PSYCHOLOGICAL STUDY OF INMATES OF A CHILDREN'S HOME WITH SPECIAL REFERENCE TO THEIR INTELLIGENCE AND AGGRESSIVE BEHAVIOUR

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SUMMARY

Sixty two inmates of a children's home of Lucknow City were examined by using Hindi Adaptation of Stanford Binet Intelligence Scale-Form LM (1960) and a five point rating scale for aggression. A high proportion (69.4%) of the inmates had one or other psychiatric problem. Mild mental retardation (I. Q. 50-70) was most common (41.9%). Intellectual level was correlated with present age, duration of stay and age at entry. Significant correlation was found between Intellectual level and present age as well as duration of stay. Nearly 39% inmates showed aggressive behaviour. Aggressive behaviour was also correlated with present age, duration of stay, age at entry and psychiatric illness. The children suffering from emotional problems (such as unsociable disturbance of conduct, adjustment reaction, nail biting, enuresis etc.) showed significantly more aggression than healthy children. Though no significant difference was found, but there is a trend that larger number of boys show aggression than girls.

The role of parental deprivation in the causation of psychological disturbances has been well recognised (Bowlby, 1946, 1952, 1973; Brown, 1961; Beck et al., 1963; Sethi, 1964; Wig et al., 1969; Gupta, 1974; Bagadia et al., 1976; Brown et al., 1977; Chaturvedi et al., 1980). Several other workers have stressed the importance of parental deprivation during early childhood in the genesis of intellectual defect (Goldfarb, 1943, 1945; Williams, 1961; Rajalakshmi, 1968; Rutter, 1972) and antisocial personality disorder (Beres and Obers, 1950; Earle & Earle 1961; Green, 1964; Brown & Epps, 1966; Rutter, 1966 & 1970).

Aggression is a constellation of specific thoughts, feelings and actions which occur in response to obstruction of a person's wish or need, the aim being removal of obstruction so as to permit drive discharge (Linn, 1976). Freud was of the view that aggression was an expression of the death instinct, but later he postulated that aggression stems from frustration of the individuals' goal directed action (Freud, 1923). A similar hypothesis was proposed by several workers (Dollard et al., 1939; Sullivan, 1940; Rosentheweg, 1950). Juvenile aggression expressed as delinquent or criminal behaviour has been extensively studied and according to some workers the parental loss is significantly associated with it (Burt, 1944; Bowlby, 1946; Glueck & Glueck, 1950; Jenkins, 1957; Wardle, 1961; Berkowitz, 1962; Gregory, 1965; Koller, 1971).

The absence of natural parents is the chief characteristic of the inmates of an orphanage and quite often they present with psychological disturbances in the form of intellectual defect or conduct disorders. The present study was therefore undertaken to evaluate

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intellectual levels, overt aggressive behaviour patterns and to establish relationship between overt-aggressive behaviour pattern and various psycho-social factors likely to be associated with it.

MATERIAL AND METHODS

Sample: The sample of this study consisted of 62 inmates of a children's home in the city of Lucknow.

Method of Investigation: Each child was interviewed and a detailed case history was obtained from the Superintendent of the Children's Home, which covered identification data, age at the time of entry, reasons and circumstances in which the child was brought to the home, scholastic progress, history of present and past illness and general behaviour of child.

A symptom check list was used to find out any psychiatric or emotional problems in these inmates. Since all the children are kept under close supervision of the Superintendent, the information pertaining to their behavioural problems was obtained from her with the help of this symptom check list. A detailed physical and mental status examination was carried out in each individual. The Hindi Adaptation of Stanford Binet Intelligence Scale-Form LM (1960) was employed for assessing the intelligence of the subjects. Diagnoses were made as per guidelines of the ICD-9. Overt aggressive behaviour pattern of these inmates was measured by a five point rating scale:

3—Moderately Aggressive: the child has been often observed to be irritable and sometimes even showed violent and abusive behaviour.

4—Extremely Aggressive: Violent and abusive behaviour such as beating or biting others or committing acts of self injury have been frequently observed.

OBSERVATIONS AND RESULTS

Table-I reveals the sample distribution of the study relating to age, sex and education. Mean age was 11.4 years, the youngest child being 3 years and the oldest 25 yrs. Nearly 72% of the children belonged to age group of 6-15 years. Male and female ratio was 1:2.2. 67.3% were educated upto V class and 21.8% upto VIII class.

|TABLE I: Demographic characteristics of the sample |
|-------------------|---------|------|
| **N** | **%** |
|________|______|______|
| **Age (in years)** | | |
| Upto 5 | 7 | 11.3 |
| 6—10 | 22 | 35.5 |
| 11—15 | 23 | 37.1 |
| 16—20 | 7 | 11.3 |
| 21 and above | 3 | 4.8 |
| **Sex:** | | |
| Male | 19 | 30.6 |
| Female | 43 | 69.4 |
| **Education (Above 5 yrs. of age) (N=55)** | | |
| Illiterate | 2 | 3.6 |
| I—V | 37 | 67.3 |
| VI—VIII | 12 | 21.8 |
| Upto X | 3 | 5.5 |
| Upto XII | 1 | 1.8 |

*No child below 3 years of age was included*
Table 2 shows I. Q. levels as measured by Stanford Binet Intelligence Scale. In this table it can be observed that the I. Q. of as many as 41.9% children falls below 70 suggesting that there is definitely higher occurrence of mild mental retardation in this sample, although no statistically significant difference in the intellectual level among male and female subjects could be observed.

TABLE 2  Intellectual level as Measured by Stanford Binet Intelligence scale

| IQ       | Male | Female | Total |
|----------|------|--------|-------|
| 91 and above | 7    | 8      | 15    |
| 71-90    | 7    | 14     | 21    |
| 50-70    | 5    | 26.4   | 31.8  |

\[ x^2 = 3.48, \text{ d.f.} = 2, \text{ N.S.} \]

Table 3 shows the intellectual level in various age groups. It can be observed that significantly more children above the age of 10 years belong to the lower range of intelligence (i.e. I. Q. 90 and below) (\( p < 0.01 \)). Nearly 2/3rd children of this upper range (above 10 yrs.) had an I. Q. between 50-70 as compared to 30.7% in the younger age group (upto 10 yrs.).

To substantiate the hypothesis of the effect of the duration of stay on intellectual level the intelligence and duration of stay were analysed (Table 4). The majority of children (61.1%) having a stay of over 5 years in children’s home had I. Q. scores between 50-70. Whereas among children of less than 5 years duration, only one third were in this lower intellectual range (\( p < 0.05 \)).

Table 5 shows the present intellectual level and age at the time of entry. No statisticality significant difference was observed in the intellectual level of children admitted at different age group.

Table 6 shows the pattern of Psychiatric illness as classified by I.C.D. 9. Out of 62 children, 19 did not manifest any psychiatric problem during the period of study, while 69.4% of
TABLE 5. Age at entry and intellectual level

| I. Q.     | Age at Entry (in years) | N   | %   | N   | %   | N   | %   |
|-----------|-------------------------|-----|-----|-----|-----|-----|-----|
|           | Less than 5 | 5—10 | Above 10 |
| 91 and above | 7 | 33.3 | 7 23.3 | 1 9.1 |
| 71—90      | 6 | 28.6 | 12 40.0 | 3 27.3 |
| 50—70      | 8 | 38.1 | 11 36.7 | 7 63.6 |
| Total      | 21 | 100.0 | 30 100.0 | 11 100.0 |

\[ x^2 = 1.47, \text{ d.f.}=2, \text{ N. S.} \]

(Comparison between less than 5 years and 5 years above)

TABLE 6 Pattern of Psychiatric Illness

| Code | Diagnosis                  | Male | Female | Total |
|------|----------------------------|------|--------|-------|
| 317  | Mild Mental Retardation    | 5    | 20     | 25    |
| 312.0| Unsocialized disturbance of conduct | 4 | 3 | 7.0 |
| 307  | Special symptoms or syndromes not elsewhere classified | 1 | 5.3 | 3 7.0 | 4 6.5 |
| 306  | Enuresis                   | 1    | 3      | 4     |
| 309  | Nail Biting                |      | 3      | 6     |
| 309.0| Adjustment Reaction        | 2    | 4.5    | 6.5   |
| 309.2| No Psychiatric Illness     | 7    | 12     | 19    |
| Total |                           | 19   | 43     | 62    |

these inmates had one or the other psychiatric problem. Mild mental retardation (I.Q. 50-70) was the most common (40.3%). Although 26 children scored below 70 on Stanford Binet Intelligence Scale, we have included only 25 in the category of Mild M. R., because in one case I.Q. score was 69 and clinically and on educational performance, she did not appear to be subnormal. Seven children (11.3%) were diagnosed as having ‘Unsocialised Disturbance of Conduct’. An equal number were placed in the category of ‘Special Symptoms or syndromes, not elsewhere classified’. Four subjects (6.5%) belonged to the category of Adjustment reaction, all of which belonged to sub-category of Brief Depressive Reaction (309.0).

As described in the methodology, overt aggressive behaviour was measured through a five point rating scale. Table-7 shows that the majority of the subjects (58.1%) were occasionally aggressive. Mildly aggressive accounted for 21.0%. For the purpose of analysis, the extremely submissive (rating 0) and occasionally aggressive (rating 1) were labelled as ‘Non-aggressive’ and compared against the subjects having moderately and extremely aggression designated as ‘Highly Aggressive’. Subjects of mildly aggressive behaviour were not included in the analysis since they can not be substantially catego- rised into any definite group.

TABLE 7 Degrees of overt Aggression (N=62)

|                     | N | %  |
|---------------------|---|----|
| Extremely Submissive| 2 | 3.2|
| Occasionally aggressive | 36 | 58.1|
| Mildly Aggressive   | 13| 21.0|
| Moderately Aggressive| 9 | 14.5|
| Extremely Aggressive| 2 | 3.2|

Table-8 shows certain correlates of aggressive behaviour pattern. Male subjects tend to be more aggressive (54.5%).
TABLE 8. Certain correlates of Aggressive behaviour pattern

|                        | Aggressive behaviour pattern | Non-aggressive | Highly Aggressive |
|------------------------|-----------------------------|---------------|------------------|
|                        | (N = 38)                    | (N = 11)      |                  |
| N                      | %                           | %             |                  |
| Sex:                   | Male                        | 9             | 23.7             |
|                        | Female                      | 29            | 76.3             |
| X² = 2.51, d.f. = 1, N.S. |                             |               |                  |
| Age (In years):        | 1—5                         | 5             | 13.2             |
|                        | 6—10                        | 14            | 36.8             |
|                        | 11—15                       | 14            | 36.8             |
|                        | 16—20                       | 3             | 7.9              |
|                        | 21 & above                  | 2             | 5.3              |
| X² = 0.21, d.f. = 1, N.S. |                             |               |                  |
| Duration of Stay:      | Less than 1                 | 13            | 34.2             |
| (In yrs.)              | 1—5                         | 14            | 36.8             |
|                        | Above 5                     | 11            | 29.0             |
| X² = 0.11, d.f. = 1, N.S. |                             |               |                  |
| Age at entry:          | Less than 5                 | 14            | 36.8             |
| (In yrs.)              | 5—10                        | 17            | 44.8             |
|                        | Above 10                    | 7             | 18.4             |
| X² = 0.64, d.f. = 1, N.S. |                             |               |                  |
| Psychiatric Illness:   | Mild M.R.                   | 18            | 47.3             |
|                        | Other Psychiatric Disorders | 7             | 18.4             |
|                        | (Unsocialised dist. of conduct, Adjustment Reaction & Special symptom..) | 7 | 63.6 |
|                        | No Psychiatric illness      | 13            | 34.2             |
| Fisher’s Exact Prob. Test: Gr. 1 Vs. Gr 3-N.S., Gr 1 Vs. Gr 2—p<0.05. | 1 | 9.1 |

as compared to female subjects (45.5%), although the difference is not statistically significant. No significant relationship was found between aggressive behaviour and age, duration of stay and age at entry. As regards the variable of psychiatric illness, it was found that subjects having some behaviour problems or adjustment reaction tend to be highly aggressive. 63.6% of highly aggressive group had some functional psychiatric disturbance (Fisher’s test : p<0.05).

DISCUSSION

Residence in a children’s home produces a permanent parent child separation and there is a good evidence in the literature that the effect of institution on the intelligence (Lowrey, 1940; Goldfarb, 1943, 1945; Beres & Obers, 1950; Roudinesco & Appell, 1950). In the present study 41.9% of children scored an I. Q. of 70 and below on Standard Binet Intelligence Scale, while another 33.9% between I. Q. 71 to 90. Only 24.3% had I. Q. above 90. The mean I. Q. of the sample was 77.9. This clearly indicates that there is a general low intellectual level in this sample with as many as 42%, who can be diagnosed as suffering from Mild M.R. (I. Q. 50-70). This observation supports the view the institutionalization does lead to intellectual retardation. Bowlby et al. (1956) did not find any intellectual deterioration in a group of children admitted to a Tuberculosis Sanitorium. But existence in a sanitorium is likely to be quite different from an orphanage in terms of duration of stay as well as working condition.

Workers have shown in their studies (Shway, 1966; Burr, 1972; Jensen, 1972) that the environmental deprivation is one of the important factor in producing intellectual deterioration. In the present study older
children, especially those who have stayed in the home for longer duration have shown significantly more intellectual retardation. As such the present study also reveals that longer stay in such homes produces intellectual deterioration. It may, however, need further confirmation based on a larger study of institutionalised children.

In our study nearly 18% inmates belonged to the category of moderately and extremely aggressive, while another 21.0% children were kept in the category of mild aggressive behaviour. Thus in all nearly 39% children in this home showed aggressive behaviour. Juvenile aggression expressed in the form of criminal behaviour has been found to be related with parental deprivation in many studies (Burt, 1944; Bowlby, 1946; Glueck & Glueck, 1950; Holman, 1953; Gregory, 1965; Cowie et al., 1968; Koller, 1971; Kishore et al., 1972; Misra, 1977). On the other hand Lewis (1954), O’connor (1956), Naess (1959) and Wooton (1962) do not believe that early deprivation may subsequently lead to delinquency. Rutter (1977) stated that instead of parental deprivation, poor home environment may be more related to delinquent behaviour. With special reference to the institutionalised children as the ones taken up for their study, the staff-child relationship is seldom as conducive as that of a healthy parent-child relationship and as such it is not surprising if many of them do come out with undesirable or antisocial traits. Thus one would expect more delinquent behaviour in children who are brought up in such an environment. We did not find any significant difference between highly aggressive and non-aggressive children on the parameters of sex, age, duration of stay and age at entry. This indicates that aggression is not related to these variables. While analysing sex and aggression though we did not find any significant difference, but there is a clear trend of boys showing more frequently aggression than girls. Further, children suffering from emotional problems were significantly vulnerable to aggressive behaviour than the healthy children. The observation, therefore, implies that in such institutions the commonest symptom of psychiatric disturbance is likely to be aggressive behaviour. It may also be important to find out the extent to which delinquent children get admissions in such an institution. Since majority of children are below 10, often much younger, there seems to be less likelihood of such a possibility. Moreover, the supervisors and Superintendent should be careful in this matter.

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