

and aim in life; inability to co-operate with others; claustrophobia and agarophobia; parental domination; acute disappointment (e.g. a love affair); psychological effects of physical defects (e.g. alopecia generale, etc.). As we continue the work, this list will probably be extended.

Suggestions

Our experience appears to justify the putting forward of the following suggestions:—

- (1) Any mental hospital could try to organize both in-patient and out-patient clubs for its patients, but to avoid disappointment this should only be attempted where there is an enthusiastic doctor (or leading member of staff), an understanding superintendent, and assistants who are ready to learn and adapt themselves to new methods.
- (2) Out-patient departments not connected with mental hospitals might well organize clubs for their patients. Sometimes it may be necessary to exchange patients with other hospital departments, where the patient's home or his free time fit in better with the hour and locality of another club. But it should be emphasized that it will always be necessary to make a personal bridge and to remember that the club is never a treatment in itself.
- (3) Not every psychiatrist is able, merely by virtue of his position, to use Group Therapy successfully. The same applies to social workers and occupational therapists. Only those who feel that they possess the ability should attempt it, and should seek the necessary experience. It is necessary to train people as assistants. Just as there are "occupational therapists", there should also be "group therapists". In the

meantime, some social workers could do the work of the out-patients' clubs, and some occupational therapists the work of the in-patients' clubs.

To sum up, these social clubs achieve results on three different levels:—

- (i) As institutions they aim at helping shy people to lose their shyness and to develop initiative. This is achieved by other types of clubs too, but in them our patients cannot be helped so successfully because of the lack of the personal links which are needed if they are to be brought out of their over-protected environment. The particularly congenial and well-planned atmosphere is an antidote against ideas of reference and persecution and against inferiority feelings, and in mental hospitals the very fact of having a club of their own helps patients to forget the restrictions to which they are otherwise subject.
- (ii) As a forum for different kinds of group therapy, the clubs provide for mass treatment (i.e. group suggestion), class treatment (lectures and discussion), and collective treatment (different forms of group-analysis and group activity).
- (iii) As an opportunity for the psychotherapist and his assistants to apply as unobtrusively as possible, different forms of "situational" treatment.

In conclusion, I have great pleasure in expressing my indebtedness to Dr. R. Ström-Olsen, Dr. R. D. Gillespie and Dr. E. B. Strauss for their constructive criticism and encouragement in this work, to Dr. Felix Brown for his useful advice, to Dr. M. B. Brody and Dr. M. Duncan for their co-operation, and to Miss K. Thompson, Miss M. Hastie-Jones and Miss D. Butcher for their help.

Backwardness in Rural Areas

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At a recent Teachers' Refresher Course there were four series of lectures, one being on "Backwardness in the Basic Subjects". More than half of the teachers attended these lectures. This gives an indication of the seriousness of the problem of backwardness.

My experience related in this article is based on work in a county where there are schools of all sizes. It is agreed that educational backwardness should be tackled in the Junior school; the question is how this can be done in a county area. In the town where there are Junior and Infant schools of 200 or 300 children it is possible to run backward classes of 20-25 children in each Junior department if necessary. Where there are two or three Junior

departments, one backward class may adequately serve the entire Junior school population, depending on the number of backward children. A slight difficulty may arise over the transfer of children from one type of school to another, but this can be overcome, in my experience, by visiting the parents and getting their co-operation.

My main concern in this article is with the village school. The experiment described was carried out in schools of roughly 90 children, juniors and infants. In a school of this size there is usually a staff of three teachers. One is the head teacher, who, in addition to teaching a class, is overwhelmed by the multifarious duties of a head teacher in wartime. A group of perhaps eight backward children in a

school of this size creates a problem out of all proportion to the number of children involved. This article is based on work done in a reception area under wartime conditions. The incidence of backwardness is unduly high. There are evacuated children who have been to several different schools, who have missed long periods of schooling because of air raids, and some who are suffering from the emotional disturbance due to severe air raid experiences as well as separation from home. The local children are also affected; many of their fathers are serving, and in many of the country schools there have been frequent and unavoidable changes of staff, due in part to the coming and going of evacuated teachers. The plan described here was not based on a survey of conditions in the area as a whole, but was evolved largely as a matter of expediency to meet the needs of hard pressed head teachers. It is still in an experimental stage, but may prove to be a possible solution of part of the problem.

In 1942 a distressed letter was received from a head teacher. In her school of 90 children there were 15 who were seriously retarded educationally and incapable of learning in the normal classes. These children ranged in age from 7 to 11. They were all examined on the Terman-Merrill Intelligence Scale and were given reading and arithmetic tests. The group consisted of three high-grade defectives who were not seriously retarded educationally, seven dull and backward children, one physical defective and four children of low average intelligence but extremely retarded educationally. It was decided to form a class of fifteen children under a specially qualified teacher for a period of six months. The aim of the class was to give the children at least a sufficient grounding in the basic subjects to make it possible for them to return to their ordinary classes and make some progress. It was, in fact, found that with such a small group it was possible to give each child intensive individual attention as well as to make use of carefully adapted teaching methods, and that at the end of the period they did return to their classes quite successfully. It was necessary, especially with the duller children, for the class teachers to continue on the same lines, but this was possible as the children had acquired a foundation. Unfortunately, owing to a general shortage of staff throughout the area and a bad influenza epidemic—which incidentally affected most of the children in the backward class—the teacher only spent four teaching months in this school. The children were all re-tested. It was found that the three defectives had maintained or accelerated their progress, in the dull group the average progress was one year in reading and .7 year in arithmetic. In the normal group the average progress was one year in reading and one year in arithmetic. The children gained enormously in confidence and their general attitude towards school work improved. A secondary result was that the children in the ordinary classes, relieved of the burden of carrying the retarded children, made

great strides. In a small village where everyone is interested in everything that happens in the school, it is necessary to avoid the stigma of the "silly class". In this instance, at the request of the head teacher who had known the village for a very long time, the object of the class was kept secret, thanks to the discretion of the staff. This was possibly the best course in this particular village.

In the meantime another group of unduly backward children had been discovered. The influenza epidemic having subsided, it was possible to extricate the special teacher, who was on supply work, and dispatch her to run another backward class. This was possible thanks to the generosity of the Education Authority still extremely hard pressed for staff. This class was also in a Junior and Infant school of 90 children. This time it was decided to enlarge the class to 18 children, including four retarded children from a neighbouring school. Although on a small scale, this is an important development. The incidence of backwardness, so far considered, is unduly high owing to wartime conditions. In normal times there would not be fifteen backward children in one school of this size. The tendency might be, therefore, to form one class to serve the Junior schools in an area. Transport and accommodation are the two main difficulties. In this instance it was possible to arrange for the junior children attending the backward class to travel on the bus which transported the Senior school children.

The children in this class were more intelligent than the children in the first class. The average Intelligence Quotient was 89. They were, however, very retarded educationally, particularly in reading. Eight children were non-readers. The retardation in arithmetic was not serious. The explanation of this is that probably the children have more practice in numbers than in reading in their everyday life. They shop for their mothers or foster mothers, and nowadays most children have considerable pocket money. Although the parents are anxious for their children to read, there is little active help given, there are often few books or even papers at home. In the backward classes a modified infant method is used. Each child works individually most of the time, the class is taken as a whole for stories, etc., and they do some work in pairs or small groups. The reading and number apparatus is based largely on Infant apparatus but modified to suit children of the Junior school age. Before this class was formed head teachers of both schools interviewed the parents of the children concerned and explained the purpose of the class. The parents were most appreciative when they heard that their children were to learn to read at last. The special teacher was somewhat disconcerted when, on the first day, she found herself confronted with eighteen eager children who evidently expected that the ability to read would descend upon them like manna from heaven without the least effort on their part! They have, in fact, settled down very well, and their enthusiasm for reading is simply phenomenal. It is not possible to give the results

of this experiment with this second class as the period is being extended to eight months ending at Christmas. It is evident that all, except three of the youngest and dullest children, have made a very good start; some non-readers are now tackling Infant Readers Books III and IV.

This experiment, which involved collecting children from two Junior schools, might be extended in more normal times. It might be possible to organize permanent backward classes of 20-25 children to serve an area, the class being attached to the Junior school nearest to the area Senior school. This would solve the question of transport, as the Junior children would use the same facilities as the Senior school children coming from the surrounding villages. Even if the plan were generally adopted, a peripatetic teacher, able to spend short periods of 6-8 months in schools where there was a temporarily high incidence of backwardness, might be useful. In my experience there is a tendency for the incidence of backwardness to decrease fairly rapidly once the backward class has been in operation for some time. A permanent class has at first to deal with the accumulated backwardness throughout the whole Junior school, but when this has been tackled, the numbers drop and there remain the mentally retarded children and the new intake from the Infant school.

In a rural area remedial work with backward children may have to be postponed until the Senior school. It is obviously simplest to run backward classes in the area Senior schools, because the

children are naturally collected together in them from the subsidiary Junior schools and there is usually more space available to allow of extra classes. Unfortunately by the time the backward children reach the Senior school, they have developed a strong resistance to learning based on continuous failure. It is also extremely difficult to evolve teaching methods and material which will hold their interest and at the same time be simple enough in content to be within the scope of their educational attainments.

An alternative solution might be to have the backward classes of children of Junior school age in the area Senior schools, thus making use of existing facilities for accommodation and transport. If this were done, however, the younger children in the backward classes would miss being an integral part of a Junior school, and they could not take part in the general school activities on equal terms.

The intensive work with very small groups of backward children described in this article, does seem to indicate that it is possible to give educational first-aid in a fairly short space of time. In other words, to give children a groundwork in the fundamental tools of learning so that they are no longer completely at sea in the normal classes. In my experience this applies to the dull and retarded children as well as to the retarded children of average ability, though to a lesser extent; ideally they require special teaching throughout the Junior school.

The Problem Child in the Hostel

By C. A. WOLLEN

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Bourton Grange was opened in 1939 by a private committee, financially supported by the Ministry of Health, to assist with the problem of unbilletable children. This strange group produced considerable controversy among those responsible, and opened a new field of investigation and experiment.

Time for preparation was short, and the staff had little experience apart from general social work, except for the Warden who had done psychological work under clinic conditions. Premises were fairly convenient and the house furnished to accept thirty children. A large garden with open country behind was a great asset.

At first, approach was dominated by Child Guidance Clinic methods and a belief in the child's ability to make his own adjustments, given a sympathetic understanding and freedom of expression. The first major problem was the conflict between the claims of the individual and the group. A considerable amount of destruction and general unrest was considered a necessary evil until confidence was established in the staff. Modification

was so slow, while destruction threatened to make the hostel uninhabitable.

It was apparent that a strict framework of discipline could stop this disintegration, backed up by sanctions and eventually corporal punishment. We appeared to be forced to choose between a "free hostel" in which the comfort and interests of the community were subservient to the free expression and development of the individual, and a "disciplinary hostel" where external standards were forced prematurely and the personality robbed of opportunities for expansion. Eventually we built on compromise and devised a reasonable system of group control allowing the individual to move freely in an atmosphere of order and security. This treatment of problem children in a specially planned hostel appears to be a new type of therapy to be approached along the lines of "experimental experience".

While planning the hostel we found the individual needs as conflicting and varied as the children. They could be roughly classified as:—