**Emotional Disturbance in Children**

***Introduction***

*Although most of us believe that early childhood is the best and stress free period of life, young children have psychological problems which could lead to depression, sleeping disorders, learning and communication disorders, thus hindering their holistic growth and development. Children’s behavioral and emotional problems have allegedly exploded in the past two decades, (1988-2008) with many more children diagnosed with mental health disorders and a surging population of youth who are medicated. Prior research suggests that lower social class status is a key factor affecting children’s problem behavior. Common psychological problems in children include lying, teasing, bullying, fighting, stealing, aggression, jealousy etc. Children who have the above psychological problems are troubled or troublesome. The behaviors are the maladaptive, deviant and socially unacceptable. Hence, there is great need for everyone dealing with children to have basic knowledge and skills in guidance and counseling of the child and the family. This need of basic knowledge and skills in guidance and counseling would be more appropriate particular for all teachers and social workers.*

**Emotional Development in Children**

For children the biggest problem is the influence of family and people at their schools who can easily make a happy go lucky child into one that has no idea about the realities of life. The smallest put downs to children will affect them immediately as well as continual abuse through either verbal attacks or physical abuse. Each attack will lower the self esteem of your child or the children around you which will mean that eventually they will have to go through some kind of counseling to help them feel good about themselves and be able to cope with life. Since the beginning of childhood the child’s mind is very impressionable and needs to be nurtured and cared for. If you want your child to feel happy and safe in life then praise and compliments are the best way to go as well as choosing alternative punishments for naughty children such as time outs or denying them dessert. We would all like to think that we have helped our child develop as best they can so in doing this easiest path is to walk away when you are angry and then deal with the child once you have calmed yourself down.

Emotional development should be started at an early age as soon as children start kindergarten and preschool so that their interaction with others will help develop them in both social and intellectual ways. Emotional development and intellectual development normally go hand in hand to help the child develop socially because it is the interaction amongst both children and adults that creates a health emotional state. The difference between positive and negative feeling towards any given situation may be due to emotional development. Some children respond very well to a multitude of different social situations and interaction which would suggest they have a strong emotional development while still many children today have quirks and ticks from emotional problems or trauma which causes them to have difficulty interacting in social scenes and find daily routine difficult to deal with. Some people lacking in emotional development are the complete contrast and suffer when their routine is interrupted. This is typically seen in children with autism who cope better when regular routine is kept.

From the age of 2 onward the child begins to test himself or herself and the boundaries that the world has put before them. This is standard child like behavior which is a good way to start the process of emotional development. Not all emotional development is done through interaction and children should be left to discover things on their own from time to time. Problem solving then becomes a strong part of their day to day life where for children every first attempt at routine or duty is a problem solving challenge. Positive reinforcement is encouraged for both good results and poor results and will encourage the child to persist in problem solving. Tantrums are a way of the child expressing themselves because words often fail them or for those more developed in speech they feel that words are not adequate to get the message across. Again positive reinforcement although at this stage is hard for a parent is considered the best way to counter attack the situation. If the child can be persuaded to talk about or signal the problem then emotional development has worked and the child will be less likely to tantrum again.

Impulse is another problem for small children and even teenagers that have not developed their social interaction skills have trouble with impulsive decisions. Parents need to implement boundaries which control impulsive behavior such as destruction, swearing or even stealing. These attributes are not socially acceptable and will cause trouble later in life if guidelines are not enforced. Emotional development is a sparc subject which affects many parts of day to day life beginning at an early age and continues for the rest of our lives. Even the elderly can be subjected to persuasion if they let themselves be manipulated so emotional development should be continuously worked on and emphasized.

Many people seem to not be aware of this aspect, but children’s development includes both social and emotional development. Since their birth, till they become adults, children constantly learn and use the world and its elements to form their personalities. Although we cannot say that there is a huge difference, when it comes to its importance, between the development of a child from the physical point of view and the emotional one, many parents make the mistake to only focus on the first one, and ignore the aspects that can be linked to the second one, mostly because of their lack of knowledge on this area. Anyway, another important aspect that parents should be aware of when it comes to physical and emotional development is that all children are going to evolve in their own, unique way.

For example, parents need to know that for their emotional development, crying is a normal thing at babies. Babies try to adapt to the world and they need to see smiles, they need to be cuddled and when they start to recognize the people around them, at about two to three months, they start smiling back. For the emotional development of a baby it is very important to see parents smiling at them. At about four to six months, babies are able to recognize people and this is why they become more agitated when there are strangers near them. They can be easily calmed down when they are picked up and they usually start laughing and smiling when they feel safe. Parents should know that such a behavior is normal for a baby’s emotional development. After 12 months, babies begin showing negative emotions and they start refusing some things. The social and emotional development of your baby is a very normal one if he starts refusing eating some foods. If the child cries when seeing the closest person, such as the mother, leaving, you should not imagine that there is something wrong with the baby.

The emotional development of a child in early childhood is going to be a normal one if the baby starts expressing feelings of sadness and fear starting with the age of one. At two years, a child is going to pretty much show his personality. He can be really selfish, so if the kid refuses to share something with a sibling, that fact is a very normal one in his emotional development. The kid will become more independent in time, and this aspect will only evolve as the emotional development of the child is completed. Being aware of these principles of emotional development in early childhood is very important and parents should not ignore them, to make sure that they will help their children form their own personalities.

[**Stages of Emotional Development**](http://www.emotionaldevelopment.org/stages-of-emotional-development-early-childhood.html) **in Early Years**

Many people think that emotional development is the ability to go through a wide range of emotions such as anger, pity and joy however there are more objectives to this kind of development. The overall development of emotions has also to do with controlling these emotions and putting them to good use for a favorable outcome. Children do not know about the grieving process because the words involved with death are a new concept to them. When parents split up and get a divorced the children know that there is a difficult time going on but they are unaware that their feelings of sadness are coming from this development. Tiny children have very little emotional development because their minds have not yet completely developed properly so often you will find that the smaller children age 2 and 3 years old miss out on what is happening around them which is sometimes said to be better than children aged 4 to 8 years that know what is happening but have no control over how they feel about any particular situation.

By getting involved with your children and helping to explain what is happening in a positive and simplistic way you can help them get through their early stages of emotional development especially when difficult times are happening around the children. It is during these times that you must be aware that everything the child inputs from you and outside sources will influence their ability of developing more emotional range in the future. By using a variety of resources you can help to develop the children’s positive aspects to life no matter how difficult their journey through life starts out. By developing their emotions early you will be able to help the children later in life where they will be able to make more informed decisions about what is happening around them.

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**Important Facts on Emotional Development**

Raising a child can be quite difficult and as a parent you just need to know how to properly educate the kid and how to help him or her adapt to the world. Well, the basic principles of social and emotional development are highly important and everyone needs to be aware of them, as they can contribute to a healthy development of the child, having effects on long term on the baby as a future grownup.

Well, probably the thing that you will wonder next is how you can contribute to a healthy and normal development of your baby. Social and emotional developments are highly important in early childhood. Actually, most things that kids learn are linked to early life and in the first years of life the primary notions are learned. Bad or negative experiences in the early life can, on the other hand, have many bad consequences on a healthy emotional development. Actually, studies have shown that in the first five years of life, the impact that the external medium can have on children is very high and a negative experience can actually have consequences on the kid’s mental health and effects on the behavior, a behavior he is to have the entire life. Social and emotional development problems are nowadays kind of common, as statistics show that many children tend to experience them. Anyway, that reality can be linked to the fact that numerous parents, having busy schedules, have no time to focus on their children and their education.

Actually, boys seem to be more predisposed to form social and emotional development problems and linked to those issues to develop an unhealthy behavior, which will most likely be hardly manifested in the teen years, when children change their behavior and become aware of themselves. However, such behavior issues are common among teens, but in the most advanced cases, children can actually form serious conditions linked to an inadequate social and emotional development that was not healthy during the first years of life.

A child is going to have different stages of social and emotional development as he/she grows, and parents must be aware of these facts to be able to raise properly their children and make sure that children are not going to form serious health problems. These changes linked to social and emotional development are manifested in children during their growth path towards, and until the end of adolescence.

**Theories of Emotional Development**

The basics start in children when we learn to think and act as individuals and this is where the emotional development begins. Crying is often the beginning of seeking for babies as this eventuates in getting what they want. Later as the years go by askingquestions or making statements is how these children get what they want and need from adults. Babies are already born with their emotional qualities ready to be nurtured however it is the parents or guardians that give them their real emotional outlook on life. Simple effects give extreme causes such as limiting independence that has the effect on later life of a person being unable to control his or her self-confidence.

 Being overly kind to your child and limiting their freedom to experiment and explore can really be a difficult start for them. You have already limited their independence and this will be one emotional development problem that follows them for many years unless they learn to break out of this routine themselves. Self-reliance is a strong part of independence for a learning child and for the well being of their emotional development.

As teenagers you will start to notice the big changes that your children are developing. Easy guidance is a good key to helping them help themselves. At this stage of life they are trying to work out who they are and what their purpose in life is. Laying down ground rules is a good start to help them identify that the outside world is quite similar to the boundaries that are enforced at home. Too many rules can cause rebellion however a little freedom and compromise can go a long way. These are often the toughest years of a person’s life however they are also some of the greatest. Being wary of their independence is something that should be acknowledged and more importantly their right to have their say. This will help conclude their emotional development before adulthood starts.

**Value of Socialization In Emotional Development**

Letting your child interact with other children is all a part of growing up and has been for many centuries before our generation. No matter how hard it is to let go of your child on their first day of kindergarten or preschool you must remember that it is for the well being of your child’s social and emotional development. Not only are cognitive skills such as hand eye coordination developed through play, but interactive skills and emotions are also increased and encouraged. Sharing, patience, skills in communication, role models and many other emotional developments take place during interaction with others. The experience of conflict, rules and positive reinforcement are taking into the child’s stride and helps them to cope better with the bigger world they will encounter later in life. Each year as the child grows older their world expands as does their social and emotional development; communicate with older siblings, parents and adults.

Later in life we are expected to withhold these emotions though self control which is also a key element to emotional development. The mimicking of actual events in real life such as death, pregnancy or fighting should not be a source of concern for parents because these are natural parts of every person’s life. These events bring out emotions such as sadness, anger, joy and many others which are all natural for humans to feel.

As children grow older we find that we develop in many different ways. Of course, our bodies develop quite dramatically as we age. As we go through puberty our bodies become very different; we become a lot more muscular, girls develop breasts, boys gain chest and facial hair and voices deepen. These are all physical developments that occur because of the hormones that our body produces as we grow up.

Development of our social and emotional skills, however, do not come so naturally to us and only develop properly through experience and social interaction. We never truly know how we are going to react to a certain experience until we have been through it. We can look at various events and speculate as to what we would do in that situation but we don’t know until it happens. It is through this experience that we mature our emotions; no longer crying when we don’t get our own way, for example. Social development occurs when we engage in social interaction with others. Again, this is something we pick up through experience; we learn when it is ok to say certain things and begin to learn that other people react differently to certain things you say (you will have experienced this sort of thing whenever you’ve told a joke that has fallen flat). This development is perfectly normal and helps to enrich your life by ensuring that you learn about others, making you a much better rounded person in the long term.

**Psychosocial disorders** *These may manifest as disturbance in:*

* Emotions e.g. [anxiety](http://www.patient.co.uk/search.asp?searchterm=ANXIETY) or [depression](http://www.patient.co.uk/search.asp?searchterm=DEPRESSION)
* Behaviour e.g. aggression
* Physical function e.g. psychogenic disorders
* Mental performance e.g. problems at school
* Headache

This range of disorders may be caused by a number of factors such as parenting style which is inconsistent or contradictory, family or marital problems, [child abuse](http://www.patient.co.uk/search.asp?searchterm=CHILD%20ABUSE) or neglect, overindulgence, injury or chronic illness, separation or bereavement. The child's problems are often multi-factorial and the way in which they are expressed may be influenced by a range of factors including developmental stage, temperament, coping and adaptive abilities of family, the nature and the duration of stress. In general, chronic stressors are more difficult to deal with than isolated stressful events. Children do not always display their reactions to events immediately although they may emerge later. Anticipatory guidance can be helpful to parents and children in that parent can attempt to prepare children, in advance, of any potentially traumatic events e.g. elective surgery or separation. Children should be allowed to express their true fears and anxieties about impending events. Young children will tend to react to stressful situations with impaired physiological functions such as feeding and sleeping disturbances. Older children may exhibit relationship disturbances with friends and family, poor school performance, behavioral regression to an earlier developmental stage, development of specific psychological disorders such as [phobia](http://www.patient.co.uk/search.asp?searchterm=PHOBIAS) or psychosomatic illness. It can be difficult to assess whether the behavior of such children is normal or sufficiently problematical to require intervention. Judgment will need to take into account the frequency, range and intensity of symptoms and the extent to which they cause impairment.

**Emotional Factors**

**i) Job Conflicts and Family Relationships**
You may be experiencing difficulties at work or in your personal life. And, like many people, you may believe you have adapted to a distressing or aggravating situation and are not totally aware of how much it has actually affected you.

**ii) Grief**
If someone close to you is ill or has died, your headache may be related to sadness, anxiety, despair or grief. Grief frequently precipitates chronic headaches.

**iii) Depression**
There are different types of depression and one of them is what physicians refer to as "reactive depression." For example, you may be coping with and reacting to a significant physical illness or disability; the actual illness itself, the associated psychological feelings, and the effect they have on your job and lifestyle may be depressing you. You may be taking a medication and you did not realize that one of its side effects is depression. Your headache is alerting you to a problem that deserves medical attention. Finally, the depression may not be the result of external events or medications and may, instead, be caused by an underlying psychological illness or biochemical depression. This can be diagnosed and managed through medical attention.

**Treatments**

There are two goals when treating any type of headache: prevent future attacks; abort or relieve current pain. Prevention includes taking prescribed medications, avoiding or

minimizing the causes, and learning self-help measures, such as biofeedback or relaxation exercises. If your doctor suggests medications, you should realize that they may take several weeks to become effective and they can have side effects. Thus, you must be patient and cooperate with your doctor to find the optimal treatment. There are other disorders, which we can refer to as habit disorders that are common in young children and teenagers. These include a range of phenomena that may be described as tension reducing. These ***Tension reducing habit disorders*** include:

* Thumb sucking
* Repetitive vocalizations,
* Tics,
* Nail biting,
* Hair pulling,
* Breath holding,
* Air swallowing,
* Head banging,
* Body parts manipulation,
* Body rocking,
* Hitting or biting oneself

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All children will at some developmental stage display repetitive behaviors but whether they may be considered as disorders depends on their frequency and persistence and the effect they have on physical, emotional and social functioning. These habit behaviors may arise originally from intentional movements which become repeated and then become incorporated into the child's

Some habits arise in imitation of adult behavior. Other habits such as hair pulling or head banging develop as a means of providing a form of sensory input and comfort when the child is alone.

* **Thumb sucking** - this is quite normal in early infancy. If it continues it may interfere with the alignment of developing teeth. It is a comfort behaviour and parents should try to ignore it while providing encouragement and reassurance about other aspects of the child's activities.
* [**Tics**](http://www.patient.co.uk/search.asp?searchterm=TIC%20HABITUAL%20SPASMS) - these are repetitive movements of muscle groups that reduce tension arising from physical and emotional states, involving the head, the neck and hands most frequently. It is difficult for the child with a tic to inhibit it for more than a short period. Parental pressure may exacerbate it while ignoring the tic can reduce it. Tics can be differentiated from dystonias and dyskinetic movements by their absence during sleep.
* **Stuttering** - this is not a tension reducing habit. It arises in 5% of children as they learn to speak. About 20% of these retain the stuttering into adulthood. It is more prevalent in boys than girls. Initially it is better to ignore the problem since most cases will resolve spontaneously. If the dysfluent speech persists and is causing concern refer to a speech therapist.

## Anxiety disorders

Anxiety and fearfulness are part of normal development, however, when they persist and become generalized they can develop into socially disabling conditions and require intervention. Approximately 6-7% of children may develop anxiety disorders and of these 1/3 may be over-anxious while 1/3 may have some phobia. Generalised anxiety disorder, childhood onset [social phobia](http://www.patient.co.uk/search.asp?searchterm=SOCIAL%20PHOBIA), separation anxiety disorder, [obsessive compulsive disorder](http://www.patient.co.uk/search.asp?searchterm=OBSESSIVE%20COMPULSIVE%20DISORDERS) and phobia are demonstrated by a diffuse or specific anxiety predictably caused by certain situations. School phobia occurs in 1-2% of children of which an estimated 75% may be suffering some degree of depression and anxiety. Management is by treating underlying psychiatric condition, family therapy, parental training and liaison with school to investigate possible reasons for refusal and negotiate re-entry.

## Disruptive behavior

Many behaviors, which are probably undesirable but a normal occurrence at an early stage of development, can be considered pathological when they present at a later age. In the young child many behaviors such as breath-holding or temper tantrums are probably the result of anger and frustration at their inability to control their own environment. For some of these situations it is wise for parents to avoid a punitive response and if possible to remove themselves from the room. It is quite likely that the child will be frightened by the intensity of their own behavior and will need comfort and reassurance. While some isolated incidents of stealing or lying are normal occurrences of early development they may warrant intervention if they persist. Truancy, arson, antisocial behavior and aggression should not be considered as normal developmental features.
[Attention deficit hyperactivity disorder](http://www.patient.co.uk/search.asp?searchterm=ATTENTION%20DEFICIT%20HYPERACTIVITY%20DISORDER) This is characterized by poor ability to attend to tasks, (e.g. makes careless mistakes, avoids sustained mental effort) motor overactivity (e.g. fidgets, has difficulty playing quietly) and impulsiveness (e.g. blurts out answer, interrupts others). For the diagnosis to be made, the condition must be evident before age 7 years, present for >6 months, seen both at home and school and impeding the child's functioning. The condition is diagnosed in 3-7% of school-age children.
Emotionally disturbed children behave in a variety of ways that are not always socially acceptable. The origins of some of the behavior are right from home while some might have their genesis from the peer, the school community and many other socialization forums availed to the children and parents, guardians, care-givers and teachers, all have duties to guide and counsel the child regarding socialization modes in order to avoid falling victim of bad behavior. Here below are some of the observable behaviors of emotionally disturbed children.

**Enuresis (Bed- Wetting) And Encompresia (Loss of Bowel Control)**

According to Sigmund Freud, the children between 1-3 years are in the anal stage of his psychosexual theory. However, by age three they are able to control their bladder/bowels unless the child has a psychosexual problem. Such a problem may be caused by anxiety and phonic reactions and frightening incidences*, e.g. being involved in an accident, seeing a horror film or a nasty experience.* It could also be due to infection of the bladder as well as the structural defects of the bladder and urinary tract.

To assist children with such a problem, encourage them to empty their bladder before they go to bed, not giving them drinks in the evening before going to bed, walk them to empty the bladder in the middle of the night, and use of classical conditioning gadgets which wakes the children when he/she starts to urinate or when he/she is about to do so. This is provided by a trained behavior modification therapist. For extreme cases, they should be referred to a hospital.

1. **a) Lying and Cheating**

They are both forms of deception, untruthfulness or dishonesty but cheating is more serious form of lying. Lying involves making false statements or falsifying the truth. Lying is wrong and it leads to cheating and also stealing.

Cheating involves flouting or breaking accepted rules. A child may for example be an accomplice of a drug trafficker or child abductor and cannot disclose the truth to the authority figures. Older children may be involved in irregularities during exams. They may copy exams or forge certificate to gain entry into a professional course requiring good grades.

**b) Lying and Imagination**

Some children discover that complaining of pain or refusing to eat causes anxiety to parents or generates sympathy towards them and at times exempts them from tasks they

may be unwilling to perform. Some may use imagined pain to absent themselves from school.

Parents/caregivers must be watchful lest children learn the habit of cashing in on our weakness since like projection, this is a destructive practice. However parents should also be careful not to ignore children who may be sick even if they are the type that cry wolf even when there is no danger. Such children should be helped to face the task ahead instead of avoiding it. e.g. *a child who wants to avoid swimming classes on the pretext that she is sick.*

1. **Lying Due To Confusion Between The Fact And Fancy**

Sometimes children lie naturally due to usual developmental patterns. They may lie in bid to get attention from they peers or gangs. The lie occurs due to confusion between fact and fancy which are characteristic of 3-6 years olds.

Some children are genuinely unable to discriminate between what happened and what is imagined to have happened. What takes place around them seems to be done by fairies or magic.

 **d) Lies of Loyalty**

Sometimes children lie to protect their friends because this loyalty ensures continued friendship. Although all of us might be forced to lie in order to cover up for our loved

ones, sometimes children may conceal important truths to protect their friends leading to great danger or facilities. There are times when our friend’s lie must be exposed so that they face consequences of their actions or mistakes.

 **e)** **Exaggeration of Facts that amount to Lying**

Exaggeration of facts also amounts to lies. Sometimes children exaggerate facts and this occurs when there is a great need to appear equal to other peers/gangs in strength or in possessions and accomplishments, either real or imagined, should not be taken too seriously by parents or caregivers unless it starts developing into a habit which carries a child too far astray.

It is also not a very good thing to boast about things that are not true habitually. When this occurs too often, it may be easy to tell when they are not. It becomes worse especially when it becomes evident to his/her peers that he/she is **lying**.

Children need to encourage making life interesting for themselves and others by showing their real selves, and discourage undue competition, which may lead to boasting or exaggerating the state of affairs.

**f) Cheating to Conceal Weakness or Failures**

Many children lie/cheat to avoid punishment or consequences of what they have done. Cheating to them is a good form of defence for weakness and the quickest way to escape embarrassment or danger. The defensive lie is committed to escape punishment or guilty, is considered to be the results of a child’s faulty upbringing/poor parenting particularly when parents don’t seem to reward what is right or to punish what is wrong.

 In school children may copy homework from their friends so as to conceal their failure or weakness. Caregivers and teachers need to encourage children to face everyday life situations with courage and assist them to overcome their problems. *For example, by guiding the children by accompanying them in class to complete their school work, rather than leaving them alone to deal with the task.*

**g) Forced Confession as a Source of Lying**

Sometimes adult force children to confess after piling over-powering suggestions compelling them to say what is expected regardless of the authenticity of the statement.

*For example When an adult states. “You stole the honey while I was away, say yes quickly before I give you a good spanking”*

Parents should exercise caution even when trying to extract the truth from children lest they teach them to lie in order to escape punishment.

**h) Stealing**

To steal is to take something from someone else without their permission and without the intension of returning it. Pre-school children have a tendency of steal because their sense of the limits of ownership is weak. They also have a tendency of keeping everything they get to themselves, whether it belongs to them or not.

Although this may be regarded as developmental flaws/blemishes, stealing should be discouraged all the time. Once a child is discovered with stolen items, he/she should be encouraged to return to their rightful owners.

**i) Aggression** Aggression is a maladaptive behavior and can be described as violent or hostel behavior. It ranges from teasing, bullying/beatings juniors, grumbling, whining, and pugnacity (always ready to quarrel or start a fight), and use of abusive language or being disrespectful towards other people.

Causes of aggression among children include unmet physical/socio-emotional needs death of a loved one or pet, insecurity, lack of appreciation/recognition, sibling rivalry, poverty, peer pressure etc.

To minimize aggression among children, they need to be counseled. This can be done through stories, ensuring their needs are met, not minimizing their problems as Pietrosa says, acknowledging their anger and allowing them to say how they would like to be treated and equally telling them that other people expect the same. It is important to establish the root cause of the problem in order to deal with it appropriately. Bullies for example also suffer as much as their victims. They may be alienated by other children or dislike as well as be punished for their faults. They may experience fear and hate and need to be counseled lovingly.

1. **Sibling Rivalry**

Rivalry is enmity brought about by jealousy, opposition, competition or being challenged beyond limit. Sibling rivalry and all forma of rivalry among children could be minimized by avoiding over-praising or appreciating one child above others.

Both praise and criticism should be evenly distributed to all children. Children should be encouraged to love and appreciate each other in the family and school. Also the children should be made aware of existence of individual differences so that they know where praise may be appropriate.

**Other Forms of Anti-Social Behavior**

There are some other forms of behavior observed in children and some may be as a result of many other factors which are associated with temperament and emotional disposition of each individual child. Some of such behaviors include:-

1. **Repeated Deliberate Antisocial Behavior**

The child who is antisocial and aggressive exhibits the behavior through fighting, biting and kicking others, and even hurting them. He is in the habit of telling lies, and stealing. He continually acts silly and looks unhappy all the time. He avoids looking directly into other people’s eyes. **–**

The Counselor needs to assist them by re-assuring them that others love them. Also to encourage them to do good and they would be happy like others**.**

1. **Abnormal Attempts In Pleasing Others:**

He shows abnormal attempts to please others by trying to buy or purchase affection or friendship for example, he may bring to school valuable things to get teacher’s or peer’s approval and constantly asks them whether they love him. To assist, show him love does not have to involve material things.

1. **Habitual Easy Cry Behavior:**

The child has habitual crying behavior particularly when he does not get his own way. He complains a lot about not being liked, other children not playing/sharing play materials with him. Shows fear of being left with peers, younger siblings or a new teacher/housekeeper. Reassure him that you like him, and explain that crying makes other unhappy.

1. **Putting Blame on Others for One’s own Mistakes**

He never acknowledges own mistakes but blames others for every mistake he makes or finds an excuse for whatever fault he commits or what Freud describes as projection.

Help him realize that it is important to acknowledge faults.

1. **Poor Decision making Ability:**

The child is indecisive or hesitates when required to make decisions, even those that are minor. The child also fears trying new things even if help is offered. When asked to o something, he/she says he doesn’t know how to do it and will not ask for things he needs. *Encouraging such a child to make decisions and do things you know that he/she is able and knows will be of great importance to the development of the child.*

1. **Shows Withdrawal or Retreat To Fantasy:**

The child does not easily participate with others in games or activities, does not easily initiate contact with others, nor defend the self by words or actions and is usually afraid to ask or answer questions. The child is also usually lonely and prefers have imaginary friends not real ones. *Using stories about children with similar behavior and finally they overcome it because they learnt it is important to interact positively with other children, will encourage children to be social and they will make real friends instead of imaginary ones.*

1. **Tension:**

Some children are always tense and in children tension may be manifested by habits such as thumb-sucking, stuttering and bed-wetting. This habit may develop out of the need for comfort, sibling rivalry, separation disorder etc.

*Rather than attempting to deal with the behavior as a Counselor, look for the cause of the tension and try to resolve the problem. After the cause of the tension is discovered, the child should be counseled in order to overcome the pressure.*

**Counseling of Emotionally Disturbance Children**

Abnormal behavior is undesirable and harmful to the individual as well as to the society. Every care therefore needs to be taken to avoid the occurrence of such behavior through preventive measures. However, the cases of abnormality in behavior or mental illness are bound to occur and therefore, suitable curative measures are to be taken essentially for helping maladjusted and sick individuals. The majority of cases of behavioral disorders or mental illness may be adjusted as products of severe maladjusted caused by psychological factors. Physical or medical treatment in such cases does not prove much useful. Such patients need psychological treatment for solving their psychological difficulties and achieving better personality adjustment. This form of psychological treatment is known as *“****psychotherapy”.***

Psychotherapy is a difficult term to define. However, it may be understood as a method of treatment of psychological problem or disorder of an individual (patient) by a trained person (therapist) through a behavioral approach in the form of establishing a psychological relationship with the patient for the purpose of solving the patient’s emotional difficulties and promoting adequate personality growth and adjustment.

The main objective in psychotherapy is to bring about changes in the patient’s perception of himself and of his environment and thus resulting in positive enduring changes in his behavior for achieving adequate adjustment and regaining better mental health. For the realization of this objective a number of systematic approaches to psychotherapy, differing in goals and procedures, have been evolved. These are psychoanalytic therapy, client centered therapy, behavior therapy and group therapy.

1. Caregivers should restrain themselves from shouting at children even when they have offended them.
2. Instead speak to them calmly.
3. Point out them their mistakes and warn them not to repeat them.
4. If they repeat the mistake, remind them not to continue making the mistake, and reasons why they should not.

Proper guidance helps children to reform and become better people. Later on in life, they also remember and appreciate the love and help the received to overcome their maladaptive behaviors.

**Punishment of Undesired Behavior**

Punishment is forms of negative reinforcement used to correct or suppress maladaptive behavior at times. Since it is a negative reinforcement, it should be used as last resort when all other disciplining measures have failed. Before punishing the child, ensure he is not hungry or he will not understand the meaning of the punishment because hunger itself is disturbing. The child must first be told why he is going to be punished so that

he learns what behaviors he is expected to change or avoid. Let the child know that you love him/her but that people must be punished for their mistakes. Do not threaten the child with such statements as *“if you don’t change, I will chop off your ears”.*

**Counseling Orphans and Vulnerable Children**

Orphans, children affected or infected with HIV/AIDS, disabled children, street children, the displaced ones etc. are among the most vulnerable children and require our help and protection since they are defenseless and prone to external as well as internal attacks.

Among the problems and challenges they may be faced with are hunger or inadequate food supplies, stress, discrimination, grief, aggression and loneliness. Such children need to be helped to manage their stress among other problems. Provision of food, fruits and vegetables, ensure they are physically strong. They need exercises and play as well as humorous experiences to cheer them up. They need adequate sleep and rest without interruption just as much as they need recognition and love from the society or those around them. Such children need company and help in school work if already in school**.**

Those grieving or angry should be made to understand that it is alright to express these emotions and to accept that the problem they are experiencing is real. We should offer them empathy but not sympathy. This helps them appreciate that others care for them.

Their questions should be answered truthfully and not with hesitations. They should be encouraged to put their trust above all things and to be patient while God intervenes in their situation. To relieve their pain, it might be necessary to make arrangements to meet with relatives of such children in a bid to find out how can be helped.

Support structures could also be established to link those who are in great need with appropriate support services, *e.g. the children could be helped to get accommodated in homes, those in need of placement in schools could be helped with the admissions process etc.*

It is important to note that HIV/AIDS cases tend to cling to their past. They deny what they are going through. When they look at their future what they see is a misery, helplessness, dependence on others/drugs, or death. They see the unaccomplished dreams they chartered for themselves or the fact that they will never achieve them.

* Regardless of the situation they are in, they need to be encouraged to ignore their past and future, and concentrates on the presents. Let them think about positive things they could embark on.
* Once they have accepted their situation, they can formulate a future with new goals.

**Assessment and Classification of Emotional Disturbances**

All people in their daily life are always engaged in diagnosis and assessment of their lives. We can define psychological assessment as the process of collecting information in a systematic, objective, empirical way about individuals’ intellectual functioning, behavior, or personality so that predictions and decisions about those individuals can be made. We use psychological tests to assess.

A Psychological test is any procedure or method that can be used to obtain such information.Imagine of a parent who observes that her 3-year old child does not throw a ball well, cries easily when frustrated, and says things like “listen! The birds are waking the sun up!” On the basis of her observation, she concludes that her child is ‘stupid’ and ‘slow’ and she predicts that the child will have trouble in school. Another mother making similar observations concludes that her child is ‘creative’ and ‘clever’ person who will do well in school.

Both parents have ‘Observed’, ‘categorized’ the observations and made ‘predictions’ about the children’s behavior and so we have understood them and can guide our behavior toward them.

Unlike such haphazard ways of categorizing and doing predictions on observations done in informal ways, assessment in Clinical psychology applies the scientific method of empirical observation and measurement to human activities, in order to avoid making judgments whose basis are well measured and researched through. In assessing behavior of emotionally disturbed child, we need to be very careful so that we do not mislead anyone who will come across our predictions as a result of wrong categorization of the behavior observed.

Unlike in medical model where the first step in dealing with a disorder is to diagnose what it is, so that its cause can be discovered and a treatment be scientifically developed, in psychological disturbance diagnosis may be useful for research purpose into the causes of mental disturbance and research on the effectiveness of the therapy.

In 1896, a German Physician Emil Kraepelin developed the first modern classification system for mental illnesses. He carefully observed which symptoms tended to go together and gave them a label to each set of symptoms. He believed that each designated disorder had a separate cause and a definite, predictable course and outcome. He invented the term schizophrenia, referring to the split between affect (emotions) and cognition (thoughts) typically seen in such patients. He described five types of schizophrenia:

1. Simple or undifferentiated
2. Catatonic,
3. Hebephrenic
4. Paranoid
5. Residual

Kraepelin’s original nosology or system of classification, has held up well over time. The first Diagnostic and Statistical Manual of Mental Disorders (DSM-I), published by the American Psychiatric Association (APA) in 1952 was basically an expanded version of Kraepelin’s categories.

Every system of classification or measurement of mental disorders must be reliable, (i.e. trusted or consistent) and valid (i.e. appropriate in interpretation of the measured results)

In Classifying emotional disturbance, we shall have the diagnosis as our nominal scale of measurement, that is, a measuring scale that names items or behaviosr and puts them into their categories. That is sorting out the disturbances that have spread to a large or small scales. Thus, we can do the assessment of the reliability and validity of any system of diagnosis we apply. However, we need to note here that there are serious problems with reliability and validity of any system of diagnosis of mental disorders. Many studies have documented that different diagnostic tests often reach different diagnoses on the same patients (clients). For example, the inadequate reliability of DSM-II has been documented (Zubin, 1967). This alone tells us that we have to be very careful when assessing and classifying emotional disturbances in children.

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