linked to the central problem are a number of sub-problems. These sub-problems, stated below, are related to the data provided in two questionnaires. These are described as the main questionnaire (see Appendix) and the supplementary questionnaire (see Appendix).

2.2 The Sub-Problems (Related to the Main Questionnaire)

- 2.2.1 Is there a significant sex difference in the incidence of maladjustment among Indian primary school children?
- 2.2.2 Is there a significant difference in the incidence of maladjustment between boys in the upper and those in the lower grades in school?
- 2.2.3 Is there a significant difference in the incidence of maladjustment among girls in the upper and those in the lower grades in school?

- 2.2.4 Is religious affiliation a significant factor in the prevalence of maladjustment among boys?
- 2.2.5 Is religious affiliation a significant factor in the prevalence of maladjustment among girls?
- 2.2.6 Is mother-tongue affiliation a significant factor in the prevalence of maladjustment among boys?
- 2.2.7 Is mother-tongue affiliation a significant factor in the prevalence of maladjustment among girls?
- 2.2.8 Is there a significant difference in the incidence of maladjustment between boys of high and low socio-economic status?
- 2.2.9 Is there a significant difference in the incidence of maladjustment between girls of high and low socio-economic status?

2.3 The Sub-Problems (Related to the Supplementary Questionnaire)

- 2.3.1 Is there a significant difference in the arithmetical ability of adjusted and maladjusted boys?

- 2.3.2 Is there a significant difference in the arithmetical ability of adjusted and maladjusted girls?
- 2.3.3 Do adjusted and maladjusted boys differ significantly in being rated "outstandingly GOOD" in any subject(s)?
- 2.3.4 Do adjusted and maladjusted girls differ significantly in being rated "outstandingly GOOD" in any subject(s)?
- 2.3.5 Do adjusted and maladjusted boys differ significantly in being rated "outstandingly BAD" in any subject(s)?
- 2.3.6 Do adjusted and maladjusted girls differ significantly in being rated "outstandingly BAD" in any subject(s)?
- 2.3.7 Is there a significant difference in the "type of-worker" rating given to adjusted and maladjusted boys?
- 2.3.8 Is there a significant difference in the "type of-worker" rating given to adjusted and maladjusted girls?
- 2.3.9 Is there a significant difference in the incidence of maladjustment between boys who have failed and those who have not failed at school?

- 2.3.10 Is there a significant difference in the incidence of maladjustment between girls who have failed and those who have not failed at school?
- 2.3.11 Do adjusted and maladjusted boys differ significantly in respect of cleanliness and neatness?
- 2.3.12 Do adjusted and maladjusted girls differ significantly in respect of cleanliness and neatness?
- 2.3.13 Is there a significant difference between adjusted and maladjusted boys insofar as regular attendance at school is concerned?
- 2.3.14 Is there a significant difference between adjusted and maladjusted girls insofar as regular attendance at school is concerned.
- 2.3.15 Do adjusted and maladjusted boys differ significantly insofar as the amount of difficulty they experience in their relations with other children is concerned?
- 2.3.16 Do adjusted and maladjusted girls differ significantly insofar as the amount of difficulty they experience in their relations with other children is concerned.

- 2.3.17 Are adjusted and maladjusted boys equally difficult to discipline?
- 2.3.18 Are adjusted and maladjusted girls equally difficult to discipline?
- 2.3.19 Do adjusted and maladjusted boys differ significantly in their attempts to be a credit to their parents?
- 2.3.20 Do adjusted and maladjusted girls differ significantly in their attempts to be a credit to their parents?
- 2.3.21 Is there a significant difference between adjusted and maladjusted boys insofar as the traits of concentration and restlessness are concerned?
- 2.3.22 Is there a significant difference between adjusted and maladjusted girls insofar as the traits of concentration and restlessness are concerned?

3 REVIEW OF LITERATURE

3.1 Difficulties Related to Estimating the Incidence of Maladjustment

3.1.1 General

The difficulty of defining accurately what constitutes maladjustment, what is a sign

of a transitory disequilibrium and what is sufficiently indicative of a serious disturbance to warrant intervention, makes the estimation of the incidence of maladjustment hazardous. Other handicaps which confront a research worker in this field are a lack of reliable and valid methods of assessment as well as the varying levels of tolerance of children's behaviour which teachers and parents have, so that what is considered a problem in one case may give no cause for concern in another. Most children show some emotional and behaviour difficulties at least for short periods. Enough is not yet known about norms of behaviour at different ages to enable one to make precise statements about criteria for regarding certain kinds of behaviour as deviant. Estimates of the incidence of maladjustment will, therefore, vary according to the criteria used and must be considered as very tentative. ¹⁴

It was noted in the general introduction that maladjustment, according to Thouless, ¹⁵ is an imprecise blanket term used to cover those children showing emotional instability or psychological disturbance. This vagueness of the concept of maladjustment and the

impossibility of drawing a sharp line between well-adjusted and maladjusted children is, perhaps, the most important reason for widely diverse estimations. Incidence figures in school populations range from as low as 4 per cent to as high as 46 per cent.¹⁶ The high estimate is probably due to the fact that many forms of behaviour characteristic of maladjustment also occur as part of the normal expression of children reacting to every day stress in their development.

3.1.2 Adjustment as a Growth Phenomenon

Children are developing organisms so that assessment needs to be made in the context of a developmental framework.¹⁷ They behave differently at different ages and it is necessary to know what behaviour could be expected at each age. Certainly all children are not alike, so that some knowledge of the range of variability is also required. Different stages of development are associated with different stresses and different susceptibilities.

Several studies^{18,19} have indicated that most children show isolated psychological problems at one time or another and that many have transient periods of emotional disturbance or behavioural difficulties. To a considerable extent these are part and parcel of growing up and are not, in themselves/... 136

themselves, a cause for concern. On the other hand, some children have emotional disturbances which interfere with normal development and which require treatment.²⁰ Clearly, therefore, one of the first tasks when a child is referred to a clinic is an assessment of whether or not he has some kind of disorder which warrants treatment. In order to make this decision it is necessary to have a good knowledge and understanding of child development, both normal and abnormal.

It also needs to be noted that development does not proceed entirely smoothly and plateaux and transient regressions are part of normal development.²¹ However, these fluctuations are more likely to occur at certain times than at others, so that attention to the child's life circumstances is important. Many children revert to more immature patterns of behaviour when a new baby brother or sister arrives. They may return to sucking their thumb or wanting the bottle and they may become more demanding and attention-seeking at this time. Starting a new school or joining a new class is another common stress which may be associated with increased anxiety and dependency.

Consequently it is not enough to know what the child is like at the time he comes to the clinic. It is also important to find out what he was like

when he was younger, when the difficulties began, and how they got better or worse.

Gesell and his co-workers²² have emphasized the cyclical and recurrent patterns of difficult behavior in all children. Most children, however, adapt to the new problems and new modes of life, and the intense emotional reaction is transient. Davis²³ points out that following any traumatic experience there is a tendency, particularly amongst children, to be preoccupied with the experience. Gradually, however, the vividness of the experience diminishes, the child's preoccupation with it declines, and he no longer thinks, dreams, and fantasies so intensely about the experience; repression occurs, and the normal child returns to a less troubled way of life. But the maladjusted child does not. He over-reacts, he continues to be troubled and preoccupied, he anticipates further difficulties, and usually finds them.

MacFarlane and others²⁴ determined the occurrence of behaviour problems in 252 normal children who were followed from infancy to adolescence. They found a considerable incidence of disturbance, much of which, if severe or protracted, would be an indication for clinic referral. Table 1.1 indicates the percentage of normal children who at some time exhibited the indicated behaviour problems.

TABLE 1.1

SYMPTOMS PRESENT IN 252 NORMAL CHILDREN

<u>Behaviour</u>	<u>Incidence</u>	
	<u>Boys</u>	<u>Girls</u>
Disturbing dreams	20	26
Poor appetite	13	15
Excessive modesty	14	17
Nail-biting	17	23
Speech problems	12	9
Lying	24	18
Stealing	6	3
Destructiveness	13	6
Overdependence	13	16
Oversensitiveness	37	44
Shyness	11	24
Mood swings	22	22
Temper tantrums	50	37
Jealousy	34	29

In another investigation Lapouse and Monk²⁵ studied emotional problems among a non-psychiatric sample of 482 children using structured interviews given to their mothers. The youngsters were between the ages of 6 and 12 and were assigned to the experimental group so as to constitute a representative sample of the child population of Buffalo, U.S.A. Once again, the findings (see Table 1.2 below) demonstrate the surprisingl

high prevalence among "run-of-the-mill" school-going children of problems which are widely regarded as symptomatic of emotional disorder in children. For example, 43 per cent of the children were reported as

TABLE 1.2

THE FREQUENCY OF SELECTED BEHAVIOUR CHARACTERISTICS IN A WEIGHTED REPRESENTATIVE SAMPLE OF 482 CHILDREN AGED 6 TO 12, AS REPORTED BY MOTHERS.

Behaviour	Per cent of children
Fears and worries, 7 or more present	43
Wetting bed within the past year	
(All frequencies)	17
Once a month or more	8
Nightmares	28
Temper loss	
Once a month or more	80
Twice a week or more	48
Once a day or more	11
Stuttering	4
Unusual movements, twitching or jerking (tics)	12
Biting nails	
All intensities	27
Nails bitten down (more severe)	17
Grinding teeth	14
Sucking thumb or fingers	
All frequencies	10
"Almost all the time"	2

having 7 or more fears and worries out of a list of 30 about which the mothers were questioned. Deviant behaviour was reported most in younger children and in boys. This lends support to the view that many of the symptoms are transient and tend to lessen in severity with increasing age.

Rutter²⁶ makes the important point that the nature of the symptom to some extent, determines its significance. Surveys have shown that some symptoms are much more likely to be associated with generalized psychological malfunction than are others. Thus nail biting per se is not indicative of maladjustment; it is a behaviour which is just as common in normal children as it is in maladjusted ones. However, this does not imply that the behaviour has no significance. On the contrary, as Rutter²⁷ points out, those who bite their nails do so particularly when they are tense. However, everyone is tense sometimes and tension is not synonymous with maladjustment. In contrast, disturbed peer relationships are more commonly associated with maladjustment and, as such, warrant more serious attention.

3.1.3 Adjustment as a Situational Phenomenon

It is quite common for disorders to be partially, or even entirely, specific to certain situations.

Children, for instance, may wet their beds at home but never when away from their parents or they may be aggressive or disruptive at school but not so at home.²⁸ This situation indicates that disorders need to be regarded in interactional terms - i.e. the problem lies in the interaction between a child and his environment, and not just within the child himself.

Two important studies which indicate that maladjustment is situational need to be mentioned. In the first of these studies, Rutter and Graham²⁹ investigated the incidence of psychiatric disorders in children aged between ten and eleven years on the Isle of Wight. Screening procedures involving questionnaires to parents and teachers showed that about 13 per cent of 2 193 children needed more intensive study, as they showed some evidence of possible disturbance. The proportion of the sample selected by parents and teachers were much the same (6% were selected by means of the parents' responses and 7,1% through the teachers' replies), but there was very little overlap between the children chosen through the parents' and those selected through the teachers' responses. Only 19 out of 284 children picked out were selected by both teachers and parents.

In another study, Mitchell and Shepherd³⁰ found that

their/...142

their teacher's questionnaire identified 10 per cent of children as exhibiting three or more behaviour problems in the school setting; the same proportion had four or more deviant items recorded on their parents' questionnaire.

It might be considered justifiable to pick either of these groups of children as consisting of those who were most likely to be maladjusted. On closer inspection, however, it was found that the individuals picked by the two methods were not the same; only about one child in five picked as in the worst 10 per cent by one questionnaire was also picked by the other. This fact is important in any attempt to screen the child population to obtain a general estimate of the incidence of maladjustment. It is difficult to assess how far the difference is the result of the child's actual behaviour and how far it is due to a variation in the frames of reference of the persons reporting the behaviour.³¹ Clearly, however, it seems important that any comprehensive screening device must study the child in both of his principal environments, the home and the school.

Related to this point, it is worth noting that the writer's personal experience in child guidance work has shown that certain parents become concerned about behaviour which is a perfectly normal stage in a child's development. Other parents with serious family difficulties /... 143

difficulties use minor problems in the child as a reason for seeking help. The majority of children, however, who are referred to the clinic do suffer from some kind of emotional disturbance. The reasons for referral often lie in the family as well as in the child. This has been demonstrated by a study by Shepherd, et al.,³² which compared children attending clinics and those not attending clinics the children in both cases having roughly comparable disorders. This showed that clinic mothers were more likely to have suffered nervous complaints themselves and to be worried about their children, and more of the clinic children came from "broken homes". This finding indicates that diagnosis of maladjustment must focus as much on the familial context of referral as on the child himself.

On the basis of a follow-up study made some two years later, Shepherd, et al.,³³ found that 65 per cent of the clinic and 61 per cent of the non-clinic children were described as "improved" by independent raters. No consistent relationship was noted between the child's improvement and the frequency of his clinic attendance. In evaluating these findings, Shepherd and his associates concluded that many behaviour disturbances in children represent transient reactions to environmental stress that resolve themselves with or without professional assistance.

3.1.4 The Functional Relationship Between Adjustment and the Rater's Tolerance Level

Yet another factor which adds to the difficulty of estimating maladjustment is the fact that individual parents and teachers have different tolerance levels for various types of childhood behaviours. ³⁴ For example, a very active child who is "into everything" may be viewed as a behaviour problem by one individual but as energetic and curious by another individual. In this sense, the child may be considered as having a problem only if significant adults have a low tolerance level for this form of behaviour. Such variations in tolerance may explain why many children are not referred to the psychological services until they enter the public school system.

3.1.5 Adjustment and Socio-Economic Level

The essential point relating to the discussion thus far is the fact that behaviour cannot be judged adjusted or maladjusted in absolute terms. Further support for this viewpoint is found when one considers the factor of socio-cultural setting. It needs to be remembered that while the pupil is an individual, he and his family are part of a complicated matrix of heredity and environment. These factors influence his adjustment to the

culture of his school. Clearly, therefore, it is important to assess carefully the broad factors that could be operating to create an individual problem and to view the pupil in terms of the norms of his immediate socio-cultural milieu.

A number of the problems which children present in school, says Herbert,³⁶ arise, not from pathology within the pupil's personality, but from a discrepancy between the pupil's values and those of the schoolroom in which he is asked to function. This is particularly marked when the middle-class values of the school are compared with the values of pupils of the lower socio-economic group, who may not be oriented toward education.

The boy from the lower socio-economic background, for instance, often behaves in school in a way that is perfectly acceptable at home, but finds to his surprise that he is in constant trouble. At home he may be used to certain emotional displays to rebelling against authority, to fighting for his rights, and to using certain kinds of language. This child walks into school to find his teacher dismayed at his behaviour, at his language, and at his lack of interest in learning, and all of a sudden he realizes that he is in the wrong society. He

reacts with anger, says Herbert,³⁷ and his aggressive behaviour and resistance to education are reinforced. In such cases the psychologist must be careful to ascertain what part of the problem is related to social class factors, and what part to conflict between the pupil and school authorities, before deciding that a particular pupil has intrapsychic difficulties. Davis³⁸ puts it quite succinctly when he says, "The conception that aggression and hostility are neurotic or maladaptive symptoms of a chronically frustrated adolescent is an ethnocentric view of middle class psychiatrists. In lower class families, physical aggression is as much a normal, socially approved and socially inculcated type of behaviour as it is in frontier communities."

Davis³⁹ goes on to point out that in middle-class adolescents the presence of anxiety and guilt over aggression and sexual acting-out is a normal reaction to their class standards, but the same reaction in lower class adolescents may be evidence of conflict with their class mores and be symptomatic of personality difficulties. This is a very important distinction for the psychologist to make in evaluating symptoms.

3.1.7 Adjustment in the Classroom Situation

One of the main purposes of the present study is to find out the incidence of maladjustment in the school situation. This calls for measurement; and measurement, in turn, calls for a definition of maladjustment as it relates to the school situation.

Although the various subcultures within the school system vary from community to community and from school to school, most schools, as White and Harris⁴⁰ point out, have certain common features. Pupils are expected to do certain things and are considered aberrant if they fail to do them. A pupil, for example is expected to learn. He is expected to be motivated to learn, particularly at the higher grades. He is expected to conform to the rules and regulations of his school society. He is expected to respect adults, particularly his teachers. He is expected to get along reasonably well with his classmates. Nowadays he is expected to be sociable. The school culture can be considered rather typically middle class in the value it places upon education, self-improvement, sociability, desire to conform, and respect for authority.

It is a well known fact that there are also many differences amongst schools, depending upon the purpose of the school and the type of pupil population it serves. An academic high school in a suburban community, where most pupils are working toward admission to a university, is likely to have a very different set of values from that of the vocational high school in a city which faces many problems of low school motivation.

A number of the problems which pupils present, say White and Harris , arise not from pathology within the pupil's personality, but from a discrepancy between the pupil's values and those of the school-room in which he is asked to function. This can be particularly marked when one compares the middle class values of most of the teachers with the values of pupils of the lower socio-economic group, who often are not oriented toward education.

Good adjustment in school is important not only because school forms an important part of children's lives but also because there is a considerable overlap between maladjustment and learning difficulties. School, after all, is a learning environment, and those who learn better are not only likely to be less troublesome to a teacher but will also tend to react more happily to a learning situation.

Teachers are obviously the best source for identifying children who are disturbing to them as teachers. However their judgments do not necessarily identify emotional maladjustment as it is clinically understood. "Pupils who do not adjust to a school environment in terms of the expected behavioural norms can be identified with some accuracy, and this group often shows signs of educational maladjustment. Whether it be true emotional maladjustment, a cultural conflict in behavioural standards, or a mixture of both, we do not know and will not know until better research is available. In the meantime, we might concentrate our efforts on this group which does not adapt to the school environment, rendering what services we can and simultaneously analyzing the causes so that we may come to understand more of the process of maladjustment itself." ⁴¹

As already noted, the present study is concerned with maladjustment in the school situation and teachers were requested to act as detectors. The instrument which was given them to help them in their task of detecting maladjustment - viz., The Children's Behaviour Questionnaire - contained problems which were overt in nature and geared to the school situation problems which teachers could reasonably be expected to identify.

Bower's definition ⁴² of emotionally handicapped pupils seemed particularly appropriate for the present purpose. He described these pupils as demonstrating, to a marked extent and over a period of time:

- (a) An inability to learn which cannot be explained by intellectual, sensory, or health factors.
- (b) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
- (c) Inappropriate types of behaviour or feelings under normal conditions.
- (d) A general pervasive mood of unhappiness or depression.
- (e) A tendency to develop physical symptoms, pains or fears associated with personal or school problems.

A consideration of the discussion above indicates the need for more and better research relating to the incidence of maladjustment. It raises the important problem of how pupil maladjustment is to be defined. Whatever definition is used, research workers find themselves making judgments about behaviour which are unavoidable and open to question. If a writer insists upon using an educational framework, he will automatically call emotionally maladjusted

a large number of pupils who are making poor school adjustment but who, in the eyes of many sociologists at least, are making an appropriate adjustment to their own cultural group. On the other hand, it is difficult to exclude adjustment in school as a measure since school forms a major part of a child's life in our society. The questions which therefore arise are : What criteria can one use? How is it possible to know which pupil is seriously disturbed or will become seriously disturbed? Owing to our limited knowledge in this regard at the present time, no reliable answers are available. Under such circumstances the best course of action for the moment would, therefore seem to be to define the situation in which a particular study is being carried out, as, for instance, the school situation.

3.2 Surveys of Maladjustment in the School Population

In spite of the problems which beset the research worker in his attempt to estimate the incidence of maladjustment, various attempts have been made in this direction. As noted earlier, this knowledge is essential for planning special educational provisions for these pupils. Tests, inventories, questionnaires, academic marks and drop-out rates

have been used, singly or together, to produce some global score. These techniques have often produced different results mainly because of the technical problems involved. Who is to say whether a pupil is adjusted or maladjusted his teacher, his peers, his parents, clinicians, or himself?

If there is a difference of opinion, and in most studies there is, who is to say which judge is correct? From this it would appear that maladjustment is based upon opinion - opinion that lacks adequate reliability and validity. For this reason, as was noted in the previous section, the best that can be done considering the present limited state of our knowledge about maladjustment, would be to specify the nature of inquiry, note the criteria for good adjustment within this framework and then measure the extent of the deviation from these criteria.

In order to compare the findings of the present study with those of other researchers in the field it will be necessary to review some of the earlier investigations which have been conducted in the school situation. However, a note of caution needs to be sounded at this point : different writers have used different definitions, different instruments, and different types of school populations. Consequently the incidence rates which they have obtained often

differ widely from one another.

There is obviously considerable merit in employing teachers to detect maladjustment among school children: they live day by day with their pupils and observe them over a longer period of time and in a greater variety of situations than persons in any other profession; moreover, ^{they} have to deal directly with problem behaviour in the classroom. In this regard it is worth noting Bower's comment: "I strongly suspect that teachers, by focusing on the child's observable behaviour in school, are closer to an operational reality of mental health than one can come up with in a sedentary examination." 43

What a teacher is judging is how a specific behaviour affects him as well as other pupils and the pupil himself in a primary system. The teacher's major concern when a child behaves in an overly aggressive manner (and cannot be influenced to change) is that he is unable to carry out his goal of helping the child to learn.

Similarly, when a child in a play group cannot adhere to the rules of the game, the group will find his behaviour a problem in that setting and if he continues they will not play with him. Each behaviour can only be judged as positive or negative in relation to the social system in which a range of behaviours is expected and prescribed. 44

One of the earliest attempts to survey pupil maladjustment was undertaken by Wickman ⁴⁵ in the United States. Mention has already been made of his study in the general introduction. It was noted that he concerned himself with a population range 6-12 years and made use of teachers' ratings. Wickman found a rate of 7 per cent of serious maladjustment, and of 42 per cent of mild adjustment. In the opinion of the present writer, the latter figure would probably be open to question since it is difficult for one to regard as abnormal that behaviour which is true of almost one-half of any population.

Hildreth ⁴⁶ surveyed an entire school population in New York city in 1927. She found 7-8 per cent could be listed as problem cases. At the elementary level, boys were reported as problems three times as often as girls.

Another major study in the United States appeared in 1942. Rogers ⁴⁷ surveyed 1 500 children in Columbus elementary schools, ranging in age from 6 to 12 years. He employed a weighted index composed of academic standing, chronological age, grade placement, a revised Wickman scale for teachers' judgments, truancy and several personality tests. The results of this survey showed that 12 per cent of the pupils had serious maladjustment problems.

He also found that 1 in 4 children had serious reading difficulties, 1 in 4 was an intellectual misfit in his grade placement, and 1 out of 20 was repeating his grade. Rogers reported variations from one school to another, due possibly to difference in educational policies and the characteristics of the local school population. Rogers remarked that the more favoured the neighbourhood, the fewer the serious mental health problems.

Mangus ⁴⁸ investigated pupil maladjustment in a survey of 1 500 children in the third and sixth grades in Ohio in 1948. He used a teacher's rating scale, the California Test of Personality and a sociometric "guess who" technique. Mangus found that boys showed two to three times as much maladjustment as girls and " a close relationship between personality adjustment of children and their success or failure in school".

In another study in 1948 Mangus and Woodward ⁴⁹ used the Mental Health Analysis, an adjustment inventory. Their sample comprised 805 tenth-graders in one Ohio county. They found high adjustment scores in those pupils who were not retarded, who were more popular, and who had a high IQ, compared to those with low adjustment scores. This finding suggests the possibility that adjustment indices may actually

be measuring educational adjustment, rather than emotional adjustment, unless one assumes that both educational and emotional adjustment are variables which are dependent upon another unknown variable. In 1952 Ullmann⁵⁰ undertook a survey of 801 white boys and girls who were in the ninth grade in a section of Maryland, U.S.A. Employing a forced-choice scale of adjustment with the teachers and the S.R.A. Youth Inventory, he concluded that "..... the picture of maladjustment is a function of the type of instrument used to measure it". The teachers rated 8 per cent of the pupils severely maladjusted, and again boys outnumber girls, this time in the ratio of four to one. In explaining this sex difference in the incidence of maladjustment, Ullmann suggests that boys are more likely to act out their problems than are girls. Consequently, boys are more likely to be considered adjustment problems by their teachers.

In a survey of "referral problems" in metropolitan child guidance centres in America in 1957, Gilbert⁵¹ supports Ullmann's view and reports that boys are 2½ times more likely than girls to be referred by school as "problem children". Beilin⁵² explains: "The reason girls are considered better adjusted by teachers is that teachers have certain expectations of what good adjustment in school should be and the

prescription for girls' adjustment is more consistent with these expectations than the prescription for boys' good adjustment The teacher is concerned with getting what she is teaching 'across' and behaviours which facilitate this are more likely to be valued. The behaviours of girls are of this kind."

In 1961 the California State Department of Education ⁵³ found that "between 5% and 10% of the total enrolment in the schools (under their control) was made up of children who are handicapped by behaviour and learning problems caused by emotional disturbances." In Canada, the Mental Health Association in its "Brief to the Royal Commission" in 1960 ⁵⁴ states that "a conservative estimate" of the number of school children who show symptoms of emotional and mental disorders is between 5% and 10%

An early estimate of maladjustment among British school children was made by Burt ⁵⁵ in 1935. He found that as many as 4 per cent of London school children showed symptoms so well marked as to point to urgent need for special treatment. Another 13 per cent showed symptoms that were sufficient to indicate the desirability of further investigation.

Surveys undertaken in three areas for the Underwood

Committee in 1955⁵⁶ produced figures varying from 5,4 to 11,8 per cent. The wide divergence between these percentages, according to the Committee, conceals some difference of approach between the investigations in the different areas, although attempts had been made to ensure that the broad line of approach was similar in each.

In another study of children in schools in South Wales Chazan⁵⁷ found 20 per cent of a sample of junior school boys aged $9\frac{1}{2}$ to $10\frac{1}{2}$ years, and 8 per cent of a sample of girls of the same age, to be maladjusted. Eleven per cent of a sample of secondary school boys, 7 per cent of secondary school girls, aged $13\frac{1}{2}$ to $14\frac{1}{2}$, were maladjusted. A further 19 to 30 per cent of the pupils showed "unsettled" behaviour at school.

More recent surveys in Britain confirm the formidable nature of the problem of maladjustment among school children.

The National Child Development Survey of 11 000 seven-year-olds⁵⁸ using the Bristol Social Adjustment Guides found that 13 per cent showed behaviour indicative of maladjustment.

The Isle of Wight⁵⁹ survey which was referred to earlier sought information from surveys of 2 193 children in the nine-to-twelve year old group in order to establish

the need for special services. From screening procedures, 286 (13%) children were selected for intensive psychological and psychiatric disorder. Of these about 36 per cent showed "neurotic" disorders, characterised by inhibition and unhappiness, 36 per cent "conduct" disorders characterised by anti-social or aggressive behaviour and 23 per cent were a mixed group. While there was only a slightly smaller number of boys than girls with neurotic disorders, the proportion of boys to girls with conduct disorders was nearly 4 : 1.

An overall consideration of the studies which have been reviewed in this section presents a rather confused picture as to what constitutes maladjustment among pupils at school. Different researchers give different incidence figures, each basing the incidence rate on his own perception of the handicap.

Factors such as the age range and sex distribution of the sample, the availability or absence of diagnostic and treatment facilities, and the locality and types of school studied may also affect incidence figures. What the evidence suggests so far is that there are far more "symptoms" common in the normal pupil population than would allow one to call such behaviour symptomatic of true maladjustment. Many so-called neurotic symptoms and behaviour problems are probably the rule among normal children as they pass from stage

to stage of the growing-up process. What is required is a comprehensive study of "the normally abnormal behaviour in the pupil population at large."⁶⁰ Such a study should involve not only incidence but intensity and duration of each behavioural unit for each age, and for boys and girls separately. Once this is done, research workers would be in a much better position to evaluate the relative abnormality of a pupil's presenting problem. Until then, as mentioned earlier, one has to delimit one's study of incidence rates of maladjustment to particular settings. The present study, for instance, has been set in the school situation, using teachers as detectors of maladjustment and an instrument which is geared to the school situation. The instrument comprises items which class teachers can reasonably be expected to observe. In keeping with the purpose of this study Bower's definition (given earlier)⁶¹ is largely educationally - oriented, is particularly appropriate.

4 THE PRESENT STUDY

4.1 The Choice of the Locale

The geographical division of Durban adopted by the Department of Economics, University of Natal, in its socio-economic investigation of the Durban Indian Community in 1969 was considered to be a convenient one for the present study.⁶² According to this division, Durban was stratified into four broad

areas as follows:

- (a) The Northern Area: This includes all those Indian areas north of the Umgeni River and the north coast railway line and includes the following suburbs: Riverside, Umgeni, Prospect Hill, Avoca, Effingham, Greenwood Park, Red Hill, a portion of Durban North, Briardene, Rosehill, Kenville, Sea Cow Lake, Newlands, and Parlock Township.
- (b) The Western Area: This area extends from the Berea Ridge to the borough boundary in the west, with the Umgeni and Umbilo Rivers as the northern and southern limits, respectively. The area includes Manor Gardens, Stella Hill, Overport, Sydenham, Puntans Hill, Quarry Estate, Springfield, Asherville, Mayville, Cato Manor, Candella, Clare Estate and Reservoir Hills.
- (c) The Southern Area: Suburbs south of the Umbilo River are included in this area, embracing Rossburgh, Sea View, Bellair, Hillary, Chatsworth, Merebank, Clairwood, Jacobs, Wentworth, the Bluff, the Bayhead area, "Happy Valley", and the private townships of Umhlatuzana and Kharwastan.

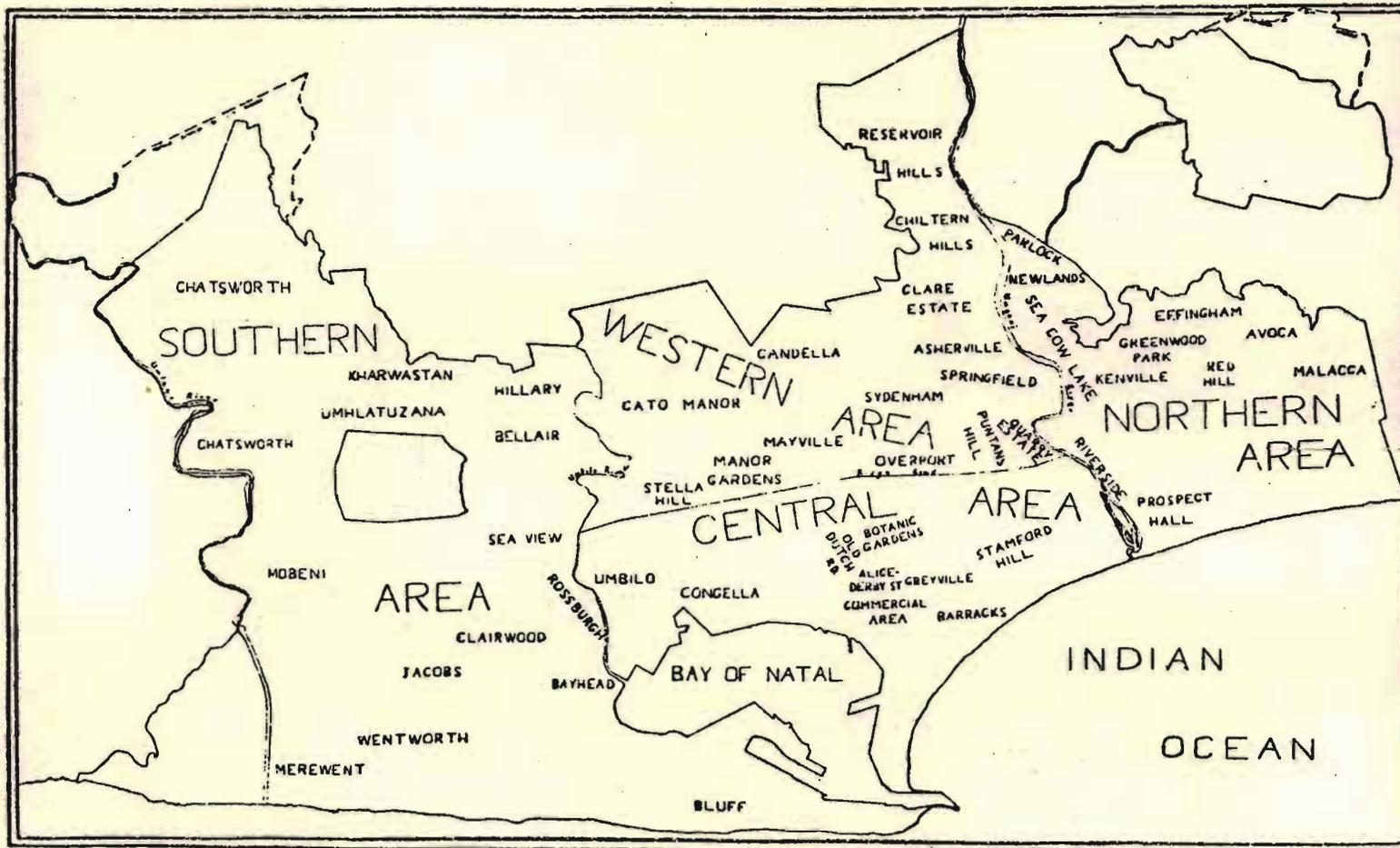


FIG. 1.1 DURBAN: SHOWING AREAS OF INDIAN SETTLEMENT

(Reproduced by kind permission of the Department of Economics, University of Natal)

- (d) The Central Area: For all practical purposes the Central Area is identical to the old borough area of Durban. This area extends from the Umgeni River in the North to the Umbilo River in the South, and from the sea in the east to the crest of the Berea Ridge to the West. This area includes the central business area, Greyville, Stamford Hill, the Magazine and Railway Barracks, the Old Dutch Road area, Botanic Gardens area, and the Umbilo-Congella complex.

It was essential that the area in which the study was to be located should fulfil two important conditions:

- (a) It should be within reasonable travelling distance of the researcher's home and place of work;
- (b) It should contain a reasonable cross-section of children living in various types of social environment.

The Greater Durban area met both the above-mentioned criteria.

With reference to the second criteria, it needs to be mentioned that according to the 1970 census 83,5%

of the Indian population was resident in Natal, 13% in the Transvaal and 3,5% in the Cape Province. About 90% of Natal's Indians (75% of the total Indian population of South Africa) were settled within a radius of approximately 90 km of Durban. ⁶³

Two broad cultural groups can be identified, centering around ^{the} Hindu and Muslim religions. The Hindus, who constitute 68 per cent of the total South African Indian population, are themselves culturally heterogenous, with differences particularly marked between the Dravidians (Tamil-and-Telegu-speaking) originally from the South of India and the Aryans (Hindi-and-Gujurati-speaking) who migrated from the North. The Muslims form about 20 per cent of the population and speak mainly Urdu or Gujurati. ⁶ There are indications that English is gaining acceptance as home language, especially among Hindus.

A comprehensive background of Indian social and family life against which the problem of adjustment - mal-adjustment needs to be considered will be presented in Project Three.

4.2 Selection of the Sample

The selection of the sample for the present project was a two-stage procedure involving:

- (a) a selection of the schools and
- (b) a selection of the pupils who were to participate in the study.

A total of 92 primary schools fell within the Greater Durban area (Fig. 1.1). Preliminary inquiries revealed that, by and large, the pupils in these schools were a mixture of children who varied in respect of sex, socio-economic background and religious and linguistic affiliation. In view of this heterogeneity in the population, it was not considered necessary to follow any stratification procedures, either in respect of the schools or the pupils themselves. In order to ensure representativeness a random selection procedure was used.

A list of the 92 schools mentioned above was drawn up and 40 of these were chosen, using a table of random numbers. These schools were listed in the order in which they were drawn. It was estimated that they would yield the required sample of approximately 2 300 children.

The investigator then began the task of visiting the forty schools in the same order in which they appeared on his list. He explained the aims and the nature of the study to the principals and the teachers and left behind the required number of questionnaires. This was determined by dividing by ten the total number of pupils who ranged from Class i to Standard V. This was done because each teacher was required to fill in a questionnaire only for every tenth child on his register.

Twelve extra forms were left at each school so as to avoid unnecessary delays and the inconvenience of having to return to the school should additional forms be required.

In 17 of the 33 schools ultimately visited, the investigator addressed the teachers himself. In the other 16 schools it was left to the principal to call the members of his staff together at some convenient time and explain the purpose of the project to them and how they should fill in the questionnaire. This step was possible only because of the simple and straight forward nature of the instructions. It was considered unnecessary to disrupt the teachers' lessons or to revisit the schools for the purpose of giving a set of instructions which could adequately be given by the principals. As a precautionary measure, however, the investigator left his office and home telephone numbers and requested the principal to contact him should any unforeseen problem arise. As matters turned out, no telephone calls were necessary for this purpose.

Before he left the school, the investigator reached agreement with the principal on a date when the completed questionnaire could be collected.

As each school was visited a list was compiled of

the number of boys and girls who were being included in the sample. In this way the investigator had up to date knowledge about how his sample was progressively increasing in size.

After he had visited the 33rd school on his list, the sample comprised 1 226 boys and 1 204 girls. Considered in relation to the size of the samples used in other similar studies this was considered to be a sample of adequate size and it was therefore decided not to visit the last seven schools on the list. It was gratifying to note that the difference in number between the sexes was merely twenty-two in favour of the boys.

The distribution of the number of pupils according to schools is given in Table 1.3. The names of the schools have been arranged in alphabetical order.

TABLE 1.3/... 168

TABLE 1.3

DISTRIBUTION OF BOYS AND GIRLS
IN THE TOTAL SAMPLE BY SCHOOLS

	NAMES OF SCHOOLS	BOYS	GIRLS	TOTAL
1	Alipore Road	30	33	63
2	Avoca	61	48	109
3	Briardene	23	26	49
4	Cavendish	55	42	97
5	Clairwood Girls'	-	55	55
6	Crescentridge	59	51	110
7	Clareville	44	41	85
8	Durban Heights	34	37	71
9	Durban South	34	31	65
10	Durwest	22	30	52
11	Fairhaven	58	45	103
12	Greenwood Park	30	34	64
13	Highlands	35	33	68
14	Kenville	50	47	97
15	Manilal Valjee	18	27	45
16	M.L. Sultan Avoca	52	43	95
17	M.L. Sultan St. Mary's	48	45	93
18	Merryhill	29	35	64
19	Narain Jeawon	47	37	84
20	Puntan's Hill	19	21	40
21	P.P. Chetty Family	35	29	64
22	Reservoir Hills	31	29	60

	NAMES OF SCHOOLS	BOYS	GIRLS	TOTAL
23	Resmount	32	27	59
24	St Aidan's	21	26	47
25	Spearman Road	16	20	36
26	Sunnyvale	39	41	80
27	Settlers	58	40	98
28	S.M. Jhavary	57	48	105
29	Springfield Gardens	32	38	70
30	Springfield Hindu	34	38	72
31	Truro	57	44	101
32	Umgeni	21	28	49
33	Welbedacht	45	35	80
	TOTALS	1 226	1 204	2 430

The total pupil enrolment varied considerably in the different schools, ranging from a few hundred at the Spearman Road State Indian Primary School to over a thousand at the Truro State Indian School.

The fact that there was a 100% return of questionnaires from these schools was due mainly to two factors:

- (a) the personal interest taken in this study by the principals and teachers concerned; and
- (b) the fact that the investigator went personally to each school when distributing and collecting the questionnaires.

4.3 The Instruments Used

Three questionnaires and a socio-economic index were used for collecting the data related to this project :

- 4.3.1 Questionnaire reflecting the pupil's personal details (the "main questionnaire").
- 4.3.2 A children's behaviour questionnaire (the "supplementary questionnaire").
- 4.3.3 A teacher's questionnaire about pupils in his class.
- 4.3.4 A socio-economic index was used for classifying pupils into high and low socio-economic groups according to the father's occupation.

4.3.1 Questionnaire Reflecting Pupil's Personal Details

The questionnaire (see Appendix) sought personal information about the pupil concerned - information such as his date of birth, home address, religion, home language, whether or not he had spent more than one year in any class since he began school, and his father's occupation. In the upper grades, a greater part of the questionnaire was filled in by the pupils

under the supervision of the teacher while in the lower grades the teacher completed the questionnaire himself.

4.3.2 A Children's Behaviour Questionnaire
(The main questionnaire)

In order to appreciate why the Children's Behaviour Questionnaire (CBQ) ⁶⁵ was chosen as the instrument for differentiating between adjusted and maladjusted children in the present study, it will be necessary to provide certain background information.

During the planning stage of this study, it became obvious that if groups of adjusted and maladjusted children were to be compared with each other, some screening device would be necessary to identify them. Ideally, this instrument should satisfy the following criteria :

- (a) It should be standardised for use with Indian school children covering the age range 6-13.
- (b) It should be reliable and valid.
- (c) It should be an instrument which teachers can interpret easily and complete fairly quickly.

- (d) It should be able to differentiate between children with neurotic and conduct disorders.

A perusal of the publications of the Human Sciences Research Council as well as other South African literature pertaining to mental health and delinquency revealed that no standardised instrument existed for distinguishing between adjusted and maladjusted pupils. Criteria (a) above could therefore not be satisfied. As a result it was decided to scrutinise three potentially useful questionnaires which were devised for pupils in British schools - viz., the Children's Behaviour Questionnaire,⁶⁶ the Bristol Social Adjustment Guides and the Mitchell and Shepherd Children's Questionnaire.⁶⁷ Pre-tests involving each of these three questionnaires indicated that the CBQ came closest to satisfying criteria (b), (c) and (d) and was, therefore, used in this study. The chief disadvantage of the Bristol Social Adjustment Guides lay in the fact that their completion demanded a great deal of a teacher's time. The questionnaire devised by Mitchell and Shepherd, although satisfactory in several respects, lacked information as to its reliability and validity.

A copy of the CBQ has been included in Appendix

This is a 26-item questionnaire which consists of a series of behavioural descriptions covering the age range 7-13 and has been used in the Isle of Wight Study as well as with clinical cases attending the Maudsley Hospital in London.

Each item is scored on a three-point scale. A score of 2 is given if the description clearly applies to the pupil, 1 if it applies only to some extent, and 0 if it does not apply at all. A pupil's total score will thus be between the range 0-52 for the 26 items. On the basis of studies involving samples of clinic and non-clinic children, Rutter suggests that a total score of 9 or more should be taken as the point at which it would be worth following up a child as possibly maladjusted.

In addition, it is possible to group the scores for certain items together in order to obtain a neurotic sub-score (for items such as "often worried", "unhappy", "tends to be fearful," etc.), and an anti-social sub-score (for such items as "often tells lies," "is often disobedient," "bullies other children," etc.). If the former sub-score total exceeds the latter the child is designated "neurotic", and vice versa.

Rutter⁶⁸ reports a re-test reliability of + 0,89 and an inter-rater reliability of + 0,72. Similar

findings were reported by Richman,⁶⁹ using a slightly modified version of the scale with a group of epileptic children at a special school. She found that the re-test reliability over a 13-week period was + 0,85 (N = 91) and the correlation between the ratings of a class teacher and a special subject teacher was + 0,70 (N = 73). She also found a high level of agreement between questionnaire scores and the ratings on a "blind" psychiatric interview with the child (agreement in 76,7 per cent of cases, N = 60, $X^2 = 17,51$, $P < 0,001$). Thus, Richman's findings confirm those reported by Rutter that the scale is reliable and is efficient in differentiating children with psychiatric disorder. According to Rutter, et al.⁷⁰ many of the children with psychiatric disorder can reasonably be regarded as maladjusted.

A good test of the validity of any behavioural questionnaire, says Rutter,⁷¹ is its power of discrimination between neurotic children and anti-social children. In determining the validity of the CBQ, all new referrals to the Maudsley Hospital Children's Department were examined and a diagnosis of neurotic disorder, anti-social disorder or other condition was made. Teachers were asked to complete scales on all children diagnosed as having a neurotic disorder or an anti-social disorder. The diagnosis based on the scale sub-scores were then compared with the clinical diagnosis made previously from the case notes for

all children scoring 9 or more on the scale. In about 90 per cent of anti-social children and 80 per cent of neurotic children the questionnaire diagnosis and the clinical diagnosis were in agreement.

Although some of the reliability and validity coefficients presented above have been derived in specialised settings such as a special school for epileptic children and a children's department in a hospital, there seems to be no obvious reason for believing that these figures would differ significantly in the case of samples of children drawn from the general population. Nor is there any reason for believing that the CBQ is unsuitable for use with Indian children especially in view of the fact that pretests based on the questionnaire did not reveal any special problems.

4.3.3 A Teacher's Questionnaire About Pupils In His Class (The supplementary questionnaire)

This questionnaire (see Appendix) which was used in the Cambridge Study in Delinquent Development by West and his collaborators ⁷² was considered at face value to be a suitable instrument for studying the relationships between pupils' adjustment/maladjustment and their status in the classroom situation. A

pretest involving the questionnaire justified this conclusion.

In the present study the teacher was asked to fill in this form for each pupil for whom he had completed a Children's Behaviour Questionnaire. The Teacher's Questionnaire About Pupils In His Class consisted of various items such as those relating to the child's performance in class, his personal appearance, his relationship with other children and the regularity with which he attended school.

The purpose of this aspect of the study was to examine the relationship between a pupil's level of adjustment in terms of a score of 9 and above and the ratings given by his teacher on each of the 11 items in the Teacher's Questionnaire About Pupils in his Class.

4.3.4 The Socio-Economic Index

As noted already the child's father's occupation was used as an index of the socio-economic status of his home. This procedure has often been adopted in the past. In the two instruments devised by Warner, et al.^{73,74} to measure social class in the United States, namely, Evaluated Participation (EP) and Index of Status Characteristics (ISC), occupation level played a major role. Thus Anastasi⁷⁵ says

that since occupational level receives a relatively large weight in the computation of the ISC, besides being correlated with the other three characteristics (source of income, type of house and dwelling area) it can itself provide a fair approximation of social status.

Davis, et al. ⁷⁶ write in a similar vein: "In our society a man's occupation tends to be related to the way he lives outside his work situation. At the most obvious level it will be linked to his income and to the kind of house he can afford and often to the kind of neighbourhood in which he chooses - or has - to live. The classification of occupations is directly related to qualifications, training and skill; and therefore it is often linked to the level of education. A less direct but still quite marked association can be shown between social class and attitudes, most obviously to education, but also to child rearing In short, social class is a convenient and useful indirect measure of many aspects of children's environment which will to some extent shape the way they develop."

In South Africa there is no standard form of classification which can be used with Indians as an index of social background. After a careful consideration of some of the possible ways in which the socio-

economic levels could be grouped, it was decided that the closest approximation to the ideal would be to adopt the framework suggested by Maasdorp and Pillay ⁷⁷ who conducted a socio-economic survey of the East Rand Indian community in 1970. These writers classified the various occupations into the following groups:

- I Professional
- II Managerial, Administrative
- III Clerical
- IV Sales
- V Transport
- VI Artisan (Craftsmen, Manual)
- VII Service

For the purpose of the present study, occupational groups I, II, III and IV were taken as representing High Status and V, VI and VII, Low Status.

The main occupations which fell into the "high" category were the following : business proprietors, lawyers, school principals and teachers; building contractors; insurance agents; taxi owners; clerks; bookkeepers, foremen; and commercial travellers.

The main occupations which fell into the "low" category included shop-assistants; carpenters; bricklayers; motor-mechanics; truck and bus drivers; clothing machinists; waiters; barmen; laundry

workers; casual painters; caretakers; fishermen; factory labourers; gardeners and general labourers.

From the writer's own observations of the socio-economic status of Indians who follow these occupations in the area in which the present study is located, the classification appears to be a valid one.

Although, as Nisbet and Entwistle ⁷⁸ point out, the system of using the father's occupation as an indicator of the socio-economic status of the children's homes has certain shortcomings, the writer who himself is an Indian and one who has an intimate knowledge of the life style of families within the community, felt satisfied that this was an adequate criterion. It was necessary to avoid questions to which young children would not be expected to know the answers, such as questions relating to family income or parental participation in community activities through clubs and societies. Furthermore, it was important that parents should not be made suspicious of or antagonistic to the research, for this would have jeopardised their co-operation and that of the principals of the schools.

4.4 Demographic Data Related to the Sample

Analysis of the data provided in the questionnaire yielded further information about the composition of the sample.

The tables which follow are largely self-explanatory and show the distribution of the total sample by grade, sex, age, religion, mother-tongue, and socio-economic status.

4.4.1 Grade, Sex and Age

Table 1.4 shows the distribution of the sample by grade, sex and age.

TABLE 1.4

DISTRIBUTION OF THE SAMPLE BY GRADE, SEX AND AGE

Grade	Sex	N	%	Mean Age
Class I	Boys	213	17%	7,13
	Girls	166	14%	7,05
Class II	Boys	177	14%	8,16
	Girls	198	16%	8,09
Std. I	Boys	154	13%	8,98
	Girls	155	13%	8,87%
Std. II	Boys	155	13%	10,24
	Girls	173	14%	10,32
Std. III	Boys	187	15%	11,37
	Girls	191	16%	11,23

Grade	Sex	N	%	Mean Age
Std. IV	Boys	161	13%	12,15
	Girls	162	13%	12,11
Std. V	Boys	179	15%	13,19
	Girls	159	13%	13,22
TOTALS	Boys	1 226	100%	—
	Girls	1 204	100%	

The data in Table 1.4 show that the sample was made up of 50,5% boys and 49,5% girls. There were no marked variations in sex ratio in any of the grades. The highest difference, viz., 3 per cent in favour of boys, was recorded in Class i.

The percentage distribution of the number of pupils from each of the grades in relation to the total sample were as follows : Class i (15,6%); Class ii (15,4%); Std I (12,7%); Std II (13,5%); Std III (15,6%); Std IV (13,3%); and Std V (13,9%).

In respect of mean age, the boys were consistently older than the girls, except in Standard II.

It is of interest to compare the distribution of the sample in respect of grade and sex with the general distribution of pupils in Indian schools in South Africa. Table 1.5 below shows how the latter group were distributed as at 1 March 1977.

TABLE 1.5

DISTRIBUTION OF PUPILS (CLASS i - STANDARD V)
IN INDIAN SCHOOLS IN THE REPUBLIC OF SOUTH AFRICA
AS AT 1 MARCH 1977

Grade	Sex	N	%
Class i	Boys	11 452	16
	Girls	10 927	16
Class ii	Boys	11 123	16
	Girls	10 593	15
Std. I	Boys	10 095	14
	Girls	10 224	15
Std. II	Boys	10 014	14
	Girls	10 078	14
Std. III	Boys	10 268	14
	Girls	10 221	15
Std. IV	Boys	9 530	13
	Girls	9 491	14
Std. V	Boys	8 577	12
	Girls	8 145	12
TOTALS	Boys	71 059	100
	Girls	69 679	100

A comparison of percentages in Table 1.4 with those given in 1.5 indicates that the distribution of boys and girls in each of the grades in the sample approximates the distribution in the total population.

4.4.2 Religion

The religious affiliation of the pupils in the sample is shown in Table 1.6.

TABLE 1.6

DISTRIBUTION OF THE SAMPLE BY SEX
AND RELIGIOUS AFFILIATION

	Boys	Girls	Totals
Hindu	972 (9%)	963 (80%)	1 935 (80%)
Muslim	143 (12%)	140 (12%)	283 (12%)
Christian	111 (9%)	101 (8%)	212 (9%)
Totals	1 226	1 204	2 430

The data in the table indicate that the two sexes were more or less evenly distributed in each of the three religious groups.

As mentioned earlier, the 1970 census revealed that 68 per cent of the total South African Indian population were Hindus and about 20 per cent were Muslims. Table 1.6 shows that the sample comprises 80% Hindus, 12% Muslims and 9% Christians. The pattern of religious affiliation in the sample is, except for a slight preponderance of Hindus, fairly typical of the population.

4.4.3 Mother-Tongue Affiliation

Whilst the use of the vernacular language among Indians has declined substantially over the years, the language group to which people belong is still a useful indicator of traditional culture.

The mother-tongue affiliation of the pupils is shown in Table 1.7

TABLE 1.7

DISTRIBUTION OF THE SAMPLE BY SEX
AND MOTHER-TONGUE AFFILIATION

	Boys	Girls	Totals
Tamil	639 (52%)	568 (47%)	1 207
Hindi	364 (30%)	389 (32%)	753
Gujurati	29 (2%)	23 (2%)	52
Telegu	69 (6%)	95 (8%)	164
Urdu	122 (10%)	126 (10%)	248
Unspecified	3 (0,24%)	3(0,25%)	6
Totals	1 226	1 204	2 430

The Tamil and Telegu speakers are of South Indian origin, while ^{the} remaining linguistic groups are of North Indian origin. Telegu and Urdu are closely related to Hindi (or "Hindustani" as it is often called by Natal Indians).

Gujurati is also similar to Hindi in some respects, especially when written.

Language and religion are closely interconnected : about 90 per cent of all Hindus are Tamil, Hindi or Telegu speakers. Approximately 88% of the sample in the present study belonged to one of these three linguistic groups. Almost all Urdu speakers and a large proportion of those speaking Gujurati are Muslims. 80

According to the data in Table 1.7 the two sexes ^{are} more or less evenly distributed in each of the linguistic groups.

4.4.4 Socio-Economic Status

Classification of the boys and girls in the sample by socio-economic status gave the following distributions:

TABLE 1.8

DISTRIBUTION OF THE SAMPLE BY SEX
AND SOCIO-ECONOMIC STATUS

	Boys	Girls	Totals
High	502 (41%)	515 (43%)	1 017
Low	627 (51%)	571 (47%)	1 198
Totals	1 129	1 086	2 215 (a)

4.5 Results

In the previous section, demographic data pertaining to the sample were presented. It will now be necessary to analyse the responses to two sets of questionnaires - viz, the Children's Behaviour Questionnaire (CBQ) (The Main Questionnaire) and the Teacher's Questionnaire About Pupils in His Class .

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(a) It was not possible to classify 215 pupils owing to a lack of sufficient data relating to their fathers' occupations.

(The Supplementary Questionnaire) in order to find answers to the problems enumerated in Section 2.

(A) ANALYSIS OF RESPONSES TO THE CHILDREN'S BEHAVIOUR QUESTIONNAIRE (CBQ)

1 The Central Problem

It will be recalled that the central problem related to Project One was stated in the following terms: What are the proportions of boys and girls in Indian primary schools in the Greater Durban area who, according to the ratings given by teachers, may be considered maladjusted?

To answer this question and other related ones, it was necessary to score and to analyse the behaviour ratings given by teachers to the children in the sample.

As already mentioned in Section 4.3, Rutter, ⁸¹ on the basis of studies involving samples of clinic and non-clinic children suggested that a score of 9 on the Children's Behaviour Questionnaire should be used as the cut-off point for the purpose of differentiating between children who are relatively well-adjusted and those who may be showing signs of maladjustment. This criterion was used in the present study. An analysis of the responses to the questionnaire gave the following distributions for boys and girls:

TABLE 1.9

DISTRIBUTION BY SEX OF PUPILS WITH SCORES
OF 8 AND BELOW AND 9 AND ABOVE ON THE
CHILDREN'S BEHAVIOUR QUESTIONNAIRE (CBQ)

	Scores of 8 and below	Scores of 9 and above	Totals
Boys	1 040 (84,8%)	186 (15,2%)	1 226 (100%)
Girls	1 104 (91,7%)	100 (8,3%)	1 204 (100%)
Totals	2 144	286	2 430

The data given in Table 1.9 above indicate that 15,2 per cent of the boys and 8,3 per cent of the girls who formed the sample in the present project may be categorised as "maladjusted" in terms of the criterion suggested by Rutter. ⁸²

These percentages will become more meaningful when viewed in terms of the pupil population ranging from Class i to Standard V in South African Indian Schools in a particular year. It will be recalled that according to the statistics provided by the Department of Indian Education there was a total of 140 738 in these classes on 1 March 1977. Of these 71 059 were boys and 69 679 were girls.

Calculations based on these figures indicate that 10 801 boys and 5 783 girls are, to a greater or lesser extent, in need of psychological assistance on account of maladjustment. In terms of the mean incidence rate of 11,75 per cent for boys and girls combined, 165 per 10 000 of the Indian school pupils ranging from Class i to Standard V show behaviour indicative of maladjustment. As noted earlier, comparison of the incidence figures for maladjustment given by different investigators working in different countries and in different cultures is compounded by such problems as the difficulty of defining accurately what constitutes maladjustment and the lack of standardised reliable and valid methods of assessment. It is, nevertheless, of interest to note that the findings of the present study are not very much different from the incidence rates which were reported by workers in the Isle of Wight Survey (13 per cent)⁸³ and the National Child Development Study (13 per cent).⁸⁴ Chazan's⁸⁵ mean incidence rate for a group of Welsh boys and girls between the ages $9\frac{1}{2}$ - $10\frac{1}{2}$ was 14 per cent. Both the California State Department of Education⁸⁶ in the United States and the Mental Health Association⁸⁷ in Canada obtained incidence rates of 5 to 10 per cent in the surveys which they conducted.

The male-female ratio of 1,9 : 1 found in the present study/... 190

study is consistent with the trend found by most other workers in the field, i.e. the incidence of maladjustment as viewed by teachers is higher among boys than among girls. It will be remembered, for instance, that Gilbert⁸⁸ found that boys were $2\frac{1}{2}$ times more likely than girls to be referred to child guidance centres as "problem" children. Chazan's study⁸⁹ pointed in the same direction.

In terms of the classification based on neurotic and conduct disorders, it was found that out of the total of 286 children who were found to be maladjusted 28% showed neurotic disorders, 64% conduct disorders and 8% were a mixed group. Of the girls, 33% fell into the neurotic category as compared to 25% of the boys. The conduct disorder group comprised 54.5% of the girls and 71% of the boys. While the proportion of boys to girls with conduct disorders is lower than the 4 : 1 ratio found in the Isle of Wight study,⁹ the finding of the present investigation nevertheless points in a similar direction. The results are also consistent with the view expressed by Davie, et al.⁹¹ viz, that boys tend to show behaviour which has an aggressive component while girls resort to behaviour which is characteri by inhibition and anxiety.

Although the present investigation restricts itself to a study of children from a single racial group and although it cannot be assumed that the results of an investigation involving a sample of Indian pupils are equally applicable to pupils of other racial groups, this study, nevertheless, highlights the formidable nature of the problem of maladjustment among school children. Educational authorities in South Africa, who are striving to actualize the maximum potential of the pupils in their schools, would do well to note Gulliford's remark⁹² that "the number of children whose emotional and personal development is not proceeding normally is much higher than many would suppose."

2 The Sub-Problems

Nine sub-problems pertaining to the CBQ were presented in Section 2.2. The aim was to find out whether a significant difference existed in the incidence of maladjustment in respect of each of the following variables : sex, grade, religious affiliation, mother-tongue affiliation and socio-economic status.

2.1 Sex

An earlier review of studies concerning the incidence of maladjustment indicated that boys were more likely to be considered adjustment problems by their teachers. Beilin's explanation⁹³ for this situation was that the prescription for girls' adjustment is more consistent with teacher's expectations of what good adjustment in school should be than the prescription for boys' good adjustment. It was noted that the teacher is concerned with getting what she is teaching "across," and behaviours which facilitate this are more likely to be valued.

An important factor which militates against good adjustment in boys, says Gilbert,⁹⁴ is the fact that they are expected to be aggressive but not too aggressive, to show "just so much aggression and no more." It is the effort to maintain "just the right amount of aggression" that makes the adjustment process of the boy so difficult.

Another possible reason which contributes to the higher rate of maladjustment

among boys is given by Davie, et al.⁹⁵ These writers hypothesize that the adjustment process is more difficult for the younger boy than for the younger girl. In the case of the latter, the adoption of the female role is relatively easier since the tasks which a mother carries out are more obvious and easier for children to understand. She is seen making beds and mending clothes. In the case of boys, on the other hand, adoption of the male role is rendered more difficult by the fact that the father's work is usually out of the child's sight. Moreover, his job, especially if it is a non-manual occupation, may be difficult for a child to comprehend. This creates problems when the boy has to imitate his father in imaginative play.

In the light of the discussion above, it would indeed have been surprising if in the present, study the incidence of maladjustment among girls were equivalent to or higher than the rate for boys. It will be recalled that 15,2 per cent of the boys and 8,3 per cent of the girls in the sample fell into the maladjusted group.

At this point the question arose : "Should the sexes be combined or kept apart for all future analyses in Project One?" In order to solve this problem it was necessary to carry out a

test of significance involving adjusted and maladjusted boys and girls. The results are presented in Table 1.10

TABLE 1.10

COMPARISON OF ADJUSTED AND MALADJUSTED
PUPILS BY SEX (a), (b)

	Adjusted	Maladjusted	Totals
Boys	1 040 (85%)	186 (15%)	1 226 (100%)
Girls	1 104 (92%)	100 (8%)	1 204 (100%)
Totals	2 144	286	2 430

$$x^2 = 26,92 \quad df = 1 \quad P : < 0,001$$

The figures in the table above indicate that the incidence of maladjustment among boys is significantly higher than among girls ($p < 0,001$). The null hypothesis - that

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- (a) Whenever 2 x 2 tables were used for analyses in this study, the following formula which incorporates a correction for continuity was employed: (97)

$$\frac{\left(AD - BC - \frac{N}{2} \right)^2}{(A+B)(C+D)(A+C)(B+D)}$$

The letters A, B, C and D refer to the four cells.

- (b) An example showing the steps involved in computing x^2 in a 2 x 2 table is given in Appendix

the difference between the two samples is due to chance - therefore has to be rejected. In other words, the two samples come from distinctly different populations and cannot, therefore, be combined.⁹⁶ Consequently, it will be necessary in the remaining analyses of this project to treat all data relating to boys and girls separately.

The results which have been obtained serve to confirm those of Mangus,⁹⁸ Ullmann,⁹⁹ Gilbert,¹⁰⁰ Chazan¹⁰¹ and Lapouse and Monk,¹⁰² viz, the incidence of maladjustment as rated by teachers is higher among boys than among girls. Bower,¹⁰³ as already mentioned, has postulated that this difference may be linked to teachers' expectations of what good adjustment in school should be. It is possible that the prescription for girl's adjustment in school is more consistent with these expectations than the prescription for boys' good adjustment. Miller, et al.¹⁰⁴ suggest that female reactions to learning difficulties or failure to learn may take the form of social withdrawal, sensitivity and fear. Male reactions are more likely to involve aggression, hyperactivity and asocial behaviour. If the teacher insists that a quiet, orderly classroom is essential for efficient learning, anything that interferes with orderliness will be of concern

to him and will be viewed with disfavour.

2.2 Grade

Going to school is for most children the first experience of prolonged separation from home. For long periods each weekday the child is removed from the familiar, comfortable routine of his home, from a playful existence with a nurturant mother near at hand, and is plunged into the more exacting disciplines and the rough and tumble of school life. The child, says Herbert,¹⁰⁵ is transferred from a relatively "closed" system, where the rules and requirements are understood and predictable, to an "open-ended" system where at least for a few weeks, life is full of the unexpected, the unpredictable, and sometimes the unpleasant. During these hours there is no appeal to mother's protection and comfort since authority is now in the hands of strangers. The demands and stresses of the new situation, real or imaginary, are many. A child requires a good deal of flexibility and self-control to cope with them. The majority of children, says Hersov, withstand the "storms of adjustment". For them, school becomes a place of achievement pleasure and success. However/... 197

However, for 3 or 4 children in the average classroom of 30 to 40 pupils, says Herbert, the developmental demands are too great and they show emotional problems.

McCafferey and Cumming¹⁰⁷ followed a group of children, classified as emotionally disturbed by their teachers in the second grade, to the fifth grade level and found the majority of the children were no longer classified as disturbed by that time. Such spontaneous improvement over time also has been reported by Glavin¹⁰⁸ and Clarizio.¹⁰⁹

Lewis¹¹⁰ reviewed the literature on the effect of psychotherapeutic intervention on the status of children considered emotionally disturbed and concluded that two-thirds improved whether they received therapy or not. He therefore regarded maturation rather than therapeutic treatment as the key factor in accounting for improved adjustment. These findings suggest that emotional disturbance is a transient phenomenon in the lives of most children and that they should be viewed as "learners" on their way to improving their adjustment, rather than^a individuals who are handicapped.

In another investigation, Moore ¹¹¹ studied children aged 6 and 11 years in schools of many different sizes, types, and philosophies. He found that about 80 per cent of the infant school pupils had difficulties in adjustment to the school situation, and ⁱⁿ roughly one-half of the instances the problems were moderate to severe in intensity. By 11 years of age, however, the incidence of adjustment difficulties had decreased somewhat.

On the basis of the research findings presented above, the following hypotheses were formulated:

- (i) The incidence of maladjustment is higher among boys in the lower grades in school than in the upper ones.
- (ii) The incidence of maladjustment is higher among girls in the lower grades in school than in the upper ones.

The tables which follow show the distribution by grade of boys and girls with scores of 8 and below and 9 and above on the Children's Behaviour Questionnaire (CBQ)

The corresponding percentages are indicated in brackets.

TABLE 1.11

DISTRIBUTION BY GRADE OF BOYS WITH SCORES OF 8 AND BELOW AND 9 AND ABOVE ON THE CBQ

Boys with scores of 8 and below		Boys with scores of 9 and above	
Class i	172 (17%)	41 (22%)	
Class ii	140 (14%)	37 (20%)	
Std. I	143 (14%)	11 (6%)	
Std. II	135 (13%)	20 (11%)	
Std. III	157 (15%)	30 (16%)	
Std. IV	139 (13%)	22 (12%)	
Std. V	154 (15%)	25 (13%)	
Total	1 040 (100%)	186 (100%)	

TABLE 1.12

DISTRIBUTION BY GRADE OF GIRLS WITH SCORES
OF 8 AND BELOW AND 9 AND ABOVE ON THE CBQ

Girls with scores of 8 and below		Girls with scores of 9 and above	
Class i	143 (13%)	23 (23%)	
Class ii	179 (16%)	19 (19%)	
Std. I	147 (13%)	8 (8%)	
Std. II	160 (15%)	13 (13%)	
Std. III	177 (16%)	14 (14%)	
Std. IV	148 (13%)	14 (14%)	
Std. V	150 (14%)	9 (9%)	
Total	1 104 (100%)	100 (100%)	

A comparison of the low scorers (adjusted) and high scorers, (maladjusted) boys and girls separately, gave the following results :

TABLE 1.13

COMPARISON OF ADJUSTED AND MALADJUSTED
BOYS BY GRADE

	Adjusted	Maladjusted	Totals
Substandards (Classes i and ii)	312 (80%)	78 (20%)	390 (100%)
Standards (Stds I-V)	728 (87%)	108 (13%)	836 (100%)
Totals	1 040	186	1 226

$$x^2 = 9,819 \quad df = 1 \quad P : < 0,01$$

TABLE 1.14

COMPARISON OF ADJUSTED AND MALADJUSTED
GIRLS BY GRADE

	Adjusted	Maladjusted	Totals
Substandards	322 (88%)	42 (12%)	364 (100%)
Standards	782 (93%)	58 (7%)	840 (100%)
Totals	1 104	100	1 204

$$x^2 = 6,564 \quad df = 1 \quad P : < 0,05$$

Table 1.13 shows that 13 per cent of the boys in the upper grades and 20 per cent of the boys in the lower grades fell in the maladjusted group. According to Table 1.14, 7 per cent of the girls in the upper grades and 12 per cent of the girls in the lower grades fell into the maladjusted category. The differences in the case of both sexes were significant. This finding supports those of investigators such as Moore,¹¹² McCafferey and Cumming,¹¹³ and Clarizio¹¹⁴ who reported a decrease in the incidence of adjustment difficulties as children moved from the lower to the upper grades in school.

The results suggest that after an initial period of instability, boys and girls present fewer behaviour problems as they move into the upper grades. A possible explanation for this is the fact that the novelty of the school situation "catches them off balance" so that in the case^{of} some children, behaviour disturbances are accentuated. However, with the passage of time the initial shock of the novel experience wears off and the child falls into the routine of school life. This, presumably, reduces the amount of stress he experiences and introduces greater stability

into his life. In addition, as Lewis ¹¹⁵ points out, it is likely that increased maturation also makes its contribution to improved adjustment.

2.3 Religious Affiliation

There is a dearth of studies which relate the incidence of maladjustment to religious affiliation. A possible reason for this scarcity may be the fact that the opportunity for making comparative studies involving pupils from different religious groups within the same sub-culture is somewhat limited. An overwhelming proportion of the population in those countries in which most studies of maladjustment have been conducted adhere to the Christian faith. Britain and the United States are two notable examples.

Tables 1.15 and 1.16 show the distribution by religious affiliation of boys and girls respectively with scores of 8 and below and 9 and above on the CBQ. The tables also indicate that the pupils who comprise the sample are a mixture of Hindus, Moslems and Christians.

TABLE 1.15

DISTRIBUTION BY RELIGIOUS AFFILIATION OF BOYS
WITH SCORES OF 8 AND BELOW AND 9 AND ABOVE
ON THE CBQ

Boys with scores of 8 and below		Boys with scores of 9 and above	
Hindu	831 (80%)	141	(76%)
Moslem	97 (9%)	14	(8%)
Christian	112 (11%)	31	(17%)
Total	1 040 (100%)	186	(100%)

TABLE 1.16

DISTRIBUTION BY RELIGIOUS AFFILIATION OF GIRLS
WITH SCORES OF 8 AND BELOW AND 9 AND ABOVE
ON THE CBQ

Girls with scores of 8 and below		Girls with scores of 9 and above	
Hindu	890 (81%)	73	(73%)
Moslem	90 (8%)	11	(11%)
Christian	124 (11%)	16	(16%)
Total	1 104 (100%)	100	(100%)

Clearly, the situation which exists among South Africans whereby the adherents of three important religions are found in a single cultural group provides one with a unique opportunity for investigating the relationship between religiosity and adjustment. Since there seemed to be no obvious reason for suspecting that there could be a relationship between religious affiliation and level of adjustment - maladjustment, the following hypotheses were formulated.

- (i) There is no significant difference in the prevalence of maladjustment among boys of different religious affiliations.
- (ii) There is no significant difference in the prevalence of maladjustment among girls of different religious affiliations.

A comparison of the low scorers (well-adjusted) and high scorers (maladjusted) boys and girls separately gave the following results:

TABLE 1.17

COMPARISON OF ADJUSTED AND MALADJUSTED BOYS
BY RELIGIOUS AFFILIATION (a)

	Adjusted	Maladjusted	Totals
Hindu	831 (85%)	141 (15%)	972 (100%)
Moslem	97 (87%)	14 (13%)	111 (100%)
Christian	112 (78%)	31 (22%)	143 (100%)
Total	1 040	186	1 226

$$x^2 = 5,265 \quad df = 2 \quad P : > 0,05$$

TABLE 1.18

COMPARISON OF ADJUSTED AND MALADJUSTED GIRLS
BY RELIGIOUS AFFILIATION

	Adjusted	Maladjusted	Totals
Hindu	890 (92%)	73 (8%)	963 (100%)
Moslem	90 (89%)	11 (11%)	101 (100%)
Christian	124 (89%)	16 (11%)	140 (100%)
Totals	1 104	100	1 204

$$x^2 = 3,348 \quad df = 2 \quad P : > 0,05$$

According/... 207

(a) An example showing the steps involved in computing chi-square in a table larger than 2x2 is given in Appendix

According to Tables 1.17 and 1.18 Hindu, Moslem and Christian boys as well as girls show no significant differences insofar as the relationship between level of adjustment and religious affiliation is concerned.

2.4 Mother-Tongue Affiliation

As in the case of religious affiliation, there is a scarcity of studies which relate the incidence of maladjustment to mother-tongue affiliation. One reason for this may be the fact that the opportunity for making comparative studies involving pupils from different linguistic groups within the same sub-culture is rather limited. By and large, the home language of the entire population of those countries in which studies of maladjustment have mainly been conducted is a common one. In Britain and the United States, for instance, the vast majority of the population are English-speaking.

Tables 1.19 and 1.20 show the distribution by mother-tongue affiliation of boys and girls respectively with scores of 8 and below and 9 and above on the CBQ. The tables also indicate that the pupils who comprise the sample are a mixture of Tamil-, Hindi-, Gujurati-, Telegu-, and Urdu-, speaking children.

TABLE 1.19

DISTRIBUTION BY MOTHER-TONGUE AFFILIATION
OF BOYS WITH SCORES OF 8 AND BELOW AND 9
AND ABOVE ON THE CBQ

Boys with scores of 8 and below	Boys with scores of 9 and above
Tamil 557 (54%)	114 (61%)
Hindi 320 (31%)	44 (24%)
Gujurati 23 (2%)	6 (3%)
Telegu 55 (5%)	14 (8%)
Urdu 82 (8%)	8 (4%)
Unspecified 3 (0,29%)	--- (---%)
Total 1 040 (100%)	186 (100%)

TABLE 1.20

DISTRIBUTION BY MOTHER-TONGUE AFFILIATION
OF GIRLS WITH SCORES OF 8 AND BELOW AND 9
AND ABOVE ON THE CBQ

Girls with scores of 8 and below		Girls with scores of 9 and above	
Tamil	554 (50%)	53 (53%)	
Hindi	365 (33%)	24 (24%)	
Gujurati	19 (2%)	4 (4%)	
Telegu	87 (8%)	8 (8%)	
Urdu	76 (7%)	11 (11%)	
Unspecified	3 (0,27%)	-- (---%)	
Total	1 104 (100%)	100 (100%)	

A comparison of the low scorers (well-adjusted) and high scorers (maladjusted), boys and girls separately, gave the following results :

TABLE 1.21

COMPARISON OF ADJUSTED AND MALADJUSTED
BOYS BY MOTHER-TONGUE AFFILIATION

	Adjusted	Maladjusted	Totals
Tamil	557 (83%)	114 (17%)	671 (100%)
Hindu	320 (88%)	44 (12%)	364 (100%)
Gujurati	23 (79%)	6 (21%)	29 (100%)
Telegu	55 (80%)	14 (20%)	69 (100%)
Urdu	82 (91%)	8 (9%)	90 (100%)
Totals	1 037	186	1 223

$$\chi^2 = 9,324 \quad df = 4 \quad P : > 0,05$$

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TABLE 1.22

COMPARISON OF ADJUSTED AND MALADJUSTED
GIRLS BY MOTHER-TONGUE AFFILIATION

	Adjusted	Maladjusted	Totals
Tamil	554 (91%)	53 (9%)	607 (100%)
Hindi	365 (94%)	24 (6%)	389 (100%)
Gujurati	19 (83%)	4 (17%)	23 (100%)
Telegu	87 (92%)	8 (8%)	95 (100%)
Urdu	76 (87%)	11 (13%)	87 (100%)
Totals	1 101	100	1 201

$$\chi^2 = 6,940 \quad df : 4 \quad P : > 0,05$$

According to Tables 1.21 and 1.22 Hindi-, Gujurati-, Telegu-, and Urdu-speaking boys as well as girls show no significant differences insofar as the relationship between level of adjustment and mother-tongue affiliation is concerned.

2.5 Socio-Economic Status

As mentioned earlier, father's occupation was used as the index of the socio-economic status of the family. The consequence of being born into a family where the father has an unskilled labouring job are complex.¹¹⁶ A disproportionately large number of such families, say Rutter, et al.¹¹⁷ suffer from economic and social deprivations. The children are also more likely than other children to inherit characteristics leading to a lower level of intelligence, to experience the effects of malnutrition and to receive less good maternal care and so suffer more from the effects of childhood illnesses. According to Leacock,¹¹⁸ rates for all illnesses, increase as one goes down the socio-economic scale. As a result of these considerations socio-economic factors are of prime importance in evaluating the mental health status of children Yourman¹¹⁹ reports a larger proportion of problem children are of lower socio-economic status. Snyder¹²⁰ found that schools differentiated by their level of socio-economic status yielded different numbers of problems with more from the lower groups. There was no statistically significant difference, however, in socio-economic status between a problem group and a control group. In a recent study among the Coloured

people in the Cape, Gillis, et al.¹²¹ found that 17% of persons in the lowest social class were psychiatrically disturbed, compared with 5% in the highest. The relationship of social class status and maladjustment has also been studied by Burchinal, et al.¹²² in the United States. These investigators administered the Rogers Test of Personality Adjustment to 256 fifth-graders. They found that children from the higher social class backgrounds tended to show fewer signs of personality maladjustment than children from lower social class backgrounds

In another study in California, U.S.A., Bower¹²³ observed that certain occupational groups tended to produce more disturbed children proportionately. Families in which the father's occupations were classified as "service" and those classified as "semi-skilled" produced more than twice as many emotionally disturbed children as would be expected by their proportion of the state's population. Families in occupational categories of "professional and managerial" "clerical and sales", "skilled" and "unskilled" produced fewer than expected.

In the National Child Development Study in Britain,¹²⁴ behaviour in school was assessed by means of the Bristol Social Adjustment Guides.

In this investigation Davie, et al.¹²⁵ used the following classification of occupations:

I	Higher professional
II	Other professional and technical
III (non-manual)	Other non-manual occupations
III (manual)	Skilled manual
IV	Semi-skilled manual
V	Unskilled manual

The picture which emerged from this study, was that of a relatively homogeneous, more or less middle-class group (social classes I to III non-manual), which was on the whole well adjusted - at least to school; of a skilled and semi-skilled manual group (social groups III manual and IV, where about 1 child in 6 was presenting difficulties in his behaviour and social relations in school; and of an unskilled labouring group (social class V), where between 1 child in 4 and 1 child in 5 had marked problems of adjustment to school. Davie, et al.¹²⁶ urge that caution should be exercised in interpreting these results so as to avoid the trap of imposing middle-class values on all children.

Where there is a clash of values between school and home, the problem for the teacher, says Wall,¹²⁷ is how far a form of behaviour, which may be well adjusted to the outside environmental circumstances

of the child, should be modified, since a successful modification in school may result in difficulties for the child elsewhere.

On the basis of the research evidence above, it seemed reasonable to formulate the following hypotheses:

- (i) The incidence of maladjustment is higher among boys of low socio-economic status than among those of high socio-economic status.
- (ii) The incidence of maladjustment is higher among girls of low socio-economic status than among those of high socio-economic status.

The tables which follow show the distribution by socio-economic status of boys and girls with scores of 8 and below and 9 and above on the Children's Behaviour Questionnaire (CBQ). The corresponding percentages are indicated in brackets.

TABLE 1.23

DISTRIBUTION BY SOCIO-ECONOMIC STATUS OF
BOYS WITH SCORES OF 8 AND BELOW AND 9 AND
ABOVE ON THE CBQ

	Boys with scores of 8 and below	Boys with scores of 9 and above
High	434 (42%)	68 (37%)
Low	519 (50%)	108 (58%)
Fathers Unemployed	47 (5%)	4 (2%)
Fathers Deceased	20 (2%)	6 (3%)
No Information	20 (2%)	--- (---%)
Total	1 040 (100%)	186 (100%)

TABLE 1.24

DISTRIBUTION BY SOCIO-ECONOMIC STATUS OF GIRLS
WITH SCORES OF 8 AND BELOW AND 9 AND ABOVE
ON THE CBQ

	Girls with scores of 8 and below	Girls with scores of 9 and above
High	481 (44%)	34 (34%)
Low	509 (46%)	62 (62%)
Fathers Unemployed	57 (5%)	1 (1%)
Fathers Deceased	36 (3%)	2 (2%)
No Information	21 (2%)	1 (1%)
Total	1 104 (100%)	100 (100%)

A comparison of the low scorers (well-adjusted) and high scorers (maladjusted), boys and girls separately, gave the following results:

TABLE 1.25

COMPARISON OF ADJUSTED AND MALADJUSTED BOYS
BY SOCIO-ECONOMIC STATUS

	Adjusted	Maladjusted	Totals
High	434 (86%)	68 (14%)	502 (100%)
Low	519 (83%)	108 (17%)	627 (100%)
Totals	953	176	1 129 (a)

$$x^2 = 2,595 \quad df = 1 \quad P : > 0,05$$

The table above indicates that socio-economic status is not a significant factor in the prevalence of adjustment - maladjustment among boys although there is a trend ($p < 0,02$) in the direction of a proportionately greater incidence of maladjustment among children of lower socio-economic status (a difference of 3%)

TABLE/... 219

-
- (a) A total of 97 boys were excluded from the analysis since there was insufficient data relating to their fathers' occupations.

TABLE 1.26

COMPARISON OF ADJUSTED AND MALADJUSTED
GIRLS BY SOCIO-ECONOMIC STATUS

	Adjusted	Maladjusted	Totals
High	481 (93%)	34 (7%)	515 (100%)
Low	509 (89%)	62 (11%)	571 (100%)
Totals	990	96	1 086 (a)

$$\chi^2 = 5,570 \quad df = 1 \quad P : < 0,05$$

The table indicates that socio-economic status is a significant factor in the prevalence of adjustment - maladjustment among girls, (p < 0,05) a larger proportion of maladjustment being prevalent among girls from lower status backgrounds (7% vs 11%).

The findings of Burchinal, et al.¹²⁸ Bower,¹²⁹ and Davie, et al.¹³⁰ that the child's adjustment level is correlated negatively with socio-economic status has thus been confirmed in the case of girls of the present sample while a trend in this direction appears in the case on boys.

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(a) A total of 118 girls were excluded from the analysis since there was insufficient data relating to their fathers' occupations.

In summary, all the findings pertaining to the sub-problems are in the expected direction and tend to be consistent with the findings of other research workers. The incidence of maladjustment among boys is significantly higher than among girls; pupils in the lower grades display a greater number of behaviour problems in school than pupils in the upper grades; neither religious nor mother-tongue affiliation is a significant factor in the prevalence of adjustment - maladjustment among children; and the incidence of maladjustment is significantly higher among girls from low socio-economic status homes.

(B) ANALYSIS OF RESPONSES TO THE TEACHER'S QUESTIONNAIRE ABOUT PUPILS IN HIS CLASS IN RELATION TO THE VARIABLES ADJUSTMENT - MALADJUSTMENT

Twenty-two sub-problems pertaining to the above-mentioned questionnaire were presented in Section 2.3. The aim was to find out whether well-adjusted and maladjusted pupils (as identified on the basis of the CBQ) were rated differently by teachers in respect of various items relating to the school situation.

For reasons of logical presentation, the items in this section have been grouped together in terms of common themes. These are as follows:

1. Adjustment - maladjustment in relation to school work.

- 2 Adjustment - maladjustment in relation to general items concerning the child.

As a result of this re-arrangement it was not possible to discuss and analyse the responses to the questions in the order in which they appear in the questionnaire.

1 Adjustment - Maladjustment in Relation to School Work

There is a weight of evidence that emotional factors greatly hinder learning and they are frequently at the root of underachievement. 131,132, The close relationship between emotional difficulties and educational underfunctioning is shown by the fact that most schools for maladjusted children find their pupils to be seriously retarded in the basic subjects. 134

Proof of a close interrelationship is also provided by the fact that school attainment often shows a marked improvement as a result of detecting and tackling the cause of the emotional problem. 135

However, it is extremely difficult to assess to what extent maladjustment is the cause, and to what extent it is the effect, of learning difficulties. Broad surveys shed little light on this question, and there have been very

few research enquiries using a comprehensive clinical approach, thus investigating the problem in depth. ¹³⁶ Even when an individual child is carefully examined, it is rarely easy to decide whether maladjustment has caused reading retardation or whether it has followed failure to make progress in reading.

Burt ¹³⁷ estimated that about one-third of maladjusted children appeared to be educationally backward. More recently, Crawford ¹³⁸ found that few children rated high on the maladjustment index were doing well at school. Chazan, ¹³⁹ examining the relation between maladjustment and progress in the basic subjects in a sample of primary and secondary modern school children, found that while some children were able in spite of maladjustment to function well at school, few of the disturbed children had satisfactory all-round attainments and most were considerably under-functioning, especially in arithmetic.

Bower ¹⁴⁰ studied a large number of emotionally handicapped and non-handicapped children from 200 different classes. The two groups of children did not appear to differ significantly in intellectual ability or in socio-economic background. However, the emotionally handicapped

children did more poorly on standardized reading and achievement tests. Bower found that the difference between his two groups increased with each succeeding grade level. The higher the grade the further behind the emotionally handicapped children were in academic achievement.

Ephron ¹⁴¹ has demonstrated the important role of emotional factors in reading disabilities. For example, many children who have a high scholastic aptitude and no physical disabilities fail to learn to read in an adequate fashion. Such failure suggests that, in many cases, remedial work, to be effective, must first deal with the emotional difficulties of the learner. Roe, ¹⁴² in a survey of pupils attending special schools and classes for maladjusted children in the London area, found a high proportion of pupils to be educationally retarded on admission.

Douglas and Ross ¹⁴³ studied approximately 4 000 boys and girls through their primary and secondary school careers, classifying them on the basis of teachers' opinions, symptoms reported by mothers and a self-rating ^{scale} into six groups ranging from "well-adjusted non-neurotic" to "least well-adjusted neurotics". The school progress of these six groups was very different at each age studied

(8, 11 and 15 years). The greater the evidence of maladjustment, the lower, on the whole, was the school performance. Douglas and Ross suggest that the basis of the children's educational difficulties lies in their early years, thus supporting the view that there should be no undue delay in identifying and helping children who are educationally at risk.

There is some evidence that the type of maladjustment may be associated with intelligence level. Ackerson¹⁴⁴ has reported that the neurotic type of maladjustment is commoner among more intelligent children while delinquency is commoner among the less intelligent. Lunzer¹ suggests that there is a marked tendency for aggressive children to do particularly badly in arithmetic.

Thouless,¹⁴⁶ who has reviewed the relevant literature, is of the opinion that maladjustment is more likely to cause educational harm to duller children than to brighter ones, and to children at an early stage of their education; backwardness, he says, is more likely to be produced if the child becomes maladjusted before he has mastered reading.

An important finding of the Isle of Wight survey¹⁴⁷ was that nearly a quarter of the children in the maladjusted group were more than 28 months retarded in reading. Moreover, more than a third of the children with conduct disorders were at least 28 months retarded, whereas the neurotic group showed reading retardation only a little more frequently than the general population.

It has been suggested by the authors of the Isle of Wight Study that "both reading difficulties and anti-social behaviour may develop on the basis of similar types of temperamental deviance but also that delinquency may sometimes arise as a maladaptive response to educational failure".[]] The child who fails to read falls behind in all his school work. Since he cannot succeed at school, he begins to rebel against school and society in general. He becomes involved in anti-social activities that eventually culminate in delinquency. ¹⁴⁹

Such a child, says West, ¹⁵⁰ "tends to be defiant and aggressive, to lie and steal, and to rebel against adult prohibitions. He also fails to develop the habits teachers try to foster; he is neither punctual nor regular in attendance; even though he may be of sound potential ability,

he does not exert himself academically and is difficult to teach. He may be noticeably unkempt or dirty in appearance, and his relations with his classmates do not run smoothly."

Myrick and Pizer¹⁵¹ are not surprised that a large number of disturbed children are poor readers. Reading, they explain, "is directly linked with language, and language is a socialised response to life and to people". These children learn ineffectively because they cannot identify with and feel a part of the class, the school or society. Myrick and Pizer suggest that to survive in a school setting, such pupils need meaningful experience in personal relationships.

According to Wall¹⁵² backwardness and emotional problems tend, over a period of time, to reinforce each other. This gives rise to a circular phenomenon which makes it difficult, in retrospect, to be sure whether the emotional or personality disturbances cause the retardation or vice-versa.

Davie, et al.¹⁵³ make an interesting observation about reading backwardness and maladjustment. They point out that if a list were made of the possible causes of reading backwardness and, separately,

of maladjustment, each would appear as a potential cause of the other. Alternatively in the individual case both may be caused by other factors such as unstable home circumstances or brain damage. These situations according to Davie, et al. may be represented schematically thus: 154

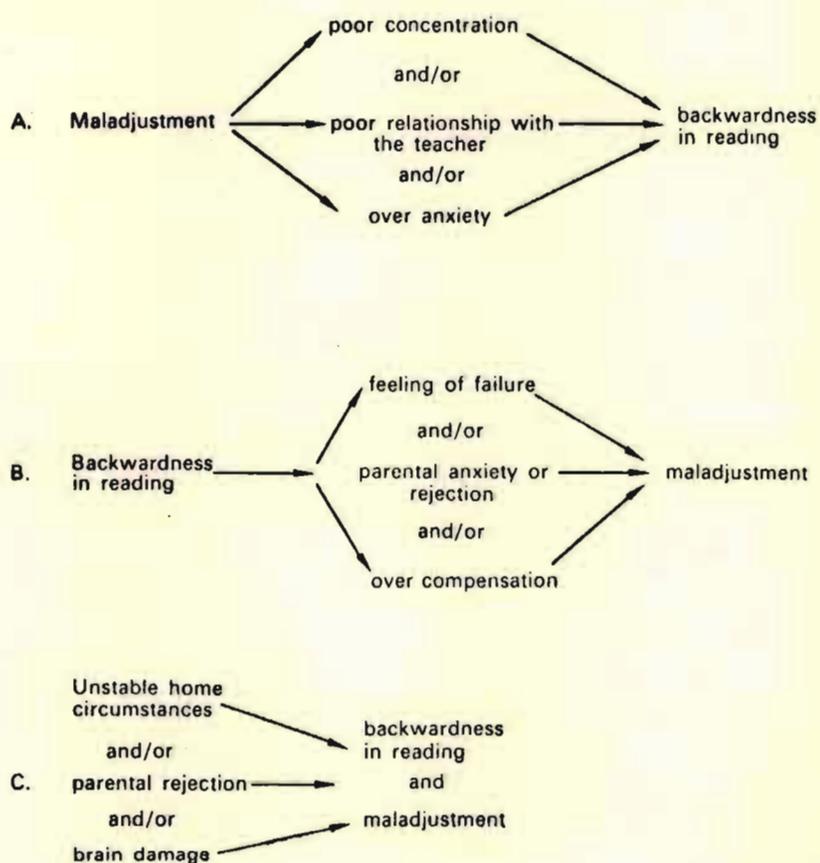


FIG. 1.2

POSSIBLE CAUSES OF READING BACKWARDNESS AND MALADJUSTMENT

(Reproduced from Davie, et al.: From Birth to Seven. London, Longman, 1972)

In general, says Chazan, ¹⁵⁵ knowledge about the relationship between maladjustment and attainment has not yet advanced to that stage which would enable one to say with certainty that a maladjusted child will have difficulty with school work. The above-mentioned studies however, do suggest that the likelihood is there.

As mentioned earlier, an attempt has been made in this study to examine the relationship between the level of pupils' adjustment - maladjustment and their general functioning in the classroom situation through ratings given by teachers to individual items in the Teacher's Questionnaire about Pupils in his Class. The results of these ratings are presented in the sections which follow.

1.1 QUESTION 2: Please give a rating of his general arithmetical ability.

The teachers' responses on this item (for boys and girls separately) were distributed as follows:

TABLE 1.27

COMPARISON OF ADJUSTED AND MALADJUSTED BOYS IN RESPECT OF GENERAL ARITHMETICAL ABILITY

	Poor	Average	Good	Totals
Adj.	85 (12%)	422 (56%)	241 (32%)	748 (100%)
Malad.	189 (40%)	217 (45%)	72 (15%)	478 (100%)
Totals	274	639	313	1 226

$$x^2 = 143,423 \quad df = 2 \quad P : < 0,001$$

$$C = < 0,324 \quad (a) \quad Est.r \quad (b) = 0,458$$

(a) C = contingency coefficient. Formula given by Garrett. ¹

$$C = \frac{x^2}{N+x^2}$$

Siegel ¹⁵⁷ has this to say about C: "... the contingency coefficient is an extremely useful measure of association because of its wide applicability. The contingency coefficient makes no assumptions about the shape of the population of scores, it does not require underlying continuity in the variables under analysis, and it requires only nominal measurement (the least refined variety of measurement) of the variables. Because of this freedom from assumptions and requirements, C may often be used to indicate the degree of relation between two sets of scores to which none of the other measures of association is applicable". Further, he says: "We may test whether an observed C differs significantly from chance simply by determining whether the chi-square for the data is significant." (158)

(b) r stands for estimated product-moment coefficient of correlation, obtained indirectly from C by employing the correction procedure given by Garrett. (159). It has been computed only because it is a more familiar statistic than C, to indicate the degree and direction of association between the two variables compared.

The table above shows that maladjusted boys were rated significantly lower by teachers in respect of general arithmetical ability than were better adjusted boys. Only 15% of the maladjusted group were considered as being "good" at arithmetic. The research hypothesis was confirmed.

TABLE 1.28

COMPARISON OF ADJUSTED AND MALADJUSTED GIRLS
IN RESPECT OF GENERAL ARITHMETICAL ABILITY

	Poor	Average	Good	Totals
Adj.	96 (14%)	360 (54%)	211 (32%)	667 (100%)
Malad.	246 (46%)	221 (41%)	70 (13%)	537 (100%)
Totals	342	581	281	1 204

$$\begin{aligned} \chi^2 &= 155,941 & df &= 2 & P &: < 0,001 \\ G &= < 0,339 & & & \text{Est.}r &= 0,479 \end{aligned}$$

As expected, maladjusted girls were rated as being significantly poorer at arithmetic than were well-adjusted girls.

1.2 QUESTION 3: Is there any subject(s) (including games and handwork as well as general school subjects) in which his performance is outstandingly GOOD?

Although games and handwork are mainly concerned with general skills, they have been included here for the purpose of minimising the halo effect.

The teachers' responses were distributed as follows:

TABLE 1.29

COMPARISON OF ADJUSTED AND MALADJUSTED BOYS
IN RESPECT OF OUTSTANDINGLY GOOD SUBJECT(S)

	Yes	No	Totals
Adj.	190 (46%)	224 (54%)	414 (100%)
Malad.	103 (13%)	709 (87%)	812 (100%)
Totals	293	933	1 226

$$\chi^2 = 164,447 \quad df = 1 \quad P : < 0,001$$

$$C = < 0,342 \quad \text{Est.r} = 0,483$$

A significantly greater number of well-adjusted boys were regarded by their teachers as being "outstanding GOOD" in school subject(s) than were maladjusted boys. The percentages show that the adjusted group were more or less equally divided (46% vs 54%). Only 13 per cent of/... 232

of the maladjusted boys were rated as being outstandingly good in school subjects.

TABLE 1.30

COMPARISON OF ADJUSTED AND MALADJUSTED GIRLS
IN RESPECT OF OUTSTANDINGLY GOOD SUBJECT(S)

	Yes	No	Totals
Adj.	156 (38%)	257 (62%)	413 (100%)
Malad.	95 (12%)	696 (88%)	791 (100%)
Totals	251	953	1 204

$$\begin{aligned} x^2 &= 107,580 & df &= 1 & P &: < 0,001 \\ C &= < 0,286 & & & \text{Est.}r &= 0,404 \end{aligned}$$

Significantly greater number of well-adjusted girls were regarded by their teachers as being "outstandingly GOOD" in school subject(s) than were maladjusted girls.

1.3 QUESTION 4: Is there any subject(s) (including games and handwork as well as general school subjects) in which his performance is outstandingly BAD?

The teachers' responses were distributed as follows:

TABLE 1.31

COMPARISON OF ADJUSTED AND MALADJUSTED BOYS IN RESPECT OF OUTSTANDINGLY BAD SUBJECT(S)

	Yes	No	Totals
Adj.	73 (10%)	683 (90%)	756 (100%)
Malad.	148 (31%)	322 (69%)	470 (100%)
Totals	221	1 005	1 226

$$\chi^2 = 92,024 \quad df = 1 \quad P : < 0,001$$

$$C = < 0,309 \quad \text{Est.r} = 0,437$$

A significantly greater number of maladjusted boys were considered to be "outstandingly BAD" in school subject(s). Thirty-one per cent of the maladjusted group gained an unfavourable rating as compared to 10 per cent of the well-adjusted boys.

TABLE 1.32

COMPARISON OF ADJUSTED AND MALADJUSTED GIRLS
IN RESPECT OF OUTSTANDINGLY BAD SUBJECT(S)

	Yes	No	Totals
Adj.	61 (8%)	677 (92%)	738 (100%)
Malad.	148 (32%)	318 (68%)	466 (100%)
Totals	209	995	1 204

$$\begin{array}{lll} x^2 = 108,273 & df = 1 & P : < 0,001 \\ C = < 0,286 & & Est.r = 0,404 \end{array}$$

A significantly greater number of maladjusted girls were considered to be "outstandingly BAD" in school subject(s) thirty-two per cent of the maladjusted group gained an unfavourable rating as compared to 8 per cent of the well-adjusted girls.

1.4 QUESTION 1: Is he in general -

- 1 A very hard worker
- 2 A hard worker
- 3 An average worker
- 4 A poor worker
- 5 Lazy

The teachers' responses were distributed as follows:

TABLE 1.33

COMPARISON OF ADJUSTED AND MALADJUSTED BOYS
IN RESPECT OF APPLICATION TO SCHOOL WORK

	(4 and 5) Lazy and Poor	(3) Average	(1 and 2) Hard and Very Hard	Totals
Adj.	87 (12%)	363 (50%)	271 (38%)	721 (100%)
Malad.	153 (30%)	263 (52%)	89 (18%)	505 (100%)
Totals	240	626	360	1 226

$$x^2 = 90,240 \quad df = 2 \quad P : < 0,001$$

$$C = < 0,263 \quad \text{Est.r} = 0,372$$

The table indicates that, in the opinion of teachers, adjusted boys are significantly harder workers than maladjusted boys. More than twice as many maladjusted boys were rated

as "lazy and poor" than were well-adjusted boys.

TABLE 1.34
COMPARISON OF ADJUSTED AND MALADJUSTED GIRLS
IN RESPECT OF APPLICATION TO SCHOOL WORK

	(4 and 5) Lazy and Poor	(3) Average	(1 and 2) Hard and Very Hard	Totals
Adj.	87 (12%)	310 (44%)	307 (44%)	704 (100%)
Malad.	153 (31%)	243 (49%)	104 (21%)	500 (100%)
Totals	240	553	411	1 204

$$\begin{array}{lll} x^2 = 94,367 & df = 2 & P : < 0,001 \\ C = < 0,270 & & Est.r = 0,382 \end{array}$$

As in the case of boys, the table indicates that, in the opinion of teachers, well-adjusted girls are significantly harder workers than maladjusted girls. Once again, more than twice as many maladjusted girls were rated as being "lazy and poor" than were well-adjusted girls.

1.5 QUESTION 11 : Has he failed in any class or standard?

The relationship between maladjustment and school failure has been discussed by writers such as Duncan¹⁶⁰ and Chazan.¹⁶¹ The cumulative effects of the lack of success which characterize the child's efforts in his early years at school tend to produce unsatisfactory attitudes toward the learning process, a low level of aspiration, and symptoms of emotional disturbance at home and in school. Writing with particular reference to the backward child, Chazan¹⁶² suggests that feelings of inferiority and failure with regard to school work may be exacerbated by his inability to obtain acceptance by his peers in the ordinary school.

Mangus,¹⁶³ on the basis of a study of 1 232 children in Western Ohio, suggests that it is experience of failure in the basic subjects which often damages a child's self-confidence and self-respect, leads to his rejection by his teachers and by his more successful age-mates, produces symptoms of maladjustment and makes him vulnerable to neurotic or delinquent behaviour. Inability to learn at a normal rate, he says, may be an important factor in the etiology of maladjustment and this seems especially true when the inability to learn is allowed by the school to involve the child in a prolonged series of failures.

These views lead one to suspect that the failure rate among maladjusted children would be markedly higher than among well-adjusted children.

It was decided to test the following hypotheses:

- (i) There is a significant difference in the incidence of maladjustment between boys who have failed and those who have not failed at school.
- (ii) There is a significant difference in the incidence of maladjustment between girls who have failed and those who have not failed at school.

The results were as follows :

TABLE 1.35

COMPARISON OF ADJUSTED AND MALADJUSTED BOYS
BY INCIDENCE OF SCHOOL FAILURE

	Failures	Non-Failures	Totals
Adj.	170 (16%)	870 (84%)	1 040 (100%)
Malad.	121 (65%)	65 (35%)	186 (100%)
Totals	291	935	1 226

$\chi^2 = 204,106$ $df = 1$ $P : < 0,001$

TABLE 1.36

COMPARISON OF ADJUSTED AND MALADJUSTED GIRLS
BY INCIDENCE OF SCHOOL FAILURE

	Failures	Non-Failures	Totals
Adj.	116 (11%)	988 (89%)	1 104 (100%)
Malad.	61 (61%)	39 (39%)	100 (100%)
Totals	177	1 027	1 203

$$\chi^2 = 182,423$$

$$df = 1$$

$$P : < 0,001$$

Tables 1.35 and 1.36 show that for both boys and girls, failure at school is significantly more characteristic of maladjusted children than of well-adjusted ones.

2 Adjustment - Maladjustment in Relation to
General Items Concerning the Child

The items which appear in this section are less directly related to subject matter.

2.1 QUESTION 8: When he comes to school in the morning is he a clean and tidy boy (compared with others in his class)?

The teachers' responses were distributed as follows:

TABLE 1.37

COMPARISON OF ADJUSTED AND MALADJUSTED BOYS
IN RESPECT OF CLEANLINESS AND NEATNESS

	Noticeably clean and tidy	About Average	Noticeably below average	Total
Adj.	310 (44%)	312 (44%)	81 (12%)	703 (100%)
Malad.	121 (23%)	245 (47%)	157 (30%)	523 (100%)
Totals	431	557	238	1 226

$$\begin{aligned} \chi^2 &= 89,900 & df &= 2 & P &: < 0,001 \\ C &= < 0,260 & & & \text{Est.r} &= 0,367 \end{aligned}$$

An analysis of the data in the table above shows that the teachers rated well-adjusted boys as being noticeably cleaner and more tidy than maladjusted boys.

TABLE 1.38

COMPARISON OF ADJUSTED AND MALADJUSTED GIRLS
IN RESPECT OF CLEANLINESS AND NEATNESS

	Noticeably clean and tidy	About Average	Noticeably below average	Total
Adj.	345 (49%)	285 (41%)	73 (10%)	703 (100%)
Malad.	115 (23%)	263 (52%)	123 (25%)	501 (100%)
Totals	460	548	196	1 204

$$\begin{aligned} \chi^2 &= 96,160 & df &= 2 & P &: < 0,001 \\ C &= < 0,270 & & & \text{Est.r} &= 0,381 \end{aligned}$$

An analysis of the data in the table above shows that the teachers rated well-adjusted girls as being noticeably cleaner and more tidy than maladjusted girls.

2.2 QUESTION 10: Attendance: Considering his record for the past year what does it show?

The teachers' responses were distributed as follows:

TABLE 1.39

COMPARISON OF ADJUSTED AND MALADJUSTED BOYS
IN RESPECT OF SCHOOL ATTENDANCE

	Very regular Attendance	Fair Regularity	Rather a lot of Absence and very poor Attendance	Total
Adj.	457 (66%)	199 (28%)	34 (4%)	690 (100%)
Malad.	280 (52%)	170 (31%)	86 (16%)	536 (100%)
Totals	737	369	120	1 226

$$\begin{aligned}
 \chi^2 &= 49,212 & df &= 2 & P &: < 0,001 \\
 C &= < 0,194 & & & \text{Est.r} &= & 0,274
 \end{aligned}$$

A significantly greater number of well-adjusted boys attended school more regularly than maladjusted ones.

TABLE 1.40

COMPARISON OF ADJUSTED AND MALADJUSTED GIRLS
IN RESPECT OF SCHOOL ATTENDANCE

	Very regular Attendance	Fair Regularity	Rather a lot of Absence and very poor Attendance	Total
Adj.	489 (67%)	200 (27%)	33 (4%)	722 (100%)
Malad.	252 (52%)	157 (32%)	73 (15%)	482 (100%)
Totals	741	357	106	1 204

$$\begin{array}{llll} x^2 = 50,764 & df = 2 & P : < 0,001 \\ C = < 0,20 & & Est.r = & 0,282 \end{array}$$

A significantly greater number of well-adjusted girls attended school more regularly than maladjusted ones.

2.3 QUESTION 7: Does he have difficulties in his relations with other children?

The teachers' responses were distributed as follows:

TABLE 1.41

COMPARISON OF ADJUSTED AND MALADJUSTED BOYS
IN RESPECT OF RELATIONS WITH OTHER CHILDREN

	Yes	No	Total
Adj.	52 (7%)	709 (93%)	761 (100%)
Malad.	176 (38%)	289 (62%)	465 (100%)
Totals	228	998	1 226

$$\begin{array}{llll} x^2 & = & 181,376 & df = 1 \quad P : \quad 0,001 \\ G & = & 0,357 & Est.r = \quad 0,504 \end{array}$$

An examination of the data in the table above shows that 93 per cent of the well-adjusted boys seemed to their teachers to have no difficulties in their relations with other children. Sixty-two per cent of the maladjusted children created a similar impression. The observed difference was significant.

TABLE 1.42

COMPARISON OF ADJUSTED AND MALADJUSTED GIRLS
IN RESPECT OF RELATIONS WITH OTHER CHILDREN

	Yes	No	Total
Adj.	46 (6%)	707 (94%)	753 (100%)
Malad.	119 (26%)	332 (74%)	451 (100%)
Totals	165	1 039	1 204

$$\begin{aligned} \chi^2 &= 96,355 & df &= 1 & P &: < 0,001 \\ C &= < 0,272 & & & \text{Est.}r &= 0,384 \end{aligned}$$

An examination of the data in the table above shows that 26 per cent of the maladjusted girls seemed to have problems in their relations with other children. This was found to be true in only 6 per cent of the well-adjusted girls. The observed difference was significant.

2.4 QUESTION 9: Is he difficult to discipline?

The teachers' responses were distributed as follows:

TABLE 1.43

COMPARISON OF ADJUSTED AND MALADJUSTED BOYS
IN RESPECT OF AMENABILITY TO DISCIPLINE

	Yes	No	Total
Adj.	45 (6%)	738 (94%)	783 (100%)
Malad.	142 (32%)	301 (68%)	443 (100%)
Totals	187	1 039	1 226

$$\begin{aligned} \chi^2 &= 149,480 & df &= 1 & P &: < 0,001 \\ G &= < 0,328 & & & \text{Est.}r &= 0,463 \end{aligned}$$

One third of the maladjusted boys in the sample were rated by their teachers as being difficult to discipline. Only 6 per cent of the well-adjusted boys were given a similar rating.

TABLE 1.44

COMPARISON OF ADJUSTED AND MALADJUSTED GIRLS
IN RESPECT OF AMENABILITY TO DISCIPLINE

	Yes	No	Total
Adj.	29 (4%)	714 (96%)	743 (100%)
Malad.	110 (24%)	351 (76%)	461 (100%)
Totals	139	1 065	1 204

$$\begin{aligned}x^2 &= 109,020 & df &= 1 & P &: < 0,001 \\c &= < 0,309 & & & \text{Est.r} &= 0,437\end{aligned}$$

Nearly one-quarter of the maladjusted girls in the sample were rated by their teachers as being difficult to discipline. Only 4 per cent of the well-adjusted girls were given a similar rating.

2.5 QUESTION 5: Do you think he tries to be a credit to his parents?

The teachers' responses were distributed as follows:

TABLE 1.45

COMPARISON OF ADJUSTED AND MALADJUSTED BOYS
IN RESPECT OF CREDITABLENESS TO THEIR PARENTS

	Is very concerned	About Average	Just doesn't care	Total
Adj.	189 (28%)	436 (64%)	58 (8%)	683 (100%)
Malad.	77 (14%)	342 (63%)	124 (23%)	543 (100%)
Totals	266	778	182	1 226

$\chi^2 = 66,785$ $df = 2$ $P : < 0,001$

$C = < 0,225$ $Est.r = 0,318$

A significantly greater number of well-adjusted boys gave their teachers the impression that they were concerned about their parents' opinion of them.

However, the same could be said of ^{malad.} 14 per cent of the maladjusted boys. Almost three times as many maladjusted boys (as compared to well-adjusted ones) "just didn't care" (23% vs 8%).

TABLE 1.46

COMPARISON OF ADJUSTED AND MALADJUSTED GIRLS
IN RESPECT OF CREDITABLENESS TO THEIR PARENTS

	Is very concerned	About Average	Just doesn't care	Total
Adj.	190 (30%)	403 (63%)	47 (7%)	640 (100%)
Malad.	85 (15%)	358 (63%)	121 (21%)	564 (100%)
Totals	275	761	168	1 204

$$\chi^2 = 70,438 \quad df = 2 \quad P : < 0,001$$

$$C = < 0,234 \quad \text{Est.r} = 0,330$$

A significantly greater number of well-adjusted girls gave their teachers the impression that they were very concerned about their parents' opinion of them. However, the same could only be said of 15 per cent of the maladjusted girls. Two times as many well-adjusted girls (as compared to maladjusted ones) were regarded as showing great concern about being a credit to their parents (30% vs 15%).

2.6 QUESTION 6: Does he lack concentration, or is he restless in a way that seriously hinders his learning?

The teachers' responses were distributed as follows:

TABLE 1.47

COMPARISON OF ADJUSTED AND MALADJUSTED BOYS IN RESPECT OF TRAITS OF CONCENTRATION AND RESTLESSNESS

	Yes	No	Total
Adj.	64 (9%)	688 (91%)	752 (100%)
Malad.	165 (35%)	309 (65%)	474 (100%)
Totals	229	997	1 226

$$\begin{aligned} \chi^2 &= 130,663 & df &= 1 & P &: < 0,001 \\ C &= < 0,309 & & & \text{Est.r} &= 0,437 \end{aligned}$$

Thirty-five per cent of the maladjusted boys lacked concentration or were restless in a way that seriously hindered their learning. This was true of only 9 per cent of the well-adjusted boys. The observed difference was significant.

TABLE 1.48

COMPARISON OF ADJUSTED AND MALADJUSTED GIRLS
IN RESPECT OF TRAITS OF CONCENTRATION
AND RESTLESSNESS

	Yes	No	Total
Adj.	48 (6%)	712 (94%)	760 (100%)
Malad.	153 (34%)	291 (66%)	444 (100%)
Totals	201	1 003	1 204

$$x^2 = 157,603 \quad df = 1 \quad P : < 0,001$$

$$C = < 0,339 \quad \text{Est.r} = 0,479$$

Thirty-four per cent of the maladjusted girls lacked concentration or were restless in a way that seriously hindered their learning. This was true of only 6 per cent of the well-adjusted girls. Once again the observed difference was significant.

Summary of Results (Teacher's Questionnaire about Pupils in his Class)

Briefly summarizing the findings relating to the items which appear in the teacher's questionnaire about pupils in his class, it will be noted that maladjusted boys and

girls are rated significantly lower than well-adjusted ones ($p < 0,001$) on all the items in the questionnaire. This indicates that, in marked contrast to well-adjusted pupils, teachers rate maladjusted pupils as poorer performers at school. As a group, they are less willing to apply themselves to school tasks. It is not surprising therefore, to find that a significant proportion of pupils who are rated as maladjusted failed at least once in their school careers. In general these findings confirm those of writers such as Burt, ¹⁶⁴ Chazan, ¹⁶⁵ Bower, ¹⁶⁶ Rutter, et al., ¹⁶⁷ West, ¹⁶⁸ Wall ¹⁶⁹ and Douglas and Ross. ¹⁷⁰

Insofar as the general items relating to the child are concerned, teachers consistently rate well-adjusted children more favourably than they do the maladjusted ones. Well-adjusted children as a group, for instance, come to school more neatly dressed, attend school more regularly, relate more easily to other children, are easier to discipline, and are more attentive in the learning situation. Once again these results follow the expected trend.

4.6 Conclusions

Three important findings relating to Project One need special mention. These are as follows:

- (a) There is a relatively high incidence of maladjustment among Indian pupils in primary schools

in terms of the criteria used in the present study.

- (b) According to teachers' ratings maladjusted children generally perform more poorly in class and are also rated lower than their better adjusted counterparts in respect of neatness, school attendance, relations with other children and amenability to discipline
- (c) The close and consistent agreement between teachers' ratings of pupils on the Children's Behaviour Questionnaire and the Teacher's Questionnaire Relating to Pupils in his Class lends support to the view that the former questionnaire can be used with profit in identifying adjusted and maladjusted Indian primary school children. It will be recalled that maladjusted boys and girls were rated significantly lower than well-adjusted ones ($p < 0,001$) on all the items in the second questionnaire.

A P P E N D I X A

UNIVERSITY OF DURBAN-WESTVILLE

Faculty of Education

QUESTIONNAIRE : TO BE FILLED IN BY PUPILS

Please get the help of your teacher and parents when filling this questionnaire as it is very important that what you write should be correct.

After you have completed it, ask the boy (or girl) next to you to look through your questionnaire to see if you have missed out any answer.

PERSONAL DETAILS

1. Name of School:
2. Surname:
3. Christian Name:
4. Class/Standard:
5. Boy or Girl:
6. Correct date and year of birth. If you are not sure, please ask your teacher:
7. Home address in full:
.....
8. Telephone number (home, shop, or office)
9. Religion (Hindu, Moslem, Christian, etc.)
10. To which Home Language group do you belong? (Do not put down English even if you talk only that at home, but write down Tamil, Hindi, Telegu, Gujerati, etc.):
11. Have you ever failed and spent more than one year in any class or standard since you started school? Underline: YES / NO
12. What work does Father do? Type - If your father is dead, fill in "deceased" if he is presently unemployed, fill in "unemployed". (Give details - for example, if he is in business, say whether he is the owner of the business or whether he works for someone else. If he works in a factory, say whether he is the owner of it or an employee and describe exactly what work he does

e.g. labourer, machinist, foreman, clerk, etc. From what you write we
should be able to learn what work Father does):

.....

.....

Part 1

APPENDIX B
UNIVERSITY OF DURBAN-WESTVILLE

Faculty of Education

(C O N F I D E N T I A L)

CHILD'S SURNAME : STANDARD/CLASS :

CHRISTIAN NAMES :

A CHILDREN'S BEHAVIOUR QUESTIONNAIRE
from M. Rutter (1967)
The Main Questionnaire

TO BE COMPLETED BY TEACHERS

Below are a series of descriptions of behaviour shown by children. After each statement are three columns: 'Doesn't Apply', 'Applies Somewhat', and 'Certainly Applies'. If the child definitely shows the behaviour described by the statement but to a lesser degree or less often place a cross in the box under 'Applies Somewhat'. If, as far as you are aware, the child does not show the behaviour place a cross under 'Doesn't Apply'.

Please put ONE CROSS against EACH statement. Thank you.

STATEMENT	DOESN'T APPLY	APPLIES SOMEWHAT	CERTAINLY APPLIES	FOR OFFICE USE ONLY
1. Very restless, often running about or jumping up and down. Hardly ever still	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Truants from school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Squirmy, fidgety child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Often destroys own or other's belongings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A <input type="checkbox"/>
5. Frequently fights with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A <input type="checkbox"/>
6. Not much liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Often worried, worries about many things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N <input type="checkbox"/>
8. Tends to do things on his own - rather solitary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Irritable. Is quick to 'fly off the handle'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Often appears miserable, unhappy tearful or distressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N <input type="checkbox"/>
11. Has twitches, mannerisms or tics of the face or body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATEMENT	DOESN'T APPLY	APPLIES SOMEWHAT	CERTAINLY APPLIES	FOR OFFICE USE ONLY
12. Frequently sucks thumb or finger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Frequently bites nails or fingers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Tends to be absent from school for trivial reasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Is often disobedient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A <input type="checkbox"/>
16. Has poor concentration or short attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Tends to be fearful or afraid of new things or new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N <input type="checkbox"/>
18. Fussy or over-particular child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Often tells lies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A <input type="checkbox"/>
20. Has stolen things on one or more occasions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A <input type="checkbox"/>
21. Has wet or soiled self at school this year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Often complains of pains or aches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Has had tears on arrival at school or has refused to come into the building this year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N <input type="checkbox"/>
24. Has a stutter or stammer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Has other speech difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Bullies other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A <input type="checkbox"/>

Are there any other problems of behaviour

.....
.....

How well do you know this child? Very well

Moderately well Not very well

THANK YOU VERY MUCH FOR YOUR HELP



Appendix C

A TEACHER'S QUESTIONNAIRE ABOUT
PUPILS IN HIS CLASS

(The Supplementary Questionnaire)

C O N F I D E N T I A L

HOW TO FILL IN THIS FORM :

To reduce clerical work, this form is framed as a series of questions. Please put a circle round the number opposite the printed answer that most nearly describes your findings.

- | | |
|--|---|
| <p>1. Is he in general</p> <ul style="list-style-type: none">A very hard worker ... 1A hard worker 2An average worker 3A poor worker 4Lazy 5 | <p>2. Arithmetic. Please give a rating of his general arithmetical ability.</p> <ul style="list-style-type: none">Good 1Average 2Poor 3 |
| <p>3. Is there any subject(s) (including games and handwork as well as general school subjects) in which his performance is outstandingly GOOD?</p> <ul style="list-style-type: none">Yes 1No 2 | <p>4. Is there any subject(s) (including games and handwork as well as general school subjects) in which his performance is outstandingly BAD?</p> <ul style="list-style-type: none">Yes 1No 2 |
| <p>5. Do you think that he tries to be a credit to his parents?</p> <ul style="list-style-type: none">Is very concerned 1About average 2Just doesn't care 3 | <p>6. Does he lack concentration or is he restless in a way that seriously hinders his learning?</p> <ul style="list-style-type: none">Yes 1No 2 |
| <p>7. Does he have difficulties in his relations with the other children in his class?</p> <ul style="list-style-type: none">Yes 1No 0 | <p>8. When he comes to school in the morning is he a clean and tidy boy (compared with others in his class)?</p> <ul style="list-style-type: none">Noticeably clean^{and} tidy. 1About average 2Noticeably below av. 3 |
| <p>9. Is he difficult to discipline?</p> <ul style="list-style-type: none">Yes 1No 0 | <p>10. Attendance ^(a). Consider his record for the past year what does it show?</p> <ul style="list-style-type: none">Very regular attendance. 1Fair regularity 2Rather a lot of absence. 3Very poor attendance ... 4 |
| <p>11. Has he failed in any class or standard?</p> <ul style="list-style-type: none">Yes 1No 0 | <p>(a) <u>See accompanying notes</u></p> |

A NOTE ON ITEM 10 (SUPPLEMENTARY QUESTIONNAIRE)

Please keep the following points in mind when you are rating the pupil on Item 10 (i.e. attendance):-

1. Very regular attendance:

This should apply to all children who have had less than, say, 10 half-days absences during the course of the year.

2. Fair Regularity:

This includes children who cannot be rated "very regular" but who do not fall into the next category.

3. Rather a lot of absence:

These are children who have not had long periods of consecutive absence but who have constant absences of days or half days, sufficient in number, in your judgement to have produced a definite handicap to their school work

4. Very poor attendance:

These are children with frequent and long absences and have as a result in your judgement become handicapped in their school work.

It is realised that there would be difficulty in deciding the appropriate category for particular children, but it is hoped that the category descriptions would enable you to achieve a fairly uniform standard of assessment.

Appendix D

EXAMPLES OF THE COMPUTATIONAL PROCEDURES FOLLOWED IN PROJECT ONE

(a) Comparison of Adjusted and Maladjusted Pupils by Sex

$$x^2 = \frac{N \left(\left| \frac{AD - BC}{(A+B)(C+D)} - \frac{N}{2} \right| \right)^2}{(A+C)(B+D)}$$

Reference :

Siegel, S.: Non-Parametric Statistics for the Behavioral Sciences. New York, Mc Graw- Hill Book Company, Inc., 1956, p. 107

(2 x 2 Table)

	Adjusted	Maladjusted	Totals
Boys	(a) 1040 (85%)	(b) 186 (15%)	1226 (100%)
Girls	(c) 1104 (92%)	(d) 100 (8%)	1204 (100%)
Totals	2144	286	2430

$$\begin{aligned}
 x^2 &= \frac{2430 \left[\frac{(1040)(100) - (186)(1104)}{(1226)(1204)} - \frac{2430}{2144} \right]^2}{286} \\
 &= \frac{2430 \left[\frac{104000 - 205344}{905123355136} - \frac{1215}{2144} \right]^2}{286} \\
 &= \frac{2430 \left[\frac{101344 - 1215}{905123355136} \right]^2}{286} \\
 &= \frac{2430 \left[\frac{100129}{905123355136} \right]^2}{286} \\
 &= \frac{2430 \left[\frac{10025816641}{905123355136} \right]}{286} \\
 &= 26,92
 \end{aligned}$$

$x^2 : 26,92$

df : 1

P : < 0,001

(b) Comparison of Adjusted and Maladjusted Boys by Mother-Tongue Affiliation

- References :
1. Siegel, S. : Non - Parametric Statistics for the Behavioral Sciences, New York, Mc Graw-Hill Book Company, Inc., 1956, pp 194 - 107 and 175 - 178
 2. Downie N.M. and Heath, R.W. : Basic Statistical Methods (3rd Edition), New York, Harper and Row Publishers, 1970, pp 205 - 206

(2 x 5 Table)

Language	Well-Adjusted	Maladjusted	Totals
Tamil	a) 557 (83%)	b) 114 (17%)	671 (100%)
Hindi	c) 320 (88%)	d) 44 (12%)	364 (100%)
Gujerati	e) 23 (79%)	f) 6 (21%)	29 (100%)
Telegu	g) 55 (80%)	h) 14 (20%)	69 (100%)
Urdu	i) 82 (91%)	j) 8 (9%)	90 (100%)
Totals	1037	186	1223

$$\chi^2 = 9,324$$

$$df : 4$$

$$P : > 0,05$$

(a) Information related to the linguistic affiliation of 3 children were not available.

Expected Frequencies :

$$\text{Cell (a)} : \frac{671}{1223} \times 1037 = 569$$

$$\text{Cell (b)} : \frac{671}{1223} \times 186 = 102$$

$$\text{Cell (c)} : \frac{364}{1223} \times 1037 = 309$$

$$\text{Cell (d)} : \frac{364}{1223} \times 186 = 55$$

$$\text{Cell (e)} : \frac{29}{1223} \times 1037 = 25$$

$$\text{Cell (f)} : \frac{29}{1223} \times 186 = 4$$

$$\text{Cell (g)} : \frac{69}{1223} \times 1037 = 59$$

$$\text{Cell (h)} : \frac{69}{1223} \times 186 = 10$$

$$\text{Cell (i)} : \frac{90}{1223} \times 1037 = 76$$

$$\text{Cell (j)} : \frac{90}{1223} \times 186 = 14$$

D 4

$$\chi^2 = \sum \frac{(O-E)^2}{E}$$

$$\text{Cell (a)} : \frac{12^2}{569} = 0,253$$

$$\text{Cell (b)} : \frac{12^2}{102} = 1,412$$

$$\text{Cell (c)} : \frac{11^2}{309} = 0,392$$

$$\text{Cell (d)} : \frac{11^2}{55} = 2,200$$

$$\text{Cell (e)} : \frac{2^2}{55} = 0,160$$

$$\text{Cell (f)} : \frac{2^2}{4} = 1,000$$

$$\text{Cell (g)} : \frac{4^2}{61} = 0,262$$

$$\text{Cell (h)} : \frac{4^2}{10} = 1,600$$

$$\text{Cell (i)} : \frac{6^2}{76} = 0,474$$

$$\text{Cell (j)} : \frac{6^2}{14} = 2,571$$

9,324

χ^2 : 9,324

df : 4

P : > 0,05

REFERENCES

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(B) THE PRESENT STUDY

Project Two : A Study of the Attitudes of
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C O N T E N T S

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1 INTRODUCTION

It has already been mentioned in the general introduction that Project Two is mainly concerned with a study of the attitudes of Indian teachers toward certain behaviour problems of children. A complete list of the behavioural problems are given in Appendix . Research in the U.S.A. indicates that the attitudes of teachers toward these problems are noticeably different from those of professional workers in the field of mental health, such as psychiatrists, psychologists, and psychiatric social workers. 1, 2, 3 These professional workers are collectively referred to in the literature as "mental hygienists" or "clinicians", two terms which are often used interchangeably. For the sake of convenience and easy reference to the works of other writers, this practice has been retained in the present study.

In his classic investigation in 1927-28, Wickman ⁴ found that teachers showed most concern about transgressions against authority, dishonesty, immoralities, violation of rules and lack of orderliness. In contrast, a group of mental hygienists rated the above items low on the scale of seriousness, but rated as most serious unsocial, withdrawing and regressive behaviour. Compared to teachers, they also expressed greater concern for behaviours such as dreaminess, overcritical behaviour, sensitiveness and shyness. One of the aims of this

investigation is to find out whether the differences observed between the attitudes of American teachers and mental health workers also exist among their South African counterparts.

Data pertaining to Indian teachers - i.e. the group which is of primary interest in this project - has been analysed in greater detail with the aim of pinpointing similarities and differences in the attitudes of sub-groups of teachers who vary in respect of sex, age, marital status, professional experience, academic qualifications, professional qualifications and rank.

2 STATEMENT OF THE PROBLEMS

2.1 General

Project Two comprises :

- (a) inter-group comparisons and
- (b) intra-group comparisons

involving different sets of samples. For the sake of clarity and brevity, the samples involved in the inter-group comparisons are designated as follows :

- 1 Ramphal's 1974 sample of Indian teachers.
- 2 Ramphal's 1974 sample of South African clinicians.

- 3 Wickman's 1928 sample of American teachers. ⁵
- 4 Stouffer's 1952 sample of American teachers. ⁶
- 5 Hunter's 1955 sample of American teachers. ⁷
- 6 Wickman's 1928 sample of American clinicians. ⁸
- 7 Stouffer's 1952 sample of American clinicians. ⁹

Intra-group comparisons, as mentioned earlier, are confined to Ramphal's sample of Indian teachers. Here comparisons are made of the responses of sub-samples designated male-female, older-younger, married-unmarried, more experienced-less experienced, high academic qualifications-low academic qualification high professional qualifications-low professional qualifications, and high rank-low rank.

2.2 Statement of the Problems Related to Inter-Group Comparisons

These may be stated as follows :

- 1 How do the ratings of Indian teachers of certain behavioural problems of children (a) compare with the ratings of South African mental hygienists in respect of the same

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(a) A complete list of the behavioural problems are given in Appendix

behavioural problems?

- 2 How do the ratings of Indian teachers of certain behavioural problems compare with the ratings of American mental hygienists in respect of the same behavioural problems?
- 3 How do the ratings of Indian teachers of certain behavioural problems compare with the ratings of American teachers in respect of the same behavioural problems?
- 4 How do the ratings of teachers (as a total group, i.e. Indian and American) of certain behavioural problems compare with the ratings of mental hygienists (as a total group, i.e. Indian and American) of the same behavioural problems?

2.3 Statement of the Problems Related to Intra-Group Comparisons

These may be stated as follows :

How do Indian teachers, who differ in respect of the following variables.:

- 1 sex
- 2 age
- 3 marital status
- 4 professional experience
- 5 academic qualifications

6 professional qualifications and

7 rank

rate certain behavioural problems in pupils?

3 REVIEW OF LITERATURE

In designing this project, the writer considered related research, and used such information as he deemed necessary for purpose of comparison, interpretation and appraisal. The overview of the literature which follows serves as a background against which the present study should be considered. Weaknesses in research designs are mentioned, and attempts have been made in the present study, wherever possible to eliminate such inadequacies.

Although there is a certain amount of overlap in the content of the studies, it is possible, for the sake of convenience to classify them into two broad groups as follows :

- 1 Studies which relate to comparisons of the ratings of clinicians and teachers.
- 2 Studies which relate to intra-group comparisons of teachers who vary in respect of certain attributes.

3.1 Studies Involving Comparisons of the Ratings of Clinicians and Teachers

Reference has already been made to Wickman's pioneering study in 1928¹⁰ in which his aim was to compare the ratings made by teachers with those made by mental hygienists. This study has been widely quoted and even though it was conducted 50 years ago, the inclusion of data from it in relatively recent publications^{11,12,13} indicates that it still exerts considerable influence on contemporary thinking in the field of mental hygiene. This basic study, therefore, deserves close examination.

Wickman¹⁴ requested 30 mental hygienists (comprising 9 psychiatrists, 4 psychologists 13 psychiatric social workers and 5 teachers with social work (background) to rate 50 items of undesirable pupil behaviour as to their seriousness. The instruction to this group was "How much will the possession of this behaviour trait by a child generally handicap him in his future adjustments as an adult?" The inter-rater correlations for the mental hygiene group were not reported, although Wickman states that" ... there were no significant differences in the ratings submitted"

Wickman¹⁵ also asked 539 teachers from 13 schools in Cleveland and Minneapolis to rate the same items. The basic assumption was that the judgment of the professionals would be the standard against which the accuracy of the teachers' judgements would be evaluated. The teachers were instructed to rate the items within time limits in terms of "How undesirable is this behaviour in the school child?" or "Rate only how undesirable it is for any child when it does occur". Each problem was rated on a scale varying from "of no consequence" to "an extremely grave problem".

Although the teachers were not homogenous in respect of geographical location and apparently in other respects as well - such as experience, age, sex, qualifications and rank - their ratings had a high degree of agreement yielding coefficients of 0,80 to 0,90.¹⁶

Wickman then performed rank-order correlations between the teachers' ratings and the clinicians' ratings, deriving the low negative correlation of - 0,11.¹⁷ The differences in ratings were attributed to the teachers' emphasis upon aggressive behaviour, learning inefficiency, and immoral behaviour such as lying and sexual problems. The teachers reported more boys than girls as problems, apparently preferring the more compliant behaviour of the girl pupils. The clinicians, on the other hand, rated as more

serious the withdrawing type of behaviour, and as less important the acting-out problems. Wickman concluded from these findings that ".... the differences in attitudes toward behaviour problems represented in the ratings obtained from mental hygienists and teachers should be interpreted as differences in stress laid upon the seriousness of the various problems. Teachers stress the importance of problems relating to the mores of sex, dishonesty, disobedience, disorderliness and failure to learn. For them, the problems that indicate withdrawing recessive characteristics in children are of comparatively little significance." He ends with an appeal for teachers to become more educated in the psychological approach to behaviour problems.

Wickman's research may be criticised on the following grounds :

- (a) Wickman gave different sets of instructions to the teachers and to the mental hygienists and yet compared their ratings as if the basis for comparison were the same. The teachers were asked to evaluate pupil behaviour in terms of its present undesirability to them as teachers, whereas the mental hygienists were asked to evaluate the same items in terms of their prodromal significance for adult adjustment. 18

- (b) A more serious fault, one that has been repeated in a number of the studies that followed, is that the mental hygienists judgments were considered an adequate validating criterion. For Wickman, the virtue of choosing the clinician's attitudes as an ideal was recommended by the latter's expert knowledge of children's adjustment. In questioning this assumption, Beilin ¹⁹ asks : Could the clinicians, with any validity, know that certain pupil behaviours would be a handicap in later adjustment? The answer, he says, is doubtful. In 1927 there were few if any studies which had indicated, with even low degrees of certainty, the outcome in adolescence or adulthood of a child's particular behaviour, such as withdrawing behaviour. In fact, if anything, there was some doubt that this could be done. Consequently, it seemed that the clinicians could only report their hunches, opinions, and theoretical views. ²⁰
- (c) Although Wickman's inter-teacher ratings yielded high correlations (0,80 to 0,90), these coefficients are somewhat global in nature. In contrast, the present writer in his study found that important differences exist among teachers themselves in the way in which they perceive problem behaviour. Such factors as experience, age, sex, qualifications and rank exert an importa

influence on their judgments.

In spite of the various criticisms and imperfections of Wickman's classic study, it deserves credit for bringing to light the fact that the teaching fraternity employs a noticeably different set of criteria for judging maladjustment than do workers in the field of mental health. The writer, being both a psychologist and a teacher and one who is keenly interested in the problem of maladjustment, was attracted by Wickman's study.

Among earlier investigators who conducted studies of the Wickman type were such writers as Laycock,²¹ Sparks,²² Stouffer,²³ Stanley,²⁴ Griffith,²⁵ Ellis and Miller,²⁶ Mitchell,²⁷ Hunter²⁸ and Bower.²⁹ By and large, these studies confirm Wickman's findings.

Laycock,³⁰ in a Canadian study, involving 167 teachers and a pupil population of 70 000 found that teachers rated as most serious violations of general standards of morality and integrity (such as stealing, lying and cheating) as well as behaviour involving transgressions against authority, school regulations and requirements. They viewed as less serious pupil maladjustments of a more personal or individual kind (such as moodiness, timidity and day-dreaming). Mental health experts, on the other hand, tended to

view personal and social maladjustments in a more serious light.

Mitchell ³¹ replicated Wickman's study but without the error of using different directions for the two groups. He fails to tell the reader what his directions were, except that they were similar and that the mental hygienists and teachers were asked to rate the desirability of 55 traits. Mitchell produced the rather adequate positive correlation of 0,70 between clinicians and teachers. Although this finding suggests that teachers and mental hygienists agree more closely than they did in Wickman's study, it is possible that the higher correlation is a product of the instrument and its administration, just as Wickman's low correlation was probably a product of inadequate experimental procedure.

A study by Sparks ³² in 1952 also attempted to determine whether or not the difference in instructions given to teachers and to mental hygienists in the Wickman study was likely to have influenced the relative ratings given by the two groups. It was found that teachers who were instructed to rate the behaviour problems in terms of seriousness to the future adjustment of the children who displayed them, rated differently from those who were asked to rate

them in respect of troublesomeness in the classroom situation. However, says Sparks, ³³ "neither group rated them very well from a psychological standpoint". Sparks fails to furnish the reader with any rank-order correlations in this regard.

Stouffer ³⁴ repeated Wickman's study after a period of almost 25 years. He requested a group of teachers to rate the problem, first, according to the original directions, and then a second time, according to the directions given to the clinicians. Stouffer reports a correlation of 0,52 between the teachers' ranking of problem behaviours and mental hygienists' ranking of the same behaviours, employing different directions (i.e. the original Wickman procedure). A correlation of 0,61 was obtained when the instructions were the same for both groups (i.e. the instructions of the mental hygienists). A rank-order correlation of 0,87 was obtained between the rankings of Stouffer's and Wickman's mental hygienists. ³⁵

The most marked differences between teachers and mental hygienists were found in the ratings given to problems such as disobedience, impudence, defiance, disorderliness in class, profanity, smoking, masturbation, heterosexual activity, writing obscene notes, and unsocial behaviour. Comparing further the ratings of his group of teachers with those of Wickman's group, Stouffer found that behaviours such

as unhappiness, depression and unsociability had moved closer to the top of the list in seriousness as rated by his teachers, while masturbation, smoking and profanity had dropped in the list, in comparison with Wickman's teachers. On the other hand, Stouffer's teachers in 1950 still regarded problems relating to honesty, sex, truancy and classroom order in much the same way as did teachers in 1926.

Stouffer concluded that in the intervening 25 years teachers had come closer to the mental hygienists' view of what behaviour is indicative of unsatisfactory adjustment but that there were still differences, " ... It would seem," he wrote, "that the behaviour problem child in school is still, as he was twenty-five years ago, identified chiefly by annoying, disorderly, irresponsible, aggressive, untruthful, and disobedient behaviour. Teachers of today, however, are not so oblivious of behaviour indicative of social and emotional maladjustment as were those reported in Wickman's inquiry." ³⁶

Unfortunately many studies gravitated toward proving that teachers really could judge like clinicians, without questioning whether this is really a desirable goal. This point of view will be expanded upon a subsequent section.

Ellis and Miller ³⁷ did one of several replications on different populations of Wickman's experiment, and they concluded that their Denver teachers could recognize the seriousness of withdrawing behaviour. They also reported that women teachers rated problems more seriously than male teachers.

Schrupp and Gjerde ³⁸ recognized many of the faults of Wickman's conclusions and decided to start all over again to see how ratings had changed in 25 years. They repeated the design but used 119 San Diego teachers and 37 mental hygienists, including 24 clinicians who worked in a school rather than a clinic environment. In this replication, Schrupp and Gjerde obtained noticeably different results from Wickman's. Their teachers and clinicians correlated 0,56, the major shift being a change in the way teachers rated in 1953 as compared to 1928, whereas the two clinician groups stayed relatively constant. They felt this indicated an improvement, due perhaps to the courses in mental hygiene which had been given to teachers in the intervening years.

Peck's study in 1935 ³⁹ suggested that teachers could be taught to judge like clinicians when they were exposed to a summer course in child psychology. Correlational studies lend support to this view. In 1928, Wickman reported a correlation of - 0,11 between the ratings of mental hygienists and teachers.

On the basis of his findings, he suggested that teachers should become better trained in the psychological approach to behaviour problems. In 1934, Laycock ⁴¹ repeated Wickman's plea "for more and better preparation of teachers in a knowledge of essentials needed for the mental health of their pupils." In 1953, as reported above, Schrupp and Gjerde ⁴² found that the ratings of their teachers and clinicians correlated 0,56. The authors interpreted this result as an improvement on Wickman's negative finding in 1920. The higher correlation in 1953, they suggested, was due perhaps to courses in mental hygiene which had been given to teachers in the intervening years.

Progressively closer agreement between the ratings of teachers and clinicians, presumably a consequence of an increased understanding of children's psychological development, is also indicated in Ziv's study in Israel in 1970. ⁴³ Here psychologists and teachers co-operate closely in their attempt to understand and solve children's behaviour problems. In addition, teachers in Israel demonstrate a very active interest in psychology and participate in various extra-curricular psychology and education courses. Under these circumstances, Ziv's fairly high correlation coefficient of 0,51 between the rankings of teachers and clinical psychologists does not come as a surprise.

In 1955 Hunter ⁴⁴ repeated Wickman's procedure on a group of 308 teachers in New Orleans. He obtained a correlation of 0,22 with Wickman's clinicians compared to the original correlation of - 0,11. The by-products of Hunter's study are interesting. He found that better-qualified teachers were closer to the clinicians' ratings than poorly-qualified teachers. He also found that sexual problems had dropped in importance over this period, which is perhaps a tribute to the impact of Freud.

Bower's study ⁴⁵ is basically of the Wickman type. The design of his project was straightforward. He asked 200 teachers to rate the 5 500 children in their fourth to sixth grade classes in terms of emotional adjustment. There were 207 clinically designated emotionally disturbed children in these classes. The purpose of the study was to see how accurately the teachers would identify the disturbed children. In addition to teacher rating methods, Bower ⁴⁶ employed some sociometric techniques.

The teachers were asked to rate pupil adjustment by three categories "among the best," "average" and "among the poorest". They distributed their ratings, in order, in a 1:2:1 ratio. Within this last and poorest-adjusted group fell 87 per cent of the 207 emotionally disturbed children. The implication is

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that teacher ratings are therefore quite reliable for detecting emotionally disturbed children, and "teachers' judgements of emotional disturbance are very much like the judgment of clinicians".

Bower's study ⁴⁷ is open to criticism in at least one important respect. It is not clear from the report whether any or all of the teachers knew that one or more of their classroom pupils had been studied by the mental health personnel for identification and included in the 207 emotionally disturbed children. The extent of this information might well have contaminated the teachers' ratings.

However, it would be unfair to Bower's project if it were dismissed with this criticism. Some of the techniques he employed were imaginative, and many of his findings are significant. He analyzed the achievement characteristics of those children considered disturbed and found that the group IQ was significantly lower for the disturbed group; that their achievement test scores were significantly lower; and that this difference in achievement became increasingly marked through the three grade levels. One sociometric technique, "A Class Play," suggested that the emotionally disturbed children tended to be chosen for hostile or negative roles. Emotionally disturbed children were reported to have a significantly higher number of physical disabilities. The only finding, in fact, which is inconsistent with previous studies is that Bower

did not find significant socio-economic status differences. ⁴⁸

Collectively, the various studies which have been viewed suggest that clinicians tend to view personal and social maladjustment as being more serious than the violation of school rules and regulations. Although the difference could partly be due to some limitation on the part of teachers to realise the significance of certain personality traits in regard to the total personality of each pupil concerned, it could also, as Beilin ⁴⁹ points out, be due to their different roles. Teachers are essentially task-oriented. They see their main task as that of imparting information and skills. Anything which interferes with this goal causes concern.

Clinicians, on the other hand, are more "adjustment-oriented". ⁵⁰ Being preoccupied with the whole long process of development and less personally involved with the children, they consider maladjustment more in terms of its ultimate outcome in development than of its present convenience or inconvenience. Consequently, they are likely to stress those signs of maladjustment which show themselves in the system of personal relationships with which the child is surrounded.

Woody, ⁵¹ like Beilin, questions Wickman's suggestion that teachers should become better trained in the psychological approach to behaviour problems. He asks whether it is really necessary for teachers to perceive behaviours in the same manner as clinicians. Teachers, he points out, are concerned with the individual child, but they also have responsibilities to other children in the classroom and to the educational objectives of the school. Clinicians, on the other hand, have quite a different framework for their role. When they deal with a behavioural problem child, they are more concerned with that particular child's needs and problems as an individual. The child's classroom activities are only a part of the overall view that clinicians take, and educational goals may well be secondary to personal or interpersonal behavioural goals.

Yet another explanation for the difference in the views of teachers and of clinicians is given by Stanley. ⁵² She points out that the clinician is trained as a result of his professional education to understand the meaning and seriousness of various symptoms of emotional disturbance, including withdrawn behaviour. Moreover, the fact that clinicians deal with individual pupils, makes it possible for them to tolerate aggressiveness and other forms of acting-out behaviour to a greater extent.

In assessing the total picture of the attitudes of teachers and those of clinicians toward the behaviour problems of children, it is also important to remember that the teacher cannot escape the social pressures relating to his task. Teachers are more intimately aware of the serious consequences for the child and the school if community opinion is outraged by, say, a violation of conventional sexual taboos. Scarcely any such pressure is brought to bear upon the psychologist, the psychiatrist or the social worker, who usually works in the seclusion of his office, isolated from the many powerful and influential forces of the community.

Seen in the light of the above considerations, the present writer supports Beilin's observation⁵³ that it seems unrealistic, and possibly even undesirable, to expect the teacher's values and attitudes to become congruent with those of clinicians unless, of course, the teachers' role becomes one with the clinician - and this seems unlikely.

3.2 Studies Involving Intra-Group Comparisons of Teachers

1 The Role Expectations of teachers and the perception of problem behaviour

As already indicated, most investigators, have shown that teachers are most concerned

with children's behaviours which are aggressive, disruptive of school routines, or generally reflecting lack of interest in school activities. In addition, teachers are less concerned with pupil maladjustments of a more personal or individual kind (fearfulness, day-dreaming, nervousness) and of a social kind. A number of investigators who conducted their studies at varying intervals of time after Wickman's study, point to an increased realization by teachers of the seriousness of withdrawing personality traits in pupils. Despite the apparent shift toward congruence, says Beilin, "a sizable difference remains between the attitudes of clinicians and teachers toward behaviour problems of children".⁵⁴ Besides possibly being a reflection of their respective roles, as was pointed out earlier, the difference could also, to some extent, be due to the philosophy of education which was prevalent in earlier days. According to Beilin,⁵⁵ education during Wickman's era was oriented to the training of intellectual skills. In the period which followed, the function of the teacher broadened considerably to include training in social and other skills.

More recently, there has been a great deal of pressure on the teacher to be a counsellor and in some ways something of a psychotherapist as well. ⁵⁶ It can therefore be seen that the role expectations of teachers have changed with the passage of time. However, owing to the teachers' essential task-orientation and the clinicians' adjustment-orientation, complete or nearly complete agreement, as already pointed out, is not likely to be achieved.

2 Sex and the perception of problem behaviour

There is some evidence that men and women teachers evaluate the problems of children differently. Ellis and Miller ⁵⁷ found that women consistently rate problem behaviours as more serious than do men. In Stanley's study ⁵⁸ male school social workers and male teachers tended to place lesser emphasis on both acting-out and withdrawn behaviours than did women in both professions. According to Hunter, ⁵⁹ specific problem behaviours are treated differently by each sex. Men teachers considered sex problems as less serious than did women; women considered appearance and destruction of property as less serious than did men.

3 Marital Status and the perception of problem behaviour

Ellis and Miller⁶⁰ report no consistent differences between married and unmarried teachers in their evaluation of children's behaviour problems. Hunter's investigation⁶¹ showed that the ratings of married and unmarried teachers did not differ appreciably in 47 of the 50 problems.

4 Teachers' Qualifications and the perception of problem behaviour

Hunter⁶² found that teachers without degrees placed much less emphasis on withdrawing types of behaviour than did teachers with degrees. This confirms the findings of Sparks⁶³ that teachers with training beyond a bachelor's degree resembled more closely the clinicians' evaluations of behaviour problems than did those with less education. These findings, however, are not in agreement with those of Stanley⁶⁴ who found significant differences between the ratings of graduate and non-graduate teachers.

5 Length of Teaching Experience and the perception of problem behaviour

Hunter⁶⁵ found that the behaviour ratings of teachers with 5 to 10 years of teaching

experience more closely resembled those of the clinicians than did teachers with less than 5 years of experience.

Stanley ⁶⁶ found a similar trend in her study. Teachers with experience of 5 years and over in the profession tended to rate acting-out behaviour less highly than did persons with less than 5 years experience. Conversely, teachers with experience of 5 years and over tended to rate withdrawn behaviour more highly than did those teachers with less experience.

The findings of Hunter ⁶⁷ and Stanley ⁶⁸ suggest that actual exposure to child behaviour exerts an important influence on teacher's attitudes toward maladjusted behaviour.

Tolor, et al., ⁶⁹ report that teachers, who are relatively inexperienced label much more behaviour as being abnormal.

Sparks' finding ⁷⁰ that teachers with varying amounts of experience differ little in their attitudes toward the seriousness of the behaviour problems of children is not consistent with those of the other investigators mentioned above.

To summarise, studies involving inter-group comparisons generally indicate that teachers differ among themselves in their perception of problem behaviour in children. Factors such as sex, qualifications and length of teaching experience, and exposure to child behaviour seem to play an important part in influencing teachers' judgments.

4 THE INSTRUMENT USED

An adapted form of Wickman's rating scale, ⁷¹ a copy of which is included in Appendix , was used for the purpose of measuring teachers' and mental hygienists' responses to the different kinds of behaviour problems presented by children. The list comprises 51 items of troublesome behaviour. Fifty of these appeared in Wickman's scale while the 51st item - "homosexuality" - was added to the list by the investigator himself as a matter of interest.

A pretest involving twenty Indian teachers (ten males and ten females) showed that seven items in the questionnaire needed further explanation. These items (together with the additional meanings which were given) are presented below:

Tardiness (slowness; sluggishness)

Profanity (irreverence; blasphemy)

Impertinence, defiance (insolence)

Resentful (showing or retaining feelings about insult
or injury sustained)

Heterosexual activity (having a sexual inclination for
persons of the opposite sex)

Homosexual activity (having a sexual inclination for
persons of one's own sex)

The teachers and the mental hygienists were asked to
make a judgement on the relative seriousness of the
problems whenever they occurred in any child.

In Wickman's scale the respondents recorded their judgem
on a graphic rating scale with four calibrations that
corresponded to captions describing the following
degrees of seriousness:

Of no consequence

Of only slight consequence

Makes for considerable difficulty

An extremely grave offense

In the present study a seven-point scale was used. It
was felt that this would enable the respondents to make
finer distinctions in their judgements about the
seriousness of the different problems. Moreover, it was
considered that the use of a definite midpoint in a
scale with an odd number of calibrations would make the
handling of the statistical data more convenient.

Both the teachers and mental hygienists were urged to make their ratings as rapidly as possible. By securing their immediate reactions to the problems without permitting much time for thought, it was hoped that their everyday responses would be elicited rather than their studied intellectual responses representing what they felt their attitudes "ought" to be.

5 THE SAMPLE

The sample comprised two groups as follows:

5.1 Teachers

All the members of the teaching staff of the thirty-three primary schools who participated in Project One together with those of thirteen high schools (a) were included in the sample of 961 teachers, made up of 580 males and 351 females.

The tables which follow show the distribution of the samples by sex, age, marital status, academic qualifications, professional qualifications, rank, and professional experience.

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- (a) The following State Indian High Schools participated in the present project: Apollo, Asoka, Chatsworth, Clairwood, Clarehills, Durban Indian Girls', Lakehaven, Loram, Meadowlands, Merebank, Reservoir Hills, Sastri and Westcliff.

TABLE 2.1

DISTRIBUTION OF THE SAMPLE OF TEACHERS
BY SEX AND AGE

Years	Males	Females	Totals
Up to 19	2 (0,35%)	-	2 (0,21%)
20 - 29	200 (35%)	181 (48%)	381 (40%)
30 - 39	207 (36%)	135 (36%)	342 (36%)
40 - 49	117 (20%)	53 (14%)	170 (18%)
50 - 59	46 (8%)	9 (2%)	55 (6%)
Totals	572	380	952
No Information	8	1	9
Totals	580	381	961

TABLE 2.2

DISTRIBUTION OF THE SAMPLE OF TEACHERS
BY MARITAL STATUS

Marital Status	Males	Females	Total
Unmarried	130 (22%)	121 (32%)	251 (26%)
Married	442 (76%)	243 (64%)	685 (71%)
Widowed	6 (1%)	11 (3%)	17 (2%)
Divorced	2 (0%)	6 (2%)	8 (1%)
Totals	580	381	961
No Information	-	-	-
Totals	580	381	961

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TABLE 2.3

DISTRIBUTION OF THE SAMPLE OF TEACHERS
BY ACADEMIC QUALIFICATIONS

Qualifications	Males	Females	Totals
Std VI and below	2 (0%)	12 (3%)	14 (2%)
Stds VII and VIII	68 (12%)	109 (29%)	177 (18%)
Stds. IX and X	351 (61%)	215 (56%)	566 (59%)
University Degree(s)	159 (27%)	44 (12%)	203 (21%)
Totals	580	380	960
No Information	-	1	1
Totals	580	381	961

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TABLE 2.4

DISTRIBUTION OF THE SAMPLE OF TEACHERS
BY PROFESSIONAL QUALIFICATIONS

Qualifications	Males	Females	Totals
Nil	6 (1%)	26 (7%)	32 (4%)
Licence	23 (4%)	39 (11%)	62 (7%)
NTSC (M1)	68 (13%)	67 (18%)	135 (15%)
NTD (M2)	173 (32%)	74 (20%)	247 (27%)
NTSD (M3)	230 (42%)	138 (38%)	368 (40%)
UED or Equivalent	42 (8%)	23 (6%)	65 (7%)
Totals	542	367	909
No Information	38	14	52
Totals	580	381	961

TABLE 2.5

DISTRIBUTION OF THE SAMPLE OF TEACHERS
BY SEX AND RANK

Rank (a)	Males	Females	Totals
High	76 (13%)	31 (8%)	580 (60%)
Low	504 (87%)	350 (92%)	381 (40%)
Totals	580	381	961

(a) High Rank refers to those members of staff whose teaching duties include functions of a supervisory nature (i.e. principals, deputy-principals, vice-principals, and senior assistants).

Low Rank refers to those members of staff who serve in a purely teaching capacity (i.e. assistant teachers).

TABLE 2.6

DISTRIBUTION OF THE SAMPLE OF TEACHERS
BY PROFESSIONAL EXPERIENCE

Years	Males	Females	Totals
0 - 9	274 (47%)	205 (54%)	479 (50%)
10 - 19	167 (29%)	121 (32%)	288 (30%)
20 - 29	104 (18%)	41 (11%)	145 (15%)
30 - 39	28 (5%)	14 (3%)	42 (4%)
40 - 49	7 (1%)	-	7 (1%)
Totals	580	381	961
No Information	-	-	-
Totals	580	381	961

5.2 Clinicians

This group comprised of 76 psychiatrists and medical practitioners who had a keen interest in the field of mental health, chosen at random from a list of 208 names and addresses provided by Dr. C. Irwin, Psychiatrist, Children's Hospital, Johannesburg. Seventeen out of the 95 clinicians (mental hygienists) to whom questionnaires had been posted either failed to reply or returned questionnaires in which responses to certain items were missing. Another two had changed their addresses and could not be traced. Consequently, 19 out of 95 questionnaires could not be used when the data were analysed.

5.3 The Collection of the Data

As already mentioned an adapted form of Wickman's rating scale was used for the purpose of measuring teachers' and clinicians' responses to the different kinds of behaviour problems.

In the case of the teachers the required number of questionnaires, each accompanied by a covering letter (see Appendix) which briefly explained the nature of the research, was left by the investigator with the principals of the schools which were participating in the project. Agreement was reached with each principal on a date when

the investigator could return to collect the completed questionnaires. As was the case with the Children's Behaviour Questionnaire in Project One, there was a 100% return of questionnaires from the schools. Once again, this seemed to be due to the personal interest taken in the study by the principals and the teachers as well as the fact that the investigator went personally to each school when distributing and collecting the questionnaires.

At first, only assistant teachers had been asked to complete the questionnaire. A brief discussion with his promoter, however, convinced the investigator that it was not unlikely that principals and other staff holding supervisory posts would view problem behaviours in children in a different light from assistant teachers. This hypothesis was an interesting one and deserved further investigation. The forty-six schools were, therefore, re-visited and questionnaires were left behind which the principal, the deputy-principal, the vice-principal, and the senior assistants were required to complete.

A total of 961 forms were collected from the schools. The questionnaires which were posted to the clinicians were accompanied by two letters, one of them signed by the Dean of the Faculty of

Education, University of Durban-Westville and the other signed by the investigator himself. These letters gave a brief explanation of the nature of the research and appealed to each recipient to favour us with a reply. Specimen copies of the two letters are included in Appendices and .

Since the teachers were of central interest to the study, the number of personal details which they were required to furnish were greater than the number which the clinicians were requested to provide. In addition to their attitudes to the various behaviour problems teachers were requested to provide information related to their age, sex, rank, marital status, length of teaching experience, and highest academic and professional qualifications.

The relevance of the clinicians to the study lay mainly in their responses to the various items in the questionnaires. It was also felt any request made of the clinicians that they should furnish certain personal data, would add to the poor response rate which mail questionnaires are already reputed to have. The clinicians were, therefore, as in the case of the teachers, given the opportunity of remaining anonymous. It was hoped that this step would bring forth candid responses.

6 RESULTS

When the data were collected and evaluated, the ratings on the various problems by the teachers and the mental hygienists were organised to appraise the agreement of the different groups, viz, Ramphal's teachers, Ramphal's mental hygienists, Wickman's teachers, Wickman's mental hygienists, Stouffer's teachers, Stouffer's mental hygienists, and Hunter's teachers.

Table 2.7 shows the rank-order comparison of the ratings of the above-mentioned groups. This table serves as a master-table and contains data which are relevant to all the comparisons presented in Section 6.

Constant reference will therefore be made to it in the discussion of the results. In addition, other smaller tables, specific to the groups being compared, will be presented in order to aid the discussion.

Corresponding to the classification which was adopted when the problems were stated in an earlier section of the present project, the results will be presented under two broad headings :

- (a) Inter-group comparisons and
- (b) Intra-group comparisons

6.1 Inter-Group Comparisons

These comparisons will be presented in the following order :

6.1.1 Indian teachers vs South African mental hygienists

6.1.2 Indian teachers vs American mental hygienists

6.1.3 Indian teachers vs American teachers

6.1.4 Teachers (as a total group) vs mental hygienists (as a total group)

6.2 Intra-Group Comparisons

These comparisons will be presented in the following order :

6.2.1 Female teachers vs Male teachers

6.2.2 Younger teachers vs Older teachers

6.2.3 Unmarried teachers vs Married teachers

6.2.4 Teachers with lesser professional experience vs Teachers with greater professional experience

6.2.5 Teachers with lower academic qualifications vs Teachers with higher academic qualifications

6.2.6 Teachers with lower professional qualifications vs Teachers with higher professional qualifications

6.2.7 Teachers of lower rank vs Teachers of higher rank.

TABLE 2.7

RANK-ORDER COMPARISON of the ratings by teachers and mental hygienists in 1974
by teachers and mental hygienists in 1926*
and by teachers and mental hygienists in 1952*
and by teachers in 1955
of the relative seriousness of 50 behaviour problems of children

961 Teachers (1974) (Ramphal)	76 M. Hygienists (1974) (Ramphal)	511 Teachers (1926) (Wickman) ⁽¹⁾	30 M. Hygienists (1926) (Wickman) ⁽¹⁾	481 Teachers (1952) (Stouffer) ⁽³⁾	70 M. Hygienists (1952) (Stouffer) ⁽³⁾	308 Teachers (1955) (Hunter) ⁽⁶⁾
1. Truancy	1. Unhappy, depressed	1. Heterosexual activity	1. Unsocial, withdrawn	1. Stealing	1. Unsocial, withdrawing	1. Stealing
2. Lack of interest in work	1. Cruelty, bullying	2. Stealing	2. Suspiciousness	2. Cruelty, bullying	2. Unhappy, depressed	2. Destroying school materials
3. Destroying school materials	1. Truancy	3. Masturbation	3. Unhappy, depressed	3. Heterosexual activity	3. Fearfulness	3. Truancy
3. Untruthfulness	4. Destroying school materials	4. Obscene notes, talk	4. Resentfulness	4. Truancy	4. Suspiciousness	4. Cruelty, bullying
5. Stealing	4. Stealing	5. Untruthfulness	5. Fearfulness	5. Unhappy, depressed	5. Cruelty, bullying	5. Unhappy, depressed
6. Cheating	6. Unsocial	6. Truancy	6. Cruelty, bullying	6. Impertinence, defiance	6. Shyness	6. Impertinence, defiance
6. Disobedience	6. Enuresis	7. Impertinence, defiance	7. Easily discouraged	7. Destroying school material	7. Enuresis	7. Untruthfulness
6. Laziness	6. Untruthfulness	8. Cruelty, bullying	8. Suggestible	8. Unreliability	8. Resentfulness	8. Unreliability
6. Impertinence	9. Lack of interest in work	9. Cheating	9. Overcritical of others	9. Untruthfulness	9. Stealing	9. Disobedience
10. Carelessness in work	10. Nervousness	10. Destroying school material	10. Sensitiveness	10. Disobedience	10. Sensitiveness	10. Heterosexual activity
10. Unreliability	10. Cheating	11. Disobedience	11. Domineering	11. Resentfulness	11. Dreaminess	11. Resentfulness
10. Disorderliness	10. Fearfulness	12. Unreliability	12. Sullenness	12. Temper tantrums	12. Nervousness	12. Impudence, Rudeness
13. Cruelty, bullying	10. Quarrelsomeness	13. Temper tantrums	13. Stealing	13. Unsocial, withdrawing	13. Suggestible	13. Lack of interest in work
14. Inattention	14. Restlessness	14. Lack of interest in work	13. Shyness	14. Obscene notes, talk	14. Overcritical of others	14. Quarrelsomeness
14. Impudence	14. Resentfulness	15. Profanity	15. Physical cowardice	15. Nervousness	15. Easily discouraged	15. Easily discouraged
14. Obscene notes	14. Suspiciousness	16. Impudence,	16. Selfishness	16. Cheating	16. Temper tantrum	15. Cheating

17. Tale-carrying (tattling)	14. Temper tantrums	16. Laziness	17. Temper tantrums	17. Selfishness	17. Domineering	17.
18. Quarrelsomeness	18. Disorderliness	18. Smoking	18. Dreaminess	18. Quarrelsomeness	18. Truancy	18. Temper tantrums
18. Stubbornness	18. Unreliableness	19. Enuresis	18. Nervousness	19. Domineering	19. Physical cowardice	19. Unsocial, withdrawing
18. Smoking	18. Domineering	20. Nervousness	20. Stubbornness	20. Lack of interest in work	20. Untruthfulness	20. Selfishness
21. Unhappy	21. Suggestible	20. Disorderliness in class	21. Unreliableness	21. Impudence, rudeness	21. Unreliableness	20. Laziness
22. Selfishness	21. Inattention	22. Unhappy, depressed	22. Truancy	22. Easily discouraged	22. Destroying school material	22. Disorderliness in class
22. Tardiness	23. Impertinence	22. Easily discouraged	23. Untruthfulness	23. Suggestible	23. Sullenness	22. Obscene note talk
22. Profanity	24. Selfishness	24. Selfishness	24. Cheating	24. Fearfulness	24. Lack of interest in work	24. Suggestible
22. Thoughtlessness	25. Disobedience	24. Carelessness	25. Lack of interest in work	25. Enuresis	25. Cheating	25. Domineering
26. Easily discouraged	25. Easily discouraged	26. Inattention	26. Heterosexual activity	26. Masturbation	26. Selfishness	26. Inattention
26. Interrupting	25. Impudence	27. Quarrelsomeness	27. Enuresis	27. Laziness	27. Quarrelsomeness	26. Nervousness
26. Slovenly in personal appearance	25. Obscene notes	28. Suggestible	28. Obscene notes, talks	28. Inattention	28. Heterosexual activity	28. Masturbation
26. Nervousness	29. Overcritical of others	29. Resentfulness	28. Tattling (carrying tales)	29. Disorderliness	29. Restlessness	29. Profanity
30. Resentful	30. Carelessness in work	30. Tardiness	30. Silliness, attracting attention	30. Sullenness	30. Inattention	30. Fearfulness
30. Imaginative lying	30. Laziness	31. Physical cowardice	31. Quarrelsomeness	31. Physical coward	31. Impertinence	31. Sullenness
30. Heterosexual activity	30. Shyness	32. Stubbornness	32. Impudence, rudeness	32. Overcritical of others	32. Slovenly in personal appearance	31. Silliness, attracting attention
33. Inquisitiveness	33. Sullenness	32. Domineering	33. Imaginative lying	33. Sensitiveness	33. Tattling	33. Stubbornness
33. Domineering	33. Profanity	34. Slovenly in appearance	34. Inattention	34. Carelessness in work	34. Obscene notes, talk	34. Overcritical of others
33. Restlessness	33. Physical cowardice	35. Sullenness	35. Slovenly in appearance	35. Shyness	35. Laziness	34. Physical cowardice

33. Suggestible	36. Heterosexual activity	36. Fearfulness	35. Laziness	36. Suspiciousness	36. Stubbornness	36. Thoughtlessness
33. Fearfulness	36. Tale-carrying (tattling)	37. Suspiciousness	37. Impertinence	37. Smoking	37. Attracting attention	36. Tardiness
33. Overcritical of others	36. Imaginative lying	38. Thoughtlessness	37. Carelessness in work	38. Stubbornness	38. Thoughtlessness	36. Slovenly in appearance
39. Unsocial	36. Silliness, attracting attention	39. Silliness, attracting attention	39. Thoughtlessness	39. Dreaminess	39. Imaginative lying	39. Sensitiveness
39. Silliness, attracting attention	36. Smoking	40. Unsocial, withdrawing	40. Restlessness	40. Profanity	40. Disobedience	40. Shyness
41. Temper tantrums	36. Dreaminess	40. Dreaminess	41. Masturbation	41. Attracting attention	41. Carelessness in work	40. Suspiciousness
41. Dreaminess	42. Slovenly in personal appearance	42. Imaginative lying	42. Disobedience	42. Slovenly in appearance	42. Masturbation	42. Enuresis
43. Masturbation	43. Sensitiveness	43. Interrupting	43. Tardiness	43. Restlessness	43. Impudence, rudeness	43. Interrupting
43. Sensitiveness	43. Thoughtlessness	43. Inquisitiveness	44. Inquisitiveness	44. Tardiness	44. Inquisitiveness	44. Inquisitiveness
45. Physical cowardliness	43. Stubbornness	45. Overcritical of others	45. Destroying school materials	45. Thoughtlessness	45. Disorderliness	44. Dreaminess
45. Suspiciousness	43. Tardiness	46. Tattling (tale-carrying)	46. Disorderliness in class	46. Tattling (tale-carrying)	46. Tardiness	46. Restlessness
47. Sullenness	47. Interrupting	46. Whispering	47. Profanity	47. Inquisitiveness	47. Interrupting	47. Tattling (tale-carrying)
47. Enuresis	47. Masturbation	48. Sensitiveness	48. Interrupting	48. Interrupting	48. Profanity	48. Imaginative lying
47. Whispering, note writing	49. Whispering, note writing	49. Restlessness	49. Smoking	49. Imaginative lying	49. Smoking	49. Smoking
50. Shyness	50. Inquisitiveness	50. Shyness	50. Whispering	50. Whispering	50. Whispering	50. Whispering

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In all the comparisons, both inter-group and intra-group, the χ^2 test was used to determine the significance of differences between two groups.

Where it was necessary to compute rank-order correlation based on ratings, Spearman's Rank-Order Coefficient (Rho) was used. This technique has been used by a number of previous investigators who have conducted studies of the Wickman type. These include such writers as Wickman himself, ⁷² Stouffer, ⁷³ Hunter, ⁷⁴ and Stanley. ⁷⁵

Explanatory notes and worked examples pertaining to the above-mentioned statistical procedures are given in Appendix .

6.1 Inter-Group Comparisons

6.1.1 A comparison of the ratings of Indian teachers and South African mental hygienists in respect of specific behavioural problems presented by children

Discussion in this section will focus on a comparison of the ratings of Ramphal's group of Indian teachers and his group of mental hygienists. The data were organised to appraise the extent of the agreement or disagreement by three methods, each adding a new dimension to an understanding of the results.

(a) Comparison of ranks given to the behaviours
by the two groups

First the 12 problems ranked as most serious by the teachers and the mental hygienists were examined.

Certain similarities and differences in rankings were observed. These can be seen in Table 2.8.

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TABLE 2.8

THE 12 MOST SERIOUS PROBLEMS AS RANKED
BY RAMPHAL'S TEACHERS AND RAMPHAL'S
MENTAL HYGIENISTS

Ramphal's teachers		Ramphal's mental hygienists	
Rank	Problems	Rank	Problems
1	<u>Truancy</u>	1	Truancy
2	<u>Lack of interest in work</u>	1	Unhappy, depressed
3	<u>Destroying school materials</u>	1	Cruelty, bullying
3	<u>Untruthfulness</u>	4	<u>Stealing</u>
5	<u>Stealing</u>	4	<u>Destroying school materials</u>
6	Impertinence, defiance	6	Unsocial, withdrawing
6	Cheating	6	Enuresis
6	Disobedience	8	<u>Untruthfulness</u>
6	Laziness	9	<u>Lack of interest in work</u>
10	Unreliableness	10	Nervousness
10	Carelessness in work	10	Quarrelsomeness
10	<u>Disorderliness in class</u>	10	Fearfulness

The underlined problems, common to both groups suggests a certain degree of agreement in the attitudes of the two groups toward problem behaviour.

(b) Statistical analysis of ranks given by the two groups

A comparison of the two groups in respect of each of the 51 items in the rating scale indicates that teachers consistently view violations of classroom rules and undesirable personality traits of an aggressive nature in a more serious light. Conversely, clinicians tend to view withdrawing, recessive traits as matters of greater concern. If the mathematical symbol ($>$) were to be used for designating inequalities to significant differences in the teachers' and clinicians' weighting of certain related types of problems, the direction of the teachers' reactions in relation to those of the clinicians' to the seriousness of the behaviour problems can be formulated thus: (a)

disorderliness/... 26

(a) The form in which the results are presented below follows the pattern used by E.K. Wickman in Children's Behaviour and Teachers' Attitudes. New York, The Commonwealth Fund, 1928, Chapter III.



More serious than

disorderliness in class	}	nervousness
interrupting behaviour		suggestibility
laziness		shyness
slovenly in personal appearance		unsocial behaviour
impudence		unhappiness
impertinence		fearfulness
stubbornness		suspiciousness

Two other items — temper tantrums

($x^2 = 20,91$, d.f. = 2, $P : < 0,001$) and quarrelsomeness ($x^2 = 11,44$, d.f. = 2, $P : < 0,01$) — are viewed in a significantly more serious light by the clinicians than by the teachers.

While to some extent, the difference in perception between teachers and clinicians of what constitute serious behaviour problems may be ascribed to a limitation on the part of teachers to appreciate the significance of certain personality characteristics in regard to the future adjustment and personality development of the individual, it may also represent a difference in viewpoint. It is likely that teachers assess the traits in terms of the classroom situation while the clinicians are influenced to a greater extent by a clinical attitude.

Teachers feel more concerned about behaviour that interferes with their immediate teaching purpose and less concerned about the personality problem of the child.

(c) Rank-Order Correlation based on the ratings of the two groups

In a third method of evaluation, a correlation was obtained by arranging the means of the ratings by the teachers of the respective behaviour problems of children in order of seriousness from the highest to the lowest, and listing opposite the corresponding values for these behaviours as judged by the mental hygienists. The matched means were then converted into ranks. In computing the coefficient of correlation between the above matched scores, Spearman's rank-order formula was used. (a)

When/... 262

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- (a) An example showing the steps involved in computing the Spearman rank correlation is given in Appendix . The following formula adapted from Siegel, S : Non-Parametric Statistics p.206, was used :

$$\frac{1 - 6 D^2}{N(N^2 - 1)}$$

Whenever tied scores occurred, each of them was assigned the average of the ranks which would have been assigned had no ties occurred. This is the usual procedure for assigning to tied observations.

When the rank-order of the list of fifty-one behaviours in terms of seriousness was considered a correlation of 0,36 was obtained. As mentioned earlier, the correlation between Wickman's teachers and his mental hygienists nearly fifty years ago was - 0,11.⁷⁶ These correlations indicate that there is closer agreement between the teachers and mental hygienists in Ramphal's study than in Wickman's study. This trend toward greater consensus between the attitudes of the two groups is consistent with the findings of Mitchell⁷⁷ and of Stouffer⁷⁸ who conducted their studies in 1940 and in 1950 respectively. Unfortunately, it was not possible to compute correlations between the ratings of Ramphal's mental hygienists and the mental hygienists of Mitchell and of Stouffer since the mean ratings of the relative seriousness of the problems (which are essential for the computation of rank-order correlations) by the latter two groups were not available.^(a)

At the lower end of the rank-order arrangement, three items rated among the twelve least serious by the teachers - masturbation, sensitiveness and whispering - also figure in the list of twelve items rated least seriousness by the mental hygienists.

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(a) Mean ratings available are given in Appendix

In summary, a comparison of the ranks given to the behaviours by the two groups indicates a certain degree of agreement in their ratings of problem behaviour. This agreement can be noticed particularly in respect of items such as truancy, lack of interest in work, destroying school materials, untruthfulness and stealing. However, a comparison of the two groups in respect of each of the 51 items reveals that significant differences also exist - in respect of 20 items. By and large, the teachers tend to take a more serious view of problems involving acting-out behaviour. The clinicians, on the other hand, rate withdrawing types of behaviour as being more serious. This finding is consistent with that of several other writers such as Wickman,⁷⁹ Laycock,⁸⁰ and Hunter.⁸¹

A rank-order correlation based on the ratings of the two groups also confirms the observations of Mitchell and Stouffer⁸² that teachers and clinicians agree more closely with each other about specific behaviour problems of children than they did in the days of Wickman in 1928. The correlation between Wickman's teachers and his mental hygienists was - 0,11.⁸³ In the present study, a correlation of 0,36 was obtained between the rankings of the two groups.

6.1.2 A comparison of the ratings of Indian teachers and American mental hygienists in respect of specific behavioural problems presented by children

In this section special attention will be given to a comparison of the ratings of Indian teachers and American mental hygienists as represented by Wickman's and Stouffer's groups.

(a) Comparison of ranks given to the behaviours by the groups

The 12 problems ranked as most serious by the Indian teachers and the American mental hygienists (i.e. Wickman's and Stouffer's mental hygienists) were examined. These problems are presented in Table 2.9.

TABLE/...265

TABLE 2.9

THE 12 MOST SERIOUS PROBLEMS AS RANKED BY RAMPHAL'S TEACHERS
AND WICKMAN'S AND STOUFFER'S MENTAL HYGIENISTS

Ramphal's teachers	Wickman's mental hygienists	Stouffer's mental hygienists
1 Truancy	* 1 Unsocial, withdrawing	* 1 Unsocial, withdrawing
2 Lack of Interest in work	* 2 Suspiciousness	* 2 Unhappy, depressed
3 Destroying school materials	* 3 Unhappy, depressed	* 3 Fearfulness
3 Untruthfulness	* 4 Resentfulness	* 4 Suspiciousness
5 <u>Stealing</u>	* 5 Fearfulness	5 Cruelty, bullying
6 Impertinence, defiance	6 <u>Cheating</u>	6 Shyness
6 <u>Cheating</u>	7 Easily discouraged	7 Enuresis
6 Disobedience	8 Suggestible	* 8 Resentfulness
6 Laziness	9 Over-critical of others	9 <u>Stealing</u>
10 Unreliableness	* 10 Sensitiveness	* 10 Sensitiveness
10 Carelessness in work	11 Domineering	11 Dreaminess
10 Disorderliness in class	12 Sullenness	12 Nervousness

(a) Problems common to the teacher's group and either of the mental hygienists' group are underlined.

(b) * Denotes problems common to both groups of mental hygienists.

Table 2.9 shows that, in marked contrast to the agreement between the two sets of mental hygienists, Ramphal's teachers have attitudes to problem behaviours which are markedly dissimilar. Stouffer⁸⁴ reported a rank-order correlation of 0,87 between the rankings of his mental hygienists and those of Wickman.

Only two items, viz, stealing and cheating which appear in the ratings by Ramphal's teachers find a place in the first twelve ratings by the mental hygienists - cheating is rated 6th by Wickman's group and stealing 9th by Stouffer's group.

Wide disagreement between the teachers on the one hand and the two sets of mental hygienists on the other is also evident when the twelve least serious problems ranked by each group are considered (see Table 2.7). Whispering is the only problem which appears in the teacher list as well in those of both sets of clinicians. It is of interest to note that three items which are rated in the first twelve by the teachers - destroying school materials, disobedience, and disorderliness in class - appear among the twelve least serious problems ranked by Wickman's mental hygienists. Other

items in which marked discrepancies exist between the views of these two groups are suspiciousness, shyness, sullenness and withdrawn behaviour. There is relatively close agreement between Ramphal's teachers and Wickman's mental hygienists in respect of masturbatic and heterosexual activity.

In brief, a comparison of ranks given to the behaviours by the three groups shows that there is very little agreement between Indian teachers and American mental hygienists (as represented by Wickman's and Stouffer's groups) in the way in which they view problem behaviour in children.

(b) Rank-Order correlations based on the ratings by the groups

A coefficient correlation - 0,28 was obtained between the ratings of the Indian teachers and Wickman's mental hygienists. Wickman reported a correlation of - 0,11 between the rank-order ratings of his group of mental hygienists and teachers. This indicates that the extent of the disagreement relating to the ratings was greater between the Indian teachers and Wickman's mental hygienists than between Wickman's teachers and his mental hygienists.

In general, the teachers again show greater concern with children's behaviours that are

aggressive, disruptive of school routines or generally reflecting lack of interest in school activities. Table 2.9 also indicates that the teachers are somewhat less concerned with withdrawing behaviours. Being unsocial, unhappy, fearful and suspicious cause particular concern among the clinicians. The difference in attitude may be a reflection of differences in the roles of teachers and clinicians. Teachers have the obligation to educate a group of children. Deviations of behaviour which frustrate teachers within the classroom and which tend to obstruct their main purpose are viewed unfavourably.

Personal experience as a teacher has made the present writer aware of the problems which a disruptive child can cause in a classroom group. From the teacher's point of view it is necessary first of all for him to "manage" his class and create an orderly structure in which constructive work can go on. For practical reasons, it is difficult even for a teacher with a good understanding of the dynamics of maladjusted behaviour to establish in a classroom anything like the kind of atmosphere of acceptance and permissiveness that is possible in a therapist's office.

Following upon this point, the question may be raised as to how much agreement there should be in rating "seriousness of problems" between a

clinician, who usually sees children individually and a teacher who must handle them in groups (often in large classes) and has the responsibility of producing academic achievement up to a specified level. The differences in their roles would, as Beilin⁸⁵ has suggested, seem to justify some differences in problem weighting.

6.1.3. A Comparison of the ratings of Indian teachers and American teachers in respect of specific behavioural problems presented by children

In this section special attention will be given to a comparison of the ratings of Indian teachers and American teachers as represented by Wickman's, Stouffer's and Hunter's groups.

As mentioned earlier, Ramphal conducted his study in 1974 while the latter group of investigators carried out their studies in 1926, 1952, and 1955 respectively. A consideration of these various studies which were conducted at different intervals of time helps to give some indication of the changes which have progressively taken place in the attitudes of teachers toward children's behaviour problems over a number of years.

(a) Comparisons of ranks given to the behaviours
by the groups

First, it was decided to consider the relative position, in rank-order arrangements as to seriousness, assigned respectively by the four sets of teachers to the problem behaviours listed. An examination of the 12 items ranked most serious by each of the four groups (See Table 2.7) indicates close agreement. Seven items - truancy, destroying school materials, untruthfulness, stealing, impertinence, disobedience and unreliableness - appear high up on all four lists. Thus it would appear that problems which earlier groups of teachers viewed as being serious continue to be rated similarly by teachers who participated in later studies.

At the other end of the rank-order arrangements, there is a lesser degree of agreement. Except for whispering, no other problem appears in all four lists among the last twelve problems (i.e. those which are ranked as being least serious).

It is interesting to note that masturbation has dropped sharply in teachers' estimations as a serious behaviour problem.

In general, the problems which are considered serious tend to be problems that outrage the teacher's authority or frustrate the immediate teaching purpose. This is not surprising when seen in the framework of role theory. Ramphal's teachers, particularly, rank violations of orderliness in the classroom and application to school work as being more serious than do the other teachers. This is indicated by the rankings given in Table 2.10 below.

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TABLE 2.10

RANKINGS OF SELECTED BEHAVIOUR PROBLEMS CLOSELY
RELATED TO SCHOOL WORK BY RAMPHAL'S, WICKMAN'S
STOUFFER'S AND HUNTER'S TEACHERS

Behaviour Problems	Rankings: Ramphal's Teachers	Rankings: Wickman's Teachers	Rankings: Stouffer's Teachers	Rankings: Hunter's Teachers
Lack of Interest in work	2	14	20	13
Laziness	6	16	27	20
Disorderliness in class	10	20	29	22
Carelessness in work	10	24	34	17
Inattention	14	26	28	26
Interrupting	26	43	28	43

Examination of Table 2.10 above reveals another interesting point, viz, the rankings given to problems related to violations of orderliness in the classroom and applications to school work by Hunter's teachers in 1955 tend to be closer to the ratings given to the same items by Wickman's teachers in 1928 than by Ramphal's teachers in 1974.

Wickman's teachers, view activities such as heterosexuality and masturbation in a more serious light than Ramphal's teachers. Hunter's teachers view the same items in a less serious light than the Indian teachers of 1974. The rankings for these items are given below.

TABLE 2.11

RANKINGS BY RAMPHAL'S WICKMAN'S AND HUNTER'S
TEACHERS IN HETEROSEXUAL ACTIVITY AND MASTRUBATION

Behaviour Problems	Ratings by Ramphal's Teachers	Ratings by Wickman's Teachers	Ratings by Hunter's Teachers
Heterosexual activity	30	1	10
Masturbation	43	3	28

Marked differences between Ramphal's teachers and Wickman's teachers also appear in respect of thoughtlessness and tattling (tale-carrying). Both of these characteristics are regarded by the group of Indian teachers as being more serious. On the other hand, Wickman's teachers show greater concern over the problems of temper tantrums and enuresis.

Hunter's teachers, saw smoking in a far less serious light than Ramphal's or Wickman's teachers. On the other hand, unsocial, withdrawing behaviour in a child was of greater concern to Hunter's 1955 group than to either of the other two groups.

(b) Rank-Order correlations based on the ratings by the groups

A co-efficient of correlation of 0,62 was obtained between the ratings by the Indian teachers and Wickman's teachers and a coefficient of correlation of 0,64 was found between the ratings by the Indian teachers and Hunter's teachers. This indicates a fairly high level of general agreement between them.

Overall, a comparison of the ratings by the teachers in recent studies and by the teachers of almost fifty years ago show that problems relating to honesty, truancy and to classroom order and application to school tasks are rated among the

most serious of the 50 problems by latter-day teachers as they were by the teachers of Wickman's study. However, several of the problems concerned with withdrawing, recessive personality traits - such as unhappiness, depression, unsociability and imaginative lying - have moved to higher positions. This trend is particularly noticeable in the studies by Stouffer and Hunter. This indicates that teachers are becoming more aware of social and emotional maladjustment as it is understood by clinicians.

In summary, comparisons of ranks given to the behaviours by the groups show that, although there are differences between the rankings of different sets of teachers who taught in different eras, basic agreement relating to the classroom situation exists. This is to be expected in view of the fact that teachers, as a group, have a common purpose, viz, educating children. This purpose is best achieved in an orderly classroom situation where children are attentive. Teachers, as a professional group, understandably prefer a situation which is conducive to the fulfilment of their primary goal.

6.1.4 An over-all comparison of the ratings of teachers and mental hygienists in respect of specific behavioural problems presented by children

In this section special attention will be given to a comparison of the rankings of teachers as a total group (as represented by Ramphal's, Wickman's, Stouffer's and Hunter's groups) and mental hygienists (as represented by Ramphal's, Wickman's and Stouffer's groups).

It was decided to consider the relative position in rank-order arrangement as to seriousness, assigned respectively by the seven sets of respondents to the problem behaviours listed.

As examination of the rankings in Table 2.7 shows that, except for certain inconsistencies on the part of Stouffer's groups, those behaviours which are closely related to the school situation have progressively been given higher rankings over the years by both teachers and mental hygienists. This is shown in table 2.12 below:

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TABLE 2.12

TEACHERS' AND MENTAL HYGIENISTS' RANKINGS OF
BEHAVIOUR PROBLEMS CONCERNED WITH APPLICATION
TO SCHOOL WORK

Behaviour Problems closely related to the school situation	Teachers				Mental Hygienist		
	1926	1952	1955	1974	1926	1952	1974
Truancy	6	4	3	1	6	18	1
Destroying school materials	10	7	2	3	10	22	4
Lack of interest in work	14	20	13	2	14	24	9
Carelessness in work	24	34	17	10	24	41	30
Disorderliness in class	20	29	22	10	20	45	18
Inattention	26	28	26	14	26	30	21

This finding indicates that there is decreasing tolerance on the part of both teachers as well as mental hygienists toward behaviours which interfere with the teaching-learning situation. More emphasis, for example, is being placed on the fact that children should attend school regularly. This is understandable in view of the greater educational demands which are

being made in an increasingly complex and competitive world.

Inspection of Table 2.7 shows that all four groups of teachers rank unreliableness as a serious problem in pupils but none of the three groups of mental hygienists do so.

Table 2.7 also indicates that problems related to withdrawing and recessive personality traits feature prominently in the first 12 rankings of the mental hygienists. Characteristics such as fearfulness, being unsocial or withdrawn, suspiciousness, and sensitiveness are absent from the upper positions in the teachers' lists. The item unhappy and depressed (rated 5th by Stouffer's and Hunter's teachers) is the only problem of a recessive nature which appears among the top twelve in the teachers' lists.

All three groups of mental hygienists view the following problems in a serious light: unhappiness, fearfulness, and unsocial, withdrawn behaviour. Suspiciousness (rated 2nd by the mental hygienists in 1928 and 4th by the mental hygienists in 1952) is viewed in a less serious light by the mental hygienists in 1977. Shyness and dreaminess caused particular concern in Stouffer's mental hygienists but are of less consequence in the eyes of Ramphal's and Wickman's mental hygienists.

Stealing appears most prominently among those characteristics which indicate dishonesty. Only Wickman's mental hygienists do not view this problem as serious enough to justify placing it in their top twelve ratings. Taken as a group, teachers tend to rank stealing higher up in the scale than do mental hygienists. Stouffer's and Hunter's teachers place this characteristic at the top of their lists while Wickman's teachers rank it second. Untruthfulness is also regarded as a serious dishonesty problem by most of the groups whose rankings appear in Table 2.7. Only Wickman's and Stouffer's mental hygienists exclude this trait from their top twelve problems.

Cheating is seen as a relatively more serious problem by Indian teachers, as judged by the position of this item in the lists of Ramphal's teachers and mental hygienists.

Transgressions against authority (as exemplified by such characteristics as disobedience, impertinence, defiance, impudence and rudeness) are regarded as matters of serious concern by the various groups of teachers. None of these characteristics appear among the twelve problems which cause concern in mental hygienists.

Destroying school materials is a matter of concern to all the groups although only Wickman's and Stouffer's mental hygienists assign this trait a rank-order of lower than twelfth.

All seven groups whose rankings are shown in Table 2.7 are unanimous in their concern for the type of behaviour which falls under the heading cruelty and bullying. None of them rank this characteristic lower than thirteenth.

Enuresis is ranked 6th in seriousness by Ramphal's and 7th by Stouffer's mental hygienists. All the other groups rank this characteristic lower than 12th. The increased importance given to enuresis by the 1952 and 1974, as compared to the 1928, mental hygienists might possibly be explained in terms of the increased psychological significance attached to it as an evidence of underlying emotional maladjustment rather than as a purely medical problem.

All the groups whose ratings are given in Table 2.7 view whispering as a matter of very little consequence. Ramphal's, Wickman's, Hunter's, and to a lesser extent, Stouffer's teachers place a number of withdrawing and recessive personality traits among the last twelve items on their scales. These traits include sensitiveness, shyness, dreaminess, and imaginative lying. Only two traits belonging to

this category (dreaminess and sensitiveness) are ranked low by mental hygienists - and this, too, only by Ramphal's group.

Of those problems of a sexual nature which appear in the rating scale (heterosexual activity, masturbation, obscene notes and talk), masturbation is generally ranked as being the least serious, particularly by the mental hygienists.

None of the clinicians' groups consider heterosexual activity as being a serious problem. In the eyes of teachers, too, this item of behaviour has progressively lost its seriousness value.

The data in Table 2.7 shows that behaviours denoting dishonesty (stealing, untruthfulness and cheating) are regarded by all the groups, teachers and mental hygienists alike, as being serious enough to be placed at the 25th rank or above.

The mental hygienists consistently rank smoking as a matter of little concern. Teachers, except for Hunter's group who rank the problem 49th, view smoking in a relatively more serious light. Ramphal's and Wickman's teachers place smoking 18th while Stouffer's teachers give this behaviour 37th position.

Inquisitiveness is seen as a matter of very little consequence by practically all the groups whose rankings are given in Table 2.7.

In general, the overall comparison of the rankings

of teachers and mental hygienists confirm those of previous investigators, viz, teachers and mental hygienists differ noticeably in their perception of specific problem behaviours in children. However, these differences in judgement are not as wide as they used to be in earlier years. Teachers now seem to show greater awareness of problems which are of a personal and withdrawing kind. One reason for this change could be the influence of courses in educational psychology which are included in most teacher training curricula. For their part, clinicians have come to give greater weight than previously to those forms of behaviour which interfere with a child's progress in the classroom. It has been suggested that a possible explanation for this new emphasis is the need for higher levels of education in an increasingly complex world.

6.2 Intra-Group Comparisons

As noted earlier, one of the aims of the present project was to find out whether groups of Indian teachers who differed in respect of sex, age, marital status, professional experience, academic and professional qualifications, and rank viewed specific problem behaviours of children in a similar light.

In order to find answers to these problems, seven intra-group comparisons of the responses of various sets of subjects were made. These will be considered in the sub-sections which follow.

6.2.1 Female Teachers vs Male Teachers

A comparison of the responses of all the female Indian teachers (N = 381) and all the male Indian teachers in the sample (N = 580) indicates that certain behaviours are viewed in a more serious light by the females than by the males. Conversely, two behaviours are viewed in a more serious light by males than by females. The items in which significant differences were found are presented in Table 2.13 below.

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TABLE 2.13

BEHAVIOUR IN WHICH THE VIEWS OF FEMALE
TEACHERS AND MALE TEACHERS DIFFERED
SIGNIFICANTLY (a)

Items	Viewed in a more serious light by Female Teachers χ^2	Viewed in a more serious light by Male Teachers χ^2
Mastrubation	6,63 * (b)	
Disobedience	6,96 *	
Impertinence	6,58 *	
Destroying school materials	7,86 *	
Stealing	6,40 *	
Heterosexual activity	7,50 *	
Resentfulness	7,72 *	
Obscene notes	12,69 ** (c)	
Inattention	12,61 **	
Nervousness		7,99 *
Fearfulness		9,11 *

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- (a) The form in which the results are presented in the tables is an adapted pattern of the one suggested by Entwistle, N.J., and Nisbet, J.D.: Education Research in Action. London, Univ. of London Press, 1972, pp. 134-5.
- (b) denotes significance at 0,05 level.
- (c) denotes significance at 0,01 level.

On the remaining 42 items, no significant differences were found between the two groups. This indicates that both groups held more or less similar views in respect of these items.

It will be noticed from the sets of behaviours presented above that undesirable personality traits of an aggressive and antagonistic nature - disobedience, impertinence, destroying school materials and resentfulness - are rated by females as being more serious than recessive, withdrawing traits. Males, on the other hand, tend to be relatively more concerned with withdrawing characteristics such as nervousness and fearfulness.

Sexual problems are seen in a more serious light by females.

Since the males and the females in the samples above do not agree on the relative seriousness of all the items (N = 51), it becomes necessary to treat the data for each sex separately in the remaining intragroup analyses.

6.2.2 Younger Teachers vs Older Teachers

(a) Males

For the purpose of the present comparison, the term "younger teachers" refers to those teachers who are 33 years of age or younger

while the term "older teachers" refers to those who are 34 years or older.

A comparison of the responses of the two groups indicates that younger male teachers view certain problem behaviours in a more serious light than older male teachers while older male teachers view other behaviour in a more serious light than younger male teachers. These are presented in Table 2.14.

TABLE 2.14

BEHAVIOURS IN WHICH THE VIEWS OF YOUNGER MALE TEACHERS AND OLDER MALE TEACHERS DIFFERED SIGNIFICANTLY

Items	Viewed in a more serious light by Younger Male Teachers	Viewed in a more serious light by Older Male Teachers
Domineering	9,00 *	
Impertinence	7,07 *	
Lack of interest in work	8,51 *	
Temper Tantrums	12,56 **	
Suspiciousness	10,85 **	
Selfishness		6,86 *
Tale-carrying		6,56 *
Dreaminess		7,54

No significant differences were found on the remaining characteristics between younger and older teachers. The younger teachers regard transgressions against authority, as exemplified by such behaviours as impertinence and temper tantrums, in a more serious light than older teachers. The latter group, on the other hand, give more emphasis to such undesirable regressive personality traits as selfishness, tale-carrying and dreaminess.

(b) Females

For the purpose of the present comparison, the term "younger" refers to those teachers who are 29 years of age or younger while the term "older teachers" refers to those who are 30 years or older.

A comparison of the responses of the two groups indicates that younger female teachers view certain problem behaviours in a more serious light than older female teachers while older female teachers view other problem behaviours in a more serious light than younger female teachers. Items in which significant differences were found are presented in Table 2.15.

TABLE 2.15

BEHAVIOURS IN WHICH THE VIEWS OF YOUNGER
FEMALE TEACHERS AND OLDER FEMALE TEACHERS
DIFFERED SIGNIFICANTLY

Items	Viewed in a more serious light by Younger Female Teachers	Viewed in a more serious light by Older Female Teachers
Homosexual activity	6,67*	
Lack of interest in work	6,49*	
Defiance	8,31*	
Cruelty and bullying	6,48*	
Dreaminess	26,69**	
Carelessness		6,68*
Selfishness		6,76*

Younger female teachers tend to view a greater number of behaviour problems in a more serious light. This taken together with the results obtained in the case of the males, indicates that actual exposure to child behaviour is an important factor in influencing teacher's perceptions of problem behaviour in pupils.

6.2.3 Unmarried Teachers vs Married Teachers

(a) Males

A comparison of the responses of the two groups indicates that unmarried male teachers view certain behaviour problems in a more serious light than married male teachers. Conversely, two behaviours are viewed in a more serious light by married male teachers. The items in which significant differences were found are presented in Table 2.16.

TABLE 2.16

BEHAVIOURS IN WHICH THE VIEWS OF UNMARRIED MALE TEACHERS AND MARRIED MALE TEACHERS DIFFER SIGNIFICANTLY

Items	Viewed in a more serious light by Unmarried Male Teachers	Viewed in a more serious light by Married Male Teachers
Disorderliness	8,81 *	
Tale-carrying	6,51 *	
Suggestible	6,36 *	
Sullenness	8,62 *	
Profanity	9,13 *	
Temper tantrums	8,61 *	
Domineering	6,13 *	
Stubbornness	6,35	
Stealing		9,10 *
Untruthfulness		6,15 *

Unmarried males labelled a greater number of behaviours as being serious than married males. This may indicate that married teachers are somewhat more tolerant of a greater number of problem behaviours in pupils. A possible explanation for this finding is that many teachers probably have children of their own and have therefore developed greater patience for aberrant behaviour in youngsters.

(b) Females

A comparison of the responses of the two groups indicates that unmarried female teachers view the several behaviour problems in a more serious light than married female teachers while married female teachers view other items in a more serious light. The items in which significant differences were found are given in Table 2.17.

TABLE/... 291

TABLE 2.17

BEHAVIOURS IN WHICH THE VIEWS OF UNMARRIED
FEMALE TEACHERS AND MARRIED FEMALE TEACHERS
DIFFERED SIGNIFICANTLY

Items	Viewed in a more serious light by Unmarried Female Teachers	Viewed in a more serious light by Married Female Teachers
Lack of interest in work	6,85 *	
Inquisitiveness	6,50 *	
Disorderliness	6,66 *	
Laziness	7,55 *	
Tardiness	8,16 *	
Domineering	6,75 *	
Impertinence	9,01 *	
Easily discouraged		9,12 *
Enuresis		8,51 *
Heterosexual activity		7,05 *
Stealing		7,53 *

As in the case of males, unmarried women teachers labelled more behaviours as being serious than married females. It is possible that the standards for differentiating between problem and non-problem behaviour leans toward the idealistic in the case of the unmarried females. They tend to be more severe in their judgments. On the other hand, the married females, many of whom may also be mothers, have, as in the case of married males,

developed more realistic attitudes toward problem behaviour in children.

6.2.4 Teachers with Lesser Professional Experience vs Teachers with Greater Professional Experience

(a) Males

For the purpose of the present comparison in the case of both males and females, the term "lesser professional experience" refers to those teachers who have been in the teaching profession for a period of 9 years or less while the term "greater professional experience" refers to those who have been in the profession for more than 9 years.

A comparison of the responses of the two groups indicates that male teachers with lesser professional experience view certain behaviour problems in a more serious light than male teachers with greater professional experience while male teachers with greater professional experience view other behaviours in a more serious light. The behaviours in which significant differences are found are given in Table 2.18.

TABLE 2.18

BEHAVIOURS IN WHICH THE VIEWS OF MALE TEACHERS WITH LESSER PROFESSIONAL EXPERIENCE AND MALE TEACHERS WITH GREATER PROFESSIONAL EXPERIENCE DIFFERED SIGNIFICANTLY

Items	Viewed in a more serious light by Male Teachers with Lesser Professional Experience	Viewed in a more serious light by Male Teachers with Greater Professional Experience
Lack of interest in work	8,12 [*]	
Impudence	6,89 [*]	
Rudeness	7,18 ^{**}	
Tale-carrying	9,64	
Tardiness	9,35 ^{**}	
Restlessness	13,72 ^{**}	
Nervousness		6,10 ^{**}
Inattention		6,30 [*]
Selfishness		6,74 [*]
Suggestible		7,84 [*]
Cheating		6,05 [*]
Carelessness		8,86 [*]

The more experienced teachers display greater concern about undesirable personality traits of a recessive nature.

In general, male teachers with lesser professional experience regard behaviour which

represent violations of school work requirement - such as lack of interest in work, tardiness and restlessness - as well as undesirable personality traits of an aggressive nature - such as impudence and rudeness - as notable deviations in children's behaviour. On the hand, in contrast to their more experienced colleagues, they view characteristics such as nervousness, selfishness and suggestibility as being relatively less serious problems.

(b) Females

A comparison of the responses of the two groups indicates that female teachers with lesser professional experience view three problem behaviours in a more serious light than female teachers with greater professional experience while female teachers with greater professional experience view other behaviour items in a more serious light. Items in which significant differences were found are given in Table 2.19.

TABLE 2.19

BEHAVIOURS IN WHICH THE VIEWS OF FEMALE
TEACHERS WITH LESSER PROFESSIONAL EXPERIENCE
AND FEMALE TEACHERS WITH GREATER PROFESSIONAL
EXPERIENCE DIFFERED SIGNIFICANTLY

Items	Viewed in a more serious light by Female Teachers with Lesser Professional Experience	Viewed in a more serious light by Female Teachers with Greater Professional Experience
Inattention	6,34 *	
Homosexual activity	7,40 *	
Truancy	6,89 *	
Disorderliness		6,70 *
Disobedience		6,34 *
Cheating		6,11 *
Carelessness		7,85 *
Restlessness		9,65 **

Whereas among the males there is agreement on the relative seriousness of 39 out of the 51 problem behaviours in the scale, females of lesser and greater experience in the teaching profession tended to agree with each other on 43 items.

6.2.5 Teachers with Lower Academic Qualifications vs Teachers with Higher Academic Qualifications

For the purpose of the present comparison the term "lower qualifications" refers to those teachers who possess academic qualifications which are lower than a university degree while the term "higher qualifications" refers to those who hold at least a university degree.

(a) Males

A comparison of the responses of the two groups indicates that male teachers with lower academic qualifications view several behaviour problems in a more serious light than male teachers with higher academic qualifications. Conversely, other items are viewed in a more serious light by male teachers with higher academic qualifications. Items in which significant differences were found are given in Table 2.20.

TABLE/... 297

TABLE 2.20

BEHAVIOURS IN WHICH THE VIEWS OF MALE TEACHERS
WITH LOWER ACADEMIC QUALIFICATIONS AND MALE
TEACHERS WITH HIGHER ACADEMIC QUALIFICATIONS
DIFFERED SIGNIFICANTLY

Items	Viewed in a more serious light by Male Teachers with Lower Academic Qualifications	Viewed in a more serious light by Male Teachers with Higher Academic Qualifications
Carelessness in work	6,01 *	
Lack of interest in work	6,04 *	
Impertinence	7,45 *	
Temper tantrums	6,33 *	
Rudeness	8,30 *	
Over critical of others		6,19 *
Stealing		6,87 *
Enuresis		7,26 *
Defiance		7,15 *
Inattention		10,27 **

No significant differences were found on the remaining characteristics between those male teachers with lower academic qualifications and those with higher academic qualifications.

(b) Females

For the purpose of the present comparison the term "lower qualifications" refers to those teachers who possess academic qualifications at the Standard VIII level and below while the term "higher qualifications" refers to those who have passed at least Standard IX.

A comparison of the responses of the two groups indicates that female teachers with lower academic qualifications view a number of problem behaviours in a more serious light than female teachers with higher academic qualifications while female teachers with higher qualifications view four behaviours in a more serious light than female teachers with lower academic qualifications. Items in which significant differences were found are given in Table 2.21.

TABLE 2.21/... 299

TABLE 2.21

BEHAVIOURS IN WHICH THE VIEWS OF FEMALE TEACHERS WITH LOWER ACADEMIC QUALIFICATIONS AND FEMALE TEACHERS WITH HIGHER ACADEMIC QUALIFICATIONS DIFFERED SIGNIFICANTLY

Items	Viewed in a more serious light by Female Teachers with Lower Academic Qualifications	Viewed in a more serious light by Female Teachers with Higher Academic Qualifications
Disobedient	8,09 *	
Restlessness	8,01 *	
Rudeness	6,10 *	
Disorderliness	6,70 *	
Obscene notes and talk	8,96 *	
Homosexual activity	7,16 *	
Carelessness	7,75 *	
Temper tantrums	10,96 **	
Sullenness		8,20 *
Fearfulness		7,14 *
Silliness		9,19 *
Lack of interest in work		7,40 *

It would appear that many of the problems which are of concern to the lesser qualified groups of male and female teachers represent objective

types of behaviour that offend the teacher's moral code and authority, or problems that frustrate the immediate teaching purpose. The behaviours which are viewed in a more serious light by the academically more highly qualified teachers more closely resemble those of clinicians.

6.2.6 Teachers with Lower Professional Qualifications v
Teachers with Higher Professional Qualifications

For the purpose of the present comparisons, in the case of both males and females, the term "lower qualifications" refers to those teachers who possess professional qualifications which are equivalent to or lower than the Natal Teacher's Diploma (Matric + 2 years) while the term "higher qualifications" refers to those who possess at least the Natal Teacher's Senior Diploma (Matric + 3 years).

(a) Males

A comparison of the responses of the two groups indicates that male teachers with lower professional qualifications view certain behaviour problems in a more serious light than male teachers with higher professional qualifications while male teachers with higher professional qualifications view

other behaviours in a more serious light. The items in which significant differences were found are given in Table 2.22.

TABLE 2.22

BEHAVIOURS IN WHICH THE VIEWS OF MALE TEACHERS WITH LOWER PROFESSIONAL QUALIFICATIONS AND MALE TEACHERS WITH HIGHER PROFESSIONAL QUALIFICATIONS DIFFERED SIGNIFICANTLY

Items	Viewed in a more serious light by Male Teachers with Lower Professional Qualifications	Viewed in a more serious light by Male Teachers with Higher Professional Qualifications
Disobedience	6,29 *	
Rudeness	8,92 *	
Lack of interest in work	7,60 *	
Inattention	8,46 *	
Cruelty and bullying	8,30 *	
Stealing	7,03 *	
Suggestible		7,20*
Easily discouraged		7,77*
Enuresis		7,79*
Disorderliness		6,54*

Teachers with higher professional qualifications show greater awareness of the significance of recessive traits than their professionally lesser qualified counterparts.

(b) Females

A comparison of the responses of the two groups indicates that female teachers with lower professional qualifications view four problem behaviours in a more serious light than female teachers with higher professional qualifications while female teachers with higher professional qualifications view five behaviour items in a more serious light than female teachers with lower professional qualifications. Items in which significant differences were found are given in Table 2.23.

TABLE 2.23

BEHAVIOURS IN WHICH THE VIEWS OF FEMALE TEACHERS WITH LOWER PROFESSIONAL QUALIFICATIONS AND FEMALE TEACHERS WITH HIGHER PROFESSIONAL QUALIFICATIONS DIFFERED SIGNIFICANTLY

Items	Viewed in a more serious light by Female Teachers with Lower Professional Qualifications	Viewed in a more serious light by Female Teachers with Higher Professional Qualifications
Mastrubation	8,85*	
Laziness	7,38*	
Truancy	7,75*	
Disorderliness	11,77**	
Unreliableness		8,09*
Obscene notes		6,82*
Unsocial		7,32*
Interrupting behaviour		6,04*
Carelessness		9,20*

In general, it would appear that male teachers with lower professional qualifications view personality traits of an aggressive and antagonistic nature - disobedience, rudeness, cruelty and bullying - in a rather serious light. Teachers with higher professional qualifications, on the other hand, tend to be relatively more concerned with behaviour of a recessive kind - suggestible, easily discouraged, and unsocial behaviour. It is interesting to note that the two items of a sexual nature - obscene notes and masturbation - are seen in a more serious light by females.

6.2.7 Teachers of Lower Rank vs Teachers of Higher Rank

For the purpose of the present comparisons (in the case of both males and females) the term "lower rank" refers to those members of staff who serve in a purely teaching capacity (i.e. assistant teachers). The term "higher rank", on the other hand, refers to those staff members whose teaching duties include functions of a supervisory nature (i.e. principals, deputy-principals, vice-principals and senior assistants).

(a) Males

A comparison of the responses of the two groups indicates that male teachers of lower rank view certain behaviours in a more serious light

than male teachers of higher rank while male teachers of higher rank view certain behavioural items in a more serious light than male teachers of lower professional rank. Items in which significant differences were found are given in Table 2.24.

TABLE 2.24

BEHAVIOURS IN WHICH THE VIEWS OF MALE TEACHERS OF LOWER RANK AND MALE TEACHERS OF HIGHER RANK DIFFERED SIGNIFICANTLY

Items	Viewed in a more serious light by Male Teachers of Lower Rank	Viewed in a more serious light by Male Teachers of Higher Rank
Lack of interest in work	7,84 *	
Disobedience	6,34 *	
Unsocial behaviour	6,30 *	
Rudeness	8,12 *	
Overcritical of others	7,41 *	
Truancy		7,20 *
Untruthfulness		8,46 *
Stealing		6,54 *
Defiance		7,75 *

(b) Females

A comparison of the responses of the two groups indicates that female teachers of lower rank

view the four problem behaviours in a more serious light than female teachers of higher rank while female teachers of higher rank view five items in a more serious light than female teachers of lower rank. Items in which significant differences were found are given in Table 2.25.

TABLE 2.25

BEHAVIOURS IN WHICH THE VIEWS OF FEMALE TEACHERS OF LOWER RANK AND FEMALE TEACHERS OF HIGHER RANK DIFFERED SIGNIFICANTLY

Items	Viewed in a more serious light by Female Teachers of Lower Rank	Viewed in a more serious light by Female Teachers of Higher Rank
Lack of interest in work	6,89*	
Rudeness	7,03*	
Inattention	6,05*	
Carelessness	8,85*	
Truancy		7,18*
Enuresis		7,38*
Stealing		7,77*
Unreliableness		6,74*
Unsocial behaviour		6,29*

No significant differences were found on the remaining characteristics between assistant

teachers and those staff members who occupy supervisory roles in schools.

An examination of the traits which are regarded as more serious by the assistant teachers on the one hand and the supervisory staff on another shows that the former stress characteristics related to violation of school work requirements, lack of interest in work, carelessness in work and inattention. The supervisory staff, on the other hand, place relatively greater emphasis on problems relating to dishonesty (untruthfulness, stealing) and violations of school regulations (truancy). These differences probably reflect the different roles of the respective incumbents. The immediate task which confronts the assistant teacher is the imparting of information to a group of children : deviations in behaviour within the classroom which interfere with this purpose are viewed with disfavour. School principals generally deal with individual pupils : aggressive or acting - out behaviour can be more readily tolerated under these conditions. Moreover, they are not held directly responsible for poor examination results in a particular class.

In summary, a general trend which can be detected when all the intra-group comparisons are considered together is that teachers who are younger, unmarried, of lower rank, of lower professional and academic qualifications, and of lesser professional experience are relatively more concerned than their counterparts about aggressive, acting-out behaviour and the kind of conduct which interferes with the immediate teaching purpose. Although, there are certain exceptions, these teachers tend to minimise problems which are of a more personal nature. Teachers with greater experience and higher qualifications are, by and large, closer to the clinicians in their assessment of problem behaviour.

A P P E N D I X E
UNIVERSITY OF DURBAN-WESTVILLE

Faculty of Education

Private Bag X54001
DURBAN
4000

16 February 1976.

QUESTIONNAIRE : INDIAN STUDY

TO TEACHERS IN PRIMARY AND SECONDARY SCHOOLS

Dear Sir/Madam

With the sanction of the Department of Indian Education and the kind permission of your Principal, a research is being conducted into the problem of behavioral maladjustment in our schools.

Judging from the nature of the discussion which followed a paper that I presented - entitled "Behaviour Problems in Children" - at a recent conference at the University of Durban-Westville, it was clear that there are large unexplored areas in our knowledge of this field, particularly insofar as Indian children are concerned. Far too many speculative answers based on overseas studies were given to questions raised by delegates. It is essential that we should make good this deficiency. What we need are studies which take into account our own unique conditions and circumstances. It is my view that our teachers, who are constantly meeting these problems, have a fund of information on the subject, much of which has never been accurately tabulated. In order to secure some of this information, it would be appreciated if you could co-operate in filling out the attached questionnaire.

It must be emphasised that your own *personal opinions* deriving from your own personal experience is being sought. Hence your reply should not result from a discussion of the matter, say, with the rest of the staff. There are no "right" or "wrong" opinions.

Your contribution will be kept confidential. The interest is on what is said rather than on which particular individual says it. Therefore, you need not sign your name on any of the questionnaires if you do not wish to do so. However, it is necessary that you should fill in all the other details.

It is confidently expected that in the interests of research you will favour us with your opinions.

Yours faithfully



A. RAMPHAL

SENIOR LECTURER IN EMPIRICAL EDUCATION,
UNIVERSITY OF DURBAN-WESTVILLE

/PDP

UNIVERSITY OF DURBAN-WESTVILLE



Telephone: 821211
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Private Bag X54001,
Durban,
4000.

ALB/PDP

FACULTY OF EDUCATION

1976-02-24

.....
.....
.....
.....

Dear Sir/Madam

We are taking the liberty of sending you herewith a copy of a questionnaire relating to maladjustment in school children.

This questionnaire forms part of a research project which Mr A. Ramphal is undertaking for his doctoral dissertation under my guidance.

Your views on the problem of maladjustment would lend authority to the substance of this dissertation. It would be very much appreciated if you would complete the document and return it at your earliest convenience.

It should not take you more than ten minutes.

A summary of the findings will be forwarded to you in due course.

Thank you in anticipation for your cooperation.

Yours sincerely

A.L. BEHR

PROFESSOR OF EDUCATIONAL PSYCHOLOGY AND
DEAN OF THE FACULTY OF EDUCATION

P.S. You need not sign your name on the questionnaire if you do not wish to do so.

UNIVERSITY OF DURBAN-WESTVILLE



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Ref.

APPENDIX E

Private Bag X54001,
Durban,
4000.

16 February 1976

FACULTY OF EDUCATION

Dear Sir/Madam

I am engaged in a doctoral research project on behavioural maladjustment amongst Indian primary school children. One aspect of the study involves teachers' views about what constitutes "maladjusted behaviour". It would be of interest to find out the extent to which these views correspond with those of medical personnel who have a special interest in psychiatric problems presented by children. In order to make this comparison, your co-operation is essential. I shall be most grateful if you could complete the enclosed questionnaire and return it to me as soon as it is convenient for you.

A brief report of the findings will be forwarded to you when the research has been completed.

Yours faithfully

A handwritten signature in cursive script, appearing to read "A. Ramphal".

A. RAMPHAL

SENIOR LECTURER : DEPARTMENT OF
EDUCATIONAL PSYCHOLOGY

APPENDIX F

ATTITUDES TOWARD BEHAVIOUR PROBLEMS

NAME :

SCHOOL :

NO. OF COMPLETED YEARS IN TEACHING PROFESSION :

AGE : YEARS : COMPLETED MONTHS :

HIGHEST QUALIFICATIONS : ACADEMIC : PROFESSIONAL :

RELIGION : LINGUISTIC GROUP : SEX :

MARITAL STATUS :

TO BE FILLED IN BY TEACHERS

The aims of this study is to ascertain the seriousness with which teachers view certain behaviour problems of children.

On the accompanying sheets are listed 51 behaviour problems which are applicable to both boys and girls.

You are requested to indicate in each case the degree of seriousness with which you regard the problem, ranging from "of no consequence" at one extreme to "an extremely grave problem" at the other, by placing a cross in any of the seven spaces provided against each problem to indicate your judgment, remembering that as you move from the left hand side to the right hand side of each scale (1 - 7) you are indicating greater and greater concern about disorder.

Examples

1. The following indicates that the respondent has a "middle-of-the-road" view of the problem:-

1	2	3	4	5	6	7
			X			

Of No Consequence An Extremely Grave Problem

2. The following indicates that the respondent regards the problem in a serious light:-

1	2	3	4	5	6	7
					X	

Of No Consequence An Extremely Grave Problem

3. The following indicates that the respondent does not regard the problem as serious but yet would not dismiss it entirely:-

1	2	3	4	5	6	7
	X					

Of No Consequence An Extremely Grave Problem

4. The following indicates that the respondent regards the problem with the utmost seriousness:-

1	2	3	4	5	6	7
						X

Of No Consequence An Extremely Grave Problem

5. The following indicates that the respondent regards the disorder as being of no significance whatsoever:-

1	2	3	4	5	6	7
X						

Of No Consequence An Extremely Grave Problem

Now proceed in the same manner with the rest of the items.

There are no "right" or "wrong" answers. We are interested only in your considered opinions.

Please do not discuss possible answers with other members of the staff.

No marks must be made on this sheet.

ATTITUDES TOWARDS BEHAVIOUR PROBLEMS

Behaviour Problems	1	2	3	4	5	6
Tardiness						
Truancy						
Destroying school materials						
Untruthfulness (Lying)						
Imaginative lying						
Cheating						
Stealing						
Profanity						
Smoking						
Obscene notes, pictures, talk						
Mastrubation						
Heterosexual activity						
Whispering and note-writing						
Interrupting (Talkativeness)						
Restlessness (Overactivity)						
Inattention						
Lack of interest in work						
Carelessness in work						

Laziness							
Unreliableness (Irresponsible)							
Disobedience							
Impertinence (Defiance)							
Cruelty and bullying							
Quarrelsomeness							
Tale-carrying, gossiping							
Stubbornness							
Sullenness (Sulkiness)							
Temper Tantrums							
Impudence, impoliteness, rudeness							
Selfishness (and unsportsmanly)							
Domineering, overbearing							
Shyness, bashfulness							
Sensitiveness							
Unsocial, withdrawing							
Overcritical of others							
Thoughtlessness (Forgetting)							
Inquisitiveness							

Silliness, attracting attention							
Unhappy, depressed, dissatisfied							
Resentful							
Nervousness							
Fearfulness (Easily frightened)							
Enuresis (Bed-wetting)							
Dreaminess							
Slovenly in personal appearance							
Suspiciousness							
Physical coward							
Easily discouraged							
Disorderliness							
Suggestible							
Homosexual activity							

A P P E N D I X G

STATISTICAL PROCEDURES RELATING TO DATA IN PROJECT TWO

Examples of the computational procedures followed
in the present project

Ref: Downie, N.M. and Heath, R.W.: Basic Statistical Methods. New York, Harper and Row Publications, 1970, pp. 196 - 199.

I Computing Chi-Square:

$$\chi^2 = \sum \frac{(O - E)^2}{E}$$

2 TRUANCY

	Below Av. (Ratings 1,2,3)	Average (Rating 4)	Above Av. (Ratings 5,6)	Totals
M.H's.	9% a 7 (15)	12% b 9 (8)	79% c 60 (54)	76 (100%)
Tchrs.	20% d 192 (184)	10% e 99 (100)	70% f 670 (676)	961 (100%)
Ttls.	199	108	730	1 037

II To illustrate how the expected frequencies were computed, cell (a) is taken as an example:

$$\text{Cell (a)} \quad : \quad \frac{\text{Row Total} \times \text{Column Total}}{\text{Overall Total}}$$

$$= \frac{76 \times 199}{1037}$$

$$= 15$$

$$\text{(a)} \quad \frac{8^2}{15} \quad = \quad 4,267$$

$$\text{(d)} \quad \frac{8^2}{184} \quad = \quad 0,348$$

$$\text{(b)} \quad \frac{1^2}{8} \quad = \quad 0,125$$

$$\text{(e)} \quad \frac{1^2}{100} \quad = \quad 0,010$$

$$\text{(c)} \quad \frac{6^2}{54} \quad = \quad 0,667$$

$$\text{(f)} \quad \frac{6^2}{676} \quad = \quad 0,053$$

$$\chi^2 \quad = \quad 5,470$$

$$\chi^2 = 5,470 \quad \text{df} : 2 \quad P > 0,05$$

III Procedure Followed in Computing Mean Ratings by Teachers and Clinicians in the Present Project

- 1 The responses of the 961 teachers to each of the 51 items in the rating scale were collated and organised on a seven-point scale, similar to the one which was completed by each individual teacher. The collated data relating to the first two items on the scale, viz, "tardiness" and "truancy" presented below for illustrative purposes.

Items	1	2	3	4	5	6	7	Totals
1 Tardiness	47	159	184	281	155	102	33	961
2 Truancy	37	80	75	99	140	252	278	961
↓								
51 Homo-sexuality								

- 2 Each set of responses was multiplied by its corresponding rating, for example :

$$\text{Tardiness : } 47 \times 1 = 47$$

$$102 \times 6 = 612$$

etc.

$$\text{Total product} = 3659$$

$$\text{Mean rating} = 3659 \div 961 \text{ (respondents)}$$

$$= 3,81$$

- 3 After the mean ratings of the 51 items had been worked out to three decimal places, they were arranged, according to the mean values in descending order. The highest value was given a rating of 1. Whenever tied scores occurred, each of them was assigned the average of the ranks which would have been assigned had no ties occurred. This is the usual procedure for assigning ranks to tied observations.
- 4 The responses of 76 clinicians were treated similarly.
- 5 The Spearman rank-order correlation coefficient was used as a measure of association between the variables.

A Note on the Spearman Rank-Order Correlation Coefficient

The Spearman rank-order correlation coefficient is one of the most widely used non-parametric techniques. It is a measure of association which requires that both variables be measured in at least an ordinal scale so that the objects or individuals under study may be ranked in two ordered series.

The principle behind Spearman's measure is very simple. An investigator compares the rankings on the two sets of scores by taking the differences of ranks, squaring these differences and then adding. He then solves for the rank-order correlation coefficient by the use of the following equation:

$$p = 1 - \frac{\sum D^2}{N(N^2 - 1)}$$

where N = the number of pairs

p = rho, the rank-order correlation coefficient
 $\sum D^2$ = the sum of the squared differences between subjects' ranks.

The/...

The Spearman coefficient is interpreted in basically the same way as the standard product-moment r , where a coefficient near + 1.00 reflects a strong positive relationship, a coefficient near - 1.00 reflects a strong negative relationship, and a coefficient near zero reflects little or no relationship.

When N is 10 or greater, the significance of the Spearman coefficient may be tested by the use of the following formula:

$$t = r_s \frac{N - 2}{1 - r_s^2}$$

The equation above yields a t -value which is interpreted from the t -table where $df = N-2$.

In the next section the following data are presented:

- (a) Rank-order comparison of ratings by South African mental hygienists and Indian teachers, 1974.
- (b) An example of the procedure followed in Project Two for computing the Spearman rank-order correlation coefficient (r_s).

(a) RANK-ORDER COMPARISON OF RATINGS BY SOUTH AFRICAN MENTAL HYGIENISTSAND INDIAN TEACHERS, 1974

Type of Problem	South African Mental Hygienists (N = 76)	Indian Teachers (N = 961)	D	D ²
Truancy	2	1	1	1
Cruelty, bullying	2	13	11	121
Unhappy, depressed	2	21	19	361
Stealing	4,5	5	0,5	0,25
Destroying school materials	4,5	3,5	1	1
Enuresis	6,5	49	42,5	1806,25
Unsocial, withdrawn	6,5	40,5	34	1156
Untruthfulness	8,0	3,5	4,5	20,25
Lack of interest in work	9	2	7	49
Cheating	11,5	7,5	4	16
Nervousness	11,5	.28	16,5	272,25
Fearfulness	11,5	36,5	25	625
Quarrelsomeness	11,5	19	7,5	56,25
Restlessness	16	36,5	20,5	420,25
Resentfulness	16	32	16	256
Homosexual Activity	16	28	12	144
Temper tantrums	16	42,5	26,5	702,25
Suspiciousness	16	46,5	30,5	930,25
Unreliableness	20	11	9	81
Disorderliness in class	20	11	9	81
Domineering	20	36,5	16,5	272,25
Inattention	22,5	15	7,5	56,25
Suggestible	22,5	36,5	14	196
Impertinence	24	7,5	16,5	272,25
Selfishness	25			

Type of Problem	South African Mental Hygienists (N = 76)	Indian Teachers (N = 961)	D	D ²
Obscene notes, talk	27,5	15	12,5	156,25
Impudence, rudeness	27,5	15	12,5	156,25
Easily discouraged	27,5	28	0,5	0,25
Disobedience	27,5	7,5	20	400
Over-critical of others	30	36,5	6,5	42,25
Shyness	32	51	19	361
Laziness	32	7,5	24,5	600,25
Carelessness in work	32	11	21	441
Physical cowardice	35	46,5	11,5	132,25
Profanity	35	23,5	11,5	132,25
Sullenness	35	49	14	196
Tattling (tale-carrying)	39,5	17	22,5	506,25
Smoking	39,5	19	20,5	420,25
Dreaminess	39,5	42,5	3	9
Imaginative lying	39,5	32	7,5	56,25
Heterosexual activity	39,5	32	7,5	56,25
Attracting attention	39,5	40,5	1	1
Slovenly in appearance	43,0	28	15	225
Sensitiveness	45,5	44,5	1	1
Tardiness	45,5	23,5	22	484
Thoughtlessness	45,5	23,5	22	484
Stubbornness	45,5	19	26,5	702,25
Masturbation	48,5	44,5	4	16
Interrupting	48,5	28	20,5	420,25
Whispering	50	49	1	1
Inquisitiveness	51	36,5	14,5	210,25

Σ 14109,50

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(b) AN EXAMPLE OF THE PROCEDURE FOLLOWED IN COMPUTING r_s

Step 1 :

$$\begin{aligned} \sum x^2 &= \frac{N^3 - N}{12} - \sum T_x = \frac{51^3 - 51}{12} - \frac{2^3 - 2}{12} + \frac{3^3 - 3}{12} + \frac{3^3 - 3}{12} + \frac{3^3 - 3}{12} + \frac{4^3 - 4}{12} + \frac{4^3 - 4}{12} + \\ &\frac{4^3 - 4}{12} + \frac{5^3 - 5}{12} + \frac{6^3 - 6}{12} = \frac{132651 - 51}{12} - 50,5 = \frac{132600}{12} - 50,5 = \\ &11050 - 50,5 = \underline{10999,5} \end{aligned}$$

Step 2 :

$$\begin{aligned} \sum y^2 &= \frac{N^3 - N}{12} - \sum T_y = \frac{51^3 - 51}{12} - \frac{2^3 - 2}{12} + \frac{3^3 - 3}{12} + \frac{3^3 + 3}{12} + \frac{3^3 - 3}{12} + \frac{3^3 - 3}{12} + \\ &\frac{3^3 - 3}{12} + \frac{4^3 - 4}{12} + \frac{4^3 - 4}{12} + \frac{5^3 - 5}{12} + \frac{6^3 - 6}{12} \\ &= 11050 - 50 \\ &= 11000 \end{aligned}$$

Step 3 :

$$r_s = \frac{10999,5 + 11000 - 14109,5}{2 \sqrt{10999,5 \times 11000}} = \frac{7890}{21999,498} = 0,359$$

Computing the significance of r_s

$$t = r_s \sqrt{\frac{N - 2}{1 - r_s^2}}$$

$$= 0,359 \sqrt{\frac{49}{1 - 0,359^2}}$$

$$= 0,359 \sqrt{\frac{49}{0,871}}$$

$$= 2,693 \quad (p < 0,05)$$

TABLE

Comparison of MEAN RATINGS by teachers and mental hygienists in 1974
by teachers and mental hygienists in 1926
by teachers in 1955

Behaviour Problems	Teachers (1974) N = 961	Mental Hygienists (1974) N = 76	Teachers (1926) N = 511	Mental Hygienists (1926) N = 30	Teachers (1955) N = 10
truancy	5,2	5,4	15,6	10,3	
lack of interest in work	4,9	4,5	12,8	9,6	
destroying school materials	4,8	5,3	14,3	5,1	
dishonesty	4,8	4,6	15,8	10,3	
swearing	4,7	5,3	17,0	12,5	
drunkenness	4,6	4,4	14,7	10,3	
disobedience	4,6	3,8	14,1	6,4	
laziness	4,6	3,5	12,2	7,2	
irresponsibility	4,6	4,0	15,0	7,1	
carelessness in work	4,5	3,5	11,3	7,1	
unreliability	4,5	4,2	13,9	10,4	
messiness	4,5	4,2	11,7	3,4	
jealousy, bullying	4,4	5,4	14,8	13,5	
inattention	4,2	4,1	11,2	7,3	
rudeness	4,2	3,8	12,2	7,6	
leaving notes	4,2	3,8	16,6	8,8	
note-carrying (tattling)	4,1	3,3	7,5	8,8	
irresponsibility	4,0	4,4	11,1	8,3	
shamelessness	4,0	3,1	10,3	10,9	
stinking	4,0	3,3	12,0	2,3	
clumsy	3,9	5,4	11,5	16,2	
stupidity	3,8	3,9	11,3	11,8	
rudeness	3,8	3,1	10,5	5,6	
vanity	3,8	3,4	12,3	2,9	
thoughtlessness	3,8	3,1	8,7	6,8	
easily discouraged	3,7	3,8	11,3	13,4	
disrupting	3,7	2,4	8,0	2,8	
careless in personal appearance	3,7	3,2	10,1	7,2	
messiness	3,7	4,4	11,7	11,3	
unfriendly	3,6	4,3	10,8	14,1	
inappropriate lying	3,6	3,3	8,1	7,5	
homosexual activity	3,6	3,3	17,3	9,9	
hostility	3,5	1,8	8,0	5,3	
teasing	3,5	4,2	10,3	13,0	
carelessness	3,5	4,3	6,9	6,4	
indecency	3,5	4,1	11,0	13,3	
rudeness	3,5	4,4	9,7	14,0	
critical of others	3,5	3,6	7,9	13,2	
selfish	3,4	4,9	8,3	17,3	
mess, attracting attention	3,4	3,3	8,5	8,5	
tantrums	3,3	4,3	13,0	11,7	
messiness	3,3	3,3	8,3	11,3	
inattention	3,2	2,4	16,7	6,4	
carelessness	3,2	3,1	7,0	13,1	
selfish cowardliness	3,1	3,4	10,4	12,0	
messiness	3,1	4,3	9,1	16,4	
mess	3,0	3,4	9,9	12,6	
mess	3,0	4,9	11,8	9,2	
mess, note-writing	3,0	1,9	7,5	0,8	
mess	2,9	3,5	5,4	12,3	

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(B) THE PRESENT STUDY

Project Three : An In-Depth Comparative Study
of Sub-Samples of Well-adjusted
and Maladjusted Indian Primary
School Children in respect of
Selected Aspects of their Home
Environment

C O N T E N T S

(Project Three)

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1 INTRODUCTION

The present investigation has thus far established that the problem of maladjustment among Indian primary school children is widespread enough as to be a matter of concern to the responsible educational authority. This point gains added significance when one considers that there is a close relationship between pupils' mental health and their achievement in school. ^{1,2}

However, the investigation relating to Project Two indicates that teachers and clinicians are not unanimous in their perception of the seriousness of specific behaviour problems in children. It has been suggested that teachers, being more "task-oriented", show greater concern with children's behaviours which are disruptive of school routines or generally reflect lack of interest in school activities. The clinicians, on the other hand, being more "adjustment-oriented" are more preoccupied with the whole long process of development. They are also less personally involved with the children. Consequently, they tend to stress those signs of maladjustment which show themselves in the system of personal relationships with which the child is surrounded. ³ Irrespective of this difference in viewpoint between teachers and clinicians, any programme of treatment and prevention relating to

maladjustment/...

maladjustment calls for a knowledge of the causative factors which are related to the problem.

According to the literature relating to maladjustment and juvenile delinquency, problem behaviour is the result of a host of interacting factors.^{4,5} These include temperamental and congenital factors, early developmental difficulties, physical factors, intellect and scholastic factors, material and psychological factors in the home, and interrupted and incomplete relationships with parents. Of all these factors, note writers such as Shaw⁶ and Louttit,⁷ those associated with the home and the family are of the utmost importance. Among others, the following home- and family-centred factors play a particularly significant role in the child's development: the child's relationships with his parents, siblings, and other persons in the home; the parents' attitude toward each other and toward the child; the ideas about child training; and unsatisfactory material conditions of the home.

The general purpose of Project Three is to find out whether the home and familial factors which have been identified with the etiology of maladjustment in the more westernised cultures have equivalent significance in the South African Indian setting. As will be noted

in/...

in a subsequent section, Indians in South Africa are passing through a transitional phase : their outlook and way of life is still partly eastern and partly western. ⁸

Environmental influences, say Davie, et al.,⁹ operate in complex and subtle ways. In order to search out these subtleties, small-scale studies with their sharper focus and more detailed information are required. It was, therefore, necessary to restrict the size of the samples in Project Three to 122 children, comprising 61 well-adjusted and 61 maladjusted pupils.

Ideally, as many aspects as possible relating to home and family circumstances should be investigated in any study relating to the causation of maladjustment. Practical considerations such as limited manpower and financial resources made it necessary to confine this study to those factors which, taken together, would provide an assessment of the emotional tone of the child's family. It is out of this emotional tone, out of all the complex feelings and distortions in the young child's family that the mishandling, the rejection, the excesses of love, of attention and of protection, come. All of these deny the child the gratifications that he needs and make it difficult for him to acquire emotional adjustment. ¹⁰

In order to obtain supplementary data relating to the attitudes of parents of well-adjusted and maladjusted children/...

children toward child-rearing, parental attitude questionnaires were administered. These will be discussed more fully in the appropriate sections.

For the convenience of study the various aspects which were selected for investigation are presented in question form.

2 STATEMENT OF THE PROBLEMS

(A) Problems Relating to the Interview Schedule (a)

- 1 Are there significant personality differences between hospital-born children and children born at home?
- 2 Are there significant personality differences between children of mothers who experience serious physical or emotional problems during pregnancy and children of mothers who are relatively free of such stresses?
- 3 Are there significant personality differences between children who come from one-parent families and those who come from two-parent families?
- 4 Are there significant personality differences between children of mothers with a higher level of education and those with a lower level of education?

(a) footnote
see appendix H

- 5 Are there significant personality differences between children whose mother's state of physical health is poor or average and those whose mother's health is good?
- 6 Are there significant personality differences between children of fathers with a higher level of education and those with a lower level of education?
- 7 Are there significant personality differences between children whose father's state of physical health is poor or average and those whose father's health is good?
- 8 Are these significant personality differences between children whose mothers consider them to be "problems" and those who do not consider them to be so?
- 9 Are there significant personality differences between children whose fathers consider them to be "problems" and those who do not consider them to be so?
- 10 Are there significant personality differences between children who have a positive kind of relationship with their siblings and those whose relationship may be termed as being "not positive".

- 11 Are there significant personality differences between children who attend school regularly and those whose attendance is irregular?
- 12 Are there significant personality differences between children who have a positive attitude to school and those whose attitude is negative?
- 13 Are there significant personality differences between children who are hardly ever punished by their parents and those who are punished frequently or at least an average number of times?
- 14 Are there significant personality differences between children whose parents resort to physical forms of punishment as the main means of enforcing discipline and those whose parents make use mainly of verbal forms of punishment?
- 15 Are there significant personality differences between children whose families are generally on bad terms with their neighbours and those whose families enjoy a cordial relationship with their neighbours?
- 16 Are these significant personality differences between children who come from families experiencing financial hardship such that they are experiencing hardship?

and/...

and those who come from families enjoying financial security?

- 17 Are there significant personality differences between children whose families create a favourable general impression on an interviewer and those whose families create the impression of being somewhat less stable and cohesive?

(B) Problems Relating to the Parental Attitude Questionnaires

Are there significant differences in the responses of:

- (a) The mothers of well-adjusted and maladjusted Indian children and
- (b) The fathers of well-adjusted and maladjusted Indian children in respect of specific items related to child-rearing practices? (a)

3 CULTURAL FACTORS AND PERSONALITY DEVELOPMENT

Yet another important factor in a child's social and emotional development, says Wolff,¹¹ is the culture in which he grows up. Parental attitudes and child-rearing practices are an inherent part of this culture. Newcomb¹² writes as follows:

"Childhood/...

(a) A complete list of the items are given in Appendices J1 and J3

"Childhood experiences lay the framework for life-time personality development In different cultures individual personalities are differently formed because of characteristic experiences through which most children go. Such childhood experiences vary between cultures but in many respects are similar within each culture."

Viewed in the light of the above statements, it is important that any investigation of problem behaviour in a group of children should take cognisance of their culture and some of the most important socio-psychologic changes that may be taking place within their community. Before proceeding any further with the discussion of maladjustment among Indian pupils, therefore, it will be necessary to consider the early experiences in family living of children belonging to this cultural group.

4 INDIAN SOUTH AFRICANS

4.1 General

As already mentioned in Project One, the Indian population of South Africa is composed of people of diverse religious, languages and customs. Since their arrival in 1860 they have moved, especially more recently toward the acceptance and adoption of western concepts and modes of living. This phenomenon is largely

due to exposure to western education and ideology, urbanization, increased educational opportunities for boys and girls, and widespread use of the mass media. Even the casual observer, however, will notice that the transformation to a western way of life is still incomplete for, as Kuper¹³ has found, many of their more personal values are distinct from the values of the White dominant group. Much of their cultural contact is still based on traditional Indian sources. In this connection Dickie-Clark¹⁴ notes that Indians are very selective in their acceptance of western ways. They have not abandoned their culture whole-heartedly and indiscriminately. At the moment, says C. Ramphal the South African Indian is neither a typical Indian by the standards of India nor a typical westerner by European standards. He cannot, for instance, speak, read and write his own language as well as his brothers in India, nor can he speak, read and write English as well as the South African English-speaking European. He is in the midst of change, with himself as one of the changing elements, neither truly one nor truly the other.

The significance of this point becomes apparent when seen in the light of Shaw's observation,¹⁶

viz/...

viz., in a stable society, as compared with a changing one, the stresses and demands placed upon the individual are relatively few. Roles are clearly defined, the growing child learns what is expected of him at each particular level of development, and, when he is old enough to conceptualize adequately, he knows what to expect of the future.

On the other hand, when a culture is in a state of evolution, the conflicts mount tremendously. Kardiner ¹⁷ has described the dissolution of the Comanche Indian culture when this warlike tribe was restricted to a reservation. The whole training and experience of every member of the tribe, both male and female, had always been toward the direct expression of aggression. The activities and value systems of the entire tribe were geared to the maintenance of the war party. When this function no longer existed, there was simply nothing for the Comanche to do. Listlessness, apathy, and depression set in, many of the Comanches committed suicide, disease increased, reproductive activity diminished, and the tribe deteriorated. While this illustration is obviously an extreme example it nevertheless serves to illustrate the point that a rapidly changing society
generates/...

generates high levels of stress amongst its members.

According to Chess¹⁸ behaviour problems often arise because the child comes into conflict with the cultural standards of his parents. Such conflicts are likely to occur among Indian South Africans because, as suggested earlier, cultural groupings are not static. Successive generations of Indian children are less affected by the family's culture than were their parents. Class culture, as Chess notes,¹⁹ is particularly mobile, since it is so closely related to economic and educational status, and these, as is well known, change rapidly from generation to generation.

In addition, the partriarchal family is the accepted pattern among Indian South Africans and the father is the authority figure.²⁰ Any deviation from this pattern by the child may be construed as maladaptive behaviour by their parents. Action by the child that in another culture might be considered the normal groping toward independence may be thought of in Indian culture as behaviour that deserves punishment.

All these considerations emphasize the importance for the therapist, in treating a behaviour

problem, of analyzing the child's environment for mores which have persisted and those which have been modified or diffused by impact with other cultures. It is of paramount importance to understand how and to what extent the child's behaviour deviates from the cultural pattern of his family and his group, since it is this deviation that is significant rather than the deviation from some hypothetical optimum way of behaving.

In order to appreciate the influence of cultural life style on the adjustment of the Indian child it will be necessary to examine kinship behaviour child-rearing practices and discipline among Indian South Africans .

4.2 Kinship Structure and Behaviour Among Indian South Africans

Apart from religion, differences in respect of wealth, education, and sophistication are probably greater within the Indian population than in any other ethnic group in South Africa. However, there is one institution - the family - which has certain features common to all sections of the Indian people so that one can speak, though with minor reservations, of the "Indian family". It is the main social unit of Indian life, the centre in which the individual

receives his foundation in social values and behaviour.

South Africa's Indian society is strongly patrilineal, with the eldest living patriarch at the apex of the family structure.²¹ In the traditional joint family ("kutum"), each member is expected to hand over his income to the head of the family and it goes into a common pool. In turn, he receives food and clothing and a small grant of spending money. Major family decisions are made by the "pater familias", and there is a clear-cut hierarchy of intra-familial relations in terms of dominance-submission patterns. Obedience to family members, respect for them and pursuit of family-centred goals rather than individualistic ones are the norm in the joint family system.

The joint family provides a haven for all - the able as well as the not-so-able members of the family. Every member is part of a whole and the family as a whole takes responsibility for the welfare of each member. The feeling of unity which exists in a typical joint family is illustrated in the following quotation from one of the classics, Ten Tamil Ethics:²² "They are not kinsmen who, like birds in a tank, forsake it when the water dries up; they are real kinsmen who, like the lily and the water plants in that tank suffer with it." The structure is

tight and only minor deviations that do not threaten the family structure are tolerated. In Ramanujan's view ²³ this tightly-bound structural organisation is well-equipped to withstand the stresses and strains of life. In the nuclear family, on the other hand, the members have to rely on their own resources in times of stress.

The daughters and daughters-in-law come under the authority of the female head of the family - the mother or the mother-in-law. ²⁴ Both daughters and daughters-in-law have to take instructions from her in matters pertaining to the general running of the household. It is expected that she will be obeyed and respected. She assigns the household duties of cooking and cleaning to the females of the family.

For many years, the life of the Hindu wife is characterized by feelings of isolation and by numerous frustrations and tensions which she learns to bear as she continues to perform her role as kitchen robot, domestic servant, a sex-fulfilling partner, and a reproductive agent. Failure to perform as expected in any of these roles, adds to her many difficulties. A childless Hindu woman, is despised and considered an ill-omen. ²⁵

In the orthodox Hindu family she is exposed to the cultural ideal of Sati, symbolizing life-long self-sacrifice, complete submergence of her own individuality within the family, acceptance of a subservient position, commitment to her major task of gratifying her husband's needs, and complete conformity to the standards traditionally imposed upon her. Demonstrations of affection toward her husband in the presence of family members is discouraged. ²⁶

In recent years there is increasing evidence of a desire on the part of the younger generation to grow away from the folkways of the "kutum", a desire for individual, rather than collective expression. ²⁷ Conservatives feel unhappy about this trend. The "modern generation", however, regards non-conformity to the standards of kutum-living as a progressive step towards westernisation. As a result the joint-family system is gradually breaking down. Influence of western ideas, and changing economic conditions are hastening the process. ^{28,29}

A contributory factor in Durban has been the provision of employees' married-quarters in barracks by employers such as the municipality and certain industrial concerns. Since such accommodation is available for employees only,

a son in a family, if working elsewhere, must find separate accommodation. In any case the families which live in tightly-fitted city housing projects have only adequate accommodation for the strictly nuclear family. ³⁰

In spite of the above-mentioned factors the incidence of joint-family living is still relatively high. In 1968 Jithoo ³¹ studied 107 Indian families in five Durban areas and found that the joint-family system operated in 50 per cent of the families in the higher income groups, 30 per cent in the lower, and 28 per cent in the middle income groups.

Irrespective of the composition of the immediate household, nuclear or otherwise, the average Indian family is still firmly rooted in his "kutum" and though kinship ties are inevitably weakened by distance, "joint household mentality" still exerts considerable influence on the attitudes and sentiments of individuals. ³²

Kinsmen are duty-bound to keep one another, and particularly the parent's household, informed of important events in their own homes. Even the educated and the professional elites, whose outer forms appear completely emancipated are basically conventional and restrained by "kutum" norms. ³³

A common source of conflict between marital partners in some joint-families is the desire of the husband to continue living with his family in the home of his parents and the opposing desire of the wife to set up an independent household. ³⁴ In earlier times, the wife had accepted the idea of becoming a part of the husband's household even to the point of losing her own identity. With changes in the social climate, however, women appear to be resisting the passive role assigned to them traditionally. Financial independence and increasing aspirations for their own children are also contributing to this trend. More enlightened attitudes are being adopted toward widows and widow remarriages.

Moreover, an increasing number of Indian women are entering the professions, commerce and industry as the age-old conservative attitude toward them are breaking down. Greater westernisation is leading to a broader outlook and less reluctance to allow wives and daughters to venture from the seclusion of the home and become more independent. ³⁶ Changes are also taking place in the direction of smaller family groups, of less authoritarian relationships between the family elders and the youngsters, and of freer relationships between the sexes with autonomy in mate selection.

Jithoo ³⁷ reports that in a survey involving 75 Indian university students, comprising 45 males and 30 females, 18 of them favoured a continuation of the joint-family system. Of these 18, only 3 were females. The main objection expressed by the females against the continuation of the joint-family system was the clash in the values and attitudes of the traditionally-oriented mothers-in-law and those of the more western-oriented daughters-in-law.

The reluctance of some Indian husbands to leave the parental home is understandable when looked at in terms of Sanskar an abstract bond that exists between the individual and his cultural milieu. ³⁸ From birth the child is taught to be a dutiful son. Thoughts about departing from his ageing parents, therefore may arouse feelings of guilt in him. In some cases the husband reluctantly gives into his wife's insistence about setting up an independent household though he himself may not be emotionally ready for such a move. He may still be too strongly attached to his mother. In this connection the following comment by one of Kuper's informants ³⁹ is interesting: "The Indian man is always so fond of his mother because she spoilt him when he was young, and he has never

grown/...

grown up. The wife has a hard time to make him independent." Under such circumstances tensions may arise. There may be spoken and unspoken differences between the couple. Sometimes silent battles are fought. At other times the conflict comes out into the open. It is the writers' view that the children often become the victims of such parental conflicts. His experience with maladjusted children leads him to suspect that a number of the symptoms presented by these youngsters - symptoms such as bed-wetting, stammering, withdrawn behaviour, and learning problems - are, in no small measure manifestations of anxiety arising from these parental conflicts.

4.3 Child Rearing Practices and Discipline (a)

In Hindu culture, children, particularly male children, are highly valued, since they perpetuate the family name. A very intimate relationship, both physical and emotional, develops between the mother and the infant whose every cry is immediately responded to either by the mother or a female surrogate. ⁴⁰ He is usually breast-fed on demand for an average

of/...

(a) This discussion is largely based on Kuper, H: Indian People in Natal. Durban, University of Natal Press, 1960.

of 12 to 18 months and sleeps with his mother during that time. ⁴¹ This physical closeness to the mother by day and by night, her continuous ministrations to his needs, and the prolonged breast feeding on demand are all theoretically conducive, in Erikson's terminology, to the development of basic trust, a sense of security, a positive self-image, a capacity to receive and give affection, and a conception of the world as good; however, they can also generate dependency strivings. ⁴²

As the male child grows older and another sibling appears, he becomes subject to certain prescriptions and proscriptions. Leaving the predominantly female environment in which he has passed his early crucial years, he is slowly inducted into the world of men. He is exposed to a family atmosphere that is traditionally authoritarian, demanding obedience to family elders and conformity to the family's rules and regulations. ⁴³ He begins to experience a variety of disciplining agents; he is given immediate negative reinforcement for family-disapproved behaviour, and this is further reinforced when he is witness to the system of negative reinforcement operating in the case of other children. Repeated exposure of this sort are likely to generate a strong sense of conformity and provide the basis for anxiety reactions to non-conformity. The

authoritarian family climate encourages dependency and passivity and stifles the strivings for autonomy. His orientation remains familistic; he helps and is helped by his siblings and other family members. His rank in the family hierarchy gives him certain rights over persons lower than himself from whom he expects respect and obedience but not overt expression of affection. 44

In contrast to her brother, the sister in the Indian family is unlikely to develop any difficulties in the sphere of sexual identity, her strong feminine identification, encouraged by the other females in the household, ensuring her a clear conception and acceptance of her role as a woman. 45

In a joint household, many of the activities of child-rearing are taken over from the mother by other women. Bathing the baby is the privilege of the grandmother, and the mother may never refuse to allow anyone in the house the pleasure of picking up the baby and fondling it. It may even be suckled by another nursing mother out of affection or if the mother is ill or does not have enough milk. The breast is recognized as a source of comfort as well as sustenance and weaning is generally gradual.

The Hindu mother, says Kuper ⁴⁶ is an anxious mother. She often believes that her child is liable to illness and harm from many sources - such as evil beings, bad dreams, unclean contacts and visitation of the deities.

Discipline begins at about the age of three, the child is able to walk, feed itself, understand commands and recognise different tones of voice. ⁴⁷ Conduct that was previously ignored or even regarded with amusement or indulgence begins to be sharply corrected. To take food in the left ("unclean") hand, dribble, expose oneself immodestly, shout in the house, use vulgar language play with water, destroy property, and disobey, are all actions that may annoy the family elders. Punishment, however, is usually not too severe since physical pain is not considered the best cure for social misdemeanour. In most cases the mere threat or sight of a stick is enough to produce the desired response. The intention is to frighten the child, not hurt it. The "good" parent is not the over-indulgent parent, but the parent who, by use of the necessary disciplinary measures, is able to inculcate the virtues of obedience, modesty and respect. There exists in the language an extensive use of terrifying threats, used to vent anger and inhibit action. Examples of some of the commonly heard

threats/...

threats are: "I will kill you", "put chillies in your eyes", "skin you"; "tear you apart by the legs"; "hang you"; "beat you up".

The promise of rewards (in the form of sweets, fruits or cents) as well as the threat of punishment, is used to induce socially approved behaviour; and the promise - like the threat - need not be fulfilled. 48

The parents are not encouraged to be over-possessive. "the joy of children should be shared", and relatives are allowed to take them to stay with them for days or weeks. They are encouraged to become co-operative members of the family rather than independent individuals. They are discouraged from fighting for what they want and they are made to feel shame and guilt if they do not suppress their own desires and their aggression in the interest of the family. 49

The natural expression of sex is surrounded by a series of prohibitions. Adults impress on their children that it is "wrong", "bad" and "dirty" to expose themselves or handle themselves publicly. 50

The foregoing discussion provides the background of Indian social and family life against which the problem of adjustment-maladjustment needs to be considered. In the section which follows certain theoretical issues related to the dynamics of maladaptive behaviour will be outlined.

5 THEORETICAL ISSUES RELATED TO THE DYNAMICS
OF MALADAPTIVE BEHAVIOUR

In order to comprehend the dynamics which underlie maladaptive behaviour it is necessary to understand certain basic aspects of human personality. These include needs, frustrations, conflict, and defence mechanisms. "Each of these" says Suinn,⁵¹ "relates to the other in an endless sequence of dynamic interactions since the human personality is a complex, fluid system." The defence mechanisms work to prevent the full expression of primitive instinctual drives, which are in conflict with expected and accepted modes of behaviour. When there is great difficulty in reconciling these primitive strivings with the external code of behaviour demanded by society, tension and anxiety are the results.⁵²

5.1 The Basic Psychological Needs Of Children

In order to appreciate how interpersonal experience can adversely affect emotional adjustment, there must first be some consideration of what the human environment must supply if the child is to develop normally. Kellmer Pringle's four-fold classification of psychological needs presented in her book entitled The Needs of Children is particularly useful for the present discussion since it is more specifically geared toward the subject of problem behaviour in children.⁵³ She focuses attention on the following needs:

(a)/....

(a) The Need For Love And Security:

This need is the basis of all later relationships, not only within the family, but with friends, colleagues and eventually one's own family. On it depend the healthy development of the personality, the ability to care and respond to affection and, in time, to become a loving, caring parent.

This need is met by the child's experiencing from birth onwards a continuous, reliable, loving relationship - first with his mother, then his father and then an ever-widening circle of adults and contemporaries.

Anger, hate and lack of concern for others are common reactions to being unloved and rejected.

Through a loving relationship, children learn to control their anger or to use it constructively; without affection, says Kellmer Pringle, it remains primitive, and grows more vicious and vengeful with increasing physical strength.

(b) The Need for Praise and Recognition:

The child wants to be a worthwhile person. He satisfies his self-esteem through a job well done. The experience of success, says Kellmer Pringle, leads to feelings of adequacy.

Frustration of the self-esteem needs gives rise to feelings of inferiority, which can result in undesirable forms of behaviour.

The need for esteem from others is so strong in all human beings that they will go to great lengths to secure it. Unfortunately, says Kellmer Pringle, it is the general practice in daily life to give praise and recognition to achievement rather than to effort.

As a result, this need is readily and often satisfied in the case of intelligent, healthy, adjusted and attractive children. In contrast, the intellectually slow and the emotionally deprived or disturbed children, get far less, if any, praise and recognition. Yet their need is very much greater. Whatever small successes they have, inevitably demand much effort and perseverance; yet they receive less reward because they achieve less. The child whose efforts are ignored may often devise undesirable ways of attracting the attention of the teacher and his class mates.

(c) The Need for New Experiences:

To the baby, everything is an exciting new experience. In adulthood, new experiences come mainly through work and leisure. The more uneventful and dull life is, the greater the boredom, frustration and restlessness that sets in. This militates against healthy personality development.

(d) The Need for Responsibility:

To begin with, this need is met through having possessions, however small and inexpensive, over which the child is allowed to exercise absolute ownership. As he gets older, responsibility has to be extended to more important areas, including being gradually granted responsibility and freedom over his own actions. Eventually, in full maturity he should be able to accept responsibility for others. Like all skills, the need for responsibility requires to be practised and exercised under adult guidance which should diminish as the child grows into adolescence and adulthood.

The child who is denied opportunities to exercise responsibility according to Kellmer Pringle, will fail to develop a sense of responsibility for himself, for others or for material objects. The upbringing of such children, also, often lacks training in self-control, in waiting and working for what they want, and in taking care of their own and other people's property.

The human organism is never able to satisfy all of its needs. While a certain amount of deprivation in this regard may motivate a child to strive adaptively and is, therefore, healthy, an excessive

amount/...

amount of stress, says Ringness,⁵⁴ may cause a child to resort to maladaptive behaviour. He may withdraw from the situation to seek his satisfactions elsewhere, or he may act in a hostile or defensive manner. He may seek to gain praise and attention by cheating or pretending achievement, denying inadequacy, or trying to win sympathy. In the more serious cases the maladjustment may be so great that the child is not able to function in the typical school setting. He cannot commit himself whole-heartedly to learning since a large proportion of his energy is spent in fighting the private battles that rage within himself. He is striving continually to satisfy his needs and to resolve his conflicts.⁵⁵ Unfortunately, says Lovell,⁵⁶ when a child becomes maladjusted, his parents and teachers frequently put additional barriers between him and other goals which he might seek, and this often maintains the vicious circle of barrier, inappropriate response, partial success, maladjustment.

In addition to outlining the basic psychological needs, an understanding of the dynamics which underlie maladaptive behaviour calls for an exposition of the adjustment sequence involving the sequence of motivation, frustration and/or conflict, emotional tension, response, tension reduction, and effects.

5.2 The Adjustment Sequence:

Carroll⁵⁷ gives a clear and concise account of the adjustment sequence. The discussion in this section is based on his model.

The presence of a motive, according to Carroll, stirs an individual from his relative complacency. It sets up a state of disequilibrium. The individual then tries to find satisfaction for his desire or motive in order that he may become more comfortable. Thus the motive sets in motion a behaviour sequence with tension reduction as its goal. The second step in this sequence is frustration or conflict.

Carroll⁵⁸ defines frustration as any kind of thwarting of the motive. This can be very simple, such as tolerating a brief lapse of time before satisfying one's thirst, or it can be an extreme and disruptive blocking of a satisfying behaviour response. A conflict always involves frustration, but it includes also the necessity of making a choice between two or more responses. A conflict may be relatively simple and easily resolved or it may be complex and continue over a long period of time. In trying to resolve a severe conflict, the individual draws heavily upon his experiential background. The ways in which he has made adjustments in the past exerts a powerful influence upon what he does in the present and will do in the future.

A conflict state is always accompanied by tension. The extent of the tension varies markedly depending upon the strength of the conflict as seen by the individual experiencing it. A marked degree of tension characteristically becomes very unpleasant if it persists.

An individual experiencing marked tension seeks to regain internal equilibrium through making a response, or responses, which will reduce the tension. In normal behaviour he hits upon responses which not only reduce tension but are also in accord with his immediate and distant needs and with the requirements of society. In maladaptive behaviour, tension reduction is also achieved by the responses made, but the adjustments resorted to are characteristically unacceptable to society and frequently unsatisfactory to the individual in terms of distant goals.

Several psychologists have attempted to postulate the dynamic processes that produce responses to frustration. The most influential theory was proposed by Freud in his psychoanalytic approach to human conflict.⁵⁹ In psychoanalytic theory the child's ego must satisfy the demands of the id, the superego, and external reality. Psychological conflicts arise as the ego attempts to meet those ever conflicting demands. The ego is confronted with the task of maintaining a psychological

equilibrium without impoverishing itself of the libidinal energy supplied by the id.

Psychoanalysts frequently use the concept of dynamisms (unconscious devices for reducing psychological tension) to explain a child's varied responses to frustration. These dynamisms have now come to be used very widely in more general psychological settings. They are discussed by various writers such as Lazarus,⁶⁰ Suinn,⁶¹ Coleman,⁶² Mouly,⁶³ Mc Keachie and Doyle,⁶⁴ Krech, et al.,⁶⁵ Gilmer,⁶⁶ Sanford and Wrightsman,⁶⁷ and Maslow and Mittleman.⁶⁸ Some of the more commonly employed defence mechanisms and their implications for maladaptive behaviour in children will be described briefly in the section that follows.

5.3. The Defence Mechanisms

As already pointed out each individual strives continually to protect himself from his feelings of anxiety and guilt. To do this, he makes use of a variety of psychological defences, or ways of reacting. These techniques which are largely unconscious, are used to reduce or eliminate the tension of anxiety. Some of the more important defence mechanisms based on the accounts of the above-mentioned writers, will be briefly discussed.

Repression: This defence is purposeful but unconscious forgetting. Excluded from consciousness are memories, impulses, and ideas that would

anxiety, fear, guilt, or shame if the individual were aware of them. Repressed desires and thoughts are not permanently lost or forgotten. They are forced back into the unconscious where their continued presence may contribute to vague feelings of anxiety and be revealed in dreams and other situations, when vigilance is reduced. Repressed hostile feelings may be expressed in maladaptive symptoms.

Denial: Denial is the unconscious tendency to explain away or to refuse to acknowledge the existence of certain facts, disturbing external realities, or inner problems which are anxiety-provoking. Children often use denial to avoid recognising their own inadequacies or failures. Denial of reality, says Page, ⁶⁹ is the basis of many delusions.

Rationalization: The child unconsciously invents "good" reasons to discount failures or to justify actions that might otherwise be damaging to his self-esteem.

Identification: Identification is related to imitation and role copying. Young children, being small, relatively incompetent and inexperienced, identify themselves with their mothers or fathers and assume their parent's attitudes, behaviour, and achievements as their own. Usually they identify with the desirable attributes of others, but they

may also identify with their undesirable characteristics - aggressiveness, for example. Identification is thus an important factor in a child's personality development.

Reaction Formation: A child using this defence mechanism not only represses his real feelings but also develops beliefs and patterns of behaviour that reflect the exact opposite.

This dynamism has been well illustrated by Levy's demonstration that "reluctant" mothers often become over-anxious about their infants after they are born

Projection: The child unconsciously transfers his own wishes or ideas onto others and finds in other persons those attributes of himself that are most unacceptable. The psychological inferences drawn from young children's doll play behaviour are primarily based on this dynamism functioning in conjunction with the identification dynamism.

Displacement: In displacement unconscious impulses are discharged by shifting aggression from the original object to a substitute one. Direct release is too unacceptable or too dangerous. In this respect displacement involves scapegoating. For instance, a child who has repressed hatred for his father may transfer these feelings to others who symbolize authority, or he may symbolically disguise his hatred by strongly rebelling against

the conventions of society even to the point of breaking the law. In this instance, the child is quite unaware of his need to rebel against a symbol of authority.

Inasmuch as teachers are symbols of authority in culture, they may become the object of displaced feelings from youngsters who have been reared in very authoritarian homes. It is important for teachers to realize that feelings expressed in this way are symbolic and are not directed toward them personally.

The use of displacement, is normal, provided it is not used to an excessive degree. Like other coping behaviours, it may have a stabilizing function and provide relief from stress or extreme pressure. A child, for instance, may displace his hostility toward his parents on to objects that are less threatening. If he were to attack his parents directly, he would risk losing their love even further.

Compensation: This is a common defence against feelings of inadequacy, failure or personal defects either real or imagined. The child makes exaggerated efforts to attain success or distinction in his area of inferiority or in some other field.

Fantasy/...

Fantasy: Fantasy is a retreat from reality into the world of daydreams where one's needs are readily fulfilled and satisfaction is easily obtained. A certain amount ^{of} daydreaming in the form of constructive imagination is good. However it becomes dangerous when the daydreamer reaches the point where he has difficulty in distinguishing reality from fantasy.

Attention-Getting Behaviour: Attention-getting behaviour enables the child to deal with problems of stress indirectly. Clowning in the classroom, asking irrelevant questions, excessive talking, etc. are some of the devices designed to attract the attention of the teacher and his peers. Other more serious behaviour patterns for getting attention include truancy, stealing, vandalism, loitering, and so on.

Punitive action on the part of the teacher to combat this form of behaviour generally aggravates the situation.

Withdrawal: Withdrawal in the form of unconscious escape through illness is an attempt to cope with stress and retain self-esteem. The child may faint, vomit, develop a headache or stomach-ache, or have an hysterical seizure (not to be confused with epilepsy). The behaviour pattern elicits sympathy and extricates the child from a difficult situation. This behaviour may rescue him from going to school, where an examination awaits him, or where his

class-mates bully or tease him, or where his school work is too difficult or too easy for him.

Regression: Some children (and adults) learn to reduce stress through a return to earlier and more primitive forms of behaviour.

During his life-time, says Kisker,⁷¹ each individual passes through a series of developmental stages. First, there is the period during which he is relatively safe in the uterus of the mother. It is an easy and presumably anxiety-free time. This stage is followed by the period of infancy. Here, according to Kisker,⁷² despite the many stresses associated with sexuality, toilet training, socialization and the harnessing of aggression, life is comfortable compared to the later struggles which people have to endure. Following the period of infancy there are the characteristic stresses of childhood, adolescence, early adulthood, maturity and old age.

The individual who regresses, returns psychologically to one of the earlier periods when life was easier, when there were fewer problems, and when there was less anxiety and less guilt. When this happens, it indicates that the stress has become overwhelming and the severity of the anxiety forces the individual to retreat to an earlier level. He seeks to solve his problems by patterns of behaviour which brought satisfaction at an earlier stage of development. An

obvious manifestation of regression is seen in the case of the child who has established bladder control but who reverts to bedwetting on the arrival of a baby because his security with his parents is threatened.

Regression has its normal and useful aspects. For instance, an adult's capacity to regress in order to join in the fun of children's games is a distinct asset. It brings one closer to children and promotes good wholesome relationships.

As in the case of the other defence mechanisms, regression also has its serious aspects. If it becomes a habitual and frequent response to frustration and problem situations, it could be a sign of poor psychological adjustment. Regression in its most extreme form is seen in psychotic behaviour.

Fixation: Fixation is closely allied to regression. It involves clinging to a fixed mode of behaviour⁷³. Fewer habits are resisted in spite of their greater effectiveness. Fixation at a particular level or stage of development means that the person will tend to retain to an excessive degree the psychological characteristics of that stage. Fenichel⁷⁴ believes that fixation may occur when there is (a) excessive satisfaction (b) excessive frustration (c) marked vacillation between satisfaction and frustration, and (d) simultaneous satisfaction of biologically based drives and security needs. If a person is fixated

at the oral stage, in later periods of stress, he will tend to adapt by regression to the point of fixation. Thus, orally fixated people tend to meet problems in later life by regression to passivity or dependency. ⁷⁵

Fixation at any level, such as the oral stage, tends to retard the individual's growth at succeeding levels. For example, if an individual is fixated at the oral stage, some of his resources for the growth are arrested and cannot participate in the development that should take place at later stages. ⁷⁶

Defence mechanisms are employed by everyone in order to achieve a tolerable existence. Parents and teachers being generally unaware of the role of these mechanisms in the adjustment process, often interpret as maladaptive, behaviour which falls within the normal range. This became evident in the course of the interviews with teachers at the various schools and with parents when home visits were made.

Excessive use of the defence mechanisms, however, according to Shaw, ⁷⁷ may lead to certain forms of maladaptive behaviour. In this regard Cameron and Margaret ⁷⁸ write as follows: "The patients whom we study, when we come to know them well, seem no longer odd, bizzare, or grotesque. They always turn out to differ from the rest of us only in their extravagant, restricted, or inappropriate use of techniques which everybody uses in attempting to reduce the tensions

of needs and anxieties."

Fortunately, says Carroll, ⁷⁹ the incidence of serious behaviour disorders among children is relatively rare. However, it is during these early years when the foundations are being laid, that such behaviour is being learned. Carroll urges that parents and teachers should be conscious of this fact and be alert for the danger signals which are present in the excessive use of any of the adjustment mechanisms.

5.4/...

5.4 Variables Involving Parent-Child Relationships and Child Rearing

5.4.1 General Considerations:

According to psychoanalytic theory personality disturbances later in life can grow out of such practices as lack of breast feeding, a curtailed period of nursing, abrupt weaning, an overly rigid nursing schedule, premature toilet training, infrequent mothering, excessive punishment, and similar actions which operate to make the child feel unwanted, unloved, insecure, inadequate and frustrated. Infantile strivings are repressed for the moment but reappear in disguised form or as sources of unresolved conflicts that cause stress and anxiety in the adult.⁷⁹

The psychosexual fixation theory of neurosis states that at any time in his development the child may experience undue difficulty in the satisfaction of his needs of the particular period, and may then fail to give up the needs of that particular period and to pass on the next. Thus he becomes "fixated" at that particular level, and this determines in large measure both his personality and the symptoms of the maladjustment which develops from the conflict.⁸⁰

Fenichel⁸¹ has listed the kinds of experience that favor the development of such fixations:

- (a) Excessive satisfaction at a particular psychosexual stage, with the result that that stage is later renounced reluctantly or incompletely.
- (b) Excessive frustration at a particular stage, so that the child refuses to advance, "demanding the withheld satisfactions."
- (c) A combination of excessive satisfaction followed by excessive frustration, so that the person is unable to bear the later frustration.
- (d) Particularly abrupt changes in either satisfaction or frustration.

In Anna Freud's view,⁸² psychoanalytic insights are frequently helpful in accounting for developmental deviations. Fixation at or difficulties associated with the oral phase, according to Anna Freud, are often involved when children are demanding or clinging in their relationships with others, are greedy and insatiable, or have unusual attitudes toward food and eating. Obstinance, indecisiveness, stinginess, and destructiveness may be associated with anal trends. Reaction formation may account for extreme shyness and

modesty. Underlying oedipal castration fears may lead to overcompensation expressed in exaggerated assertiveness and aggression.

The Freudian variables, having to do chiefly with such aspects of parent practices as toilet training and weaning, often have been studied by anthropologists in an attempt to determine a modal personality structure of a given culture, a structure that presumably results from certain childhood experiences.

It has been suggested that the suspicious and unambitious qualities so pronounced in the personality of the adult Alorese are partly due to the way in which their infants were handled.⁸³ They were nursed at irregular intervals, their discipline was unsystematic, and there was a general lack of consistency in training. At one time an infant would be picked up and caressed if he cried; at another time, the same infant would be left to cry without the slightest attention being paid to him. The erratic and unpredictable treatment of the infant was believed to result in an adult with distinctive personality characteristics.

Okinawan mothers in contrast were seldom separated from their children.⁸⁴ The children were breast-fed whenever they were hungry or in pain, and the mothers did not force bowel

training. There was no physical punishment; the infant was regarded as a human being with more rights than an adult. The investigator suggested that the emotional stability of the adult Okinawan was to be explained by these early, satisfying life experiences.

The weight of evidence indicates that child rearing practices may influence an individual's susceptibility to emotional disturbance.

While the manner in which this influence is exerted is not clear, Kisker⁸⁵ suggests that one of the principal impacts of child-rearing practices may be in the area of stress tolerance. An examination of various practices under experimental conditions, and in different cultures, suggests that some of these practices increase the threshold for tolerating stress, while others decrease this threshold. It is impossible, however, to say with any degree of certainty which child-rearing practices are ultimately beneficial and which are ultimately destructive in terms of an individual's later emotional stability and mental health.⁸⁶

On account of the above-mentioned considerations it will be instructive to examine patterns of parent-child relationships and child-rearing practices to the extent that they will help shed light on the personality development

of the Indian child. The salient dimensions are somewhat differently conceived by different theorists. Some of the patterns and empirical findings will be considered briefly in the section that follows.

5.4.2 Feeding and Weaning:

The earliest pressures of socialization are applied to the infant in the area of feeding. Regularity in gratifying the hunger drive is thought to be important, even when no rigid schedule is required; the method of acquiring sustenance changes from sucking to eating and chewing; and the nature of the diet shifts from a liquid base to one of solid foods. In each of these aspects of feeding, the mother intervenes to a greater or lesser degree.⁸⁷ The findings of research into the effects of breast versus bottle feeding on the child's personality have been generally negative.⁸⁸ In the Pattern Study, as the Sears, Maccoby, and Levin study is familiarly known,⁸⁹ three aspects of feeding behaviour to later adjustment failed to obtain any clear-out relationships between early oral experiences and later adjustment. For instance, the study detected no connection between the personality adjustment ratings of its five- and six-year-olds and the age at which they were weaned or the character of the weaning

procedure, whether sharp or gradual.

In another investigation based on data obtained in the California Guidance Study, Heinsteins⁹⁰ examined the relation between early nursing experience and subsequent behavioural adjustment. In addition to length of breast and bottle feeding, ratings were made of three psychological variables: warmth of the mother, nervous stability of the mother, and marital adjustment of the parents. The results indicated that "there were no apparent over-all advantages in behavioural adjustment associated with either breast or formula feeding as such."⁹¹ Fewer behaviour problems were noted in those children whose mothers were rated as warm rather than cold in their interactions with them.

Heinstein concluded that early feeding experience may be important only when considered in the context of the psychological relation between mother and child.

5.4.3 Toilet Training

Cultures vary in how much control and restrictiveness they impose with respect to toilet training.

Notwithstanding Freud's heavy emphasis on the crucial importance of toilet training to the child's subsequent development of personality,

an examination of the relevant research shows that there is little corroborating evidence for a relationship between the two.⁹² It is known, however, quite apart from any theoretical considerations, that too strict toilet training or toilet training commenced too soon may actually retard the acquirement of bowel and bladder control.⁹³ According to Despert⁹⁴ toilet training is most readily achieved if the mother is calm and easy-going and herself exhibits no signs of distaste or disgust. An extensive study by Huschka⁹⁵ of over two hundred children referred to a child guidance clinic as disturbed revealed that in over half of them bowel training had been too harsh or commenced too early, or both. She observed that in most of this subgroup the children had reacted almost immediately by maladaptive symptoms such as diarrhoea, constipation, fear, rage, guilt or excessive cleanliness. She also found that many of these children had been bladder trained far too early and had reacted adversely. It is difficult to generalize from these data to normal children, however, and there is a need for normative data.

It was pointed out earlier that a very intimate relationship exists between the Indian mother and her child, especially her son.

The child is generally, breast-fed on demand for about 12 - 18 months and sleeps with his mother who attends to all his needs.⁹⁶ This physical closeness to the mother by day and by night, her continuous ministrations to his needs, and the prolonged breast feeding on demand are all theoretically conducive, in terms of Erikson's theory,⁹⁷ to the development of basic trust, a sense of security, a positive self-image, a capacity to receive and give affection, and a conception of the world as good; however, they can also generate feelings of omnipotence and dependency strivings. In this connection Erikson writes: "The amount of trust derived from earliest infantile experience does not seem to depend on absolute quantities of food or demonstrations of love, but rather on the quality of the maternal relationship."⁹⁸ The mother's breast is the source of comfort and sustenance.

Toilet training among Indians is generally gradual and permissive.⁹⁹ However, the Indian practice of cleaning by water rather than toilet paper may lead to socialization conflicts concerning the use of the left hand for cleaning and the right hand for eating.¹⁰⁰

Seen in the context of the empirical findings cited earlier in respect of feeding, weaning, and toilet training, however, it is not possible

to arrive at any definite conclusions regarding child care techniques and specific aspects in the personalit development of the child. It is the more global aspects of parenthood that seem to be important.

5.5 The Changing Pattern of Indian Society and its Influence on Children's Development

An influence of considerable significance in the development of the cultural approach was the insistence of the neo-Freudians on the social nature of man. They took the position that many of the emotional disturbances of man are a result of conflicting demands which a culture imposes on the individual.

The Indian child, particularly if he is a member of a joint family, generally grows up in a stable familial environment. As indicated earlier, the Indian joint family itself is a strong and stable organization. In this situation children are highly valued.¹⁰¹

In recent times, however, Indian families have tended to become increasingly nuclear in nature.¹⁰² Some of the reasons for this phenomenon were mentioned earlier. It is difficult to compile a complete and accurate list of the new rules governing family behaviour since the transition is not yet complete. Though the large patriarchal family has begun to give way, the character of its successor is not fully

established. From past changes and present trends, the following observations may be made. The primary goal of marriage (and the family) is happiness - with the emphasis on the personal happiness of each family member. The family is subordinate to its members' needs and is modified or dissolved when individual needs are not met.¹⁰³ Permanence of a marriage is no longer a wholly satisfactory criterion of success, and family responsibility does not require a large number of children. Parents consider their own happiness as well as that of their children and plan the size of their families to provide the maximum benefits for all concerned.¹⁰⁴

No longer are husbands the undisputed masters. Indeed, there seems to be some confusion and dissatisfaction because the roles of husband and wife often overlap. Parents are expected to prepare for financial independence during their old age. Modern homes tend to be small and assume the presence of only one set of parents and children.¹⁰⁵

Many families have been unable to adjust to these new circumstances. The failure of husbands and wives to find satisfactory roles for themselves and one another is, in the opinion of the writer, an important factor which contributes to the relatively growing incidence of separation, divorce and desertion. Parents are also puzzled about how to deal with their children and what to expect from them; and youngsters, as they grow, are confused about their



own behaviour.¹⁰⁶ What aggravates the situation, as pointed out earlier, is the fact that Indians in South Africa are in a transitional phase, passing from an eastern to a western way of life. Thus social disorganization and change in the larger society has contributed to family disorganization.¹⁰⁷

Relocation of households, generally as a consequence of the Group Areas Act No. 41/1950, is yet another factor which has contributed to the disruption of close family ties. Major population shifts occurred in recent years. New residential areas were provided with mass housing schemes by the local authority and the Department of Community Development. Examples of such schemes around Durban include those at Chatsworth, Phoenix and Merebank.

Maasdorp and Pillay¹⁰⁸ in their study entitled Urban Relocation and Racial Segregation found that by and large, the social consequences of relocation have been adverse. All the households in the sample from the Merebank area, for example, felt that their community life - cultural, religious and recreational - had deteriorated substantially, and were highly critical of the lack of facilities offered in the scheme. For example, hardly any community or sporting facilities were available and the old-established social organizations which they had helped to build up in their previous areas were lost. Formerly, there was a widespread interpersonal network of kin and friends and a high frequency of interaction with

neighbours. Streets used to be meeting-places, and intensive use was made of out-door space and local facilities. Shops and places of entertainment were close at hand and served as local social centres, while commercial relationships were such that credit was easily obtained. Moreover, residents had a strong sense of local identity and belonging, and were deeply committed to the area. All these binding influences were replaced in the vast housing schemes by a general atmosphere of depression, frustration and discontent.¹⁰⁹ The households were drawn from different areas of Durban and from different socio-economic groups; they had a feeling of being outsiders; their prime concern was to make do as best they could, and there was little social integration within the scheme.¹¹⁰

These views are supported by a University of Durban-Westville survey in Chatsworth which pointed to the shortage of housing, the pressure on education and urban services, the increasing old-age housing problem as a result of the break-up of the extended family system, and growing social problems.¹¹¹

The living conditions in the sub-sub-economic housing schemes are particularly poor.¹¹² Residents have to make use of communal toilets, bathrooms and washing lines. Such communal facilities are alien to the households which had previously enjoyed their own private facilities. These days, much time is

spent in queuing up to use the facilities provided. This aspect of the scheme, according to Maasdorp and Pillay,¹¹³ is strongly criticised; the people feel that their status and dignity have been impaired by being forced to reside in a sub-sub-economic scheme and to use communal facilities. Their entire sample, say Maasdorp and Pillay,¹¹⁴ expressed a strong desire to leave the scheme.

There are also certain features within the matrix of the Indian population which contribute to the high incidence of poverty within the community. These are listed in a memorandum drawn up as follows: The proportion of dependents in relation to each wage earner is high; too great a proportion of the Indian females are economically inactive; increasing numbers of Indian families are headed by an aged or disabled person and a very large proportion of families are headed by widows who are either economically inactive or are dependent on state assistance.

Poverty and financial strain, overcrowding and dismal living conditions similar to those mentioned above can damage family life and result in disharmony. Consequently, as Chazan and Jackson point out,¹¹⁵ there is a higher incidence of problem behaviour in "deprived" neighbourhoods than in "residential" areas.

Another factor which seems to bear some relationship to problem behaviour in children is marriage across traditional barriers. Though relatively rare, this

occurs among members of all socio-economic classes. Generally, as Meer notes,¹¹⁶ younger people from poorer groups are more vulnerable to the hazards of such untraditional unions. Their unplanned passions lead all too frequently to unmarried pregnancies and all the complications that follow. The usual hazards of marriage are, in such cases, aggravated further by open disapproval of the elders and their very reluctant acceptance of the situation, if at all.¹¹⁷ Young Indians, despite their apparent air of rebelliousness, are very dependent on parental support, and when such support is withheld, or when continued criticism is directed against the one partner by their respective families, bonds, insecurely formed in the first instance, weaken and reach breaking point.¹¹⁸ In a number of cases, the development of the offspring of parents who have married across traditional barriers is adversely affected and evidence for this can be found in the number of such children who are referred for treatment to the University of Durban-Westville Child Guidance and Research Centre.

In spite of the deviations which have been mentioned above, Indian family life has succeeded in maintaining many of its traditions and thereby projects an image of greater integration than would be expected in a community exposed to westernisation for at least three generations. The Indian is committed to his community and he expresses this commitment through his participation in the large number of voluntary associations, welfare, civic, and educational, which he forms and in which he serves.

It is clear from the foregoing discussion that helping the maladjusted child requires an understanding of the forces that motivate him to adapt in his own unique way. A youngster who commits anti-social acts, says Weiner,¹¹⁹ is often attempting to elicit environmental response to pressing needs that are being overlooked or ignored.

In the section which follows five case studies are presented. These have been selected from the large number of referrals which were made to the University of Durban-Westville Child Guidance and Research Centre between 1971 and 1976.^(a) The excerpts illustrate some of the background factors and personality dynamics that are often associated with emotionally disturbed children. These youngsters and their families exemplify a number of interpersonal orientations described in the previous section.

5.6 Case Illustrations

5.6.1 Unrealistic Parental Expectations

Kisten; 7 years 11 months; Male; Class ii

Reason for Referral: Lack of concentration, listlessness, inability to remember things; daydreams in class.

Early History and Family Background: The circumstances relating to pregnancy and birth were normal. His milestones were also within normal limits.

Father/...

(a) A discussion relating to the activities of the University of Durban-Westville Child Guidance and Research Centre given in Appendix M

Father aged 35 is a salesman and mother aged 28 is a machinist in a clothing factory. The parents who have been married for nine years did so in the face of considerable opposition from their respective families owing to the fact that they belong to different linguistic groups. The mother is Hindi-speaking and father is Telegu-speaking.

The father is very attached to his daughter and at times makes his preference for her obvious to his son, Kisten. The client resents this. The mother claims that she does not take sides. She is very aware of the father's unfair treatment of Kisten and has often discussed the matter with him.

Psychological Evaluation:

Psychological examination shows that the client's intellectual functioning was normal for his age. Kist performed at the 8-year level on the Stanford-Binet Individual Intelligence Scale (South African Standardization). He had good social comprehension, and a sound understanding of the usage of common articles found in the home and in his immediate environment. His concept formation was normal for his age and he had a good memory span. He could repeat five digits forward and three backward. It was interesting to note his strategy for repeating three digits backward; he first repeated them forward and thereafter in the reverse order. He had no difficulty in copying a

diamond-shaped figure.

Kisten's vocabulary and his ability to construct sentences were adequate for his age. He gained reading ages of 7 years 2 months on the Burt Word Reading Test and 7 years 4 months on the Holborn Reading Scale.

Overall, the evidence indicates that the father's expectations of his son are unrealistically high at this stage. It is his intention that his son should become a professor or a doctor. It has been suggested that the father experiences psychological uneasiness arising from the fact that he married against the cultural laws and that his ambitions for his son are linked to his repressed feelings of guilt.

The parents and the teacher were counselled with the aim of minimising the demands which were made of the client. Undue pressure, it was pointed out, could exacerbate the situation.

5.6.2 Problems Resulting from Marital Pressures

Kudul; 7 years 2 months; Male; Class ii

Reason for Referral: Poor school progress; unwilling to communicate with persons outside the home; afraid of going to school; prefers to be alone.

Early/...

Early History and Family Background: Kudul's birth and developmental milestones were normal. His father comes from a middle-class Urdu-speaking, Muslim family and his mother from a middle-class Gujurati-speaking, Muslim family. Both sets of parents objected to their marriage on grounds of linguistic differences. The relationship between husband and wife was somewhat strained at the time of the interview. Each accused the other of taking no interest in the home.

Psychological Evaluation: The client communicated freely in the test situation and rapport was easily established. This was contrary to what the mother had said about his unwillingness to talk.

Kudul gained an IQ score of 98 on the Stanford-Binet Individual Intelligence Scale (South African Standardization). His memory was good and he was able to define objects in terms of their usage. He gave adequate answers to questions involving measures he would take when confronted with certain everyday situations within his range of experience. His vocabulary was adequate for his age-level.

Overall, the data indicated that the child was under great pressure from his mother to excel at school. He was dependent on her and he sought her approval. The parents were counselled so that their expectations of Kudul would not be unrealistically high.

5.6.3 Overdependency

Hashen; 3 years; Male.

Reason for Referral: Unable to communicate with others in a normal manner.

According to the parents, the child has his own vocabulary which does not approximate English or a vernacular language. He communicates by gesture and unintelligible babbling.

Early History and Family Background: Hashen's birth and developmental milestones were normal, except for his speech. His father is a school teacher and his mother a housewife. Their marriage is a happy one. They have two other children.

Psychological Evaluation: Only certain items of the Merrill-Palmer were attempted. These indicated that the client performs at a level normal for his age.

The client was found to be very dependent on his parents, and was pampered by them. He readily got his own way, and had no incentive to use speech. His mother and grandmother were always at his beck and call, and responded immediately to all his needs.

He refused to remove his coat and had to be assisted by his mother. The fact that he was capable of doing this on his own, was demonstrated when he was alone with the tester. It was noted that the child clung to toys given to him, and it was only after considerable coaxing and not without tears that he parted with them.

It was clear to the psychologist that the child was emotionally disturbed. This, to a large extent, was attributed to the over-protective attitudes of the parents. This over-concern, it seemed, masked feelings of guilt, hostility or rejection on the part of the parents. In short, much of the root of the child's present inadequate functioning stems from his family milieu. His parents and siblings respond to his babbling immediately, and so help to reinforce his behaviour pattern.

It was suggested that the parents should place Hashen in a nursery school where he would be forced under peer pressure to learn from other children.

5.6.4/...

5.6.4 Inhibited and Withdrawn Behaviour

Sheila, 9 years 2 months; Female; Standard II

Reason for Referral: Inhibited withdrawn behaviour; poor progress at school.

Early History and Family Background: Birth and developmental milestones normal.

An interview with the mother revealed that the parents' general child-rearing orientation could be described as rigid and strict, if not authoritarian. Sheila was expected to obey all restrictions and directives issued by the parent. She was immediately punished for talking back or deviating from parental expectations, and their expectations appeared to be extremely high in almost all areas of behaviour and performance.

Psychological Evaluation: When Sheila first came to the Child Guidance Centre, she seemed frightened and very inhibited in behaviour and speech. She maintained a rigid posture, did not smile throughout the examination and was most reluctant to volunteer anything about her general life circumstances. She responded only to direct questions and her answers were always unelaborated and to the point.

Sheila's/...

Sheila's school reports indicated that she was having difficulty with academic work.

She gained the following scores on the Wechsler Intelligence Scale for Children (WISC): Verbal Scale IQ, 90; Performance Scale IQ, 99; Full Scale IQ, 93. Since the WISC is an American test, it is likely that the Full Scale IQ is an underestimate of her intellectual potential. Her performance on the subtests indicated that her greatest difficulty lay in the Comprehension and Similarities sections.

An overall consideration of the data indicated that, to a great extent, Sheila's marked inhibition and tendency to withdraw from others were related to her overly strict, confining environment. The rigid and strict parental controls also contributed to Sheila's fear of her environment, her marked dependency, feelings of inadequacy, and inability to accept responsibility. Furthermore, the parental expectations and control methods caused Sheila to covertly question her parents' acceptance of her; consequently, she could not entirely trust relationships with others. Inhibition and withdrawal from close relationships provided a fair degree of safety for Sheila and were the adaptive modes that were most workable for her.

However, besides her obvious withdrawal, inhibition, and physical problems, Sheila was handicapped in other ways. For instance, she was unable to utilize her intellectual resources to perform acceptable academic pursuits. Her achievement test results indicated academic retardation of approximately one year. Feelings of inadequacy caused her to anticipate failure in most of the tasks she undertook; therefore, she could not respond to school work with confidence. In view of all these pressures upon her, Sheila's behaviour and coping methods were understandable.

In order to help Sheila, it was necessary to help the parents gain some understanding of those problems which affected their relationships with Sheila. In addition, the parents were helped to understand some of the child's needs. For example, efforts were made to help the parents realise that their extreme controls and demands created and fostered Sheila's dependency and anxiety, thus robbing her of the opportunity to develop self-direction. It was explained also that Sheila could not feel adequate unless she was helped to develop the confidence to utilize her own capacities. Consequently, the parents were encouraged to relax some their

controls and demands.

In addition, it was suggested that the parents allow Sheila more opportunity to express, without censure, some of her negative, angry feelings when she was frustrated. It was also recommended that the parents make a special effort to reward Sheila for small accomplishments and to avoid criticism or disapproval for her failures. This recommendation was an important one to help Sheila build a more adequate self-concept.

5.6.5 Aggressive Behaviour

Pashnee, aged 11 years, 5 months; Female;
Std. I

Stated Problems

Poor progress at school; presents behaviour problems, such as constantly fighting with other children.

General Background

The patient is rather tall for her age and is well-groomed and neat and tidy in her appearance. She is quiet-spoken, somewhat tense and is inclined to be restless and easily agitated.

As she is now entering puberty she is becoming more self-conscious and frequently compares

herself/...

herself with her peers. She is particularly anxious about her inability to cope with tensions created by her mother who constantly compares her to her more successful siblings.

The father is in the building trade while the mother is a bookkeeper - typist. The elder daughter is employed as a saleslady in a large departmental store in Durban.

The mother impresses as a well-balanced, determined person, who tends to be impatient with her daughter's poor overall social and school performance.

The patient is subject to occasional attacks of epileptic fits of the petit-mal type. These attacks tend to occur when the client is under stress.

Test Results and Discussion

On the WISC, Pashnee gained a verbal score of 66 and a performance score 46. This gave her a full scale IQ of 52. There was a very marked discrepancy between the verbal and performance scores.

In the verbal test items there was some consistency in her scores in respect of information, comprehension and arithmetic sub-tests. However, the responses in respect of similarities and vocabulary were noticeably lower. The patient had no grasp of the concept of class, her abstract verbal reasoning was poor and she was unable to shift from one idea to another. There was a rigorous stereotype in her

thinking. Her memory span was poor.

Her responses in the performance subtests were extremely interesting.

In the picture completion test, she had great difficulty in scanning the pictures with a view to extracting details. She persisted in turning the book so that she perceived the pictures rotated through 90°.

This inability to scan was reflected too, in the picture arrangement subtest.

Similarly, in the block design test, the rotation through 90° persisted.

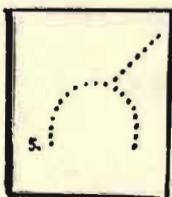
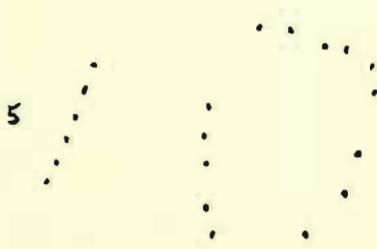
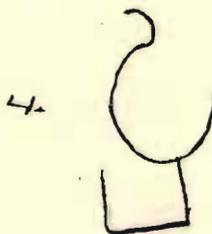
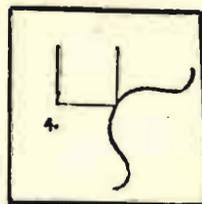
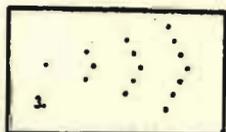
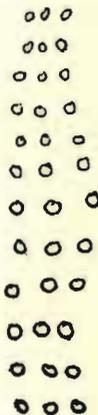
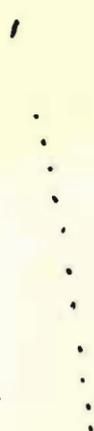
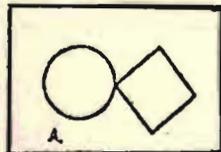
The client was quite unable to do any of the items in the object assembly test. In the coding subtest, her responses were slow and laboured.

Her performance on the Bender Visual Motor Gestalt Test was characterized by the following:

rotation, perseveration, distortion, fragmentation, and substitution of lines for dots. Pashnee's reproduction of the various figures on the test (together with the correct forms in the blocks) are given below:

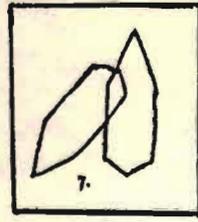
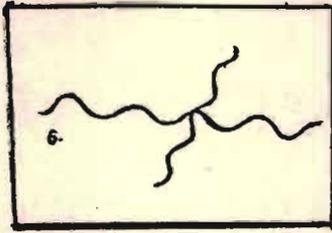
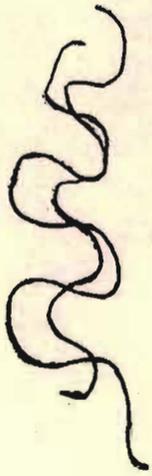
Note/...

Note: The correct version (as given in the Bender cards) for each figure is set on a block. This may compare with the child's reproduction.

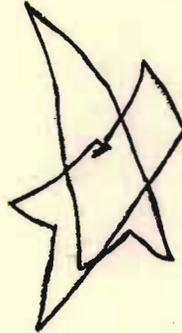


Note the rotation through 90° and the absence of integration; client counts no. of dots before she starts.

1...

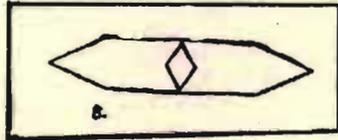
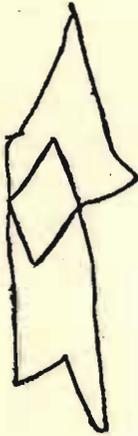


7



Starts with right-hand
figure and then puts
left-hand figure on
of it.

8



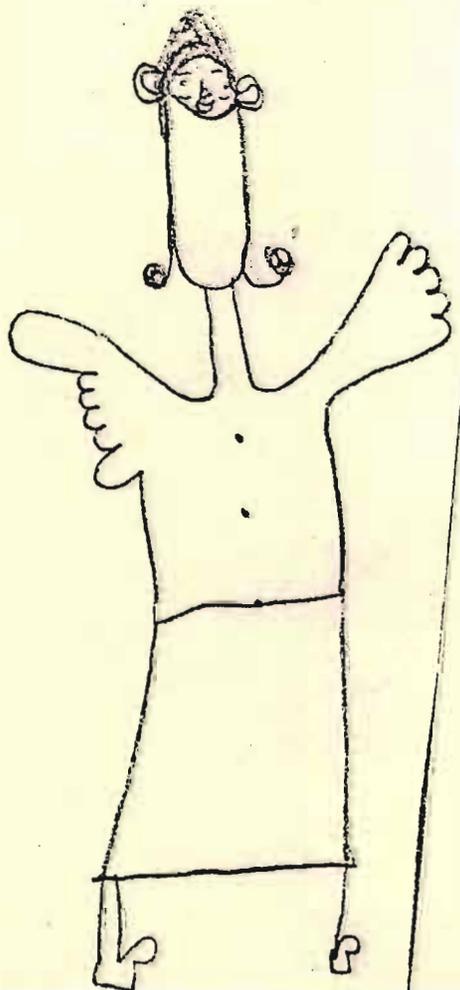
Rotation through 90°

Pashnee had great difficulty in placing parts of figures at the correct angles. Her responses also show lack of figure-ground integration.

She gained an overall score of 20. In the Bender-Gestalt Test, the lower the score a child obtains the better her performance. The patient's overall performance (for a child of her age is equivalent to that of a five-to-six-year old).

From a perusal of the research literature, it would appear safe to say that her poor Bender record is indicative of some form of brain dysfunction especially since her Bender score is more than minus one standard deviation from the mean normative score for her age group.

Her drawing on the Draw-A-Person Test is given below:





Pashnee's drawing shows immaturity, aggression, insecurity and a distorted body image.

Her standard score on the Harris standardization of the Goodenough Scale is 63.

On the Burt (Rearranged) Word Reading Test, the testee gained a raw score 55 which is equivalent to a reading age of 9 years 11 months (Natal norms) and 8 years 7 months (U.K. norms) Her score is inconsistent with her overall intellectual functioning. She has the capacity to build words unknown to her by the phonic process. In reading the words she does not (as^{she} did on the WISC picture test) rotate the paper or view the material from an angle.

Conclusions and Recommendations

Pashnee seems to have perceptual difficulties, related to some from of minimal brain dysfunction. Moreover, she is functioning at a low intellectual level, which may well be associated with personality problems, and not any inherent mental retardation.

There is need for a medical and personality assessment before any further recommendations in regard to treatment and remediation can be made.

6 INSTRUMENTS USED

6.1 A Children's Behaviour Questionnaire

Information about this questionnaire has already been provided in Project One.

6.2 The Interview Schedule

An interview schedule was used which listed the information to be obtained. A description of the schedule will be given when the assessment of the home environment is discussed later.

6.3 The Parental Attitude Questionnaire

The parents were given questionnaires - one for fathers (see Appendix J3) and one for mothers (see Appendix J1) which asked them to circle the answers "agree" or "disagree" against a sequence of statements of opinion about child-rearing. These questionnaires were used by West ¹²⁰ in a well-known British study on delinquent development. Their purpose was to obtain some measure of each parent's position in respect of the basic dimension of authoritarianism - permissiveness, and, in the case of the mother, on the dimension of over-concern under-concern as well.

In explaining the rationale underlying the Parental Attitude Questionnaire, West ¹²¹ writes as follows:

"According/...

"According to psychological literature, excessively authoritarian parents characterized by rigidly disciplinarian attitudes and over-strict control, tend to produce children who are altogether too passive, conventional and rule-bound, whereas a more democratic approach produces better adjusted personalities. Likewise, maternal under-concern or rejection has been identified with aggressive, undisciplined and delinquent children, whereas, at the opposite extreme, maternal over-concern or over-protective "smothering" has been held to lead to timid, withdrawn, neurotic children."

In order to find out whether the questionnaires were suitable for use with Indian subjects a pilot study, involving six mothers and six fathers was conducted. The Cambridge Study questionnaires were used in their original forms (See Appendices I1 and I2). It soon became apparent that certain items were not suitable for use with Indian parents. These either had to be excluded or modified.

The following items were excluded from the Mother's Form

- 11 "Mother knows best," is still true today.
- 22 School dinners make a welcome break for mother.
- 27 Though he says he's poorly at schooltime he should go just the same.

The following items were excluded from the Father's Form:

- 22 The saying "Children should be seen and not heard,"
is just silly.
- 25 The discipline of the army is fine training for
boys.
- 26 Children get more freedom nowadays, and a good
thing too.

The wording in the following 11 items in the Mother's Form
had to be simplified as a result of the findings of
the pilot study :

(The item numbers refer to the original form).

2 Original : Parents should decide the sort of work
their children are to do.

Modified : Parents should decide the kind of work
their children should do when they
grow up.

3 Original : A mother needs to get right away from
her children sometimes.

Modified : It is good for a mother to get right
away from her children sometimes.

4 Original : Bedwetting cannot be cured by punishing
the child.

Modified : If a child wets his bed at night he
can be cured if you punish him.

6 Original : If a boy has got a bit of spirit he won't always do as you say.

Modified : If a boy has got a bit of "guts" he won't always do as you say.

8 Original : It is not right to worry children at home about their school lessons.

Modified : It is not right to worry children at home about their school work.

9 Original : Too much mothering will make a boy a "softie".

Modified : Too much mothering will make a boy a "sissie."

12 Original : It doesn't matter if boys get to know about sex when they are little.

Modified : It doesn't matter if boys get to know about sex when they are still small.

13 Original : No child is really bad if you take enough trouble with him.

Modified : No child is really bad if you take enough trouble to bring him up properly.

14 Original : Keep boys down young and they won't get into trouble later.

Modified : If you keep boys down when they are young they won't get into trouble later.

19 Original : We needn't expect our children to look after us when we are old.

Modified : We shouldn't expect our children to look after us when we are old.

24 Original : There's little thanks or pleasure in bringing up children .

Modified : There's little thanks in bringing up children.

The wording in the following 7 items in the Father's Form had to be simplified as a result of the findings of the pilot study:

4 Original : The 11 + exam in schools is not fair to any children.

Modified : Exams in schools are not fair to many children.

8 Original : It doesn't matter if boys sit up a bit late sometimes watching TV.

Modified : It doesn't matter if boys sit up late sometimes listening to the radio.

10 Original : Children should be able to leave school before the age of 15.

Modified : There's no harm in children leaving school before they have reached Standard

15 Original : Flats and housing estates should all have special playgrounds.

Modified : Flats and housing schemes should have special playgrounds.

27 Original : More public money should be spent on providing children's playgrounds.

Modified : More of our rates and taxes should be spent on providing children's playgrounds.

28 Original : Boys grow up without spirit if they're kept down young.

Modified : Boys grow up without "guts" if they're kept down young.

30 Original : Children won't work at school unless you keep on at them.

Modified : Children won't work at school unless you keep checking on them.

7 THE SELECTION OF THE SAMPLE

It will be recalled from Project One that A Children's Behaviour Questionnaire (CBQ) was completed by the form-masters of 33 primary schools (Class i - Standard V) for every tenth child on the register. In this way CBQ's were filled in for 2 430 children made up of 1 236 boys and 1 204 girls. A cut-off point of 9, as suggested by Rutter,¹²² to differentiate between well-adjusted and maladjusted children was used as the point at which it was worth following up a child as possibly maladjusted. The results of this survey are summarised in the table below.

TABLE 3.1

DISTRIBUTION OF WELL-ADJUSTED AND MALADJUSTED BOYS AND GIRLS IN THE TOTAL SAMPLE AS GIVEN IN PROJECT ONE

	Boys	Girls	Totals
8 and below on teacher's CBQ (Well-adjusted)	1 040 (49%)	1 104 (51%)	2 144 (100%)
9 and above on teacher's CBQ (Maladjusted)	186 (65%)	100 (35%)	286 (100%)
Totals	1 226	1 204	2 430

Using/...

Using this as a starting point, two smaller samples (one of a very well-adjusted and the other of a very maladjusted group of children) were chosen. The well-adjusted group was chosen from those who had scores of 0 and 1 on the CBQ while the maladjusted group was chosen from those whose scores ranged from 18 to 35. These groups were matched on the basis of sex, age and educational level. The matching procedure had a certain degree of flexibility.

Thus in respect of age, an allowance of plus or minus three months was permitted; in respect of educational level an allowance of one class (or standard) above or below the required one was permitted.

As a first step the seriously maladjusted group was drawn out. Then their well-adjusted counterparts were found. Under the circumstances this was the best procedure since the children who gained scores of between 18 and 35 were far fewer in number than those who gained scores of 0 and 1. As matters turned out, it was possible to match practically all the seriously maladjusted children with children from the two best adjusted groups - viz, those pupils who gained scores of 0 and 1.

The samples ultimately selected for the in-depth study (Project Three) are given in the table below.

TABLE/...

TABLE 3.2

DISTRIBUTION OF WELL-ADJUSTED AND MALADJUSTED BOYS
AND GIRLS IN THE SAMPLE USED IN PROJECT THREE

	Boys	Girls	Totals
Well-Ad.	39 (64%)	22 (36%)	61 (100%)
Malad.	39 (64%)	22 (36%)	61 (100%)
Totals	78	44	122

A complete list of the names and addresses of the well-adjusted children and their corresponding maladjusted counterparts was drawn up.

In order to save on time and travel it was decided to group the pupils according to the areas in which they lived and to visit them on certain predetermined days. It thus happened that on a particular day all three children whose homes were visited happened to be maladjusted (or well-adjusted). Ideally, the pairs of children should have been kept intact by first visiting one of the children and then visiting his matched partner. This would have given the investigator the opportunity for instant comparisons.

In retrospect, however, it is felt that this disadvantage was not too serious since a major part of the information was of an objective nature, based on a standard interview

schedule which had been drawn up and tested beforehand. In any case, as already mentioned, in the interests of greater objectivity, the social worker-interviewer was not told whether she was interviewing the parent of a well-adjusted or a maladjusted child.

8 THE COLLECTION OF DATA

8.1 General

There were three possible ways in which the investigator could obtain the necessary information on home background.

These were :

- (a) To ask the children to provide it.
- (b) To mail a questionnaire to the parents.
- (c) To visit their homes personally.

The advantages and disadvantages of each method were carefully considered and it was eventually decided that the investigator, accompanied by a competent social worker-interviewer should visit the homes of the children who were selected for a more intensive study. Although this was going to be a time-consuming procedure, it was felt that the advantages which would be gained from following this approach would outweigh the disadvantages.

If questions were put to the children, these questions would have had to be very restricted. Moreover, it was likely that the information that

they might provide would be unreliable and would have allowed only of a very superficial assessment of the home.

The second method, i.e. using a mail questionnaire was likely to prove just as unsatisfactory. This method carried with it the risk of considerable wastage : it was likely that questionnaires may not be returned, or they may be returned incomplete or they may be completed inaccurately. Moreover, both the wastage and the unreliability are likely to be unequally distributed throughout the sample. Such a situation, suggests Polansky,¹²³ may introduce a bias for an incomplete sample generally includes a greater representation of the persons who are interested, who are co-operative, who are favourable to the issue under investigation, and so on.

Moreover, a few parents proved later to be illiterate or almost so. They would not have been capable of reading the questions, let alone answering them in writing.

Lastly, there were some questions, which could be asked and some information which could best be obtained in the interview situation. The assessment of the emotional atmosphere of the home, for instance calls for a cautious and tactful approach. The interview situation makes it possible to lead up gradually to questions of family relationships, parental harmony and so on, and to consider the

most appropriate time for introducing the subject. A bald question in a questionnaire is quite a different matter and would either have aroused antagonism or would have had to be omitted.

In view of the above-mentioned considerations the decision was taken to visit the homes personally.

8.2 The Social Worker-Interviewer

It was decided to employ a competent social worker-interviewer to conduct the home interviews, since her experience and training would help in establishing and maintaining the necessary rapport with parents, in eliciting information on sensitive topics, in detecting the circumventing defensive and evasive responses, and in identifying signs of disturbance in family relationships.

The interviewer who was chosen for the purpose of the present project was singled out by a senior member of the Department of Social Work, University of Durban-Westville, as one who was particularly skilled in conducting interviews. Her performance in the pilot interviews confirmed this assessment. She had a friendly disposition and displayed a good grasp of the dynamics of human motivation and behaviour. She also had a good working knowledge of community affairs and was well informed about the general position relating to Indian families in the Greater Durban area.

She/...

She was given a clear explanation of the goal of the interview so as to equip her to handle any unique situation which could arise. Care was taken, however, not to reveal the possible outcomes of the study since it was felt that no matter how impartial she tried to be, she might favour some responses over others through a gesture, facial expression, tone of voice or some other cue of which she was unaware.

The fact that the interviewer was a female was an added advantage, for, as Pillay and Ellison point out, ¹²⁴ Indian women (who formed by far the largest proportion of the interviewees in the present study) are generally of shy disposition and self-conscious in the presence of strangers, more so in the company strange men. It was also likely that Indian men would not always take kindly to strange men visiting their homes and interviewing their wives during their absence. In any case, women have much in common with each other and it was felt that this fact would provide the female interviewer easy access into the homes of the prospective respondents. It was vital to the study that the respondent's confidence and co-operation should be gained.

8.3 The Interview Schedule

An interview schedule was used which listed the information to be obtained (See Appendix H). This included data pertaining to the child's developmental history, the state of physical health and educational level of his parents, his physical condition and relationship with his siblings, his attitude to school, the parent's attitudes toward him, the socio-economic status of his family and the atmosphere in which he has been reared. The records which resulted consisted partly of factual material and partly of the interviewer's observation and impressions. Care was taken to keep the interview schedule as brief as possible lest the respondent should become tired or bored through having to answer too many questions. In any case there was no purpose in collecting more information than was actually needed. The respondents were giving voluntarily of their time and it was therefore important that the essential data should be collected with a minimum expenditure of their time.

[The questions were kept short, clear and to the point so that they could be readily understood.]

The questionnaire started with simple factual questions which could be answered without much difficulty. It was felt that "conversation" directed toward obtaining general information about members
of/...

of the household and living conditions would be particularly suitable for establishing rapport. Complex or awkward questions related to matters like income and methods of discipline were asked later in the interview since it was possible that questions of this nature might disturb some of the respondents. However, care was taken to word such potentially embarrassing questions in such a way that they were unlikely to cause problems. But even if the subjects did become upset and consequently became defensive, the precaution of placing these questions toward the end of the interview prevented contamination of their earlier responses.

As soon as her appointment as interviewer in the present project was confirmed, the social worker set about familiarising herself thoroughly with the interview schedule. The investigator and the interviewer examined each item in the questionnaire together. The purpose of each item was explained to her and possible ambiguities were discussed.

The interviewer strove for fluency in her reading of the questionnaire items. She was soon able to read the questions easily as though they were part of a natural conversation. However, the "conversation" followed the language set out in the questionnaire. The interviewer was given a general description of the study but was not told, when the field work began whether she was interviewing the family of a

well/...

well-adjusted or a maladjusted child. As mentioned earlier, this precaution was taken in order to minimise bias in her judgements.

The writer elected to be present at each interview in order to gain first hand information about the background against which the interviews were being conducted. As matters turned out, this knowledge enabled the writer to evaluate the interview data more meaningfully. The writer took the precaution of making his presence as inconspicuous as possible by engaging in some silent, non-distracting activity such as reading and checking completed questionnaire

8.4 The Preliminary Study

It is a well known fact among psychologists and educationists that many a research design which offers promise on paper often harbours problems in the most unexpected quarters. In order to discover whether such problems existed in the present investigation, it was decided to carry out a relative inexpensive enquiry on a small scale. The time and effort spent on this pilot study was worth the while for several reasons :

- (a) It enabled the researcher to gain new insights and ideas which helped to improve the quality of the main study. Information was gained about such procedural matters as the best ways of opening the interview and recording the data. For example, the feasibility of using

a tape recorder for recording the interview was tested. It was believed that this step would make it possible to play back the recorded data and study them more thoroughly than would have been possible if the information were limited to notes taken during the interview. After only four interviews, however, it became apparent that this practice would have to be discontinued since, in spite of assurances of confidentiality, the respondents were obviously suspicious and inhibited.

- (b) The preliminary study helped the investigator to check the appropriateness of the questionnaires which were used in the study. This was particularly valuable since the paucity of suitably standardised scales for measuring pupil adjustment and parental attitudes for use with Indian subjects, forced the writer to "borrow" questionnaires applied in well known British and American studies. (a) These questionnaires (together with modifications which were necessary) have been described in the appropriate projects in the section entitled "Instruments Used. (c)/...

(a) The following questionnaires were used :

- Project One : The Children's Behaviour Questionnaire (used by Rutter, et al. in the Isle of Wight Study, 1964-5).
- Project Two : The Wickman Behaviour Rating Scale (used by Wickman in a study of teachers' and mental hygienists' attitudes toward children's behaviour problems, 1928).
- Project Three: The Parental Attitude Inventories (used by West in the Cambridge Study in

(c) The study provided the investigator with the opportunity for assessing the methods he proposed to use when quantifying and analysing the interview data. In some instances, where the pilot study results indicated that the data obtained could not be easily quantified, the interview items were revised until satisfactory quantification and analysis became possible.

The earliest stages of the preliminary studies were exploratory. They involved lengthy, unstructured interviews and talks with key informers. Once this had given the researcher a "feel" for the problem, the rest of the preliminary investigation proceeded in a systematic manner. The questionnaires were successively given to friends, then to knowledgeable colleagues who were familiar with questionnaire construction, and finally, to individuals who came from the same population as (but who did not form part of) the main sample.

8.5 Interviews with Parents in the Sample

The interview began with some easy impersonal questions asked in a friendly way. This initial period spent in talking to the subject about some topic of interest helped to create a cordial atmosphere and establish a situation in which the respondents were willing to provide the information which was sought. They were assured that all the information they provided would be confidential. This was necessary

in/...

in order to enlist their co-operation and obtain frank and revealing responses.

The sequence in which the items appear in the interview schedule was determined by the course which the interview was expected to follow so that the recording of the information would be as unobtrusive as possible and not interrupted by the continual turning of pages. The interviewer made marginal notes of points that promised to have value as contextual or background material. Frequently, when the parent ^(a) had clearly forgotten that she was being interviewed and was relating with considerable frankness her family and marital problems the recording of the information was delayed until immediately after the interview in order not to interrupt the flow of her thoughts.

Every attempt was made to ensure that the stimulus offered was similar in all cases but it sometimes became necessary to use explanatory phrases.

In every case the interview was conducted in a single session in the home of the subject. For the length of the interview, two hours was the norm, and this fitted in well with the housewife's programme. If the informant felt busy or maintained his/her
reserve/...

(a) "Parent is practically synonymous with "mother" since, in most cases, the questionnaires were completed by mothers (or mother-substitutes) alone; in about 10 per cent of the cases by the mother and the father together; and in about 3 per cent of the cases by the fathers alone.

reserve throughout, the interview could be completed in an hour, while occasionally, with an over-burdened or over-communicative informant, a period of two hours was hardly enough.

The number of days taken to visit the homes of all the children in the sample was far in excess of what had been estimated. At first it was estimated that an average of seven visits a day might be possible but it soon became obvious that this was an ambitious target.

There were several reasons for the very slow rate of progress. The times of the day, for instance, when it was politic to visit homes unannounced were limited. The first interview of the day could not be undertaken before 9.30 a.m. since the chances of a favourable reception were not likely to be high while the mothers were still busy with their household chores. Mealtimes were also avoided - the time of the mid-day meal ranged from 12.30 to 2 p.m. The evening meal often began at 6 p.m., so that the effective time available for interviews during the day was restricted to about three hours in the morning and four hours in the afternoon. The need for some time for locating the homes and for moving from one family to another reduced even further the effective interviewing time.

Another/...

Another important reason for the slow rate of progress was the number of abortive visits. Over and over again the home was located and visited only to be found locked - according to the neighbours mother was out working, shopping, visiting friends or paying accounts - and another attempt had to be made. Frequently 3 or 4 attempts were necessary before contact was finally made. Most frustrating of all was the attempt to locate families who had recently changed their addresses. Often neighbours did not know one another. Each change of address meant a wasted journey.

Once contact was made, however, it was found that the vast majority of the parents were very co-operative. The reception was friendly and they seemed to give sincere answers to the questions they were asked.

Instead of resenting interruption to her work or intrusion into her family affairs many a mother was only too glad to break off from washing or polishing to talk about herself and her family. A number of them volunteered a great deal of quite irrelevant information. Often the difficulty lay not in extracting the necessary data but in stopping the flow of confidences and in making a not too abrupt departure.

A few of the respondents, however, were rather reluctant to reveal their income. In other cases, where the mother alone was interviewed, it occasionally happened that she was genuinely unable to say how much her husband earned, since she knew only how much she was allowed for housekeeping each week.

The assessment was further complicated by those families where elder children were working and contributing to the family income. In some households (particularly as regards the younger members) the children handed over their whole wage and were given pocket money; their clothes and other expenses were paid for by the parents. In other cases, the children themselves were responsible for these expenses and gave their parents a certain sum of money each week for board and lodging.

It was generally possible, however, to make a fairly accurate assessment of the total income into the home from all sources, including family grants.

The delicate question of parental harmony was approached indirectly and in a tactful manner. In the case of separated parents the information emerged naturally out of questions about the number of persons living in the home or about family income.

After/...

After completing the interview schedule the social worker-interviewer read and recorded the parents' responses on the Parental Attitude Questionnaire. In those cases where one of the parents was not at home, a form was left behind for him (or her) with the request that it should be completed and handed to the investigator when he returned in three days' time. In eleven cases an extension of time was requested and a third visit to the home became necessary. Finally, responses were obtained from 119 mothers and 108 fathers.

Among those who did not respond were individuals who no longer lived with their families on account of death, divorce, or separation. Two fathers refused to complete the questionnaire, saying that they had no time.

The type of home background covered by the sample varied considerably, ranging from the wealthy cultured home to the home where mere existence was the immediate problem. Some of the worst home environments were to be found in certain parts of Chatsworth and Springfield. Often, the quality of life in such areas was such that, as Burt wrote in his book entitled The Young Delinquent, "decency was difficult, delicacy impossible".

9. Results

Corresponding to the classification which was adopted when the problems were stated in an earlier section of the present project, the results will be presented under two headings:

9.1 Analysis of responses to the items relating to the Interview Schedule.

9.2 Analysis of responses to the items relating to the Parental Attitude Questionnaires.

In the case of Section 9.2 above the responses of the mothers and the fathers will be presented separately since each sex responded to a different form of the questionnaire.

9.1 Analysis of Responses to the items relating to the Interview Schedule

9.1.1 Place of Birth

Herbert¹²⁵ notes that theorists often stress the importance of an adequate physical constitution as a prerequisite for sound psychological adjustment. This applies particularly to the integrity of the

central nervous system. There is a very real possibility that a child who has developed normally during the nine prenatal months can be seriously harmed by some accident during the process of birth. Injuries can be caused by exceptionally long labour, abnormal positioning of the baby, by direct trauma to the brain or as a result of damaging haemorrhages.¹²⁶

In the light of this view it would seem that children who are born at home run a greater risk of injury to the brain than children who are born at a hospital where, one presumes, the facilities for meeting emergencies that arise during the birth process are more readily available. This possibility that a greater proportion of brain-damaged children may be born at home, taken together with the suggestion that there is a link between adequate physical constitution and sound psychological adjustment, leads one to expect a significantly greater incidence of maladjustment among home-born as compared to hospital-born children. This hypothesis was tested and the results are given in Table 3.3 below.

TABLE 3.3/...

TABLE 3.3

COMPARISON OF ADJUSTED AND MALADJUSTED PUPILS
BY PLACE OF BIRTH

	Births at Home	Births at Hospital	Totals
Adj.	20 (34%)	39 (66%)	59 (100%)
Malad.	14 (23%)	46 (77%)	60 (100%)
Totals	34	85	119 (a)

$$\chi^2 = 1,151$$

$$df = 1$$

$$P : > 0,05$$

Seventy-seven per cent of the maladjusted children in the sample were born in hospital as compared to 66% of the well-adjusted group. The difference observed was not significant.

In view of the possible link between brain damage and emotional disturbance it is somewhat surprising to note that a greater percentage of maladjusted children, as compared to the well-adjusted ones, were born in hospital.

However/...

(a) Information was not available in the case of 3 children.

However, as Herbert¹²⁷ points, it must be emphasized that "Place of Birth" is only one possible etiological factor in a host of interlacing network of influences.

9.1.2 Mother's Difficulty in Pregnancy

There are^a number of physical and psychological factors which, by disturbing the mother can have a disruptive effect on the embryo or foetus.¹²⁸ The stressors include maternal disease malnutrition, fatigue, extreme environmental conditions and emotional stress.

Ferreira¹²⁹ has produced evidence of a connection between the mother's emotional status during pregnancy and "upset" behaviour in the offspring. During the last four weeks of pregnancy, 163 women answered a questionnaire that had been designed to discover whether they disliked being pregnant or were in any way unhappy about their expected babies. The babies of all the women were then carefully observed and their behaviour was judged in each case to be either "upset" or "normal". There were 28 children classified as "upset" and 135 as "normal". A significant correlation was found between the women who had been unhappy about pregnancy and the babies who were upset.

Relating to this information it was hypothesized that there are significant personality differences between children of mothers who experience marked physical or emotional problems during pregnancy and children of mothers who are relatively free from such stresses.

TABLE 3.4

COMPARISON OF ADJUSTED AND MALADJUSTED PUPILS
BY DIFFICULTY EXPERIENCED BY MOTHER DURING
PREGNANCY

	Problems	No Problems	Totals
Adj.	5 (8%) ^(a)	54 (92%)	59 (100%)
Malad.	11 (18%)	49 (82%)	60 (100%)
Totals	16	103	119 (b)

$\chi^2 = 1,710$ $df = 1$ $P : > 0,05$

Table/...

-
- (a) Guilford ¹³⁰ says: "There are lower limits to utilizable frequencies ... Some authors say that a chi-square should not be computed if any theoretical frequency is less than 10. Others, more generous, would compute chi-square even when a theoretical cell frequency is as low as 2. A realistic limit is 5."
- (b) Information was not available in the case of 3 children.

Table 3.4 shows that by far the greater proportion of the mothers of both the well-adjusted and maladjusted groups of children did not complain about any noteworthy problems during pregnancy. No significant difference was observed, although a comparison of the percentage figures shows a relatively slight trend toward an association between maladjustment and the experience of physical and/or emotional stress on the part of his mother during pregnancy.

9.1.3 Number of Parents in the Home

One of the most important factors in the home which influences a child's psychological development is the relationship between the child and his parents. As noted earlier, according to Erikson,¹³¹ whether or not a child learns trust depends on the nature of his early experiences with his parents. "A coalition of mutual support between the parents," says Stegner,¹³² "lends unity and direction to the development of the family."

Kellmer Pringle¹³³ is of the opinion that better developmental progress seems to be made when praise and recognition come not only from the mother but from another person as well, preferably of the

opposite/...

opposite sex. In addition, it is possible that the mother herself receives reassurance in her maternal role from her husband's support so that he reinforces not only the child's but her own feelings of adequacy and self-esteem; this in turn increases her confidence in her mothering which communicates itself to the child. Andry's research¹³³ has shown that the father's absence - particularly where it is for long periods or permanent - has an unfavourable effect on the child's psychological development, especially when it happens during the pre-school years. Rutter¹³⁴ writes in a similar vein: "For optimal development, bonds need to be formed with people of both sexes and it is very likely that early attachments will influence the kind of close relationships which are possible later."

In their analysis of the home conditions of delinquents and non-delinquents, Glueck¹³⁵ found that the normal pattern of the family group is more frequently disarranged among the delinquents. In the delinquent group 50,2 per cent of the boys lived with both his parents as compared to 71,2 per cent in the non-delinquent group. On this basis one may hypothesise that a greater proportion of maladjusted children (as compared to well-adjusted ones) would come from one-parent homes. The results obtained in the present

study/...

study are given in Table 3.5.

TABLE 3.5

COMPARISON OF ADJUSTED AND MALADJUSTED
PUPILS BY NUMBER OF PARENTS IN THE HOME

	One Parent	Both Parents	Totals
Adj.	2 (3%)	59 (97%)	61 (100%)
Malad.	7 (11%)	54 (89%)	61 (100%)
Totals	9	113	122

$\chi^2 = 1,919$ $df = 1$ $P : > 0,05$

According to the data presented in Table 3.5 there is no significant association between the level of a child's adjustment and the number of parents in the home. However, an eight-per cent difference in favour of the adjusted group suggests that the trend toward a link between maladjustment and the number of parents in the home is present. It is likely that a significant difference will emerge if the size of the sample were to be increased.

9.1.4/...



9.1.4 Parents' Educational Level

It is reasonable to expect that, with greater education mothers and fathers become more amenable to the suggestions of mental health authorities about improved methods of child-rearing and appropriate ways of reducing and handling emotional conflicts in children. Such knowledge and practices, it is believed, lead to the rearing of children who are relatively well-adjusted. Relating to this issue it was hypothesised that significant personality differences exist between children of mothers (fathers) with a higher level of education and those with a lower level of education. The results are presented in Tables 3.6 and 3.7 respectively.

TABLE 3.6

COMPARISON OF ADJUSTED AND MALADJUSTED PUPILS BY MOTHER'S EDUCATIONAL LEVEL

	Lower Education (Up to Std III)	Higher Education (Std IV and above)	Totals
Adj.	21 (36%)	38 (64%)	59 (100%)
Malad.	31 (65%)	20 (35%)	57 (100%)
Totals	58	58	116 ^(a)

$\chi^2 = 8,830$

df = 1

P: < 0,01

These/...

(a) Information was not available in the case of 6 children.

These figures indicate that the mothers of adjusted children have a higher level of education than those of maladjusted children. Only 35% of the mothers of the maladjusted group of children had an educational level of Std IV or above as compared to 64% of the mothers of the well-adjusted children. The difference observed was significant. This finding suggests that the better educated mothers have a greater awareness of the importance of meeting the basic psychological needs of children. Local newspapers and magazines such as "Living and Loving" abound in articles relating to child care and upbringing. In the course of the interviews it was found that a surprisingly large number of Indian women read articles of this nature.

TABLE 3.7

COMPARISON OF ADJUSTED AND MALADJUSTED PUPILS
BY FATHER'S EDUCATIONAL LEVEL

	Lower Education (Up to Std V)	Higher Education (Std VI or above)	Total
Adj.	15 (27%)	41 (73%)	56 (100%)
Malad.	30 (60%)	20 (40%)	50 (100%)
Totals	45	61	106 ^(a)

$\chi^2 = 10,607$

df = 1

P : < 0,01

Forty/...

(a) Information was not available in the case of 16 children.

Forty per cent of the fathers of maladjusted children in the sample had an educational level of Std VI or above. In contrast, 73% of the fathers of well-adjusted children had attained a similar level of education. The difference observed was significant. This finding is consistent with the result obtained when the mother's level of education was found to be significantly related to the child's level of adjustment.

Children whose fathers had a low level of education were maladjusted more than twice as often as other children (60% vs 27%).

9.1.5 Parents' State of Physical Health

There is a relationship between the incidence of physical and mental illness in parents and the presence of emotional problems in their offspring.¹³⁶ Children, says Chazan,¹ may imitate the personality characteristics of their parents and react to an atmosphere made gloomy or morbid by chronic mental or physical ill-health in the parents.

In the present study the mothers' and fathers' state of health was rated on a three-point scale, viz. "good", "average", and "poor". It was hypothesized that a higher proportion of the mothers and fathers of the maladjusted group would show a poor health record.

The results are presented in the tables below.

TABLE 3.8

COMPARISON OF ADJUSTED AND MALADJUSTED PUPILS
BY MOTHER'S STATE OF PHYSICAL HEALTH

	Poor and Average	Good	Totals
Adj.	28 (47%)	31 (53%)	59 (100%)
Malad.	45 (76%)	14 (24%)	59 (100%)
Totals	73	45	118 ^(a)

$$x^2 = 9.196 \quad df = 1 \quad P : < 0,01$$

An examination of the data in the table above reveals that there is a significant relationship between the mother's state of physical health and her child's level of adjustment. In the samples studied 76% of the mothers of maladjusted children were rated as having "poor" or "average" physical health as compared to 47% of the mothers of well-adjusted children.

TABLE 3.9/...

(a) Information was not available in the case of 4 children.

TABLE 3.9

COMPARISON OF ADJUSTED AND MALADJUSTED PUPILS
BY FATHER'S STATE OF PHYSICAL HEALTH

	Poor and Average	Good	Totals
Adj.	31 (54%)	26 (46%)	57 (100%)
Malad.	42 (78%)	12 (22%)	54 (100%)
Totals	73	38	111 ^(a)

$\chi^2 = 5,775$ $df = 1$ $P : < 0,05$

The father's state of physical health like that of the mother, seems to be an important factor in the determination of a child's level of adjustment.

In the samples studied 78% of the fathers of maladjusted children were rated as having "poor" or "average" physical health as compared to 54% of the fathers of well-adjusted children.

The probability values differed in the case of mothers and the fathers. The values were $p < 0,01$ and $p < 0,05$ respectively. It would be interesting to find out

through/...

(a) Information was not available in the case of 11 children.

through the use of a larger sample whether chronic illness in the mother has a significantly more adverse influence on the family than chronic illness in the father. In Herbert's view,¹³⁸ childhood problems are more likely to be associated with psychiatric illness in the mother than in the father.

9.1.6 Is the Child Considered a Behaviour Problem by the Mother?

The number of deviant behaviours co-existing in the same child may be an important indication of maladjustment.¹³⁹ The more "symptoms" reported as such by the mother, the greater is the likelihood that the child will be found to be disturbed on clinical examination.

Psychological "separation" from the parents or "rejection" says Herbert,¹⁴⁰ may take subtle forms so that he comes to believe that he is "an unmitigated nuisance" and that his very existence makes his parents unhappy so that he is something to be devalued. Lewis¹⁴¹ confirmed the associations found in the United States by Hewitt and Jenkins¹⁴² between parental rejection and unsocialized aggression in the child, neglect and socialized delinquency, and constraint at home and neurotic symptoms in the child.

Bearing/...

Bearing on these observations it was hypothesized that a significantly greater number of the mothers of maladjusted children would consider them to be "problems". The results were as follows:

TABLE 3.10

COMPARISON OF ADJUSTED AND MALADJUSTED PUPILS BY MOTHER'S ASSESSMENT OF PROBLEMATICAL BEHAVIOUR

	A Behaviour Problem	Not a Behaviour Problem	Total
Adj.	5 (8%)	56 (92%)	61 (100%)
Malad.	21 (34%)	40 (34%)	61 (100%)
Totals	26	96	122

$$\chi^2 = 10,998 \quad df = 1 \quad P : < 0,001$$

Ninety-two percent of the mothers of the well-adjusted pupils and 66% of the maladjusted pupils did not regard their children as presenting them with any serious behaviour problem. The difference observed was a highly significant one.

It is interesting to note that out of the total of 61 pupils adjudged as being maladjusted by their teachers,

21 of them were given a similar rating by the mother. Thus about two-thirds of the maladjusted children were considered to be at least satisfactorily adjusted at home. This difference between the ratings of the mothers and the teachers could be due to the fact that some children who present behaviour problems in school genuinely do not present such problems at home; or behaviour which the teacher regards problematic is not perceived in the same light by the mother; or the two raters could be using different frames of reference.

9.1.7 Is the Child Considered a Behaviour Problem by the Father?

A warm relationship between father and son is of great significance in helping a boy to develop a wholesome set of ideals through emotional identification with the father. Should this bond not be close, say Glueck and Glueck,¹⁴³ the growing child may seek substitute anti-social satisfactions, or he may pass through a stage of grave insecurity, frustration and resentment with accompanying psychoneurotic symptoms.

Related to these observations it was hypothesized that a significantly greater number of the fathers of maladjusted children would consider them to be "problems"

The results were as follows:

TABLE 3.11

COMPARISON OF ADJUSTED AND MALADJUSTED PUPILS BY FATHER'S ASSESSMENT OF PROBLEMATIC BEHAVIOUR

	A Behaviour Problem	Not a Behaviour Problem	Total
Adj.	10 (16%)	51 (84%)	61 (100%)
Malad.	11 (18%)	50 (82%)	61 (100%)
Totals	21	101	122

$\chi^2 = 0,00$ $df = 1$ $P : > 0,05$

Eighty-four percent of the fathers of the well-adjusted pupils and 82% of the fathers of the maladjusted pupils did not regard their children as presenting them with any serious behaviour problem. In contrast to the mothers ratings, the observed difference in the ratings of the fathers was not significant. $\chi^2 = 0$ indicates that there is no departure of obtained from expected frequencies. Three possible reasons, may be suggested for the differential ratings given by the mothers and fathers:

- (a) Fathers may be making a deliberate attempt to present their children in a more favourable light.

(b)/...

- (b) The mother, being the parent who generally interacts with her children to a greater extent than the father, knows her children better and is therefore able to evaluate their behaviour more accurately than the father.

- (c) The father, especially in the somewhat authoritarian and patriarchal Indian family structure, is seen as a disciplinarian and projects a more forbidding image in comparison with the relatively submissive and tolerant mother. As a result children tend to be more inhibited in his presence and this is passed off as "good" behaviour.

Of the 61 children whom teachers considered as presenting behaviour problems, only 11 were seen by their fathers in a similar light. The following questions arise:

- (a) Are the fathers giving honest ratings?

- (b) Are teachers and fathers perceiving problem behaviour differently?

- (c) Does the child fear the authority of the father to a greater extent than the authority of his teacher?

(d)/...

- (d) Is the child's maladjustment confined to the school situation?
- (e) Can the wide difference between the teachers' and the fathers' ratings be explained by the fact that they are probably using different frames of reference?

This is an area which future researchers in the field of maladjustment should examine more closely.

9.1.8 Relationship with Siblings

Second only to the influence of the parents on the developing child, says Stegner,¹⁴⁴ is the influence of his brothers and sisters. Sibling relationships frequently determine the child's future attitudes toward himself, his peers and his own family.

In their study relating to delinquents, Glueck and Glueck¹ found that the brothers and sisters of two-thirds (66,4%), of the delinquents, as compared with four-fifths (85,4%) of the non-delinquents, had a normal affection for them.

In reviewing the affectional relationships in the family, the above-mentioned writers came to the general conclusion that the delinquent boys were more deprived of affection by their fathers, mothers, and brothers and sisters, and that they, in turn, did not have as warm a feeling

toward/...

toward their fathers and mothers as did the non-delinquents. Parent-child relationships are, a two-way process.

Flowing out of these observations it was considered interesting to find out whether similar patterns of sibling relationships existed in the case of well-adjusted and maladjusted children. It was postulated that positive relationships between siblings would be reported to a greater extent in the case of the well-adjusted children in the sample. The findings are presented in Table 3.12 below.

TABLE 3.12

COMPARISON OF ADJUSTED AND MALADJUSTED PUPILS
BY RELATIONSHIP WITH SIBLINGS

	Not Positive	Positive	Totals
Adj.	3 (5%)	58 (95%)	61 (100%)
Malad.	32 (67%)	16 (33%)	48 (100%)
Totals	35	74	109 ^(a)

$\chi^2 = 44,194$ $df = 1$ $P : < 0,001$

The/...

(a) Information was not available in 9 cases while in 4 cases the children were reported as having no siblings.

The table shows that adjusted children had positive relationships with their siblings in a far greater number of cases than maladjusted children (95% as opposed to 33%). Twice the number of maladjusted children had unfavourable relationships with their siblings as compared to those who had favourable relationships.

The high level of significance ($\chi^2 = 44,194$, $p < 0,001$) suggests that the variable "poor relationship with siblings" rates highly among the background factors which are associated with maladjustment.

9.1.9 Child's Attitude to School

In the study by Glueck and Glueck,¹⁴⁶ a marked difference was found between delinquents and non-delinquents in their attitude toward school. Only a tenth (11,5%) of the former readily accepted schooling, as compared with two-thirds (65,6%) of the latter. While 61,5% of the delinquents were very resistant to school, expressing violent dislike of it, only 10,3% of the non-delinquents reacted in a similar way. Glueck and Glueck¹⁴⁷ found that the reasons which the boys gave for their marked dislike of school appeared to be largely reflective of the temperamental and emotive differences between delinquents and non-delinquent

The reasons given for their aversion to school were linked to such factors as an inability to learn, intellectual inferiority, and more particularly, the restrictions imposed upon them by the school routine.

In the light of these findings, an attempt was made to discover whether similar differences existed between well-adjusted and maladjusted children in their attitude to school.

The responses are presented in the table below.

TABLE 3.13

COMPARISON OF ADJUSTED AND MALADJUSTED PUPILS
BY ATTITUDE TO SCHOOL

	Negative	Positive	Totals
Adj.	4 (7%)	57 (93%)	61 (100%)
Malad.	42 (69%)	19 (31%)	61 (100%)
Totals	46	76	122

$$\chi^2 = 47,774 \quad df = 1 \quad P : < 0,001$$

These/...

These figures indicate that the vast majority of well-adjusted children (93%) have a positive attitude toward school while the same can only be said of 31% of the maladjusted children.

A positive attitude was conveyed by the parents through such comments as "has settled down well", "likes school", "goes to school regularly," "likes his teacher", and "likes to do school work."

The observed difference ($p < 0,001$) suggests that there is a strong relationship between the child's level of adjustment and his attitude to school.

9.1.10 Disciplinary Measures in the Home

The evidence concerning punishment as a disciplinary technique is fragmentary.¹⁴⁸ Experiments have hardly begun to reveal the subtlety or diversity of punitive situations which arise in parent-child relationships. There is no simple clear-cut relationship between negative reinforcement and performance. Moreover, the effectiveness of negative reinforcement depends to a great extent upon the nature, intensity, timing and dispenser of the punishment. Factors such as these complicate research relating to punishment. Walters, et al.¹⁴⁹ note that parents not only whip, spank and beat their children, but also scold, shout at, isolate and withdraw love from them, sometimes at the slightest

provocation/...

provocation. Some parents who reject the idea of beating their children or otherwise hurting them, may frequently utter harsh words or send them from the room for misbehaving. Such actions, say Walters, et al.,¹⁵⁰ may cut even more deeply than all but the most violent of thrashing. Faulty parental attitudes and inadequate or inappropriate discipline have been found to affect children's emotional development to a greater extent than adverse material conditions in the home. Bannister and Ravden¹⁵¹ showed that a high proportion of 112 children referred to a child guidance clinic for emotional or behaviour difficulties had parents whose attitudes were unsatisfactory or whose discipline was inadequate.

In their discussion on punishment, Johnson and Medinnus¹⁵² take the view that physical methods of punishment may for the time being suppress the behaviour that it is meant to inhibit, but that long-term effects are less impressive. What the child learns is that might is right.

In the light of the above discussion, it was decided to find out whether the disciplinary measures used by the parents of well-adjusted children differed significantly from those used by the parents of maladjusted children. The results are presented in Table 3.14 below.

TABLE 3.14/...

TABLE 3.14

COMPARISON OF ADJUSTED AND MALADJUSTED PUPILS
BY DISCIPLINARY MEASURES IN THE HOME

	Physical	Verbal	Totals
Adj.	18 (30%)	43 (70%)	61 (100%)
Malad	29 (49%)	31 (51%)	60 (100%)
Totals	47	74	121 ^(a)

$$\chi^2 = 3,754$$

$$df = 1 \quad P : > 0,05$$

No significant difference was observed in the nature of the disciplinary measures used by the parents of adjusted and maladjusted children. The former (70%) mainly used verbal and non-physical forms of punishment such as telling off, staying in, withholding pocket money and sending the child to bed. The parents of the maladjusted group were divided, 51% resorting mainly to verbal and non-physical forms and the other 49% using mainly corporal punishment. Some of these parents justified their action by quoting the maxim, "Spare the rod and spoil the child".

9.1.11/...

(a) Information was not available in 1 case.

9.1.11 Frequency of Punishment

Closely related to the previous variable, "Disciplinary Measures in the Home," is the question of frequency of punishment. In Becker's view¹⁵³ there is a positive relationship between the extensive use of physical punishment in the home by parents and higher levels of aggression outside the home.

Owing to the complexity of the factors related to the nature and use of physical and verbal forms of punishment, it was beyond the scope of the present study to design any sophisticated instrument to investigate this variable in a more scientific manner. Consequently, the investigator was forced to employ the crude criterion of asking the parents whether they punished their children (physically and/or verbally) more than or less than the average of five or six times per month. The purpose of this enquiry was to find out whether the parents of well-adjusted children differed significantly from the parents of maladjusted children in the frequency with which they resorted to the use of punishment as a disciplinary measure in the home.

The/...

The responses were distributed as follows:

TABLE 3.15

COMPARISON OF ADJUSTED AND MALADJUSTED
PUPILS BY FREQUENCY OF PUNISHMENT

	Hardly ever punished	About Average and frequently	Totals
Adj.	5 (8%)	56 (92%)	61 (100%)
Malad.	16 (26%)	44 (73%)	60 (100%)
Totals	21	100	121 ^(a)

$x^2 = 5,868$

df = 1

P : < 0,05

Nearly all the well-adjusted children (92%) were subjected to some form of verbal and/or physical punishment on an average of 5-6 times per month. Only 5 mothers of the well-adjusted children reported that their children were hardly ever punished at home. On the other hand, 16 mothers, of maladjusted children indicated that their children were hardly ever punished at home. This trend suggests that punishment, used

judiciously/...

(a) Information was not available in the case of 1 child.

judiciously, has a place in the socialisation of children.

9.1.12 Family's Relationship with Neighbours

Insofar as relationships with neighbours are concerned it is reasonable to expect that the families of well-adjusted children will tend to enjoy better relationships with their neighbours than the families of maladjusted children. It was decided to test the validity of this hypothesis. The results are given in the table below.

TABLE 3.16

COMPARISON OF ADJUSTED AND MALADJUSTED PUPILS
BY FAMILY'S RELATIONSHIP WITH NEIGHBOURS

	On bad terms and don't mix	Superior and on good terms	Totals
Adj.	22 (36%)	39 (64%)	61 (100%)
Malad.	22 (37%)	37 (63%)	59 (100%)
Totals	44	76	120 ^(a)

$\chi^2 = 0,002$

df = 1

P : > 0,05

Surprisingly/...

(a) Information was not available in the case of 2 children.

Surprisingly enough, the data in Table 3.16 show that the families of adjusted and maladjusted children were almost, on par insofar as their relationships with their neighbours were concerned. The observed difference was not significant.

9.1.13 Usual Occupation of Mother

Two major studies concerning delinquent and non-delinquent boys, Unravelling Juvenile Delinquency (Glueck and Glueck)¹⁵⁴ and The Cambridge Study in Delinquent Development (West and Farrington),¹⁵⁵ report conflicting findings in respect of the above mentioned variable.

Glueck and Glueck¹⁵⁶ found that more of the mothers of delinquents than non-delinquents worked outside the home (47%:33%). Moreover, the mothers of the delinquent boys, as a group, were much more remiss in the care of their children than the mothers of the non-delinquents.

West and Farrington,¹⁵⁷ on the other hand, found that there was a smaller percentage of delinquents among boys whose mothers had a full-time job. A possible explanation for this finding, according to the investigators, could be that mothers in full-

time work tend to produce a higher family income and fewer children, both of which are factors associated with the absence of delinquency. West and Farrington point out that their finding is consistent with the results of the National Child Development Study¹⁵⁹ which demonstrated that at the age of 7 years the children of full-time working mothers showed no marked ill-effects in terms of their attainment or adjustment in school.

Rutter¹⁶⁰ also argues against the view that children of working mothers are particularly likely to become delinquent or develop some psychiatric disorder. Indeed, in some circumstances children with working mothers may even be better off as this may mean that the mothers have an increased range of interest, are more content and so have more to give to the family. He also expresses the view that there are no ill-effects from a child having several mother-figures, provided that stable relationships and good care are provided by each. A situation in which the mother-figures keep changing so that the child does not have an opportunity of forming a persisting relationship with any of them is not satisfactory.

TABLE 3.17

COMPARISON OF ADJUSTED AND MALADJUSTED
PUPILS BY MOTHER'S USUAL OCCUPATION

	Housewife	Employed regularly or occasionally outside the home	Totals
Adj.	47 (80%)	12 (20%)	59 (100%)
Malad.	37 (62%)	23 (38%)	60 (100%)
Totals	84	35	119 ^(a)

$\chi^2 = 3,813$

df = 1

P : > 0,05

The results presented above show that the presence or absence of a full-time mother is not significantly related to adjustment-maladjustment in child. This finding does not lend support to the often-expressed view that the children of part-time mothers, being, at least in terms of time less under the supervision of an important adult in their lives, display a significantly greater number of behaviour problems.

9.1.14/...

(a) Information was not available in the case of 3 children.

9.1.14 Family's Financial Circumstances

Glueck and Glueck¹⁶¹ reported that the economic status of the families of their non-delinquents was slightly better than those of their delinquents. Only 5% of the families of the delinquent boys were in "comfortable" circumstances, as compared with 12% of the families of the non-delinquent boys.

In the present project, the sample comprised two extreme groups of scores on the Children's Behaviour Questionnaire, viz, 61 pupils who scored 0 or 1 (well-adjusted) and 61 pupils who scored between 18 and 35 (maladjusted). The financial situation was estimated by the interviewer's assessment of the extent to which the income covered family commitments. This is obviously a more accurate method of assessing a family's financial circumstances and is only possible when the sample size is small enough to make visits to the homes possible. As a further aid in arriving at a correct assessment, car ownership was treated as an index of material prosperity, as was the possession of at least two of the four home amenities listed viz, a polishing machine, a washing machine, a refrigerator, and a sewing machine.

It was hypothesized that a higher proportion of the families of maladjusted children would be found in those categories where financial anxiety was present. The results are presented in Table 3.1.8 below.

TABLE 3.18

COMPARISON OF ADJUSTED AND MALADJUSTED PUPILS
BY FAMILY'S FINANCIAL CIRCUMSTANCES

	Hardship and Just Managing	Secure and very comfortable	Totals
Adj.	25 (41%)	36 (59%)	61 (100%)
Malad.	53 (87%)	8 (13%)	61 (100%)
Totals	78	44	122

$\chi^2 = 25,914$

df = 1

P : < 0,001

Eighty-seven percent of the families of the maladjusted group fell in the category entitled "Hardship and Just Managing". In marked contrast, only 41% of the families of well-adjusted children experience similar circumstances. The difference was highly significant ($p < 0,001$) indicating that there is a

strong/...

strong relationship between a child's level of adjustment and his family's financial circumstances. This finding confirms the trend which was observed in Project One.

9.1.15 Interviewer's General Impression of the Family

The last question in the interview schedule called for an overall assessment of the interviewer's general impression of the family. Those families in which there was evidence of a serious and prolonged degree of strain and tension fell in the "unfavourable" category. Allowance was made for relatively minor signs of strain, such as some quarrelling or some interference from relatives. A summary of the social worker-interviewer's impressions of the 122 families she visited are given in Table 3.19 .

TABLE 3.19/...

TABLE 3.19

COMPARISON OF ADJUSTED AND MALADJUSTED PUPILS BY
INTERVIEWER'S GENERAL IMPRESSION OF THE FAMILY

	Unfavour- able	Favour- able	Totals
Adj.	11 (18%)	50 (82%)	61 (100%)
Malad.	58 (95%)	3 (5%)	61 (100%)
Totals	69	53	122

$$x^2 = 70,591 \quad df = 1 \quad P : < 0,001$$

The x^2 value of 70,591 indicates a strong and statistically significant association between the interviewer's overall assessment of the family and the child's level of adjustment. An important factor which contributed to the social worker's high level of accuracy was the fact that she was required to assess homes of pupils who were at the extreme ends of the adjustment-maladjustment continuum. Against this, however, it must be emphasised that the social worker had not been informed beforehand whether she was due to inter-

view/...

view the family of an adjusted or maladjusted child. As mentioned earlier, this precaution was taken in order to minimise bias in her judgements of the families.

The figures in Table 3.19 reveal that 95% of the families of maladjusted children created an unfavourable general impression on the interviewer as against only 18% of the families of well-adjusted children.

9.2 Analysis of Responses to the items relating to the Parental Attitude Questionnaire

Chi-square analyses of the responses of mothers of adjusted and maladjusted children on each of the 30 items in the supplementary questionnaire revealed that significant differences existed between the two groups in respect of the following items (as given in the adapted questionnaire):

11. It doesn't matter if boys get to know about sex when they are still small
($\chi^2 = 4,64$; $P : < 0,05$).
12. No child is really bad if you take enough trouble to bring him up properly
($\chi^2 = 8,20$; $P : < 0,01$).
- 18 We shouldn't expect our children to look after us when we are old ($\chi^2 = 7,73$; $P : < 0,0$

21 A child should never keep a secret
from his mother ($x^2 = 9,34$; $P : < 0,01$).

22 There's little thanks in bringing up children
($x^2 = 8,45$; $P : < 0,01$).

By and large, the mothers of well-adjusted children, compared to the mothers of maladjusted children, were of the opinion that it did not matter if boys got to know about sex while they were still young. They also believed that no child is really bad provided that his parents give sufficient attention and care to his upbringing. Unlike, the mothers of maladjusted children, moreover, they did not expect their children to care for them when they were old.

The mothers of maladjusted children found "little thanks in bringing up children." They also expected their children to share all their secrets with them.

Chi-square analyses of the responses of fathers of adjusted and maladjusted children on each of the 30 items in the supplementary questionnaire revealed that significant differences existed between the two groups in respect of the following items (as given in the adapted questionnaire):

8 It doesn't matter if boys sit up late
sometimes listening to the radio
($x^2 = 3,92$; $P : < 0,05$).

12 Troublesome teenagers often have parents who were too soft ($x^2 = 4,72$; $P < 0,05$).

28 Children learn to behave best if their parents are patient with them ($x^2 = 6,72$; $P : < 0,01$).

The fathers of well-adjusted children in marked contrast to the fathers of maladjusted children saw little harm in boys sitting up late sometimes listening to the radio and were also inclined to believe that children learn to behave best if their parents are patient with them. The fathers of maladjusted children as a group were of the opinion that troublesome teenagers were often the products of parents who were "too soft" in their dealings with them.

From the responses of mothers and fathers reported above, it would appear that the parents of maladjusted children tend toward greater authoritarianism in their expectations and opinions than the parents of well-adjusted children. The differences in the attitudes of the two sets of parents in the present study, however, are far from clear-cut and further research is required in order to reach firmer conclusions.

General/...

10 Conclusion

General Findings Relating to Project Three

Overall, the results relating to Project Three indicate that the parents of maladjusted children, as compared to the parents of well-adjusted children, have a lower level of education, are in a poorer state of physical health, and experience greater financial hardship.

They also tend toward greater authoritarianism in their relationships with children and the manner in which they should be reared.

Maladjusted children compared to their better adjusted counterparts are more frequently punished by their parents, have a poorer relationship with their siblings and have less favourable attitudes to school.

In general, the findings of Project Three suggest that maladjustment arises from a complex interaction between the individual home atmosphere, the personal qualities of the child and the circumstances in which the family live s. Such a situation indicates that the multi-causal phenomenon of maladjustment requires a multidisciplinary approach to its treatment.

Economic policies which aim to lessen the gap between rich and poor workers, would no doubt help but such political decisions involve considerations beyond the scope of the present investigation.

APPENDIX H

STRICTLY CONFIDENTIAL:

SCHEDULE NO.

FACULTY OF EDUCATION

UNIVERSITY OF DURBAN-WESTVILLE

DURBAN

INTERVIEW SCHEDULE : HOME BACKGROUND AND FAMILIAL CIRCUMSTANCES
OF INDIAN PRIMARY SCHOOL CHILDREN IN THE GREATER DURBAN AREA

USE A SEPARATE SCHEDULE FOR EACH HOUSEHOLD:

A household consists of a person, or group of persons, who may or may not be related to each other, who share a common housekeeping budget. This includes eating together at a common table, and sharing the food budget.

NAME OF INFORMANT: -----

ADDRESS : -----

1. PLACE OF BIRTH:

BIRTH AT HOME	BIRTH IN HOSPITAL

2. MOTHER'S DIFFICULTY IN PREGNANCY:

PROBLEMS	NO PROBLEMS

3. NUMBER OF PARENTS IN THE HOME:

NO PARENTS	ONE PARENT	BOTH PARENTS

4. MOTHER'S EDUCATIONAL LEVEL:

NO SCHOOLING 01	CLASS I OR II 02	STD. I 03	STD. 2 04	STD. 3 05	STD. 4 06
STD. 5 07	STD. 6 08	STD. 7 09	STD. 8 10	STD. 9 11	STD. 10 12
POST-SCHOOL QUALIFICATION WITHOUT MATRIC 13			POST-MATRIC QUALIFICATION 14		

5. MOTHER'S STATE OF PHYSICAL HEALTH:

POOR	AVERAGE	GOOD

USUAL OCCUPATION OF MOTHER:

Housewife	Employed Occasiona- ally Outside Home	Employe Regular Outside Home

6. FATHER'S EDUCATIONAL LEVEL:

NO SCHOOLING 01	CLASS I OR II 02	STD. 1 03	STD. 2 04	STD. 3 05	STD. 4 06
STD. 5 07	STD. 6 08	STD. 7 09	STD. 8 10	STD. 9 11	STD. 10 12
POST- SCHOOL QUALIFICATION WITHOUT MATRIC 13			POST-MATRIC QUALIFICATION 14		

7. FATHER'S STATE OF PHYSICAL HEALTH:

POOR	AVERAGE	GOOD

8. IS THE CHILD CONSIDERED A PROBLEM BY THE PARENTS:

	YES	NO
FATHER		
MOTHER		

9(a) RELATIONSHIP WITH SIBLINGS:

POSITIVE	NOT POSITIVE

10. SCHOOL ATTENDANCE:

IRREGULAR	REGULAR

11. CHILD'S ATTITUDE TO SCHOOL:

NEGATIVE	POSITIVE

12. FREQUENCY OF PUNISHMENT: (See note)

NEVER	ABOUT AVERAGE & FREQUENTLY

13. DISCIPLINARY MEASURES IN THE HOME:

MAINLY PHYSICAL	MAINLY VERBAL

14. RELATIONSHIP WITH NEIGHBOURS:

ON BAD TERMS & DON'T MIX	SUPERIOR & ON GOOD TERMS

9(b) PHYSICAL HANDICAPS: EYES

GOOD	POOR	AVERAGE

HEARING:

GOOD	POOR	AVERAGE

ANY SPEECH PROBLEMS?

YES	NO

ANY PROBLEMS IN THE MOTOR

YES	NO

15. FAMILY'S FINANCIAL CIRCUMSTANCES: (See Note)

HARDSHIP & JUST MANAGING	SECURE & VERY COMFORTABLE

16. HOUSEHOLD INCOME:

PERSON, AND SOURCE OF INCOME	PAST WEEK (If paid weekly)	PAST MONTH (If paid monthly)
HEAD'S INCOME		
CONTRIBUTIONS FROM OTHER CHILDREN		
1.		
2.		
3.		
4.		
5.		

17. INTERVIEWER'S GENERAL IMPRESSION OF THE FAMILY: (See Note)

UNFAVOURABLE	FAVOURABLE

FACULTY OF EDUCATION
UNIVERSITY OF DURBAN-WESTVILLE

ADJUSTMENT - MALADJUSTMENT STUDY : SOCIO-FAMILIAL DATA

Instructions to assist social worker in completing the
interview schedule

Item 15:

Family's Financial Circumstances

In regard to incomes of the members of the household, please try to obtain as accurate figures as possible from all sources of income. Inflated or deflated figures will detract from the value of the study. Reassure the informants that they can trust us that the information is completely confidential, and will not be used for tax purposes or anything other than the present study.

Should accurate information about family income prove difficult to obtain (e.g. through the sensitivity of some parents about this aspect or through genuine ignorance on the part of a wife about her husband's earnings), try to make an impressionistic judgement. Categorize each family's financial situation as very comfortable, secure, hardship, and just managing, taking into account all circumstances including the number of children, visible possessions, and style of living. As a rough guide it is suggested that a family of two adults and four children should be classified as follows:

Very comfortable	:	R131 or more per week
Secure	:	R76-R130 per week
Just managing	:	R31-R75 per week
Hardship	:	R30 or less per week

For additional information find out if the respondent's family owns:

- (a) a car?
- (b) a polishing machine?
- (c) a sewing machine?
- (d) a refrigerator?

Item 12:

Frequency of Punishment

Take average to be 5 - 6 times per month

Item 17:

Interviewer's general impression of the Family

Unfavourable : Refers to those families in which there is a serious and prolonged degree of strain and tension.

Favourable : Refers to those families which are generally cohesive, stable and supportive. Allowance is made for relatively minor signs of strain, e.g. some quarrelling or some interference from relatives.

A P P E N D I X I

WEST, D.J. : PRESENT CONDUCT AND FUTURE DELINQUENCY

(FIRST REPORT OF THE CAMBRIDGE STUDY IN DELINQUENT
DEVELOPMENT)

LONDON, HIENEMAN, 1969.

(ORIGINAL FORM)

Parental Attitude Inventories used for Mothers and Fathers
respectively

(1) MOTHER'S FORM

Please read each item and: if you agree put a ring round Agree or if you don't agree put a ring round Disagree
Don't miss any please: your opinion is wanted on all these questions.

- | | | | |
|-----|--|-------|-----|
| 1. | You must expect a real boy to get into fights | Agree | Dis |
| 2. | Parents should decide the sort of work their children are to do | Agree | Dis |
| 3. | A mother needs to get right away from her children sometimes | Agree | Dis |
| 4. | Bedwetting cannot be cured by punishing the child | Agree | Dis |
| 5. | Small children must learn to do without their mothers sometimes | Agree | Dis |
| 6. | If a boy has got a bit of spirit he won't always do as you say | Agree | Dis |
| 7. | It is most important for a mother to see who her boy plays with | Agree | Dis |
| 8. | It is not right to worry children at home about their school lessons | Agree | Dis |
| 9. | Too much mothering will make a boy 'softie' | Agree | Dis |
| 10. | Troublesome teenagers often come from harsh homes | Agree | Dis |
| 11. | 'Mother knows best', is still true today | Agree | Dis |
| 12. | It doesn't matter if boys get to know about sex when they are little | Agree | Dis |
| 13. | No child is really bad if you take enough trouble with him | Agree | Dis |
| 14. | Keep boys down young and they won't get into trouble later | Agree | Dis |
| 15. | It's the school's job to teach the child-not the parents' | Agree | Dis |
| 16. | There is no harm in boys playing with dolls or at girlish games | Agree | Dis |
| 17. | Parents should not let their children take up all their time | Agree | Dis |
| 18. | Boys should fight their own battles and not run to mother | Agree | Dis |
| 19. | We needn't expect our children to look after us when we are old | Agree | Dis |
| 20. | Children should have a fixed bed-time and never sit up later | Agree | Dis |
| 21. | School dinners make a welcome break for mother | Agree | Dis |
| 22. | There should be more discipline in schools today | Agree | Dis |
| 23. | A child should never keep a secret from his mother | Agree | Dis |
| 24. | There's little thanks or pleasure in bringing up children | Agree | Dis |
| 25. | Children will respect you more if they are a bit afraid sometimes | Agree | Dis |
| 26. | It's sad to see boys grow up because then they don't seem to need you | Agree | Dis |
| 27. | Though he says he's poorly at schooltime he should go just the same | Agree | Dis |
| 28. | Mothers must learn to mind their own business when a boy is growing up | Agree | Dis |
| 29. | Strict discipline develops a good strong character in children | Agree | Dis |
| 30. | Sometimes children are more of a nuisance than a blessing | Agree | Dis |
| 31. | A mother must always know just what her children are doing | Agree | Dis |
| 32. | If there's trouble at school, mothers should always see the teacher | Agree | Dis |
| 33. | Old-fashioned parents were far too strict | Agree | Dis |

WEST, D.J. : PRESENT CONDUCT AND FUTURE DELINQUENCY

(FIRST REPORT OF THE CAMBRIDGE STUDY IN DELINQUENT
DEVELOPMENT)

LONDON, HIENEMAN, 1969.

(ORIGINAL FORM)

Parental Attitude Inventories used for Mothers and Fathers
respectively

(2) FATHER'S FORM

Please read each item and: if you agree put a ring round Agree or if you don't agree put a ring round Disagree
Don't miss any please: your opinion is wanted on all these questions.

- | | | | |
|-----|---|-------|------|
| 1. | Older boys and girls should be taught together at school | Agree | Dis |
| 2. | Punishing a boy is father's job | Agree | Dis |
| 3. | Children have a right to choose their own jobs | Agree | Dis |
| 4. | The 11+ exam in school is not fair to many children | Agree | Dis |
| 5. | Boys should do just as they are told without any argument | Agree | Dis |
| 6. | Immunization against polio should be compulsory | Agree | Dis. |
| 7. | Strict discipline develops a good strong character in children | Agree | Dis. |
| 8. | It doesn't matter if boys sit up a bit late sometimes watching TV | Agree | Dis: |
| 9. | Old-fashioned parents were far too strict | Agree | Dis: |
| 10. | Children should be able to leave school before the age of 15 | Agree | Dis: |
| 11. | You should never make a child afraid of you | Agree | Dis: |
| 12. | Troublesome teenagers often have parents who were too soft | Agree | Dis: |
| 13. | Caning in schools should be abolished | Agree | Dis: |
| 14. | It's better for a boy to be obedient than clever | Agree | Dis: |
| 15. | Flats and housing schemes should all have special playgrounds | Agree | Dis: |
| 16. | Most mothers nag at their children too much | Agree | Dis: |
| 17. | There is no harm in boys playing with dolls or at girlish games | Agree | Dis: |
| 18. | You won't get children to obey unless you can tell them why | Agree | Dis: |
| 19. | Most boys need a good hiding sometimes | Agree | Dis: |
| 20. | In a good home father's word is law | Agree | Dis: |
| 21. | Women schoolteachers are just as good for boys as men are | Agree | Dis: |
| 22. | The saying 'Children should be seen and not heard', is just silly | Agree | Dis: |
| 23. | If parents stand no nonsense, bedwetting can soon be cured | Agree | Dis: |
| 24. | Children should have a fixed bedtime and never stay up later | Agree | Dis: |
| 25. | The discipline of the army is a fine training for boys | Agree | Dis: |
| 26. | Children get more freedom nowadays, and a good thing too | Agree | Dis: |
| 27. | More public money should be spent on providing children's playgrounds | Agree | Dis: |
| 28. | Boys grow up without spirit if they're kept down young | Agree | Dis: |
| 29. | There should be more discipline in schools today | Agree | Dis: |
| 30. | Children learn to behave best if their parents are patient with them | Agree | Dis: |
| 31. | Children won't work at school unless you keep on at them | Agree | Dis: |
| 32. | Mothers are generally too soft with their sons | Agree | Dis: |
| 33. | Children who are made to obey will thank their parents later | Agree | Dis: |

A P P E N D I X J

PARENTAL ATTITUDE INVENTORY : (ADAPTED FOR
USE BY INDIAN SOUTH AFRICANS)

(1) M O T H E R ' S F O R M

Please read each item and : if you agree put a tick under AGREE or if you don't agree put a tick under DISAGREE.

Don't miss any please : your opinion is wanted on all questions.

- | | <u>AGREE</u> | <u>DISAGREE</u> |
|--|--------------|-----------------|
| 1. You must expect a real boy to get into fights | | |
| 2. Parents should decide the kind of work their children should do when they grow up | | |
| 3. It is good for a mother to get right away from her children sometimes | | |
| 4. If a child wets his bed at night he can be cured if you punish him | | |
| 5. Small children must learn to do without their mothers sometimes | | |
| 6. If a boy has got a bit of "guts" he won't always do as you say | | |
| 7. It is most important for a mother to see who her boy plays with | | |
| 8. It is not right to worry children at home about their school work | | |
| 9. Too much mothering will make a boy a "sissie" | | |
| 10. Troublesome teenagers often come from harsh homes . | | |
| 11. It doesn't matter if boys get to know about sex when they are still small | | |
| 12. No child is really bad if you take enough trouble to bring him up properly | | |
| 13. If you keep boys down when they are young they won't get into trouble later | | |
| 14. It's the school's job to teach the child - not the parent's | | |
| 15. There is no harm in boys playing with dolls or at girlish games | | |
| 16. Parents should not let their children take up all their time | | |

17. Boys should fight their own battles and not run to mother
18. We shouldn't expect our children to look after us when we are old
19. Children should have a fixed bed-time and never sit up later
20. There should be more discipline in schools today
21. A child should never keep a secret from his mother ..
22. There's little thanks in bringing up children
23. Children will respect you more if they are a bit afraid sometimes
24. It's sad to see boys grow up because then they don't seem to need you
25. Mothers must learn to mind their own business when a boy is growing up
26. Strict discipline develops a good strong character in children
27. Sometimes children are more of a nuisance than a blessing
28. A mother must always know just what her children are doing
29. If there's trouble at school, mothers should always see the teacher
30. Old-fashioned parents were far too strict

(2) FATHER'S FORM

Please read each item and : if you agree put a tick under AGREE or if you don't agree put a tick under DISAGREE.

Don't miss any please : your opinion is wanted on all these questions.

- | | <u>AGREE</u> | <u>DISAGREE</u> |
|---|--------------|-----------------|
| 1. Older girls and boys should be taught at school | | |
| 2. Punishing a boy is father's job | | |
| 3. Children have a right to choose their own jobs | | |
| 4. Exams in schools are not fair to many children | | |
| 5. Boys should just do as they are told without any argument | | |
| 6. Immunization against polio should be compulsory | | |
| 7. Strict discipline develops a good strong character in children | | |
| 8. It doesn't matter if boys sit up late sometimes listening to the radio | | |
| 9. Old-fashioned parents were far too strict | | |
| 10. There's no harm in children leaving school before they have reached Std. VI | | |
| 11. You should never make a child afraid of you | | |
| 12. Troublesome teenagers often have parents who were too soft | | |
| 13. Caning in schools should be abolished | | |
| 14. It's better for a boy to be obedient than clever | | |
| 15. Flats and housing schemes should all have special playgrounds | | |
| 16. Most mothers nag at their children too much | | |
| 17. There is no harm in boys playing with dolls or at girlish games | | |
| 18. You won't get children to obey unless you can tell them why | | |
| 19. Most boys need a good hiding sometimes | | |
| 20. In a good home father's word is law | | |
| 21. Women schoolteachers are just as good for boys as men teachers are | | |
| 22. If parents stand no nonsense bedwetting can soon be cured | | |

AGREEDISAGREE

23. Children should have a fixed bedtime and never stay up later
24. More of our rates and taxes should be spent on providing children's playgrounds
25. Boys grow up without "guts" if they are kept down young
26. There should be more discipline in schools today .
27. Children won't work at school unless you keep checking on them
28. Children learn to behave best if their parents are patient with them
29. Mothers are generally too soft with their sons ...
30. Children who are made to obey will thank their parents later

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(c) DISCUSSION AND RECOMMENDATIONS

C O N T E N T S

(Discussion and Recommendations)

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DISCUSSION AND RECOMMENDATIONS

1. General

It would be inappropriate to end a dissertation on the subject of maladjustment without giving some indication of the views which the writer has developed as a result of this protracted enquiry. These views take into account data obtained from the present study, from leading writers in the field, teachers, mental health workers, colleagues, and the parents of a number of children who have been referred to the University of Durban-Westville Child Guidance and Research Centre, as well as impressions gained from seeing maladjusted children in special schools and units in Britain and Sweden. The section that follows is, therefore, an amalgam of a study of the relevant literature, personal research, first-hand observations and interviews.

A logical starting point and one which will serve as a useful background for the discussion is a summary of some of the more important findings of this study.

2. Summary of the Results of the Present Study

The present research has served to provide empirical information hitherto lacking in respect of various aspects of maladjustment among Indian primary school children. The most important results relating to the various projects in this study are summarised below.

Project One

- (a) 15,2 per cent of the boys and 8,3 per cent of the girls in Indian primary schools, ranging from Class to/....

to Standard V, may be categorised as "maladjusted" according to the ratings given by teachers on the basis of the Children's Behaviour Questionnaire and the criterion suggested by Rutter, the author of the instrument.

Seen in terms of the total Indian school population (Class 1 to Standard V) as at 1 March 1977, 10 801 (out of 71 059) boys and 5 783 (out of 69 679) girls are worth following up as possibly maladjusted. The mean incidence rate for boys and girls combined is 11,78 per cent.

- (b) A greater proportion of boys, as compared to girls, are rated by teachers as being maladjusted, the ratio being 1,9 : 1.
- (c) Of the 286 children who were found to be maladjusted 28% showed neurotic disorders, and 8% fell into the "mixed" category.
- (d) A greater proportion of girls (33% vs 25%) fell into the neurotic category while a greater proportion of boys (71% vs 54,5%) fell into the conduct disorder group.
- (e) According to teachers' ratings, maladjusted children generally perform more poorly in class and are also rated lower than their better adjusted counterparts in respect of neatness, school attendance, relations with other children and amenability to discipline.
- (f) The Children's Behaviour Questionnaire which was constructed by Rutter and used in the Isle of Wight

Study/....

Study in Britain in 1964-1965 can be used with profit in identifying adjusted and maladjusted Indian primary school children.

Project Two

- (a) Differences exist between the attitudes of teachers and clinicians toward the behaviour problems of children. Teachers tend to show greater concern with children's behaviours that are aggressive, disruptive of school routines, or generally reflect a lack of interest in school activities. In addition, teachers seem to be less concerned, than clinicians are, with withdrawing and other non-social forms of behaviour.
- (b) Teachers differ among themselves in their judgment about the seriousness of specific behaviour problems. Teachers who are older, and those who have greater experience and higher qualifications, are relatively closer to the clinicians in their assessment of problem behaviour.

Project Three

- (a) Parents of maladjusted children tend to have a low level of education and are generally in a poorer state of physical health. Financially, they experience greater hardship than the families of better adjusted children.
- (b) Parents of maladjusted children tend toward greater authoritarianism in their expectations of children and the manner in which they should be reared.
- (c) Maladjusted children are punished more frequently
by/....

by their parents and they generally have a poorer relationship with their siblings.

- (d) The attitudes of maladjusted children toward school are less favourable than those of their better adjusted counterparts.
- (e) Although the variable, family size, was not a subject of particular study in this project, both the investigator and the social worker who assisted him noticed that there was a tendency toward a relationship between large family size and poor (i.e. lax and careless) parental supervision. Children from large families seemed to be left to their own devices. As a result, inferring from what the parents had to say, these children appeared to gravitate more toward peers in the adoption of the attitudes and behaviour prevalent in the culture of undesirable companions.

General Conclusion

Overall, the results obtained in the three projects comprising this study relating to the Indian community are consistent with the findings of other writers who have

studied/...

studied maladjusted children and their families in other communities.

3. The Home and Mental Health

The personality of an individual is to a large extent the product of the several environments in which he has lived. According to psychoanalytically - oriented theorists the foundations of the personality structure are laid during infancy and childhood.¹ Consequently the home, the school, and the community in which the individual is reared are extremely important.

The home gets the child first, a fact of tremendous importance. Within the home, during the preschool years, each young human being experiences fundamental emotional learnings which help form the basic pattern which will evolve in later years and will be modified by subsequent experiences.

In cases where the home environment is contributing to maladjustment in the child, an attempt should be made, whenever possible, to modify this environment without taking the radical step of removing the child from it. Removal of a child from his natural environment, as Chazan, et al.² point out, should always be regarded as a last resort. Intensive work with the parents should be tried as a first step. In this regard the social services personnel can render a particularly valuable service.

The University of Durban-Westville Child Guidance Centre has always recognised that the child is a member of a

family/....

family unit and that treatment should involve the parents and perhaps other members of the family if it is to be effective.

The fundamental importance of the family as a whole should also be borne in mind by those responsible for strengthening and developing the social services, and action designed to keep the family together should be regarded as one of the most important aspects of prevention. Work with parents may include guidance on methods of handling the child, reassurance and supportive therapy.

In the final analysis a comprehensive programme for improvement must involve social action to improve general living conditions. That many children are "at risk" because of the conditions in which they live, has also been illustrated for example, by West³ who, in a longitudinal study of 411 boys from the ages of eight to nine years, found that poor social level (as indicated by the criteria of low income, poor housing, large families and dependence on support from welfare agencies) proved to be the most important single factor in discriminating the poorly behaved boys and the ineffectual parents from their peers and neighbours.

4. The School and Mental Health

4.1 The Role of the School in Relation to Maladjusted Children

Project One has shown that a significant proportion

of/....

of the pupils in Indian schools, like their counterparts in schools overseas, are in need of psychological assistance on account of varying degrees of emotional disturbance. Fifteen per cent of the boys and eight per cent of the girls require such assistance. Obviously, such a widespread problem cannot be ignored by the educational authorities responsible for Indian education, particularly in view of the close relationship which exists between emotional disturbance and academic performance.^{4 5 6} Indeed, as the committee which was responsible for the Fifty-fourth Yearbook of the National Society of Education⁷ points out, mental hygiene and modern education are so closely interrelated that it is futile to plan a mental health programme without recognition of the role that the school is to play.

The legitimate function of the school today extends beyond the development of intellectual skills and the transmission of subject - matter knowledge. The school also has responsibilities with respect to mental health and personality development since it is a place where children spend a good part of their waking hours, perform much of their purposeful activity, obtain a large share of their status, and interact significantly with adults, age-mates, and the demands of society. In this regard Bower⁸ notes that it is hardly possible to separate the nature of the child's learning experience in school

from/....

from his total growth as a personality since mental health is part and parcel of the teaching-learning process.

Seen in this light, the school has considerable mental health potential and teachers have an important part to play in the detection and prevention of maladjustment.

The problem of catering for the needs of maladjusted Indian pupils in South African schools is obviously a formidable one. It is also obvious that no system of special school can cope with the numbers involved nor indeed would it be desirable, that eleven or twelve out of every hundred children should go to a special school or be educated in a special class for maladjusted children. More responsibility for special education will therefore continue to fall - and rightly fall - on the ordinary class teacher. Among professional people, he has continuous day-to-day contact with maladjusted children over a long period. His influence is, therefore, second only to that of parents. Thus it is important that they should be given every opportunity of acquiring an understanding of handicapping conditions and specialised teaching skills and be able to offer to the children a helpful and understanding relationship. For this, as the Underwood Report points out,⁹ their initial training should include instruction about the emotional development and needs of children.

Discussions with staff members from various teacher training institutions indicate that attention is being given to preparing their students in this respect. The findings of Project Two indicate a need for training teachers to give due cognizance to maladjusted behaviours of a withdrawing type through courses in child development.

4.2 Refresher Courses for Teachers

Many teachers with some years' experience would also find refresher courses in child development of value to them.¹⁰ Their experience and greater maturity will have given them a deeper insight into the emotional development and needs of children, and they will thus be more ready to profit by a special refresher course.

4.3 Therapeutic Value of Expressive School Subjects

Consideration should be given to making teachers more aware of the therapeutic as well as educational value of the expressive school subjects. Art, music, drama and dancing are believed to be particularly valuable with emotionally disturbed children.¹¹

Through mainly non-verbal forms of communication they seek to build a relationship which fosters feelings of self-confidence and enable children to cope with anti-social emotions.

4.4 Advanced Courses in Maladjustment

Every encouragement should also be given for the establishment of advanced courses relating to

maladjustment/....

maladjustment so that the characteristics and needs of these children can be studied in greater depth. A start in this direction has been made at the University of Durban-Westville. Besides forming an important part of the course in Empirical Education for the Bachelor of Pedagogics degree, the subject of maladjustment is given prominence in the new course of study for the Bachelor of Education degree. Among other aspects a study will be made in this course of the problems relating to the assessment of maladjustment, screening surveys and child guidance clinical procedures.

4.5 Early Identification of Maladjustment

Teachers have an important role in assessment. More effort should be made to help teachers to record what they know about children in terms which give information to other professions. As the Underwood Report points out,¹³ teachers can play a particularly invaluable role in observing the child's behaviour in response to group activity and academic tasks.

Reference was made in Project One to the study by Douglas and Ross¹⁴ who suggested that the basis of children's educational difficulties lie in their early years. Consequently, there should be no undue delay in identifying and helping children who are educationally at risk. If this task is to involve teachers, it will be necessary to develop methods

for/....

for screening children which will be practical in terms of time and which the teacher will be able to administer and score with little or no help from the psychological personnel.

The aim of early identification is to call the school's attention to the problem before the problem itself does. Some psychological services in Britain make surveys of the school population at particular ages in order to ascertain which children may need special help.¹⁵ A similar procedure should be adopted in South African Indian schools. However, it will first be necessary to develop instruments which will pick out children at "risk" on account of maladjustment.

To date, no instrument has been developed for assessing maladjustment among Indian primary school children. Those questionnaires and inventories which are available have been devised and standardised in other countries, such as Britain and the United States. Although a British questionnaire - the Children's Behaviour Questionnaire - has been successfully used in the present study, the urgent need for the development of new instruments, specifically designed for use with South African Indian children, remains.

In the meantime, the present writer suggests that teachers in the various schools should be provided

with/....

with copies of A Children's Behaviour Questionnaire

One of these should be filled in for each pupil.

Alternatively, class teachers should be supplied with screening guides which would require them to view their pupils against specific criteria at regular periods. One such guide has been drawn up by the investigator and is presented in Appendix The technique is a rough measurement at best and has no demonstrable ability to detect maladjustment except as it is defined in the screening guide itself. However, it has the benefit of encouraging teachers to think in terms of pupil adjustment. It is recommended that the form should be filled in for each pupil after the teacher has known him for a period of about six months. At the end of Standard 1 each pupil will have a developmental record covering at least seven years at school. In the case of pupils who are more seriously maladjusted, the necessary machinery for referral to the School Psychological Services should be set in motion.

The teacher's contribution to the treatment of the maladjusted child does not end when the child has been brought to the notice of the school psychological service. In the case of minor maladjustment, the child's class teacher may be able to help him without the need for direct clinical treatment, but the kind of help which is appropriate can only be determined

by/....

by consultation between the school staff and the school psychological service. In the case of a child who is treated at a child guidance clinic, it is essential, for the teacher and the psychologist to keep in touch with one another during the period in which the child is under treatment, so that the teacher may understand the variations in a child's behaviour which may occur during treatment.

4.6 Importance of Good Mental Health in Teachers

In order to help children meet their basic needs, the teacher himself must enjoy sound mental health. Studies have revealed that the frequency of personality disorder is very high among children in the classes of unstable teachers.¹⁶ Candidates who apply for admission to teacher training institutions should therefore be carefully screened so that emotionally unstable individuals are prevented from becoming teachers. Personality inventories such as the Eysenck Personality Inventory,¹⁷ the Edwards Personal Preference Schedule (EPPS)¹⁸ and the Rotter Incomplete Sentences Blank¹⁹ can be used in helping

to/....

to select suitable candidates.

It is difficult for a teacher to help his pupils feel secure when the relationship between himself and the administrators are such as to make him feel insecure. The classroom teacher is a key person in any programme for improving mental health in schools and it is therefore an important responsibility of educational administrators to improve conditions for teaching and learning wherever possible.²⁰

All too often, the teacher is handicapped by conditions over which he has little control. When the class size is large, no teacher can do as much for his pupils as he would like to do. Where the curriculum is formalized, the teacher has no choice but to strive for some degree of mastery of the prescribed skills and information, no matter how remote they may be for the pupils or how far beyond their ability to learn.²¹

4.7 The Need for Day and Residential School Provisions for Maladjusted Children

In some cases, a maladjusted child can be helped by modification of the school environment. As with an unsatisfactory home background, it is desirable to attempt, without removing the child, to modify a school environment which is not meeting the child's needs.²² It must be recognised, as Chazan, et al.²³ note, that most maladjusted children will remain in their usual school, and that placement in a special school or class will be possible, and indeed desirable, in only a very small proportion of cases.

Where it is considered that the child needs to be moved from his normal school, a variety of possibilities exist. Some of the establishments for maladjusted pupils which have performed a valuable function in containing and treating children in Britain include the following:²⁴

- (a) Part-time special classes: The children who attend these classes remain in their own school for a portion of the week and spend the remainder of the school week in the part-time special class for maladjusted children.

(b)/...

- (b) Full-time classes: A second approach is the establishment of full-time special classes. The big disadvantage about a full-time special class is the severance of any link which a child has had with his own class. However, there are children for whom a full-time special class is necessary, and while part-time and full-time classes have their advantages and disadvantages, clearly both are valuable in certain circumstances.
- (c) Day special schools: There are administrative advantages in concentrating a number of children into one school. Also the group of teachers working together feel much less isolated than when they are attached to the establishment of another but yet are not part of it, as is the case with the part-time or full-time day special class. But the advantages of administration and staff morale must be set against the segregation which the children may themselves feel.
- (d) Residential Schools: According to the report of the Director of Indian Education (1 January 1976 to 31 December 1976) only one institution of this nature - a School

of/...

of Industries for boys - exists.²⁵
This, however, is a school for boys who have been committed to the institution in terms of the Children's Act.²⁶ The purpose of the school is the rehabilitation of these lads and instruction in a suitable trade. The school of industries should not be confused with residential schools for less severely maladjusted pupils. A copy of the letter indicating the provisions which exist for maladjusted Indian children is included in Appendix .

The various above-mentioned facilities which hardly exist at present become all the more urgent now that all pupils in Indian schools in 1979 and thereafter would be required to remain at school until the end of the year in which they attain the age of 15 years.²⁷

4.8 School Clinics

The establishment of a school clinic in Durban by the Division of Indian Education and plans for the expansion of this service to other areas in South Africa is a welcome development.²⁸

It is of interest to note that the School Psychological and Guidance Services of the Department

of/...

of Education in the Transvaal has established an elaborate system of child guidance clinics for each of the 24 inspectoral circuits.²⁹ Each circuit consists of one or two comprehensive units. A clinic serves a group of schools. Every clinic is staffed by a team of specialists : clinical psychologists, vocational (counselling) psychologist orthodidacticians, speech therapists, sociopedagogic psychologists and occupational therapists. The staff of each clinic operates as a multi-disciplinary team. The aim is to enable pupils to return to their normal class after a period of treatment at the clinic school.

In the Cape, school clinical services on similar lines, but not as elaborate as in the Transvaal, have been established.³⁰

The Natal Education Department, has also established several school psychological clinics.³¹ The personnel at the clinics deal with general scholastic, emotional, behaviour and speech problems. Counselling of pupils and parents as well as psychotherapy is also undertaken.

Remedial work in respect of reading, writing and mathematics is done by itinerant teachers. Teacher-counsellors are also allocated to schools on the basis of one per 300 pupils. The above-mentioned

systems/...

systems of school clinics should be studied closely with a view to improving the service which is being provided by the Division of Indian Education.

4.9 Pre-Primary Schools

Social retardation is often evident at school entry. The first line of attack should, therefore be earlier than this - through pre-primary schools.

In terms of Ordinance 17 of 1969, pre-primary education in the Transvaal is defined as "education for the purpose of promoting the harmonious development of the infant in respect of his spiritual, physical, and intellectual welfare as well as his social, aesthetic, moral and religious moulding." ³² By "infant" is meant a child of three years or over but below the compulsory school entrance age.

Although the Indian Education Act (No. 61 of 1965) makes provision for the establishment of nursery schools (i.e. "schools for the education of Indians above the age of two years who have not yet attained the age at which they may be admitted to an ordinary school"), ³³ the policy has been to subsidize private nursery schools registered with the Division of Education. From 1 April 1977, the subsidy was R7 per pupil per term. By then there were only 5 nursery schools with an enrolment of some 200 pupils in existence. ³⁴ This situation is obviously very limited in its scope. It is

recommended/...

recommended, therefore, that the provisions of the National Education Policy Act which lays down a uniform policy of education for the whole of South Africa should be implemented. The system of pre-school education in the Transvaal particularly deserves close study so that it may serve as a pattern which could be adopted by the Division of Indian Education.

5 The Child Guidance Services

The provision of child guidance services for Indian children, certainly in the Durban area, is restricted to the one at the University of Durban-Westville and is inadequate. This is evident from the length of the waiting list at the University clinic. To some extent the problem is eased by the clinical services provided by the Division of Indian Education. The Head of the Psychological Services of the Education Department (or his deputy) regularly attends the weekly University clinic panel sessions and comments on cases which require a more intensive study than the education clinic personnel can provide.

There is also a definite need for child psychiatrists and more psychological personnel who are trained to attend to the needs of emotionally disturbed children. Recently the university clinic received recognition by the South African Medical and Dental Council as

an/...

an approved institution for the practical training of intern psychologists in the category counselling psychology and psycho-technicians.³⁵ An arrangement has also been entered into with the Department of Psychiatry of the University of Natal that two of their specialist psychiatrists receive part of their practical training at the University of Durban-Westville Child Guidance Centre.³⁶ Provisions such as these should be expanded in the coming years.

There is also a shortage of speech therapists. There is an urgent need to overcome this problem in view of the large proportion of clinic cases whose speech problems - such as stammering - are often related to emotional factors. In addition to children who are categorized as speech defective similar speech problems are found in some educationally subnormal or physically handicapped children.

6. Research

While the need to investigate children's emotional development is now widely acknowledged, the subject has been relatively neglected until recently for reasons which Chazan³⁷ has summarised as follows: "the lack of measuring instruments, the failure to establish an acceptable theoretical framework within which research can be carried out, and the complexities of the study of emotional development, which is not easily/...

easily amenable to laboratory experiment." Yet another problem is that it is rarely possible to make a detailed study of control groups of "well-adjusted" children because their parents often resist giving intimate information which may be elicited more easily in the case of children referred to a clinic. ³⁸

Rutter, et al. ³⁹ rightly point out that the planning of services cannot wait upon the results of definitive research - there are urgent problems which require action immediately. Such action should be taken in the light of the best evidence which is currently available, even if this is not as adequate as one would wish, but the development of services as Rutter, et al. note, must be planned in such a way that research is built-in to the development in order that planners in the future can know which steps have been effective and which have not. In the absence of research, say Rutter, et al., ⁴⁰ "we can only move forward blindly, able to profit neither from our mistakes nor from our successes. Research and planning need to go forward hand in hand, so that the questions for research can arise from problems in service provision and the findings from research can be taken into account when planning further services." The Seebom Report ⁴¹ makes a similar point: "We cannot emphasise too strongly the part which research must play in the creation and maintenance of an effective service. Social planning is an illusion without adequate facts; and the adequacy of services mere speculation without evaluation."

Summary of Recommendations

1. The fundamental importance of the family as a whole should be borne in mind by those responsible for strengthening and developing the social services, and action designed to keep the family together should be regarded as one of the most important aspects of prevention.
2. In cases where the home environment is contributing to maladjustment in the child, an attempt should be made whenever possible to modify this environment without taking the radical step of removing the child from it. To this end, intensive work with the parents is indicated.
3. In view of the close relationship which exists between emotional disturbance and academic performance, the school has a vital interest in the mental health of its pupils. It enjoys a strategic position since it is a place where children spend a good part of their waking hours, perform much of their purposeful activity, obtain a large share of their status and interact with adults and age-mates. Clearly, therefore, the school has considerable mental health potential and teachers have an important part to play in the detection and prevention of maladjustment.
4. Owing to the large number of pupils in the normal school population who require some form of psychological assistance/...

assistance on account of maladjustment, the ordinary class teacher should be given every opportunity of acquiring an understanding of handicapping conditions. This can be done through instruction about the emotional development and needs of children in teacher-training courses, refresher courses, orientation courses, and advanced courses in the study of maladjustment.

5. There should be no undue delay in identifying and helping children who are educationally at risk. If this task is to involve teachers, it will be necessary for bodies such as the Human Sciences Research Council to develop methods for screening children which will be practical in terms of time and which the teacher will be able to administer and score with little or no help from the psychological personnel.
6. Ideally, what is needed in South Africa are long-term follow-up studies of the emotional development of unselected samples of children from birth to maturity, along the lines of the National Child Development Studies in Britain. Such studies will not only reveal, for example, how many children are maladjusted at say seven and at eleven years of age but also whether they are the same children at eleven as at seven. It would also be extremely useful to conduct epidemiological surveys similar to the Isle of Wight Survey in Britain. Epidemiology provides important pointers to the causes of conditions by demonstrating which disorders tend to be associated with each other

and/...

and what background factors are found with each disorder.

Until such studies are conducted, the School Psychological Services should make surveys of the school population at particular ages in order to pick out children "at risk" on account of some handicap or other.

7. Studies have revealed that the frequency of personal disorder is very high among children in the classes of emotionally unstable teachers. Candidates who apply for admission to teacher training institutions should therefore be carefully screened so that unstable individuals are prevented from becoming teachers. There is a need for the Human Sciences Research Council to develop suitable instruments for this purpose.
8. Since it is difficult for a teacher to help his pupils to feel secure when the relationship between himself and the administrators are such as to make him feel insecure. Educational administrators should where necessary, give serious attention to improving relationships with school staffs.
9. There is a need to reduce the size of classes if teachers are to give due attention to the emotional development of their pupils. Moreover, there is a need for greater flexibility in respect of the curriculum if the needs of individual pupils are to be met in the normal classroom situation.

10. As with an unsatisfactory home background, it is desirable to attempt, without removing the child, to modify a school environment which is not meeting the child's needs. However, there are children with relatively greater degrees of maladjustment who need to be removed from their normal school. In order to provide for these children it is necessary to establish a variety of resources such as part-time special classes, full-time classes, day special schools and residential schools. To date, hardly any of these facilities exist for Indian primary school children.
11. The establishment of school clinics by the Division of Indian Education in different parts of the Republic of South Africa should be expedited and the scope and the depth of the services provided by these clinics should be extended. It is suggested that a careful study should be made of the organization and functioning of the clinics established by other education departments in South Africa, especially the one in the Transvaal. Such a study will provide ideas about ways and means of improving existing services.
12. Social retardation is often evident at school entry. The first line of attack should, therefore, be earlier than this through pre-primary schools. Once again, the system of pre-school education in the Transvaal is likely to provide useful ideas for extending and improving this service to the benefit of the Indian community/...

community. The provisions of the National Education Policy Act should be implemented. The present practice of subsidizing private nursery schools is inadequate and unsatisfactory.

13. Social workers who are also trained in education, should be appointed as members of school staffs. They can play an invaluable role in interpreting the home situation to the classroom teacher and in working directly in a counselling relationship with pupils who are showing signs of being neglected or are presenting disciplinary problems beyond the normal means of correction. Moreover, their special knowledge about the available community resources and services can help in making the proper referral, interpreting treatment to the school and helping the social agency.
14. There is an urgent need to extend the establishment of child guidance centres for Indian children in South Africa beyond the only one which operates under the aegis of the University of Durban-Westville.
15. Some means must be found of providing a clinical and educational training for all psychologists who will work with children. Indeed, the clinical psychologist who has no experience of schools is, in the words of Rutter, Tizard and Whitmore, "operating with his right hand tied behind his back because many of the children he sees will have educational difficulties." ⁴²

7 Conclusion

It is fitting to conclude this discussion with a plea for full understanding and co-operation between the staff of the various services. Neither personal misunderstandings nor patterns of administrative responsibility should be allowed to stand in the way of this or to prevent the various services from offering the best possible help to children and their parents.

APPENDIX K

A MENTAL HYGIENE SCREENING GUIDE FOR USE BY CLASS TEACHERS

DATE:

SCHOOL:

NAME OF PUPIL:

AGE OF PUPIL:

CLASS/STD:

ROOM NO.:

As part of our programme in mental health, please review the pupils in your class to see whom you want to refer for psychological evaluation. This review is for the purpose of detecting pupils who may have emotional problems. This is especially important at the primary school level, because it is our aim to detect problems early, while they are still small problems. This is why your referral at this age is the most significant step in this programme.

Below are stated some warning signs of emotional problems. These are not all-inclusive, so please feel free to comment upon any pupil about whom you are concerned.

Please answer Yes or No to the following statements of behaviour:

Statements of Behaviour	Yes	No
A This pupil gets into fights or quarrels with other pupils, more often than others.		
B This pupil has to be coaxed or forced to work or play with other pupils. He or she will actively avoid having any contact with classmates.		

C This pupil has difficulty in learning school subjects.		
D The pupil makes unusual or immature responses during normal school activities. His behaviour is unpredictable or inappropriate for his age.		
E The pupil works extremely hard in learning school subjects to the exclusion of any other interests or activities. This pupil pours all his energies into school work.		
F This pupil behaves in ways which are dangerous to self or others. This pupil will get into situations in which he or she may be hurt or frightened.		
G This pupil is unhappy or depressed. He or she may cry easily, be inattentive, or daydream.		
H This pupil becomes upset or sick often, especially when faced with a difficult school problem or situation.		

When any two of the eight statements are adversely answered in the case of an individual, the child should be referred to the school psychologist for further investigation.

(CLASS TEACHER)

APPENDIX L

DIA 3 (b)

Telegramadres

Telegraphic address

"INOND"

Navrae/Enquiries Mr A.K. Singh

Tel. No. ~~372351~~ 372351

Bylyn/Ext.....



Verwysing/Reference

No. 19/1/3/2

REPUBLIEK VAN SUID-AFRIKA—REPUBLIC OF SOUTH AFRICA

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DURBAN

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Mr A. Ramphal
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Westville
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DURBAN
4000

24 -ii- 1977

Dear Sir

SPECIAL EDUCATIONAL PROVISIONS FOR MALADJUSTED PUPILS

In reply to your letter of 13 October 1977 in this connection I have to inform you as follows:

1. Existing Services

- 1.1. Children with special educational needs are investigated by the School Psychological Services at the Schools and where necessary children requiring in-depth investigation are referred to the school clinic established by this Division in Stanger Street. In assessing children at this clinic, a multi-disciplinary approach is followed and the services of a Counselling Psychologist, an Educational Psychologist, the School Guidance Officer, Remedial Teacher and where necessary a Social Worker from the State's Professional Welfare Section or Welfare Agency are always available. Cases are referred to the School Medical Services this becomes necessary. After a panel discussion recommendations are made to the school. Children with educational problems resulting from maladjustment are also assessed and helped at the clinic.

- 1.2. The Division has recently introduced remedial services in primary schools for children with educational problems. Presently there are 3 specially qualified teachers at 3 large primary schools. They work under the direct supervision of the Inspector, School Psychological Services and assessments and therapeutic programmes are controlled by him. Children whose scholastic problems are due to maladjustment naturally receive attention in these classes.
- 1.3. In order to meet the special needs of handicapped children at special schools, a teacher-psychologist is appointed at each school.
- 1.4. It is the policy of this Division to appoint qualified counsellors at all high schools. The training programme of these counsellors includes sections which are intended to equip them to counsel children who are emotionally disturbed. These counsellors are supervised by the School Guidance Officer who also assists guidance teachers in the primary schools with programmes for children with emotional problems.
- 1.5. Boys and girls committed to a school of industries have serious behaviour problems due chiefly to maladjustment. At the School of Industries for Boys in Newcastle a teacher psychologist has been appointed to cater for the needs of every boy. A similar appointment will be made at the school for girls due to open shortly also in Newcastle.

2. Roles of Personnel

- 2.1. The role of the School Psychologists and School Guidance Officer in respect of services for children with emotional problems is reflected in paragraph 1.
- 2.2. School medical services are the responsibility of the Department of Health.
- 2.3. The Division has not appointed school social workers as yet. However, useful service is rendered by social workers of the State's Professional Welfare Services and of welfare agencies.

3. Future Needs

This Division has already established the need to expand its school clinic service to cater for the educational, emotional or social needs of children throughout the country.

Yours faithfully

J. J. Kienwoudt.
 DIRECTOR OF INDIAN EDUCATION

APPENDIX MTHE WORKINGS OF THE UNIVERSITY OF DURBAN-
WESTVILLE CHILD GUIDANCE AND RESEARCH CENTRE

In order to assist a child it is necessary to explore his assets as well as his deficits with a view to maximizing the powers of the former and minimizing the debilitating effects of the latter. Child guidance clinics work toward this end and generally concern themselves with the more serious cases of maladjustment.

The discussion which follows will focus on the activities of the Child Guidance Centre at the University of Durban-Westville since this is the clinic in which the writer has done most of his child guidance work over the past eight years.

The panel at this Centre comprises three social workers, eight psychologists (clinical, counselling, educational), two medical consultants, two remedial therapists, one speech therapist, two art (and play) therapists, and one physical education therapist.

The ages of the patients who are referred range from 3 years to 18 years. In the period between January 1971 and December 1976, there were a total of 831 referrals to the Centre, comprising 561 males and 270 females. The ratio of males to females, therefore, was approximately 2:1.

Clients who are referred to the University of Durban-Westville Child Guidance and Research Centre come from

several sources. Table 3.20 below provides a summary of the source of referrals between 1 January 1971 and 31 December 1976.

TABLE 3.20

THE DURBAN-WESTVILLE CHILD GUIDANCE AND RESEARCH
CENTRE SUMMARY OF STATISTICS : 1 JANUARY 1971 -
31 DECEMBER 1976

Agencies	1971	1972	1973	1974	1975	1976	Total
Welfare Organ- izations	52	30	36	16	37	25	196
Schools and Nursery Schools	12	13	11	29	25	22	112
Department of Health	1	-	1	29	27	12	70
Private medical practitioners	3	6	6	13	21	21	70
Family and Friends	9	11	12	12	19	29	92
Universities	4	7	3	15	19	16	64
Hospitals	16	10	3	6	11	6	52
Department of Indian Affairs	4	42	36	8	-	7	97
Department of Coloured Affairs	4	-	1	5	8	8	26
Social Welfare	-	-	5	7	5	4	21
Other	-	-	3	6	12	10	31
Totals	105	119	117	146	184	160	831

The reasons for referral range from severe behaviour problems, mental retardation and organic impairment to problems which require no more than minimal guidance. Five case studies were presented in an earlier section. These serve as examples of the types of behaviour problems which are referred to the Centre.

A multi-disciplinary approach is used in working with emotionally disturbed children. It is believed that this approach which combines the objectives and approaches of the various disciplines provides a more comprehensive view of the patient and promotes consistency and better communication. The treatment aims are mutually planned. The team examines the child's developmental and maturational levels and his major problem areas, and then considers how the various team members' skills can be used in a complementary manner. External professional workers such as specialists and probation officers who may be involved with a particular child or his family, are sometimes invited to participate in case-conferences. These visitors not only provide the clinic team with valuable information about the child but also serve to give outside workers some insight into the nature of the type of work done at the clinic.

The clinic team not only asks for information about a child from outside agencies but also feeds information gained about a child back to these agencies.

On the basis of the information available about a child after an initial interview the team decides whether further

diagnostic/...

diagnostic procedures are warranted and, if so, what form these should take. Intensive personality testing on the child's first visit to the clinic is not usual, nor is it desirable to attempt to probe too deeply on this occasion. Generally, as a first step individual tests of intelligence are administered. This is done not only because of the information these tests give about the child's intellectual functioning but also because the intelligence test situation provides a good means of gaining rapport with the child and of observing his reactions in a standard situation. As already mentioned, a variety of techniques for clinical use by the psychologist are now available. The selection of particular approaches depend largely on training and experience as well as on personal preference. However, careful thought is given to choosing techniques which are particularly appropriate for an individual child. For example, time can be wasted in attempting to use tests which require imaginative or high-level verbal responses with dull children, in whose case different techniques might be more appropriate.

The clinic team does not regard maladjustment as a permanent handicap. It is appreciated that changes of behaviour and attitude often occur, particularly in the case of young children and adolescents, and that the maladjusted child's behaviour may be modified as a result of maturation as well as through treatment or alteration in his environment. It is also accepted that few of the child's problems will disappear in a day. Indeed, many of them

will/...

will persist for months. While it may be a comparatively simple matter to detect the difficulty and to recommend the proper correctional procedure, it is quite another matter to re-educate a child who has persisted in wrong habits and attitudes over a number of years.

The University of Durban-Westville clinic personnel acknowledge that the school is the responsible authority over the educational life of its pupils. In discharging its responsibility, the school has the right to make the final decisions pertaining to a particular child's education. The function of the clinic is to provide the school with information so that it can follow a course of action which is in the best interest of the child.

The clinic personnel also accept that there are limits to the flexibility of action which a school can exercise in respect of a particular pupil. It is never forgotten that the chief function of the school is the education of all its pupils and that its organization is geared toward the performance of this task. Consequently, the school cannot be expected to serve primarily as a therapeutic milieu for the emotional needs of a particular child, if meeting such needs interferes with the education of other pupils.

Care is, therefore, taken, when making recommendations not to make requests of the school which it cannot reasonably be expected to fulfil.

Therapy and re-education is undertaken against a background of an understanding of the causes of the behaviour. Parents are counselled and an attempt is made to give them some insight into the nature of the problem. Where appropriate, remedial help is given and recommendations are made with regard to schooling. In some cases treatment is confined to social work with the family. Only as a last resort is placement in a residential school or in an institution recommended.

An important aid in both the diagnostic and treatment processes - as practised at the University of Durban-Westville Child Guidance and Research Centre - is play. (a) The members of the University clinic team who supervise the playgroups believe that it is difficult for a child to concentrate on classroom work if he feels rejected, unworthy, or different from others. During the play sessions an attempt is made to counteract such negative feelings by building a better self-image in each child. Balance is achieved in each group by including children with different types of problems. Before placing a child in a group, the play therapist reviews his background thoroughly, interviews his parents, speaks to his teachers, and/...

(a) In this regard the writer is particularly indebted to Mrs McQueen who, until her recent resignation, was in charge of the play - group sessions at the University of Durban-Westville Child Guidance and Research Centre. Besides observing her groups in action, the investigator had several informative discussions with her.

and if possible, observes him in the classroom situation. She also maintains contact with parents and teachers to check each child's progress.

Experience has shown that children generally use the first few group meetings to test the adult-in-charge. "Will she let me make a noise, bang blocks, hammer away or sit alone. It is very important for the therapist, to pass this test if she is to establish herself as different from the other authority figures in the child's life - those so often associated with punishment, criticism and restraint. It is necessary in the case of some children to hold their hands and take them to the toys and show them exactly what can be done with each one. The shy, withdrawn child usually finds a spot in a far corner, holds a puzzle or a game protectedly and eyes the proceedings from this vantage point. Some children are so lacking in interest that they do not manipulate the toys even when one is handed to them. They do not, and sometimes cannot, follow the directions of the adult and therefore have to be physically helped to do everything. If requested by the worker to choose a toy, they are thrown into complete confusion. It is as if making choices is too complex a form of behaviour for them. Other children find other ways of testing the therapist. The aggressive child, for instance, backs out almost immediately, expecting to be reprimanded. He seems surprised and confused when this does not happen. However, he soon concludes that this group is different.

Under/...

Under patient supervision the children gradually settle down with the toys for constructive effort. The therapist participates in their game if invited but otherwise intervenes only when there is a safety hazard or a serious situation.

It is unrealistic to expect complete success in the case of every child. However, dramatic changes do take place in some children and less spectacular ones in others. There is a sudden improvement in the reading progress of certain children; timid and withdrawn children have been seen to emerge from their shells and form many new friendships. The perfectionists often become less meticulous and less fearful of making petty mistakes. The non-conformist learns from peer-pressure that certain actions are unacceptable and tries to modify his behaviour.

Though adult acceptance and encouragement, and the enforcement of limits in play situations, children can be taught that there are dependable, supportive and loving adults in their world. Emotional satisfaction is derived from the successful achievement of whatever goals they set themselves with play materials.

Other forms of therapy for the child and/or parents may include family therapy, communications and art therapy remedial teaching, and speech therapy. A home programme for the stutterer and an advice sheet for the teacher of the hard-of-hearing child in the ordinary school have been compiled and are made available to parents and school teachers.

In concluding this section on child guidance clinics, it needs to be pointed out that while clinics can do much for their clients, they are an inadequate means of coping with the mental hygiene problems of the total child population. They are expensive to operate and treat relatively few children.

In the opinion of the writer there is an even more promising way of improving the mental health of children, especially of those whose difficulties are not sufficiently severe to require clinical treatment. From the experience of child guidance clinics and from other avenues of psychiatric and psychological research enough has been learnt about the etiology of emotional disorders to plan and execute a preventive program. Clinics deal with the end result of a long series of errors - of errors made by the child, the home, the school, and society. It makes little sense to establish more and more clinics to correct the results of these errors if the child, the home, the school, and society go on making more errors. It makes little sense, too, to wait until the problem is so serious as to need clinical treatment, when earlier detection and correction of the child's difficulties might have made clinical treatment unnecessary.

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