

AN INVESTIGATION OF THE POSSIBILITY OF
FINDING ADEQUATE TECHNIQUES OF THERAPY
FOR USE IN CASES OF STEALING-BEHAVIOUR
IN CHILDREN.

BY

D. F. DE KOCK.

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AIM:

To investigate the problem of stealing-behaviour in children with a view to developing a system of therapy based on the laws of learning as presented by Clark Hull.

THE NATURE OF THE PROBLEM.

Stealing behaviour in the child is considered to be a symptom of some underlying causal condition. Such a general statement means nothing unless it can be expanded to answer the questions:-

- 1) How is stealing selected from the many possible responses.
- 2) How does stealing become established as a response to the particular causal situation.

This paper will attempt to find an answer to these questions by considering stealing cases treated at the Child Guidance Clinic of the University of Cape Town and an attempt will be made to indicate suitable methods of therapy.

A CONCEPTION OF THE PROBLEM IN THE LIGHT OF THE LAWS OF LEARNING AS PRESENTED BY HULL.

Stealing-behaviour will be considered as a habit established by the same mechanisms that establish the habits of what is considered to be normal behaviour.

For learning to occur, a need which is not satisfied must operate in the child. The resultant drive (according to Hull (Postulate 4)) must be diminished for learning to occur with respect to the situation and response under consideration.

In such problems as stealing is there only one drive which operates or are there a number of concomitant drives operating to instigate this behaviour?

It would appear that both mechanisms are operative.

- 1a. The child may pilfer in response to some particular physiological need, e.g. hunger may cause the child to steal food. It is evident that obtaining food by stealing will decrease the hunger drive and will tend to reinforce the response of stealing in this situation.
- b. Where some drive, such as attention-seeking, is concerned it should be realised that such a drive is a secondary drive acquired by the child. In the course of his life

the child has learnt to turn to the parents whenever a condition of need exists, whether the need be :for food, excretion or whether it be any other physiological need. This turning to the parents becomes associated, by learning, with the reduction of the operative need. In addition, the turning of the parent or the parent's, attention to the child, becomes associated with the satisfaction of the need. Thus the existence of a drive to obtain the parent's attention can be assumed to operate in the child.

Now, if this need for attention is :frequently thwarted, the child reacts by displaying relatively random behaviour in an endeavour to reduce the resultant drive. For instance, in a situation where a new sibling arrives, the old response of turning to the parent will often no longer be effective in gaining attention. A new response to achieve this end must thus be found.

In the subsequent behaviour, one response that may be tried is stealing. Why should stealing be adaptive in this situation?

Because of the importance attached to honesty in our society, stealing-behaviour in a child is likely to cause the parent more concern than any other responses the child may be capable of making in such a situation. It is, in fact, an extremely efficient way of obtaining the parent's attention.

This attention, however, will often only be **received** some considerable time after the actual act of stealing has taken place. According to Hull, the reduction in drive must occur in close temporal contiguity with the response if learning is to take place. How then does learning occur in the above situation?

J. Wolpe, in an article on reinforcement, puts forward the proposition that in so far as learning has a neural substrate, the relevant correlate of drive reduction that enters into the process is assumed to be reduction of central neural excitation. Thus the critical factor in building up the neural structures that mediate a learned reaction is not the diminution of a primary need but the driving down of the central neural excitation consequent on the need.

In the case being considered, it seems logical that the need for attention, operating here, is operative to a large extent in the child's daily life, namely, whenever the parent's attention is not directed towards the child. The drive can therefore, for all practical purposes, be said to operate continuously, and if stealing-behaviour is detected, the behaviour will be reinforced because the drive is operating at the moment the child receives attention from the parent. In cases where stealing is not immediately detected, reinforcement nevertheless takes place and this can be accounted for by the fact that the stealing episode is recalled verbally by the parent.

From the above it would appear that for reinforcement of stealing-behaviour, detection is a necessity. It is highly unlikely that detection invariably follows upon the first episode. It seems therefore that the stealing behaviour is likely to be extinguished. But, in addition to the drive which exists in this case and which is considered to be dominant here, other drives such as that of acquiring objects directly or indirectly with the money stolen, may be reduced by the stealing response.

Although these drives may not serve to reinforce the behaviour as much as the dominant drive would, it may be sufficient to maintain the continuance of such behaviour.

2. Radical changing of the child's environment may cause frustration of a number of needs.

When the child's environment is changed suddenly and with little warning or preparation on the part of the parents, the child is confronted with a bewildering situation.

Firstly, responses that were originally adaptive to the environment are now found to be ineffective. Consider what happens when another sibling is born and the older child has not been adequately prepared for its arrival.

Many of the child's old responses in the parent-child situation are unadaptive because of the new factor introduced by the new sibling. For example whereas before the arrival of the new sibling the mother would have been prepared to play with him she now confines her attention to the baby and will often reply to the child's approach.

by telling him not to bother her, or she may even, if in irascible mood, administer a sharp smack. This situation, perhaps exaggerated here, often occurs where the mother is too taken up with the new baby to pay sufficient or any attention to the child.

The old responses are thus unadaptive in that they are not effective in bringing about satisfaction of the child's needs. The result is that the child must now find other responses which will be effective in reducing his needs.

It should be noted here that the needs that will be frustrated will vary with the physiological and psychological make-up of each individual child. This will depend to a large extent on the training the child has had and on how his physical make-up has enabled him to react to this training.

Acquiring things, or stealing (as adults regard it) is quite a normal activity for any child. Indeed it occurs in a great percentage of children.

Hadfield writes 'Stealing is practically normal in the child of eight or nine..... It is a benign delinquency - it cannot be allowed but mothers and teachers, should not take too serious a view of it or regard it as moral turpitude.' It is normally brief and responds to simple moral appeals and/or punishment.

The child, then in the stage where it exhibits random activity, will quite possibly take things that do not belong to him. The problem to be solved is then:- Why is stealing reinforced and thus perpetuated? Further, why is it that stealing-behaviour in normal children is, not reinforced but rapidly extinguished.

Consider the second question. It is submitted that in children who pilfer and then discontinue this behaviour, the response is not reinforced simply because the parents do not make a great fuss about the misdemeanour. They may be content to let it pass with a mild reprimand and.

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- Needs here will include not only primary needs but those which have been created by a similar process to that put forward in 1(b) - my interaction between the child and its environment.

perhaps the suggestion that the stolen article be returned to its owner. In other words the child receives sympathetic but firm handling from the parents. In addition, it is highly likely that where such stealing-behaviour occurs there will be no motivation for a continuance of such behaviour, i.e. the home environment will be such that other acceptable responses are more adaptive.

One fact which characterises problem behaviour is the rich affective content of the causal situation. Is it possible then to incorporate this into a theory which attributes the establishment of certain behaviour to a consequent decrease in drive or central neural excitation?

J.G. Taylor has put forward a postulate which may enable us to reconcile the two factors. It reads:-

"Whenever an organism, under combined stimulation and drive, fails to respond in such a way as to reduce the drive, the sympathetic branch of the autonomic nervous system is stimulated to activity, producing a characteristic pattern of visceral response. This results in a relatively strong tendency for the stimulating situation or any of its component parts to evoke the visceral responses directly."

Applied to the situation under consideration, this means that the great increase in drive, following on a radical change in the child's environment, will cause overflow of activity into the sympathetic branch of the autonomic nervous system. The occurrence of situations in the daily life of the child which make adaptive behaviour difficult will, after such a radical change, increase and from specific situations the autonomic response is likely to generalise to the whole domestic environment.

It is impossible for the child to escape from this stimulus situation and the vastly increased state of drive makes an adaptive response essential. It is highly likely that the stealing response has already acquired a small but positive habit strength as a result of its having, in the past, merely satisfied the child's desire to possess small, insignificant things. The result is that the child is likely to respond at some time to the increased drive by stealing. As to the actual motive and the way in which stealing reduces drive, it is found that these are unobservable in the child, because one is unable to find out what is in the child's mind.

As regards motivation, the operating motive may be simply the desire to obtain an object, it may be jealousy, revenge or the desire to please others by using the stolen object. To these can be added innumerable other motives, depending again on the child's physical and psychological make-up. So that it appears that the search for a general mechanism by which stealing reduces drive is impossible and, in the present state of our knowledge, likely to prove fruitless.

Now, if stealing-behaviour becomes reinforced by reduction in drive, the question arises as to how, in investigating stealing cases, we may derive the most information. In other words, which are the best techniques to employ in diagnosis and what are we to look for in investigating stealing cases.

CHAPTER II.

AN ATTEMPT TO FORMULATE A SCHEME FOR INVESTIGATING CASES OF STEALING.

Such a scheme must of necessity be based on that which is generally used in most Child Guidance Clinics. It will be attempted, however, to show how this general scheme may be more effectively used with respect to the investigation of stealing cases.

1) The Medical Examination.

This is usually aimed at:-

- a) Finding the general state of the child's health.
- b) More specifically investigating any factors which may, in the light of information gained in subsequent investigation, give an indication as to where the root of the problem lies.

The points which should be further investigated would include:-

- i) The establishment of findings of glandular imbalance which may necessitate different treatment of the child by the parents. There may be a necessity for high sugar intake or there may be sexual imbalance. These conditions may give rise to anxiety in the child if he is forced by the parents to do things he has no inclination to do.
- ii) The finding of any physical defect which may cause the child trouble in adjusting to schools, to his friends and parents because they expect too much of him. Such a defect need not be gross. It may well only be a slight deviation from some physical norm for the child's age-group.
- iii) The investigation of past illnesses to ascertain whether these have any functional significance. A child may, for example, have had a long series of illnesses, have come to expect a lot of attention, may not have received as much attention after recovery and may thus have failed to adjust himself to this situation.

Thus the physician must, at all times, not only investigate the child with a view to presenting a record of his/her physical defects but must keep in mind the possible functional significance of such abnormalities from a psychological viewpoint, with respect to the problem being investigated.

2) Investigation of Intellectual Capacity and Scholastic Ability.

This should be proceeded with, bearing the same ideas in mind as were listed under 1, namely, any deviation from the normal should be noted as giving possible indications of sources of anxiety or, in the case of children of superior ability, sources of boredom. In the latter case the child may steal simply as an escapade to relieve such feelings. It is highly likely though that this would be only a contributory factor.

3) Investigation of the Case from the Parent's Point of View.

This part of the investigation is usually carried out during an interview with one of the parents by one of the clinic staff.

The usual procedure followed is that of obtaining a history of the child's thefts and of the circumstances obtaining at and before the time these episodes occurred.

The facts usually looked for and which the therapist should aim at obtaining are given in the list below.

- a) The time at which the stealing was first detected. This will not necessarily be the first act of stealing in which the child has indulged. It will, however, possibly give some indication as to the period at which some difficult situation arose in the course of the child's life.

With a view to finding whether there was any correlation between the occurrence of such a situation (as described in Point 2 in Chapter 1) and the beginning of stealing-behaviour, 25 case-histories of stealing were investigated. It was found that in one third of these cases some such situation did occur prior to the commencement of stealing.

It should be pointed out that this increase in drive, which is followed by overflow into the sympathetic nervous system, is not visualised as the direct instigation for the first episode. This may, and usually is, some trivial instance of thwarting of the child's immediate desires. The diminution in drive, consequent on such behaviour, will tend to reinforce the behaviour and increase the tendency for its evocation in response to a situation of similar trivial nature in the future.

- b) The person or persons from whom the stolen object is taken.

This fact may help if coupled with other facts, in giving some indication as to the motive underlying the act. But it seems highly likely that by the time the thefts are discovered, the response would have generalised to similar situations in which parents, anybody in authority or even the child's own friends are concerned. This seems to be borne out, for in the greater percentage of cases considered the thefts appear to have been from a variety of people inside as well as outside the home.

Quite often too the theft would occur at school although the instigating cause was determined as being located in the home situation.

- c) The Nature of the article(s) stolen.

In a large percentage of cases the articles stolen were many and varied. In some cases money alone was stolen on each occasion and a consideration of the following points in connection with the theft, gave indications as to what the motivation for these thefts was.

- i) The use to which the money was put.
ii) The extent to which the spoils was shared.

- iii) Whether the thefts occurred in company or not.

The latter two facts would give some indication as to whether the child tried to buy popularity or stole merely because it was considered to be the natural thing in the company of which he was a member.

- d) Investigation of Parental Attitudes.

This can conveniently be divided into three groups.

- i) The parents attitude to the child in question. This is usually one of the basic factors in the causation of the problem. Quite often the parents after they have had no success in putting a stop to stealing, adopt the attitude that the child is "a black sheep" and that nothing they or anyone else can do will produce any improvement.

Such attitudes, ranging from utter rejection to occasional outbursts of dejection about the child's future, must be modified from the beginning if treatment is to succeed.

In Child Guidance work the therapist should not forget that the main problem often lies with the parents. They, too, have ambivalent feelings towards their children although most would emphatically deny this, and are puzzled as to how to handle the child. It is the therapist's job to explain these feelings as well as to give advice as to how to handle the situation.

- ii) The parents attitude to the other siblings. This is quite often responsible for the faulty attitude in(i). Favouritism extended to one child will often result in a highly critical attitude being adopted towards any action of the unfavoured one.

- 111) The parents attitude to stealing in the child.

From the outset the parents should be made aware of the fact that to the child, the act of stealing does not have the same social and moral implications that it has for the parent. Attempts to force these ideas on the child will prove futile especially for younger children, simply because the child has not reached the stage of development necessary for him to be able to grasp them.

- 4) Investigation of the Child's Attitudes to parents, those in authority and his friends.

The techniques for investigating these attitudes are many, depending on the line of thought adopted by each clinic. But of particular importance are the following:-

- a) The administration of the various projective tests such as the Children's Attitude, Family Attitude and Thematic Apperception Tests which may give some indication as to the child's attitudes.
- b) Direct interview. This technique can be used for older children and it is suggested that the best attitude for the therapist to adopt is a non-directive permissive one aimed at letting the child air his views on the home situation or school situation without censure from the therapist.

The therapist should always keep in mind the object of the interview and the facts he wishes to obtain. He should be able to seize the opportunity of steering the course of the interview into channels he wishes to investigate, should such an opportunity present itself.

- c) Play Therapy.

Here the technique suggested is that advocated in (b), the therapy being aimed at allowing the child

freely to express his feelings about the parents, teachers and friends.

It is suggested that the trouble can often arise or be aggravated by suppression of the desire to vent such feelings being forced upon the child by the social order to which he belongs. It will be attempted later to show how this state of affairs can give rise to conflict in the child.

WHAT THE DIAGNOSTIC PROCEDURE SHOULD AIM AT FINDING.

Briefly then the procedure advocated should be utilised to find out

- 1) Whether any condition exists in the child's external or internal environment which will give rise to an increase in drive or frustration of the child's social and organic needs, so that such conditions may be eliminated if possible if the stealing is still directly dependent on them.
 - 2) The type of stimulus situation which because of the child's emotional, physical and intellectual make-up is likely to give rise to stealing so that the child may be equipped by means of suitable training to respond to such situations by socially-acceptable actions.
 - 3) The type of training best suited to the child that, because of such characteristics will enable him to make such socially-acceptable responses.
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CHAPTER 111.

AN ATTEMPT TO FORMULATE TECHNIQUES OF THERAPY FOR STEALING
CASES.

A General Discussion of the Various Approaches to the Problem.

One of the fundamentals of several of the schools of thought no matter what terminology is used, is that if one removes the underlying cause of the behaviour, whether this cause be conflict, increase in drive etc. the child will stop the maladjusted behaviour he has been exhibiting. The deduction arises from the fact that the behaviour in question is considered to be functionally dependent on the causal factor. It also implies that the causal factor exists at the same time as the dependent behaviour does.

Are these deductions borne out in the light of actual clinical experience?

Keeping in mind the fact that it is often difficult to decide whether a problem is still functionally connected to its cause or not, it becomes apparent that in some cases at least the maladjusted behaviour is not dependent on the original causal factor but is only historically connected with it.

This concept is in agreement with Allport's "functional autonomy" which applied to habits would mean that the acquired action may subsequently be divorced from the instigating forces or drives and acquire a motive force of its own.

Applying this still further to problem behaviour one might divide problems into two categories.

- 1) Problems in the primary stage. Here the problem is directly and functionally dependent on the instigating causes.
- 2) Problems in the secondary stage. The problem is not functionally dependent on the instigating cause and is only historically connected with it.

In practice it will not be easy to place any specific problem into either of these classes for between the two defined extremes there will be problems that will show characteristics of both phases.

Now if one applies this conception to stealing, which in this thesis is considered to be a habit, the following facts emerge.

- 1) In the primary phase where the habit is still dependent on the causal factors therapy should be aimed at eliminating the causal factor. This should result in the elimination of the dependent habit.

But if this habit has been indulged in for some time it seems likely that it would have obtained (to use Allport's terminology) some degree of functional autonomy, by virtue of the acquired habit strength due to its reinforcement. For therapy to be successful then, one must in addition to eliminating the causal condition also extinguish the habit.

- 2) If the habit is not dependent on any instigating factor but has merely become conditioned to stimuli connected with such factors, the line of attack seems to be the extinction of the habit since the original cause no longer exists.

The program of therapy is therefore dictated by two facts. Firstly, the therapist must investigate the case thoroughly to see if there is any causal factor still operative after which he must try to eliminate such a factor. Secondly, the therapist must directly attack the habit in question and by some means extinguish it.

An attempt will be made to show how both these objectives in the therapeutic procedure may be attained.

Consider firstly the direct attack on the actual habit of stealing. A possible method which could be used would be punishing the stealing response. What, however, is the best method of employing punishment in this respect?

Estes (1944) has made an extensive experimental investigation of punishment. Some of his conclusions relevant to the problem discussed here are:-

- 1) No evidence has been forthcoming to indicate that punishment exerts a direct weakening effect upon a response comparable to the strengthening effect of a reward.
- 2) When a disturbing stimulus arouses an emotional change in an organism, any stimulus present simultaneously with the disturbing stimulus, becomes a conditioned stimulus capable of arousing such a change on subsequent occasions.
- 3) When punishment is correlated with a response, emotional reaction can also become conditioned to the incipient movements of making the response.
- 4) A response cannot be eliminated from an organism's repertoire more rapidly with the aid of punishment than without it. Severe punishment may have precisely the opposite effect.
- 5) Punishment can be usefully employed as a means of temporarily suppressing the original response while some other response is strengthened by reinforcement, i.e. the undesired response can be supplanted with a more acceptable one in this situation.

Applying this to the stealing habit one finds:-

- 1) Punishment by itself will not be effective in extinguishing the response since it produces no extinguishing effects but serves merely to suppress the response.
- 2) For punishment to be effective in weakening a response it must be applied immediately the action of stealing has been performed. This follows from the finding that punishment can only be expected to weaken a response if it is temporally contiguous with the action of the response.

It seems possible, however, that in the case of stealing these actions will be recalled by the parent before punishment is administered. Although this will not have an effect in suppressing the response, comparable to that of punishment immediately administered, there ought still to be some suppressing effects.

- 3) If the child learns to associate the presence of the mother or father and the verbal reference to stealing with the punishment, it is likely that the combination of the former two stimuli (parent and verbal reference to stealing) will ~~evolve~~ evoke emotional reactions in the child. It seems desirable that the punishment should not be too severe for fear that the emotional condition of the child, which is probably already far from stable, should be aggravated.

This consideration then leads one to ask what the best way of punishing a child in such a situation would be.

One of the most commonly used methods of punishment for children is giving them a sound thrashing. If this form of punishment is used at all it should not be made too severe for the reason put forward in (3) above. Corporal punishment should particularly be avoided in a parent-child situation where there is already a certain amount of emotional strain, as it might serve to intensify such a strained relationship.

It is suggested that a more effective and perhaps safer method is the foregoing of some privilege the child attaches importance to or the forbidding of participation in some activity to which the child looks forward. Such punishment can be readily adapted to the requirements of home or institution. It should preferably be administered by the adult in control and not by the therapist.

Two facts of the utmost importance must be borne in

mind in administering punishment:-

- 1) Punishment should never be administered when the adult is emotionally upset due to the stealing episode or due to any other reason, because then the punishment is likely to be in excess of that warranted by the situation.
- 2) The child should always be made fully aware of the reason for his being punished. Here it is important that he knows that he is being punished because the adult dislikes stealing behaviour in the child and not because there is any personal dislike for him on the part of the adult.
- 3) Punishment should be administered as soon after the stealing episode as possible for it to be most effective.
- 4) In the light of Este's work on punishment, and his finding that punishment serves merely to suppress the punished response, it seems that it is desirable to try to supplant this undesirable response with some desirable response.

In this connection the views of Crafts, Schenirla, Robinson and Gilbert on methods of breaking undesirable habits are relevant.

According to these writers there are four possible methods which are applicable:-

- 1) The incompatible response method.
- 2) The exhaustion method.
- 3) The toleration method.
- 4) The change of environment method.

Of the four methods the first seems to be the most promising in the eradication of stealing behaviour.

It aims at establishing a new reaction which is:-

- a) Antagonistic to the undesirable response.
- b) Conditionable to stimuli giving rise to the habitual response.

- c) Capable of being made strong enough to inhibit the undesirable response when the critical stimuli are present.

Essential for the success of this general method of attack is strong motivation on the part of the child to cure himself. In addition to this it is necessary that the stimuli likely to give rise to such an undesirable habit be known.

The instigating stimulus for the stealing response may simply be some thwarting of the child's immediate desires with the result that the stimuli to which stealing becomes conditioned will be many and varied. The difficulty is then to find either a response which can be made to the great majority of these varied stimuli or to find some stimulus which is common to all the varied stimulus situations.

- 1) Finding a common response which is incompatible with that of stealing and which will inhibit the stealing response.

- a) Finding a response in children who, because of their age or intellectual development, are unable to understand abstract concepts such as that of honesty.

A possible solution would be to encourage the child, provided that he is enthusiastic about the proposal, to become a member of some group such as Cubs. In such a group the virtue of honesty will not be forced upon the child. He will, however, by virtue of the training received there learn that stealing is incompatible with the behaviour indulged in by the group. If the child is genuinely interested in doing well in the movement it is possible that his responses in the group situation might generalise to similar stimulus situations in the home.

It is not claimed that such a procedure would be successful in eliminating stealing-behaviour in all cases

or that this group activity by itself will eradicate the undesirable behaviour in the child. This method will not only be confined in its application to younger children. It may well be that for treating older children who can grasp the significance of concepts such as honesty, the method will prove to be more efficient than with younger children.

b) Techniques for inhibiting a response in older children.

In older children or in those whose intellectual development enables them to grasp the social implications of stealing, this ability might be employed in breaking the habit.

- 1) One possible approach would be to impress upon the child, during an interview with the therapist, the social consequences that his stealing will lead to, now and afterwards, if they are not checked. It would be as well to paint a realistic picture of these consequences so that the child may be aware that it is actually a situation he will have to face and not just a state of affairs being forced upon him by another adult.

The next phase would be advising the youngster that when he feels that he wishes to take something that does not belong to him he should stop himself and then recall the social implications his action will have for him.

It may be as well to have him practise, in the presence of the therapist, what has been suggested to him. This would mean putting some money in front of him and then instructing him to go ahead with the program that has been suggested. He might even be encouraged to pick up the money, go through the procedure and then put the money down again. It is important that this last act of putting the money down, or successfully resisting the temptation to pick it up, should receive praise from the therapist if they are accomplished. This would serve to give a measure of positive reinforcement to these actions.

even though this reinforcement may not be very large. For this kind of training to be at all effective in inhibiting the stealing response, the process would have to be repeated by the therapist at several sessions of the clinic.

- 2) A possible solution to the problem of finding a stimulus common to all episodes of stealing.

One condition that is likely to characterise any situation in which the child steals, is emotional upset. In all probability this is, firstly, the consequence of a frustration of some basic need or some reaction connected with such need and, is secondly the instigating factor in producing the stealing-behaviour. Such an emotional reaction is most likely to appear in problems in the primary phase where the maladjusted behaviour is still dependent on the causal condition.

If this is the case, a possible line of attack would be to attempt to train the child to respond to increase in anxiety or other emotional imbalance, produced by frustrations in the daily life, by some reaction other than stealing. This would serve the dual purpose of inhibiting the stealing response and enabling the child to meet situations which produce emotional upset in some way which will serve to dissipate such a condition.

There are two ways in which this could be done:-

- 1) Directive Play Therapy.

This would entail placing the child in a group situation in which some of his desires will have to be thwarted for the benefit of the group. If it is seen during the course of a play session that such a situation is unlikely to come about the therapist may even, by suitable direction of the play, deliberately create such a situation.

But how can the therapist train the child to react differently to such a situation? The best way would seem to be to stop such reactions the child exhibits when his

desires are frustrated and to suggest an alternative response which would direct the child's attention away from the frustrating situation.

If, in a painting group, little Johnny wants the red paint which little Harry is using, the therapist may suggest to him that the green paint would look nicer. He may react to this suggestion by splashing the green paint over Harry, who is causing the frustration of his immediate desires, but the chances are that he will respond to the therapist's alternative suggestion by using the green paint.

If such a program is adhered to it is possible that specific habits of searching for an alternative response will generalise to other situations. The child may then attempt to find some alternative response to his emotional drive instead of stealing.

2) A Similar System of Training to be Applied by the Parents in the Home Situation.

The therapist's influence in creating such a system of habits in dealing with the child is necessarily rather limited because of the short time at his disposal. It is therefore imperative to enlist the aid of the parents in helping with the training procedure.

The therapist should then discuss with the parents the object of the procedure and should detail ways in which it can be put into effect in the home.

This would entail the giving of little tasks to be done with the mother when the child exhibits emotional behaviour or when the child is likely to be emotionally upset because of the mother's treatment. The mother should therefore be told which situations are likely to give rise to such upset emotional balance.

The difficulty that will be encountered in this phase of treatment can be considered under two headings:-

- 1) There is no knowing how the parents will apply the program of training. Their application may be very inconsistent - as it so often is

- 2) The parents, on account of having no training in this type of work, are likely to find the application of the training procedure difficult. Their own emotional make-up may make it extremely difficult for them to react to the child in the prescribed way in the home situation, especially when they are concerned with things other than looking after the child.

Methods of attacking the Causal Situation.

- 1) Specific Training to Enable the Child to Change his Attitudes towards the Cause of his Problem.

An approach such as this entails first of all a clear understanding of what is at the root of the child's problem. Such an understanding is extremely difficult to obtain in Child Guidance work for it is based on adult interpretation of the child's difficulties. What the therapist conceives as the child's difficulty might be vastly different to that which the child conceives as his difficulty. Therefore before a program of training to change a child's attitudes is embarked upon, the therapist must be reasonably certain that these are the attitudes actually motivating the child's behaviour.

In changing a child's attitude to a younger sibling or to an adult, the assumption is made that, by changing the child's actions towards the person, one changes his perception with respect to that person's reactions to him. One can perhaps go further and say that by changing a child's mode of reaction to any stimulus situation one can change his ideas of its significance to him.

The cases which lend themselves to this type of therapy would seem to be cases where there is sibling rivalry. A program of training would consist of encouraging all responses of a friendly nature to the sibling of whom the child is jealous.. This does not mean encouraging the child to react in this way but rather the reinforcement of such action by praising the child when he does so of his own free will.

The therapist, however, should not lose sight of the fact that the child has feelings of dislike for the rival sibling which quite often he is not given the opportunity to express because of parental disapproval. He should be given this opportunity during the course of therapy at the clinic. This will be discussed at a later stage.

One drawback of this method of therapy (training) is that the system of training must be implemented by one of the parents. As has been mentioned before, most parents are notorious for their inconsistency in applying such training.

A further application of this method would be to encourage the child to engage in activities which are impossible for the rival siblings to do because of his age. This would serve to convince the child that being his age has its compensations because of the added privileges he has which the other sibling does not have.

2) Modification of Parental Attitudes

Carl Rogers cites the studies of H. Witmer of Smith College as indicating that one of the most important aspects of therapeutic work with children is the modification of parental and adult attitudes. The conclusion he draws is that if this particular factor can be remedied the therapy will be greatly advanced.

The methods he advocates are direct education and interpretation of the effects these attitudes will have on the child. He concedes, however, that this method has extreme limitations but nevertheless it must be employed in the hope that it may produce some improvement.

The application of such a method is severely handicapped in the clinic because, for the parent at any rate, the therapy is 'child-centred'. For this reason, and because the approach to the problem in this thesis is aimed more at investigating techniques applicable to the child, a further discussion of the problem will not be entered into.

3) Therapy during Play and during the Interview with the child.

a) Non-Directive Therapy.

The theory underlying this method of therapy is at present in a very fluid state. Axline, in discussing personality, states "There seems to be a powerful force within each individual which strives continuously for complete self-realisation characterised by the drive toward maturity, independence and self-direction". Even if one admits the existence of such a force one still does not know the mechanism which establishes the force. Furthermore, this striving for self-realisation is controlled by the social group the person belongs to and his efforts at self-realisation are directly influenced by this group. For this reason, if his attempts at self-realisation are to be adaptive, they must be made in the light of the demands made on him by society.

It seems likely then, that therapy aimed at helping the child in the process of self-realisation can only be effective, if the child is at the same time guided in adjusting his actions to the requirements of the social group.

Allen makes an interesting point in discussing the child's participation in therapy when he says "The therapist has less concern with getting the child to like coming (to the clinic) than he has with getting him to express the way he feels". The interpretation of this statement may be wrong but it opens a way to discussing what can be an important function of non-directive therapy.

In children generally there are likely to be ambivalent feelings on the part of the child for his parents.

These feelings, however, will be intensified in children who are called upon to adjust to a new parent-child situation or to the arrival of another child. The desire to express these feelings of resentment will often have to be suppressed by the child because of the desire to please one of the parents.

Consider the case of a child who has not been adequately prepared by the parents for the arrival of a new sibling. One of his immediate reactions towards the intruder on the love and attention he has had to himself in the past, will be feelings of intense dislike and possibly hatred.

The parents, however, demand that the child show no antagonism towards the baby, thus discouraging any responses of this type. At the same time any friendly response on the part of the child will tend to be reinforced by praise from the parents. The intense emotional reactions towards the new sibling still persist but are thus suppressed so that a drive can be said to exist towards the overt expression of these feelings. Expression in the thoughts of the child, it is maintained, would serve to reinforce such emotional reactions.

It is possible that a child in such a situation may steal either to revenge himself on the parents or to attract their attention and so divert it from the intruder.

In such a case it seems that either non-directive play therapy or similar therapy in an interview will be of use. It will enable the child to express to the therapist, his feelings about the situation and, more important still, these feelings will be accepted without censure.

Non-directive therapy, which enables the child to give expression to his emotional feeling towards the present situation in home, institution or school, can thus serve to terminate conflict between the drive to express his views and the desire to suppress them because of the reaction to them by the parents.

But therapy should not stop at this non-directive approach. The therapist must attempt to help the child to understand that these feelings are normal, that they occur in other children.

When the stage is reached where the child, who is inhibited in expressing his feelings, has, with the aid of therapy, been able to give free expression to them he should be helped still further by the introduction of a system of training which would serve to modify these feelings to some extent.

A system of training as considered under 1) above would help in this way. Firstly, the child should be encouraged to develop any modes of action (as dictated by his interests) which may serve the purpose of helping him to realise that he is a person in his own right. Secondly, the child should be encouraged in making responses of an amicable nature to the resented person and encouraged to initiate advances of this kind. In this second aspect of training, however, no attempt should be made to force the child to act in this manner as this entails making him do something which may be incompatible with his feelings at the time.

The success of such a training program depends naturally on the reciprocation of such responses of the child by the person towards whom they are directed. The onus of applying the system will fall upon the

parents so that it will be difficult to know to what extent the program is being carried out and it will therefore be extremely difficult to assess the effectiveness of the training.

With older children it would be more effective to employ the interview as the main factor in therapy. The way in which the interview would be used would not differ from that, employed during play therapy, where the child frequently projects his feelings on to dolls and other play material. The therapist would again, by his permissive attitude, encourage the child to express its feelings about the situation that exists.

Following upon this phase the therapist could discuss ways in which the child could modify these feelings. In older children, therefore, the second phase of treatment would depend on the child's willingness to co-operate with and act on the suggestions of the therapist.

It is not claimed that such a combination of two types of therapy would be effective in producing improvement in all children. It does seem, however, that the treatment may be successful in children who, because of their training or because of the desire to please the parents or other adults, are inhibited in the expression of their true feelings.

CHAPTER IV.

A CONSIDERATION OF CASE HISTORIES AND AN ATTEMPT
TO APPLY THE GENERAL PRINCIPLES PUT FORWARD.

In this chapter an attempt will be made to apply the general methods of therapy advocated to actual cases after considering the therapy actually adopted in these cases.

Case 1. B.Q. Girl. Age: $10\frac{3}{12}$ years.

History:

Test: Terman-Merrill. Mental Age $9\frac{10}{12}$ years I.Q. 96.

Medical: Nothing abnormal was detected except that her eye-sight needed attention. This, on further investigation proved to be pretence on the part of the child.

Interview with Mother: The mother and child had been together for a number of years and had become dependent on each other. The father was away on active service. Shortly after his return they came to South Africa where the relationship between the parents, which had always been strained, deteriorated and ended in divorce. This period was very unsettled for the child and at the age of three she was sent to boarding-school for two years.

After the divorce there followed another period in the child's life in which she was in the care of nurse-maids. Then followed a series of transfers from one school to another because the mother could not find one to her liking.

When the child was 6 years old the mother remarried. The child showed no obvious signs of resenting the step-father. At the age of 9 years a step-brother was born.

About this time the first stealing episode occurred. A doll was brought home from school. After a long period of questioning the child admitted stealing £1 from her mother's purse and buying the doll.

Then followed thefts of money, pens and pencils. All these incidents occurred in the home. In the mean-time the child had been transferred to another school and was detected removing rosaries, other childrens' clothes and other articles. The mother reported that an atmosphere of strain existed in the home as a result of the thefts. Only after a lengthy process of questioning did the child ever admit stealing any of the articles. No punishment was ever administered but the child was given serious talks by both parents.

About six months after she was admitted to the Clinic the next stealing episode occurred. Her mother detected the girl taking a half-crown from her purse.

Playroom Investigation.

The child was found to be extremely reticent about the stealing episodes. She would carefully steer the conversation away from any reference to such matters. It was noticed that she displayed extreme jealousy of the attention paid to other children by the Clinic staff. She was content to play as long as she could have all the attention focussed on herself.

In projective tests, aimed at discovering her attitudes to her parents and step-brother, she would not say anything which would commit her in any way.

Diagnosis.

The drive, the diminution of which served to reinforce

stealing-behaviour, was still operative at the time she was brought to the Clinic. It could have been:-

- 1) A drive resulting from the conflict that arose between the wish to express antagonism towards the brother and step-father and the desire to please the mother.
- 2) A drive to draw attention to herself.

The therapy was aimed then at diminishing these drives and at attacking the stealing response directly.

Programme of Therapy.

1. The parents were given a program of training to enable the child to develop her own talents. She was allowed certain privileges which were granted on the grounds of her seniority over her brother. In addition, she was encouraged in any activities in which she engaged, on a friendly basis, with her step-brother.
2. The child was also given non-directive play therapy at the Clinic through which she was encouraged to express her feelings about the various members of the family.
3. Instructions were also given to the parents that punishment should be administered immediately stealing-behaviour was detected. The punishment advocated, when she stole the half-crown from her mother's purse, was deprivation of the opportunity to attend her first meeting of the Girl Guides. The step-father, who had been brought up rather strictly, administered a sound thrashing in addition to making her forego having her meals with the family.
4. The girl was extremely anxious to participate in Girl Guide activities and, towards the termination of the therapy, when the mother expressed the opinion that the child had improved considerably in her behaviour at home, an additional therapeutic procedure was employed. This was to point out to her the implications which further stealing episodes would have on her Guiding activities.

She was also advised to recall these implications whenever she felt the desire to steal something.

Comments.

In this case the treatment would perhaps have been more effective if the non-directive treatment had been started earlier in the course of therapy and had been continued for a longer period. At the time the treatment was discontinued, the child was not yet freely expressing her feelings towards the parents and the step-brother.

In addition, therapy was made difficult by two factors:-

1. The child was extremely inhibited in expressing feelings about any member of the family.
2. The mother, from what could be gathered from her reports on the application of the training programme, did not apply the system with any consistency.

The part of the therapeutic process which seemed to make the most impression upon the child was the discussion of the implications which further stealing-behaviour would have on her future activity in the Girl Guides.

Case 2. B.X. Boy. Age: $13\frac{10}{12}$.

Test: Terman-Merrill. Mental Age: $14\frac{10}{12}$ I.Q. 109.

Medical: Nothing abnormal was detected except for the fact that between the ages of 9 and 12 years he wet his bed every night. The enuresis stopped when he was sent to boarding school.

Interview with Aunt.

The child's parents were divorced four years previous to his admission to the Clinic. A few months after

this the aunt, with whom this boy and his three brothers had been staying, went overseas and the boys were sent to boarding-school.

He started stealing at about this time. The first theft being that of a stamp which he stole from an older brother. At boarding-school he stole a total of £12 from the matron and from other children. With this money he bought a camera.

The children then returned to live with their father and step-mother and, during a visit to his uncle, B. stole £5 which was found on him. It seems that no punishment was meted out to him for these acts.

Playroom Investigation.

The boy seemed to be depressed in the playroom. He said that he felt inadequate with his brothers because he felt that he had no special gifts. He was very fond of his own mother and of the eldest brother who worked as an accountant. In addition, he felt that his father should take more interest in him. He felt that he had been "hardly dealt with".

Diagnosis.

It seems unlikely that the money was stolen, in this case, in an attempt to attract the attention of the father. During an interview with the child it transpired that he was receiving 5/- pocket money per term as compared with £2 - £3 received by the other boys at the same school. It would appear that stealing money was the only way in which he could obtain sufficient money for his immediate requirements.

The extent to which his father's lack of affection for him contributed to the genesis of stealing is difficult

to ascertain.

In this case another factor must be taken into consideration. It may well be that, because of his feelings of inadequacy, the planning and successful completion, on his own, of an act of stealing would have served to reinforce this behaviour. Very little is known of the exact nature of the development of social needs in the child, but it seems likely that he may feel a need for attainment in some field of endeavour. Reduction in drive, consequent on the satisfaction of such a need, would therefore serve to reinforce the behaviour preceding it. Such an explanation may be applicable in the above case.

Therapy.

This was administered in several ways:-

1. The boy was told of the social consequences of his action. He was instructed to recall these consequences when he felt tempted to steal. In addition, a pound note was placed on the table and he was instructed to pick this up, recall the consequences if he kept it and then replace the note. Although such a situation is rather artificial, it may serve to make performance of this action, at a later date, more probable.
2. The child was placed in a new school environment where he was very happy indeed.
3. The father was persuaded to change his attitude towards the boys. He sent them tuck-boxes and increased their pocket money to an amount sufficient to supply the needs of a child in a boarding-school environment.

Comment.

In addition to the therapy employed in this case it may have been possible to encourage the boy in some activity in which he was interested and in which he would have

been able to succeed. This would have served to combat the inadequacy he felt as a result of the talents the other three boys possessed.

Case 3. M.D. Girl. Age $8\frac{9}{12}$

Test: Terman-Merrill. Mental age: $8\frac{4}{12}$ I.Q. 95.

Medical Examination: Nothing abnormal detected.

Interview with Mother.

Stealing started two years before admission to the Clinic. At this time there was a non-European girl staying with the family. M. associated with the girl regularly and as a consequence her friends boycotted her. This boycott was also imposed on her because at the school she attended she was the only non-Jewish girl there (only one of her parents was Jewish). This gave rise to a lot of teasing by the other children.

The child stole money with which she bought sweets. These she gave to her friends. Most of these thefts were from the mother who was in the habit of leaving coins lying about the house. The last stealing episode occurred three months before admission to the Clinic when M. stole money from her mother. No punishment was administered for these thefts.

She received 1/- a week pocket money and was told that she could only have more if she went without her ballet lesson or some other privilege.

Until the time of the outbreak of stealing the child had been timid and dependent. But following the arrival of the baby about 15 months before admission to the Clinic she became more independent. She expressed resentment towards the baby and later refused to help with the care of the child.

Diagnosis.

The instigating factor in this case appears to have

been the boycott imposed on the child by other children. It seems that a strong drive to win the friendship of these children would operate in the child as a result of a secondary need brought about by social conditioning. The diminution of such a drive by having children react in friendly fashion towards her after giving them sweets, would reinforce the stealing-response, by means of which she obtained the money to buy the sweets. Another contributory factor was the insufficiency of pocket-money.

Programme of Therapy.

- 1) In this case one of the main causal factors was removed. The non-European girl who had stayed with them went away.
- 2) The child was given advice on how to inhibit the stealing-response. This entailed recalling the consequences of her action when she felt tempted to steal.
- 3) Her mother was asked to increase her pocket-money if possible.
- 4) She was allowed to join a library. She was very fond of reading. In this way she was made aware of the fact that she enjoyed privileges over the younger sibling. This may have served to modify her feelings of resentment.

Comment.

The feelings of resentment towards the baby could perhaps have been more extensively investigated by a technique such as non-directive play therapy, in an endeavour to find to what extent this factor may have influenced stealing-behaviour. The main causal factor, however, seems to have been the boycott imposed on her by other children.

CHAPTER V.

CONCLUSION.

Theoretical Considerations.

The theory postulated in this thesis is that the critical factor determining the continuation of stealing-behaviour is the drive reduction that results from stealing.

In some cases it is relatively easy to discover this drive, for example in cases where the drive is dependent on the frustration of some primary need. In most cases, however, several drives may operate simultaneously and, because of the present lack of knowledge about the development of social drives in the child, it is extremely difficult to ascertain exactly which drives are operative in the child at any given time.

It is possible, however, that where several drives operate simultaneously, the effect produced will be an increase in the general level of drive in the child. This assumption is possible only if one interprets drive as an increase in central neural excitation. (Wolpe).

Such an assumption does not enable one to attack the causal factors producing these drives unless one knows precisely what these drives are and on what factors they depend for their existence. Until further investigation throws light on the genesis of social needs in the child the application of therapy, based on a theoretical assumption such as this, is severely handicapped.

It is submitted that in the majority of cases the 'causal' drives in the child do not directly initiate stealing. The child will often steal on the first occasion

merely as a consequence of the frustration, by the parent or other adult, of one of his immediate needs. Reduction in the 'causal' drive following such behaviour then reinforces the stealing response.

If the stealing response is successful in diminishing one drive will the response be evoked when increase in some other drive occurs? Would the stealing response to a drive to acquire things, be more likely to be evoked when another drive, consequent upon an unsatisfied social need, arises? If this were so, it may explain the recurrence of the stealing response if it is not detected.

In many cases the diminution in drive follows a considerable time after the response of stealing. How then does reinforcement occur since diminution in drive should occur in close temporal contiguity with the response.

It does not seem possible, with the knowledge available at present, to formulate a general principle to explain reinforcement in all stealing cases. It is evident, however, that because of the complexity of the mechanism by which drives operate, each problem in clinical practice must be thoroughly investigated from the individual aspect.

Diagnostic Implications.

As regards diagnosis, the general trend that must be followed is the investigation of all environmental factors, both internal and external, which will have some bearing on the child's maladjustment. These factors have then to be evaluated in the light of what they mean to the child and in the light of what they mean to the parent.

The aim of the investigation is then to find any

condition in the child's environment which is likely to give rise to a state of drive in the child so that this drive may be either diminished, by altering the environment, or so that the child may be trained to make socially acceptable responses to such an increase in drive.

Therapy and its Aims.

The nature of the therapy employed will depend on whether the diagnosis showed the problem to be in the primary or secondary stage or in some intermediate stage.

1. Therapy Applied to Problems in the Primary Stage.

This can take various forms:-

- a. Non-directive therapy applied to the child in an endeavour to get him to express his personal feelings towards others. By this means it is hoped that the drive to express these feelings will be diminished.
- b. Directive play therapy in the course of which the child will be trained to make socially-acceptable responses to emotional imbalance.
- c. Home training in which the child will be trained along similar lines by the parents.
- d. Training in the home to react differently to some person in the hope of changing the child's ideas concerning the nature of that person's feelings towards him. This should be encouraged by rewarding with praise any actions which are likely to be effective in bringing about such a change.
- e. Therapy applied to the parents with the object of making them change their attitudes towards the child.

A combination of directive and non-directive play therapy would be most effective in teaching the child to control and modify these feelings.

The type of therapy to be employed depends naturally on the causal factors operative in each case and the task of deciding which technique to employ devolves on the therapist.

2. Therapy Applied to Problems in the Secondary Stage.

Here again therapy can take various forms:-

- a. Punishment may be employed, if not too severe, to suppress the stealing response while some more acceptable response is conditioned to the stimuli evoking the stealing response. As it is impossible to find the specific stimuli and condition ~~to a~~ ^{to them} response/one is forced to reinforce a response which is incompatible with the stealing response.
- b. The best way of doing this seems to be to encourage the child to take part in group activities where the emphasis is laid on honesty in all activities. It is hoped that the training received here might generalise to situations in the home and so inhibit stealing. This means that the child must be aware of the fact that stealing is dishonest.
- c. This last consideration can be utilised in older children with whom the social implications of stealing-behaviour may be discussed. The recalling of such social implications can be used by the child in inhibiting the response of stealing when he feels tempted to pilfer.

In most cases of maladjusted behaviour it is impossible to classify problems rigidly as being in the primary or secondary phase. It seems likely, therefore, that the types of therapy discussed under 1) and 2) above, would have to be combined for treatment to be effective.

The various ways in which therapy based on the Laws of Learning as presented by Hull, can be utilised in the

treatment of stealing cases, have been indicated. These are mainly direct training procedures applied to the child either by the therapist or by the parents. These techniques will, in the majority of cases, not be sufficient by themselves in bringing about complete adjustment of the child, but will have to be employed with other therapeutic procedures.

It is submitted that if the procedures, as indicated in this thesis, are adopted they should be effective in the majority of stealing cases, in spite of the fact that little is known about many of the factors concerned in the genesis of stealing-behaviour.

Some of these aspects of the problem which could be investigated are:-

1. The development, by interaction with the environment, of social needs in the child.
2. The most important social needs operative in children.
3. The way in which these social needs are affected by such factors as mother deprivation and radical change in the child's environment.

Until these aspects have been systematically investigated it seems that the application of the various therapeutic techniques must be determined by the individual therapist's interpretation of the facts of the case.

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