

## **Scholastic Backwardness in a Child Guidance Population - A Preliminary Report**

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### ***Abstract***

This is an exploratory investigation of children who experience scholastic difficulties. The review of literature suggests that psychological factors play an important role in this problem. The children studied here, from a Child Guidance Clinic, were divided in to two groups on the basis of the duration of their complaints. It was found that those who have always experienced the scholastic problems have significantly lower Intelligence Quotients and have a history of delay in developmental milestones. Those who currently have the problem have a higher Intelligence Quotient and significantly decreased interaction with their fathers.

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Key words -

**Scholastic backwardness,  
Intelligence,  
Parental interaction**

Childhood problems are usually less readily recognized and treated. However, a child who has a problem in school is easily identified both by the parent and by the teacher. A common problem of referral to a Child Guidance Clinic has been academic difficulty experienced by children at school. Children who perform inadequately in classrooms tend to be labelled 'retarded', 'disturbed' or 'learning disabled'. A review of literature in this area suggests that behavioural problems [1], emotional problems, [2], parental schooling, language proficiency in bilinguals [3], family constellations [4], and disciplining patterns [5] are in some way related to academic achievement. In India, Bapna and Ramanujam [6] emphasized environmental variables influencing 'learning inhibition'. Khurana [7], also found that next to 'impaired parent-child relationships' unfavourable school-influences play significant role in scholastic backwardness. Personality variables and familial conflicts have also been studied in this regard [6], [7], [8].

The present investigation is an exploratory study on the possible factors affecting the performance of children who are brought with the complaints of scholastic backwardness.

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### **Procedure**

## **Sample**

Those children who came to the Child Guidance Clinic, NIMHANS, Bangalore, between 1-12-1982 and 13-5-1983, with the presenting complaint of scholastic backwardness, between the ages of 7 and 15 years, were included in the sample. The sample consisted of 27 consecutive cases.

Each child was seen by the team which consisted of a psychiatrist, a clinical psychologist and a psychiatric social worker. A medical and neurological examination was carried out for each child by a psychiatrist to identify problems of organic nature.

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## **Materials**

A structured interview to elicit demographic data and information regarding the personal, social and academic performance of the child was carried out. Personal data, categorized under biographic, social and interpersonal, biological, temperament and educational was also included in the schedule.

The current intellectual functioning was assessed using the Binet-Kamath [9] test of intelligence, which is a revision of the Binet-Scale, to suit Indian conditions.

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## **Method**

At least one parent of the child was seen individually to elicit the relevant information. About 1 ½ hours was spent with the parent of each child for the interview. The child was seen individually also. After sufficient rapport had been established, the current clinical status of the child was assessed and the Binet-Kamath test of intelligence was administered. The diagnosis made on the basis of the Multi Axial Classification in Childhood and Adolescent Psychiatric Disorders [10] by the mental health team was also noted down by the investigator.

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## **Results and Discussion**

This will be dealt with in two parts. First, the characteristics of the entire number of cases studied will be described and their relationship discussed. In the second part, the 27 cases are split into two groups. One group consisting of those children who have always had a scholastic problem since their entry to school and the second group consisting of those who have managed adequately for some years and whose problems are of later origin.

### **I. Description of the Sample**

This is mainly a descriptive part where the data is dealt with in percentages. The different aspects will be discussed under the following headings:

- (i) developmental,
- (ii) demographic,
- (iii) intra-familial relationships,
- (iv) temperament and

(v) diagnosis.(i)

### **Developmental aspects:**

Only 26 % of the cases had delayed milestones of development. A detailed study of the different levels of attainment would have been interesting, however, most of the parents were unable to give specific details and could only give a general assessment in comparison to other children.

(ii)

### **Demographic details:**

There is a preponderance of nuclear, unitary families, with an average of 4 siblings.

However, it is seen that most of the parents come from middle class families - if one were to judge from their occupation. 33% of the fathers were in managerial positions, 22 % in clerical posts, 33 % did skilled manual work, and 11 % did manual work. About 70 % of the parents were keen that their children study further. About 81 % of the fathers have had more than 6 years of formal education and of them 44 % have had more than 10 years of formal education. About 66 % of the mothers have had between 6 to 10 years of formal education. The absence of a group of normal children in this study, makes any implications regarding the same invalid.

There were more boys (67%) than girls in the sample studied. This is in concord with most other similar studies [7], [8], [9], [10], [11], [12]. Since the children studied were brought to the Child Guidance Clinic, there is a possibility that boys' poor performance causes more distress to parents than that of girls. A 'greater achievement pressure on boys' could be one explanation for this [6].

(iii)

### **Intra-familial relationships:**

In 26 % of the cases, parents had strained marital relationships, while in 15% there was sibling rivalry.

More mothers spend time with their children - either helping them with their home work or in recreation. This is perhaps true because a large number of mothers in this sample (81%), were housewives. However, it could also be a reflection of the traditional pattern of parent-child interaction, where the expected role of the mother is child-rearing and the father spends less time with the child. In 24% of the cases neither of the parents helped with home work. This has to be viewed in the background of the percentage of illiteracy among the parents in this sample. A disturbed parent-child relationship is also evident in the finding that in 37 % of the cases parents did not participate in any play activity with their children.

(iv)

### **Temperament:**

More than 40% of the children were stubborn, disobedient, aggressive, had temper tantrums and were anxious, withdrawn and told lies.

(v)

### **Diagnosis:**

Table I shows the different psychiatric diagnosis given to 27 cases i.e. on Axis I. 33% of the cases were diagnosed as having an emotional disorder, 15% of them had conduct disorder, 11% were not diagnosed and the remaining cases were diagnosed as having sleep walking, enuresis, hysterical neurosis, schizoid personality, psychosis NOS, post traumatic reaction and adjustment reaction, 15%

of the cases did not have any psychiatric problems.

***Table I - Psychiatric diagnosis on Axis I***

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On Axis II, where the specific developmental delays are recorded, 15% of the cases had speech delays. On Axis III, intelligence rating of the children shows that 18% of the cases had mild to moderate mental retardation and the rest were average or below average. On Axis V, where the psychosocial stressors are recorded in about 52% of the cases there was over-involvement by parents in the child's life. In 41% of cases, discordant intra-familial relationships was evident. In 33% there was inadequate or inconsistent disciplining. Anomalous family situations, stress at school and mental illness in the family represented 22% each in this sample. 15% of the children lived in an atmosphere where there is lack of warmth and 11% lived in inadequate living conditions.

**II.A comparison of those who have always had a scholastic problem, with those for whom it is of more recent onset.**

The 27 children were divided into 2 groups according to the duration of their complaints. Group I consisted of 16 children who have had scholastic problems right from the beginning, i.e., since they joined school, while Group II consisted of 11 children who have been able to perform adequately in school for at least 2 years before the onset of a scholastic problem. The duration of complaints of Group II ranged between 6 months to 5 years.

It was felt that those children who always had a problem with their studies might have problems due to constitutional factors, rather than psychological ones. The aspects under this are discussed under the following headings:

- (i) interactional aspects,
- (ii) temperament and
- (iii) intelligence.(i)

**Interactional aspects:**

Only 6% of the fathers of those children who currently have the problem (Group II) were able to spend time with their child, as compared to 73 % of the fathers in group I. This difference is significant at the 0.05 level. Since the majority of these cases were boys, one can speculate that this decreased interaction between father and son affects the child's emotional well-being and academic achievement.

**Temperament:**

The two groups were also studied with respect to their temperamental characteristics. It was found that significantly (at 0.05 level) more children who currently have the problem were indulging in destructive behaviour than those in Group I. They were also found to be more aggressive and told more lies than those in group I, though these differences were not found to be statistically significant. This form of externalizing behaviors among academically backward children has also been reported by Campbell and Steinert [1]. Other problem behaviours like disobedience, being stubborn, withdrawn behaviour being depressed are equally distributed between the two groups.

(iii)

**Intelligence:**

The mean IQ of the cases in Group I was 72.18%, while in Group II it was 89.5%. The difference is significant (at 0.01 level) and indicates that the problem of the latter is not one of low intelligence, but of other factors interfering with their performance. Analysing it further one finds that there are significantly (at 0.05 level) more children in Group I (always backward) who have performed below their chronological age level in the 2 subtests of non meaningful memory and conceptual thinking. It was also noted that of those in Group I (always backward), only 34 % had normal milestones of development. However, in Group II (currently backward) there were significantly more (87 %) ( at 0.01 level) number of children who had normal development.

In spite of the shortcomings, such as small sample and not having a control group the present study which is a preliminary report has certain important implications.

- (i) Further assessment of the specific abilities of those children who have average or above average intelligence would be interesting. They could be tested on different parameters with special emphasis on visuo-motor capacities, reading-writing ability and language functions. Remedial instruction and special training methods could be used for those with specific disabilities.
- (ii) Dividing the scholastically backward children in this manner, their therapeutic management becomes more clear. Counselling to the child, parent and school teacher as to the nature of the disability would be a necessary part of the therapy. For those to whom the scholastic difficulty is part of an emotional problem, individual psychotherapy with parental involvement as an adjunct would be the lines along which intervention is planned.

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## Conclusions

- (i) Those children who have always had a scholastic problem, have a low intelligence quotient and have a history of delayed milestones.
- (ii) Those children whose scholastic problem is of more recent onset, have intelligence quotients in the average range and have insufficient interaction with their fathers.

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