## Child Behaviour in Relation to Clinical Problems\*

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The past decade of behaviour analysis and child guidance is distinguished in great measure from the earlier years by a change in the method of interpreting cause and effect. Emphasis is no longer placed on the possibility of interpreting a certain type of behaviour in the light of a single cause. It is now placed on an analysis of the entire situation including the environment of the child, past experiences, abilities and personality traits and finally the specific behaviour under study. In the old method chained stimulus-response syndromes were studied. Given a definite stimulus a definite reaction was supposed to result. Little attention was paid to the situation prior to the stimulus and universality was looked for. Today a guidance expert insists on psychological examinations, physical and health examinations, environmental studies of the home, school record and characteristics of intimate playmates. The child has been taken out of the vacuum and is now studied as a dynamic force in a magnetic field.

To illustrate, if you say, "How are you?" as a greeting, you expect a simple, "Very well, thank you" in return, but if you say "How are you?" to a person with a hypochondriacal tendency you might receive a long digest on the state of health of the individual. Usually you get the reaction which is socially adequate but quite often the predisposition, the illnesses, the late experiences of the personality of an individual will modify the usual behaviour and another series of reactions will ensue.

Behaviour analysis today includes not only the personality of the individual reacting but the social web in which that individual is enmeshed. Also we must remember that the personality of an individual is not a fixed and unchangeable pattern, but one which is ever changing, modified by all sorts of environmental situations, internal bodily conditions, temporary happenings and succession of occurrences. Behaviour cannot be static if the personality of an individual is in a state of flux. Because of the interrelationships of interchanging factors the individual cannot be adequately dissected, behaviour units cannot be considered as isolated phenomena and simple cause and effect relationships are probably distinguished mainly because of their rarity.

Also, in order to understand behaviour, it is necessary to have norms or age progressions. However these are not the simple progressions typical of

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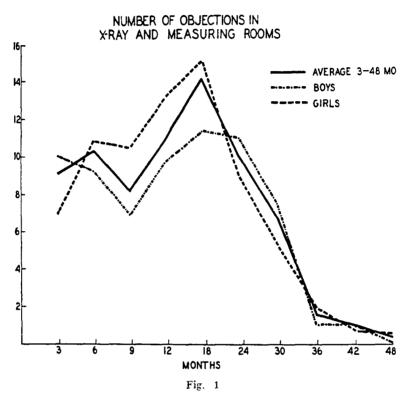
physical growth or mental expansion because some behaviour tendencies are absent up to a certain age, appear, and then may disappear to reappear at a later date. In an analysis of childhood behaviour there are two fundamental principles which we must keep in mind. First, many unfavorable behaviours and attitudes are due to factors allied to age over which the child in question has little control such as body size, absence of fundamental equipment necessary for expert performance, or physical and mental immaturity. These behaviours and attitudes which are dependent on age are transitory in nature. If a transitory phase persists, a trait becomes unfavorable, i.e., when a child who has exhibited a trait at the proper age continues to do so when his age group has moved on to a more mature pattern of behaviour. A trait is not significant in the transitory stage but becomes significant if it persists.

As more and more studies are conducted on behaviour tendencies the typical nature of some traits becomes evident. Several years ago at the Developmental Health Inquiry we conducted a study on the emotional behaviour or reactions of children to a specific set of stimuli. It was noted that children who did not show negativistic or anti-social reactions during their psychological examination did show these during the less-accustomed procedure of an x-ray examination. The ages of the children studied ranged from three months to four and one-half years. In this period there occur rapid modifications of the behaving organism. By the end of the period, the brain has become almost fully developed; the body approximates adult proportions; the intelligence of the child has progressed through almost all phases of language comprehension and usage; the motor capacity has increased from little or no ability to an adequate and certain use of the legs for getting about and the arms and hands for manipulating objects in the world surrounding the child. Accompanying all this physical, mental and muscular development, there is a changing behaviour in response to social situations. The fundamental problem was to determine whether the causes for the occurrence of a particular behaviour response rested in a syndrome of age and general developmental status, or whether behaviour could be explained by the presence of characteristics peculiar to the personality of the child.

In the study, the entire examination procedure, x-rays of extremities, of head, and anthropometric measures was divided into twenty-two parts, such as x-ray of foot, x-ray of hand, taking weight, etc. Occurrence or non-occurrence of resistance or raising objections in each part of the examination was recorded. By adding the number of situations in which objections occurred a total score was secured for each child. Crying, kicking, screaming,

whimpering, stiffening and pulling away were called negative or objection responses. The total possible score was twenty-two.

In Fig. 1 the number of objections is placed on the vertical axis and chronological age on the horizontal axis. The middle or solid line represents the average for all children regardless of sex. The curves show that up to twelve months there is little change in the number of objections. The average



for the girls is ten and for the boys is eight. The eighteen-month rise indicates that this is the peak age for resistance to this type of examination. At this age the average for the boys is eleven and one half and for the girls fifteen. Thereafter, the number of objections decreases rapidly until thirty-six months.

The three significant features of these curves are the pronounced increase at eighteen months, the marked sex difference,—boys showing more objections up to eighteen months and girls more thereafter,—and the almost total lack of objections after thirty-six months. The sudden increase at eighteen

months and the absence after thirty-six months are probably explainable by situations over which the child has no control. Up to the age of eighteen months, most of the child's actions are dependent on the actions of adults. With the beginning of walking, a child is capable of doing more things for himself, he is able to get around, and, therefore, he dislikes to be hampered.

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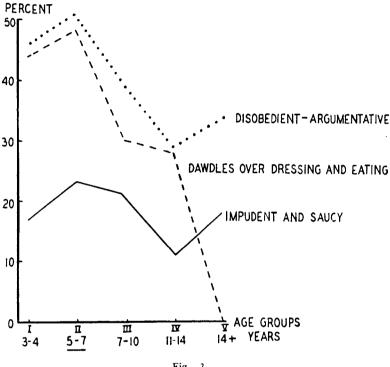


Fig. 2

Because of new experiences and a wider world to explore, his main development is in large muscle activity. He is consequently distressed if his runabout activities are prevented. This, together with the fact that his language capabilities are still at an infantile point and make it impossible for him to state his dissatisfaction with any forced procedure, leaves him but one recourse—objection in the form of screaming, kicking, crying. Furthermore the child at eighteen months has a very low degree of comprehension. Explanations such as, "This will not hurt," are not comprehended. After

eighteen months the wearing off of the exhilaration of getting about by his own power, the increase of comprehension and a pronounced change in the individual through experience in meeting strange situations cause the child to respond in a more mature pattern to strange situations.

The most important information to be secured from these curves is that resistance is typical of an age group. The child is the victim of his immaturity and his lack of experience. To say that a child at eighteen months is being stubborn or wilful, that the tendency represents a character trait in the child, is not only erroneous but actually harmful. Since most children of eighteen months show a large number of resistant reactions, followed at later ages by a decrease, only one conclusion is possible, namely, that resistance of this nature is a behaviour normal at eighteen months.

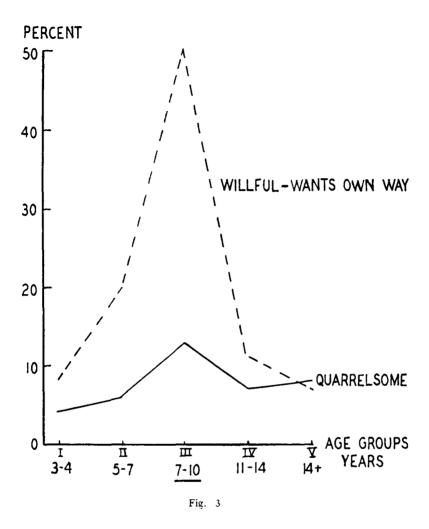
This investigation shows that before we can make adequate explanations of behaviour it is necessary to know the behaviour customary for an age and sex and to understand that only deviations from these norms may be called individualistic character traits.

Another type of analysis of older children has revealed much the same conclusion. Fig. 2 shows the frequency of occurrence of three tendencies, all of which are manifested most frequently from five to seven years of age. Fifty-one percent of children from five to seven years of age are considered disobedient and argumentative by their parents. Is this a fault of the child or of the parent, or is it due to situations in the growth pattern itself? This is the age when pressure from the outside environment forces the child to seek independence. If the parent does not cooperate in helping him to adjust his behaviour to environmental demands the child becomes argumentative and disobedient.

Fig. 3 shows two tendencies whose greatest frequencies occur in the age group from seven to ten years. This one is designated wilful behaviour: the child wants his own way and is a poor sport if others win. In the age group from eleven to fourteen years (Fig. 4) we find a different type of behaviour problem most commonly manifested. Here independence in general has been achieved but in certain specific situations there are still limits of freedom (peak of resistance to suitable bedtime). This peak indicates resentfulness and antagonism caused, possibly, by treating the adolescent as a child when he should no longer be regarded as one. There is also, at this age, a certain jealous guarding of independence in thought and action and an antagonism to anything resembling interference.

The fact that some of the children in an age group show few or none of the typical age tendencies may be due to several factors. Some children

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escaped the category because of wise parental guidance, others may have been immature for their chronological age and will later show the behaviour, and still others may have already passed through the behaviour. In other words, a child is set apart from his age group by immaturity, by overmaturity or by wise or unwise parental guidance. The emotional reactions

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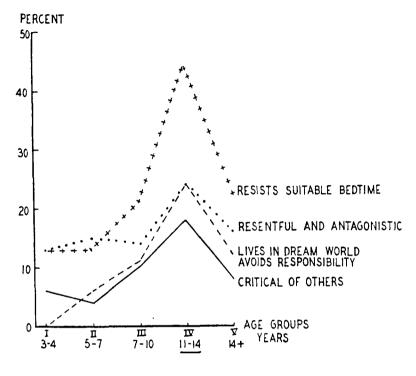


Fig. 4

which are persistent in a child are either infantile characteristics carrying over into childhood or childish characteristics persisting into adolescence. The wise parent, physician or child specialist must, therefore, interpret behaviour in terms of the scientific factors which form the web of personality: he must try to match the growing powers of the child with the demands of the outside environment. Then, with a forward looking attitude in training and discipline, the child will be led to a state of emotional independence and a character which will progressively become more and more mature.

Both of these studies point to the conclusion that child behaviour has two characteristics. In some children behaviours are transitory in nature and the child moves on to more and more mature patterns: in other children an immature pattern may become persistent because of some failure in the training and environment of the child. The discussion points to the close interdependence of factors when personality is defined in the broadest sense. Height, weight, skeletal age, tooth eruption, intelligence, ancestral gifts in the hereditary pattern, parental guidance, school and home environment and a host of other factors all have their part in the development of the individual personality: some have more effect, others less. A personality is the resultant of a constellation of physical, mental, emotional and environmental factors.

There is a definite possibility of linkage between aspects of behaviour. This is mentioned to indicate that one measurement or a few measurements are not enough to explain behaviour. The personality of the child, as well as that of the adult, is dependent on many factors and the cause and effect determinations, while interesting in the extreme, form a most perplexing problem. Positive linkage is evident in many cases, not so evident in others and absent in still others. An organism reacts as a whole and behaviour is the resultant of a host of interdependent factors.

In conclusion, while behaviour analysis has changed from a sterile specific cause-specific effect technique to one in which the child is considered as a dynamic force in a stimulating environment, there is still lacking normative material on typical age behaviours. Digests of two studies were given indicating the possibilities of securing these standards. These reiterated the points at issue, namely, that a complex of forces is playing on the child's personality and that this personality can only be understood if adequate knowledge is available on all the facts of growth and environment.

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