

Cecilia Smith

The Disruptive Child

During the past few years educators have become increasingly concerned about the children in our schools who constantly fail to learn. More attention is being given to these disruptive members of classes whose behavior is a cause of harassment to teachers and parents and there is emerging some understanding about the reasons for many of the difficulties.

In order to investigate this subject of the children whom we collectively describe as having learning disabilities let us consider the terms we sometimes ascribe to people who have handicaps. We are becoming more conscious of the damaging effects of labels such as 'deaf', 'blind', and 'mentally retarded'. These connote a situation of despair from which there can be no escape. Now we are in danger of adding a new derogatory term that will cause much heartache - the term 'perceptual handicap'. We do not know that a child has difficulties in the areas of perception until we have given him a complete battery of special tests ranging from neurological, paediatric, psychiatric, psychological through ophthalmic, optometric and audiometric. Even then there are many other aspects of emotional behavior and environmental conditions that must be examined before we make a final analysis. We need to be most cautious in the terminology we employ, especially in front of the child in question! We cannot know how much awareness he has and how he will react to our assessment of his capabilities.

The children who are presently enrolled in special classes in our education system, have arrived there because their continual strivings to learn have always ended in dismal failure. Continuous failure leads to lack of motivation and eventually loss of interest and finally to boredom and exhibitionism. So the child whom we have until recently considered as a behavior problem is only now receiving our sympathetic attention because we are more aware of his problems. Where we formerly banished him as punishment for non-achievement, we are now seeking to help him attain success, no matter how small the degree. Any feeling of self-worth can be added to the ego-bank and help a child towards the acceptance of himself no matter how limited his capabilities.

We have been looking at the child who has already been harmed by failure and so the classes mentioned have been initiated in order to remedy the ills that have beset him. But we are interested in prevention and this shall be the focus of our discussion.

The future of the child is determined at the time of conception and there is still danger for the foetus until the end of the third month of pregnancy. The physical and mental health of the mother throughout pregnancy is pertinent to the child's own physical and mental growth, and of course the delivery itself is vital if he is to grow into a 'healthy' child or not. From the moment a baby is born emotional and environmental conditions affect his growth and we know the need for a complete record of his

development when we examine his background. Sibling rivalry, marital discord, financial difficulties, cultural deprivation - these all need to be investigated in case we ascribe these problems to the child's disability. We would then be treating the symptoms and not the actual disability.

Before we decide that a child is not achieving, we need to be fully aware of the norms of child development. If we know when we can reasonably expect a baby to sit alone, we won't become unduly alarmed if he achieves this feat at seven or eight months instead of at six months. However, if by nine or ten months, he still seems unable to reach this stage of development, then we should investigate the reason for the delay. Jumping to hasty conclusions only adds to a general atmosphere of unnecessary anxiety which itself can contribute to behavior problems.

Armed with the knowledge of physical and mental development, we are then able to accept the child in all his delightful stages and we should be able to enjoy watching and helping him grow. When we try to push him too fast we are likely to put undue pressures on him to achieve in areas unrealistic for his stage of development. This caution is stressed because our competitive society affects all of us and we are inclined to be unaware when we set unrealistic goals for our children. Similarly, many of our social standards inhibit creativity in the maturation of the child and when we thwart these needs we indirectly set up an atmosphere of frustration that can in turn lead to undesirable habits. So we set the ball rolling for failure!

These are some of the pitfalls when we may suspect erroneously that we have a child with a learning disability. Let us presume we have succeeded in meeting the child's needs and still have a child who seems to fit into the category of having a learning disability. We need to know in what areas to look for the signs of this disability, always bearing in mind that no two children are alike and there is no fixed routine for assessing the difficulty. Here are some points that may help you evaluate a child's apparent handicap in the areas of perception:

- If he is excessively hyperactive
- If he has poor large muscle co-ordination and appears to stumble and fall a great deal
- If he has a very short attention span
- If his small muscle co-ordination is immature
- If his spatial orientation is distorted
- If he has problems in colour, size and shape recognition
- If he cannot repeat simple rhythms
- If he cannot follow simple directions
- If he has poor language development

There are simple tests that we can employ to try to answer these several points. Nursery school teachers can be most helpful because their knowledge of the child's behavior and ability to achieve will help us find what we want to know. If we can alert our nursery school teachers and parents to the need to pinpoint these disabilities as early as possible, a cognitive learning environment can be put into effect for the child before he reaches elementary school.

Ideally nursery schools should be set up to provide children with enriching experiences every day of their lives. The relaxed atmosphere that allows for self-discovery in manipulative skills, gross motor activities, rhythmic music and art expression, can only add to the child's self-awareness. If he has success in his undertakings he will develop a willingness to try, a lack so evident in the child already exposed to criticism at an early age.

Children who are encouraged to help with all kinds of tasks gain self-confidence and a clearer understanding of their environment. Adults need to learn to be less organized and more willing to have children help prepare activities. Both in the home and the nursery school, encouragement to help with tasks adds to the child's feeling of self-worth. Only when we relax our rigid standards do we participate in the fulfillment of accomplishment we witness when a child achieves.

The Cecilia Smith Remedial Nursery School has been set up in Toronto with a staff of five teachers, a psychiatrist and a social worker. In addition there are always two or three volunteers per day, either students or interested citizens.

Jerome Liss

'Why are you shaking so?'

'It's my convulsive emotion'.

What is the nature of emotional discharge? In a sense I feel reluctant to comment on this point because of the danger that people might pick up one or two points and use them accusingly toward themselves and others. For example, 'That isn't a real emotional discharge. It didn't have such and such a quality'. The final criterion to my mind of whether there is emotional discharge is if a person simply reports, 'I felt emotional release through the experience'. Emotional discharge can occur in utter silence, or with lots of banging, screaming and gesticulating. However, I would like to raise one aspect of the nature of emotional discharge which disclosed itself to Wilhelm Reich and other body therapists since. Namely, that a central ingredient in deep, organic emotional discharge is some form of convulsion.

I will start off with my own experiences. Several years ago I began to undergo body-oriented psycho-therapy and to use body-oriented methods.