THE COMMUNITY AND THE AGGRESSIVE CHILD.*

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A SUBJECT such as this is much too large to deal with at all fully in a short paper. As it is designed as a preparatory review of this topic as it applies to Great Britain, the subject being dealt with at the International Congress of Mental Health by delegates from overseas, I am placing the emphasis on the community rather than on the aggressive child. It is necessary, however, to consider what the aggressive child does to the community and why, in addition to discussing what the community does to the aggressive child, and the reason for this.

A. F. Shand (1), in his *Foundations of Character*, says that when the activity of an instinct is most sudden and unopposed, the emotion, if it be brought into activity at all, will be of less intensity and definiteness. In the activity of the instinct of aggression it is well to remember that the emotional experience or tension may be quite slight. One's experience of large numbers of aggressive children is that this applies very much to most of them. Their aggressive conduct occurs without there being any strong emotional experience accompanying it. Drever (2) takes the view that the instinct-emotion is not an invariable accompaniment of instinctive activity, but is due mainly to arrest of the impulse, to the denying of immediate satisfaction to the interest. Such denying of immediate satisfaction with its resultant development of instinct-emotion is an impetus to more aggressive conduct. McDougall (3) says very truly that with all specific instinct tendencies the constant and characteristic quality is an emotional experience of a quite specific quality. The more common specific instinct tendencies, which in point of fact spring from the primary instinct of aggression and are commonly notable in the aggressive child, are anger, self-assertion, and acquisitiveness.

The question of the strengths of instinctive drives in different individuals is one about which little seems to be known. Is it analogous with I.Q. in that different individuals are differently endowed, quantitatively and qualitatively? It would seem to be so, but the way in which cerebral destruction, as in encephalitis lethargica, can release an overwhelming force of aggression points to the contrary.

The aggressive instinct subserves many socially worthy purposes. In clinical work as a psychiatrist one tends to dwell mainly on the asocial and antisocial manifestations of this instinct. Also in practice the emphasis is on the bad effects of frustration, but frustration may be a starting-point for

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many valuable aggressive reactions, and such cases naturally rarely come before the psychiatrist. It is necessary to state clearly at this point that aggressive attitudes and conduct do not by any means all spring from frustration ; in fact, only a minority do so. Much aggression is actively encouraged by the precept and practice of individual members and whole sections of the community, these being communally aggressive either in a socially good or a socially bad direction. Group membership may conduce to much aggressive activity. This may be good, as, for example, in membership of a rugby team ; or it may be bad if one is a member of a gang of thieves. But for the recent national communal aggression of 1939–1945 it is doubtful if it would be possible for this paper to have been compiled.

Such communal forces play no small part in the development of the child's superego. It is perhaps a mistake to regard a superego which approves of antisocial aggression as therefore undeveloped. It should be regarded as normally developed, though socially in a scarcely praiseworthy direction. It is not a matter of under-development but of wrong development. Examples of the latter are the many children who have incorporated the delinquent standards of their parents.

Healy and Bronner (4) say that ethical concepts which have no personification have little force in the lives of young people. This applies outside the family as well as within it. The community provides many contrary personifications, good correcting bad, and bad undermining good. The mechanisms of projection and identification are applied not only in relation to individuals outside the family, but also in relation to groups which the child finds emotionally satisfying, and these play their part in the development of his character. The most outstanding present-day instance of this is seen in German children.

A child has three main methods of expressing his aggression upon the community. The first is by truancy and vagrancy. Truancy is essentially an aggressive act in that it is a positive rejection of the demands and requirements of the community. Really serious frustration is the usual precipitating condition. Teachers as figures of authority may be the irritant ; or there are difficulties with other children ; or the school work is either too difficult or, being too easy, boring, etc. It is well to remember that many a child fails to respond aggressively to such a difficulty, and instead of truanting he suffers in silence. This quiet submission to difficulties may be thought to be a bad thing. The very fact of truancy may lead the community to perceive its mistake, and by rectifying this the child's problems may be remedied. Surely it would be better if such primary miseries did not occur at all. There is need for much more research into the interpersonal relationships and tensions within the world of school-life. Equally important is the need for application of personnel selection and job analysis techniques.

Children who run away from home are usually escaping from situations which they have found to be intolerable. This is an aggressive act, as aggression has been mobilized and thereby a solution attempted. What is the reaction of the community ? So often it insists that the child return to the intolerable situation, to which he then either submits, whereupon the community feels " it has won " ; or he runs away again, whereupon the community feels " it

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has failed." It is not unknown that a Juvenile Bench should resort to the judicial birching of such children.

Boarding schools provide their problems also. In one instance a boy ran away many times, chiefly out of dislike for the headmaster. After being returned to the school for perhaps the tenth time he was thrashed rather severely, and not unnaturally, ran away once more. Though it was advised by the psychiatrist, who happened to see him and examine the rather deep bruising, that he should not be returned to that school, the unfortunate boy was returned a day or two later. The psychiatrist's suggestion in this case was that if this policy were to be pursued, the next step, to be consistent, should be in some way to render him incapable of running away, by adopting the methods in use a good many centuries ago. That the community can be so unresponsive to the sufferings of children must be a matter of serious concern to those who have these matters at heart.

Many boys and girls live in places such as orphanages, which do not seem to produce overtly aggressive children. This is admittedly an overstatement, but one does tend to recognize their curiously submissive, uninspiring products. Perhaps society has failed to a greater degree in its responsibility when such is the result than had it produced rather irksomely aggressive children. Therapeutically it is less difficult to help a child to bring aggressive tendencies under control than it is to release aggression which has been very firmly suppressed. The question which one has to ask is what has the community done about all this.

The second main antisocial technique employed by the aggressive child is stealing. Nearly all stealing habits start in childhood. It has been said that if there were no receivers there would be no thieves: it would be nearer the truth to say that if children did not learn to thieve there would be few adult thieves. Bowlby (5) in his *Forty-four Juvenile Thieves* has focused attention on the affectionless child. His figures are, however, misleading as his cases were all highly selected in that they had been referred to a psychiatric clinic. With the common run of juvenile thief the percentage of such affectionless children is very small. This is not to suggest that they are an unimportant group, but they comprise only a small fraction of the total problem. Most juvenile thieves steal at first either by following the example of others, or as one outcome of a psychopathic or near-psychopathic state. Mental deficiency, organic disease, reaction character-trait formation, psychoneurosis and psychosis account for nearly all the others, either directly or indirectly. The great bulk of juvenile stealing is done in the company of others. In many cases the gangs are well organized, various roles are allotted and recognized leaders are in command. Adults are very often behind them, at least as receivers. In many such cases the elements of frustration for which we seek as perhaps underlying such conduct are so slight that they have but minor, if any importance.

A large toll of injury is sustained by the community at large, but the child's own community, i.e. his confederates, approve of him. Perhaps it should be said that the writer has examined a great number of juvenile thieves, admittedly some more thoroughly than others, and their conduct is usually linked

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neither with anxiety nor with self-criticism. Their one source of reproach is that they have been caught.

One may ask what the community at large does to these children. Too often it is vindictive or, at the least, unintelligent, though in many districts such as London there are imaginative and responsible sections of the community. Outstanding examples of this in London are the Juvenile Court Magistrates. Surely there need not be so many children behaving in such ways.

The aggressive child's third technique is by directly aggressive conduct, which extends from bullying, damage to property, the spreading of defamatory rumours right up to murder. Usually there are no secondary mental mechanisms involved; the conduct represents a direct outpouring of the aggressive instinct, which in no way puts the superego out of countenance. Again the question is what does the community do. An extreme example of its response was in the case of a boy 13 years old, who was charged with rape and murder, but found not guilty as the law, i.e. the community, said that, as he was not yet 14 years old, he was therefore physically incapable of perpetrating the first offence, and mentally incapable of committing the second. His response to these findings was just what one might expect.

In a short paper such as this no exhaustive analysis of the community and its influences is attempted. A superficial description of major factors serves best as a basis for later discussion and thought.

The most important elements in the community are school-life, the neighbourhood in which the child lives, civic and national attitudes and religion.

Many situations infused with aggression occur among school children, and much bullying undoubtedly goes unchecked. Many school teachers appear to be far less interested in the children under their care as children than in the task of putting them through the school curriculum. The spotlight is on academic learning. This is a subject worthy of some hard thinking.

Outside school and the home there is the neighbourhood. Some districts are good and others bad, materially, morally or both. There are streets where everyone is a thief. There are districts into which the police do not go in units of less than two. The neighbourhood may be rich in temptation, and may at the same time provide much frustration. Society so often fails to encourage the freedom of its members, and in so many ways older persons seem unwilling to allow a child to participate in their corporate life that there is little cause for wonder if the child feels thwarted and his aggression is aroused. Add to this all the other positive opportunities of and incitement to aggressive and antisocial conduct.

Civic and national attitudes with all their political strife, class warfare, tensions and strikes, so faithfully reflected in the press, by the radio and on the screen, are in many ways pernicious in their influence. The wealth of detailed factors which are active in this way need not be discussed now. It is important to remember that it is just these communal attitudes which are so liable to undergo constant changes. In a nation at war the very qualities which are condemned in times of peace are set up for emulation. It may be thought that true religious feelings and perhaps even the experience of any formal religious teaching are useful in superego development. There may be

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those who consider this to be a poor form of control, but none the less it is surely better than none. Whatever one's views, there is no escaping the fact that religion has declined and is continuing rapidly to decline as a force in the individual and communal life of this country. Coincidentally, there is a great increase in the overtly aggressive behaviour of individuals and of communities. This situation would repay exploration. Last year the entire membership of the group for Advancement of Psychiatry present at a meeting unanimously approved the statement on the relationship between psychiatry and religion, which is as follows :

> " For centuries religion and medicine have been closely related. Psychiatry as a branch of medicine has been so closely related to religion that at times the two were almost inseparable. As science developed, however, medicine and religion assumed distinctive roles in society, but they continue to share the common aim of human betterment. This also holds true for that method of psychiatry known as psychoanalysis. We, as members of the Group for the Advancement of Psychiatry, believe in the dignity and the integrity of the individual. We believe that a major goal of treatment is the progressive attainment of social responsibility. We recognize as of crucial significance the influence of the home upon the individual and the importance of ethical training in the home. We also recognize the important role religion can play in bringing about an improved emotional and moral state.
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> " The methods of psychiatry aim to help patients achieve health in their emotional lives so that they may live in harmony with society and with its standards. We believe that there is no conflict between psychiatry and religion. In the practice of his profession, the competent psychiatrist will therefore always be guided by this belief."

The late Dr. Ira S. Wile (6) considered maladjustment in the happiness and behaviour of children to have grown out of customs, laws, regulations and ordinances, rather than wholly out of ignorance, misunderstanding and inherent frailties. In his view the main general sociological causes fall under the three headings of social sanction, social tolerance and social indifference. It is on these three main conditions that attention should be focused. They constitute a sickness of society. Society does sanction so many undesirable things. Many others which it may not go so far as to sanction it regards with tolerance : and to those which it neither sanctions nor really tolerates it is so often largely indifferent. This is the main social disease which a study of the community and the aggressive child illuminates. The field for research is vast. An excellent pilot-run would be a comparative study of the aggressive child in different communities, such as Italy, Spain, Switzerland, Sweden, the United States of America and Great Britain. The Briton's horror of what he regards as the cruelty of the Spaniard to animals is no greater than the Spaniard's horror of what he regards as the Briton's cruelty to his children. A second very fruitful field for research would be a comparative study of the influence of the impact of religion on communal attitudes, and the part religion plays in the communal consciences of a variety of nations.

In thinking about the relationship between the community and the aggressive child, one is apt to devote too much time to the problem of helping the already established delinquent child. Far more good will accrue to society if the psychiatrist will look further ahead, and will see the problem as one of positive

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mental health by helping to uncover and to devise remedies for the social diseases which permit or encourage such unproductive aggression. This will be a much greater contribution than simply to approach the subject from the point of view of an exercise in salvage.

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