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Letter to anyone who reads this book.

Dear reader,

Please read the *whole* book from the *beginning* when reading for the first time, in order to get the right sequence of thought, logic and rationale, in the evolution of the proposed Principles for a big change in attitudes to move towards genuinely Fairer and Peaceful Societies all over the world. The book raises issues serious, fundamental and far reaching.

After reading the book, please e-mail me to say:

1. If you agreed with the principles or not,
2. Any other comments.

Your opinion would be very valuable in pursuit of campaign for Fairer Principles for Fairer Societies, and for historical reasons.

Thanking you in advance,
C.R. Jayachandra

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Fairer Principles for a Fairer Society

This book is dedicated to children all over the world and for betterment of human race.

All of us should sincerely try to rise above any prejudices and false pride we may have harboured, any wrong judgements we may have made in the past and still making today, in order to make way for more rational, imaginative and meaningful principles now, to create Peaceful and Fairer Societies all over the world.

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Abbreviations:

F.U.B.P = Five Universal Basic Principles

S.P.A.A = Similar Principles Applicable to Adults

V.I.C.C = Vision, Imagination, Commonsense, and Conscience

S.H.P.C = Sub-high-profile-crimes

Fairer Principles for a Fairer Society

Introduction

There has been enormous acceleration in **over-all growth of human intelligence** in the last hundred or so years. It has enabled us to send man to moon and bring him back to earth safely! We can land satellites on remote planets millions of miles away. We are able to pin-point objects and navigate traffic on earth from outer space. Some of the technological developments are astonishing.

Yet, it is sad, disappointing and deplorable that we have not navigated our thoughts in the right direction and used our immense intelligence imaginatively, in order to construct genuinely happier, healthier, peaceful, stable and Fairer Societies here on Earth!

There is ever increasing evidence of our **abuse of intelligence** as reflected in phenomenal escalation of numerous different forms of crime such as, violence, murders, child-abuse (physical, emotional, sexual), elder-abuse, drug abuse, rape, fraud, deception, bullying, cruelty, indiscipline, burglaries, bribery, corruption, sabotage, unreliability, untrustworthiness, etc. More and more people are living in misery, fear and distrust. There is increasing break-down in human relationships as reflected, for example, in enormous number of divorces, and separation of 'partners' living together. These evidences of break-down in human values and responsibilities are happening in all levels of social strata, all over the world, **but more ominously, in the so-called "Advanced Western Nations", as exemplified in the super-power U.S.A and Great Britain.**

We have systematically degraded Basic Human Values to such an extent that even young school children are **reduced** to attacking teachers physically and verbally (certainly in Great Britain, and almost certainly in most other western countries too), disrupting the class and refusing to do school work protesting "I know my Rights; you can't make me do it"! There are children who are using the internet and mobile phones to torment teachers and other people. Violent crimes, including murders, committed by individual children or by gangs of children and young adults, is every day news in Great Britain, U.S.A, and many other 'Advanced Nations'. There are children beating up and even killing other children, violent to their own parents and other vulnerable people. There are gangs of children terrorising communities.

We, human beings are in *conflict* with each other almost **from the day we are born**. Some babies are severely injured or even killed by their own parents for constantly arguing with them in the only way they know how – that is, by crying and screaming! Even some 3-5 year olds have become 'terrors' in their own homes and neighbourhoods! **Domestic 'power' struggle - physical and emotional between adults, and between adults and children, is far more common than reported in the news media; it is often kept secret "for the sake of family honour and**

*reputation” or for the fear of severe reprimands and punishments! The unpleasant domestic atmosphere of constant bickering, finding faults with each other, and vengeful tit-for-tat behaviour would seriously affect the mental well-being of everybody in the family. The unpleasant domestic attitudes and tension often spills over into public life, in several forms of unreasonable, irresponsible, and anti-social behaviours. **There have never been any meaningful, fair and impartial principles to refer to, at the initial stages of the struggles, before they become chronic, vicious and irretrievable.***

Violent crimes are making head-line news everyday in all forms of News Media all over the world. The whole lot of **‘high-profile’** crimes so often reported in the media, are being dismissed by some prominent politicians - the law makers - as caused by **“just a tiny proportion”** of the population. Unfortunately, they just do not seem to fully understand that those cases are just the **‘tips of icebergs’**; below the surface lurks a **vast mass of many different kinds of irresponsible and highly damaging attitudes and practices (sub-merged crimes) endemic in all social classes throughout the society**, which keeps on throwing up several **‘tips of ice-bergs’ all over the place, all the time!**

While enormous resources are poured into detection of ‘high-profile’ crimes – the “tips of the icebergs”, virtually nothing goes to-wards realization of thousands of ‘sub-merged crimes’ and **absolutely nothing** goes to-wards prevention! Politicians – the law-makers, society-makers - do not seem to have sufficient imagination and insight to understand that **smaller crimes lead to larger crimes, and one type of crime may encourage development of another type of crime.** There are thousands of ‘smaller crimes’ for every ‘high-profile’ crime – sub-high-profile-crimes (S.H.P.C) ? that go *conveniently* ignored or undetected – convenient for law-makers as well as ‘law-enforcers’!

Politicians, when they are in Opposition, declare that they are going to be “tough on crime and the causes of crime”. All of them declare that they want to create a “Fairer, Orderly and Peaceful Society”. They say, they are determined to fix the “broken society”, but when they are in power, **all governments have failed miserably to stem the tidal wave of violence and social break down.** They have all been very good at impressive rhetoric but consistently low on truly effective and **lasting** solutions. Their “best” solutions too often result in an enormous amount of **human and economic resources being squandered; because, *they are merely dealing with symptoms rather than deep rooted causes.*** Almost all their efforts are merely cheap popularity-fetching **short term, quick-fix and eye-catching** solutions. They are simply **‘papering-over-the-cracks’** and arguing vehemently over which brand of paper is better value! When more and more new cracks appear and the old ones keep on re-appearing, they simply repeat the same old remedies – juggling with multitude of short term measures; ***no real effective long term solutions!*** They really do not seem to know what the genuine long-term solutions are for millions of sub-merged crimes, and many forms of social injustice and malpractices! But when presented with ***genuinely satisfactory long-term solutions***, they either don’t even care to look at them, or if they look at them **they do not seem to have the courage or the conscience to face the Truth and act accordingly for the long-term and lasting solutions!**

Their never ending ‘short-termism’, ‘quick-fixism’ and ‘doing more of the same’ old things in order to clear up the nonstop mushrooming of multitude of human abuses, simply betrays their lack of imagination or **conscience**; and they do not feel ashamed of it! **No conscience, no shame!! *They***

cunningly keep loop holes in the laws they create, in order for them to escape with many of their own abuses of power, selfishness, greed, and privileges.

Religious Leaders and Establishments talk of “betrayal of Religious Values” - Christian values, Islamic values, Jewish values, Hindu values, etc - as the reason for mounting violence and social break down. They seem to be ignoring the fact that throughout history, violent battles have been, and are still being fought in the name of religion. Many communities and countries are being torn apart. These leaders and their staunch followers have become deeply entrenched in their dogmas, while sectarianism and many forms of open or hidden discrimination and hatred on grounds of religion and race, are causing bitterness, violence, persecutions, “honour-killings”, fear, distrust and discontent in societies around them, all over the world. Even the minds of many of the so-called “educated and religious” people are saturated with hatred for people of other religions. There are ‘intelligent’ and influential people simply *using* religion as and when it suits their convenience! *There is wide spread hypocrisy and distortion of religious values in all sections of society.*

The “value” of religions in this day and age has got to be questionable. We are often shackled with dogmas, myths and delusions of some sort, and many bizarre beliefs fed into our minds from the day we are born; and we do not seem to have the imagination, the means, or the courage, to free ourselves from them! There must be other ways - simpler, clearly more meaningful, easily understandable, and rational ways - for raising the level of basic human values universally, to govern our lives and create Fairer Societies. At this moment in time, we appear to be in some kind of intellectual impasse. It is about time we moved on, to save ourselves – the humanity - from wandering deeper and deeper into self-destruction! We are urgently in need of some fundamental, and more definitive Principles of Basic Human Values, irrespective of conventional religion, race, tradition, age, sex, colour, class, nationality and ‘party-politics’, that make sense to any open-minded person of reasonable intelligence. We belong to one Humanity, one World; we need just one set of plain and simple Rules – Principles ? to guide our lives.

When things are going horribly wrong in society, **everybody** blames everybody else, and no one has the humility to accept their own contribution to these problems! It has become a **blame culture** - ‘blame society’. Also, there are people who hark back to “good old days”. They should consider the good old adage “**Past created the Present; the Present will shape the Future**”. If we **think deeply and seriously into** that adage, we should be able, at least, to concede that there **must have been** some serious **unrecognised flaws**, inherent in many of our past beliefs and practices, that led us gradually and **unintentionally** to the present day crises in society! If all those beliefs and practices of the “good old days” were really so good, we should not be in the terrible mess we are in, to-day! **If we do not care to revise our erroneous beliefs and attitudes, and try honestly to mend our ways ‘to-day’, we will surely be creating far worse mess ‘to-morrow’. We will surely be betraying our intelligence!**

Furthermore, the harsh truth is, that too many of us in positions of Importance, Power and Privilege, and many ‘respectable’ Institutions and Establishments, the Rich and the Super-Rich, influential Celebrities and Prominent politicians are, sadly, letting the society down. We are simply not living up to our social and moral

responsibilities. We are selfish, snobbish, greedy, egoistic, conceited, devious and arrogant. We often present ourselves as highly honourable and respectable people while our polished exterior often belies our many abuses of basic human values! We resort to devious, ‘hair-splitting’ and ‘point-scoring’ arguments, in defence of our irresponsible attitudes and malpractices. We are cunning and corrupt in our words and deeds. We cunningly create sophisticated systems where corruption is legalised and glamorized in the guise of ‘titles’, ‘bonuses’, ‘allowances’, ‘merit awards’ etc in pursuance of our greed and vanity. We are often lacking in sincerity and grossly short of vision, imagination, **commonsense** and **conscience** in our plans and actions. **We are too often setting bad examples and misleading the rest the society on various aspects of life. We unashamedly quote legal loopholes and ‘human rights’ in defence of many of our abuses and bad examples! Our discipline in life is rapidly disappearing and our conscience is becoming more and more inconspicuous! We are lacking in self-discipline and elementary social morality worthy of our intelligence, profession, and privileged status in society.**

One *obvious* example: nowhere is the *irresponsibility, the lack of pride and self-discipline* in the **privileged**, to set a good example to the rest of the population, is more **glaringly visible**, than in so many **doctors** and **senior nursing staff** being over-weight and obese. **This has health, social, moral, and economic repercussions on the rest of the society! This is not a trivial matter to be ignored and excused in any progressive and responsible society.** There are doctors who also abuse alcohol, drugs, drink and drive. Their greed for money is not inconsiderable. Their ethics on many other aspects of professional practice is suspect, to say the least. Their abuses too often go unchallenged for fear of some kind of reprisal!

Just one more example (!): behaviour of many very highly paid sportsmen and celebrities, on and off the ‘field’, is atrocious and absolutely unworthy of their status. Enormously large salaries paid to many of them is obscene, and insult to millions of hard working and honourable people on ‘meagre’ salaries, doing far more useful and essential jobs. There are many other groups of professionals who fall into same category.

The ever widening gap between the Rich and the Poor is not something that any responsible society should be proud of; it is an insult to human decency and dignity. The rich are too often getting richer at the expense of the poor and the powerless. It is even more deplorable and sickening when the Rich and the Super-Rich unashamedly parade their wealth, spending millions extravagantly on some of their “private” but publicly visible social functions, while not far from them are thousands and thousands of children have nothing to eat! Rich nations are behaving in exactly the same way, in relation to the poor nations where millions of people are starving.

Bad examples set by too many of us “at-the-top”, and our apparent or concealed abuse of basic human values, will soon percolate down to all ‘levels lower down’ in society. In fact it has already reached the ‘bottom of the pile’- the base of the pyramid - and the damage caused there, is getting worse! At the base, there are very many young adults and vulnerable children who begin to emulate the bad examples set by the people at the top; others may become apathetic, angry, disillusioned, distrustful, defiant and violent. We do not seem to have imagination and commonsense to visualize this inevitable consequence of our errors. Our wrong attitudes and bad examples reach far and wide. We do not seem to care! We live in

denial; dismissive of constructive ideas; lack humility, grace and conscience to admit our errors, apologise, mend our ways, and warn others not to make the same or similar mistakes!

When somebody from beyond the cosy groups of the Privileged, or the Inner Circle of some Establishments, proposes perfectly rational, radical, and honourable *long-term* solutions to clean up the countless abuses in society, to which we are directly or indirectly responsible, we tend to *quietly* and *cunningly* dismiss those proposals, *ignore* them deliberately, *refuse* to comment, and *discretely* push them out of sight in order to *avoid* any open and wider discussion; **because, such discussion would expose our insincerity and lack of conscience.** It will reveal our own serious miscalculations, dishonesty and misdeeds; it will expose the flaws in the system which brought us some kind of *recognition, prominence, awards, fame and fortune!!* **We don't seem to have grace and courage to face the Truth honourably.**

Some rich and powerful Western Nations present themselves as highly “Advanced and Civilised” nations, even though there are countless human abuses of **all sorts**, endemic in all social classes, within their own societies! **If these nations cannot set ‘their own house in order’, they lack credibility, when they go on criticising and condemning others, and go on lecturing them on virtues of Freedom and Liberty while the freedom and liberty is being constantly abused every day in all social strata within their own countries! Their greed for money, sex and power is astonishing. They are simply hypocritical. They set bad example to all ‘developing’ nations and letting them ruin themselves before they develop fully! They often behave as if the rest of the world exists to keep them in super-luxury and self-indulgence.**

We are urgently in need of change of direction and move logically towards producing some simple and easily understandable Principles to create Fairer Societies. In search of that, it is useful first of all to consider an indisputable maxim: *‘For any supra-structure to be safe and durable, the foundation on which it is built, must be strong and stable’.* It is simple logic that **Children are the foundation - the infrastructure - for the future Adult Society.** Today, the Adult Society – ‘the supra-structure’ - is showing rapidly increasing number of dangerous cracks, and several parts of it are collapsing, as evidenced by numerous forms of mental ill-health, crime, violence, terror, distrust and social break down all over the world.

Instability and weakness in the foundation – Children ? is clearly reflected in the numerous forms of behaviour disorders and violent crime committed by children and adolescents, among many other manifestations such as educational failure, psycho-somatic illnesses, depression, teen-age pregnancies, abuse of alcohol, drugs, cigarettes etc. **So, it is logical and elementary commonsense that we must take correct and honourable steps to strengthen the foundation properly.**

So as to ‘strengthen’ children (the foundation) in order to create healthier and fairer adult societies (the supra-structure), *it is absolutely essential to understand clearly, some absolute facts about children; their fundamental Rights and Needs, and our own (adults’) moral Responsibilities.* Their Rights and Needs, and our (mainly parents’) Responsibilities should be defined in some *easily understandable and explainable Principles.* These principles should incorporate greater Vision, Imagination, Commonsense (science-based) and Conscience

(VICC) worthy of our intelligence. If we do not **clearly** understand, and worse, not even care to look at these principles, we will (albeit unintentionally) continue to cause severe damage to children's mental health and development, and consequent damage to rest of the society. The end result is a 'Sick Society' through and through!! **In fact we have already created sick societies throughout the world, most notably and ominously in the 'Advanced Nations', and the sickness is rapidly getting worse. In order to check this rot, and heal the damage being done, there is now an urgent need to re-assess our attitudes to, and understanding of, children.**

For a start, it is vital to appreciate some facts. Children are born with a mind and are able to think from the day they are born. They are quick learners; what they learn depends almost entirely on us - the adults. Taken as a whole, there is no child who is exactly the same as any other child. They did not ask to come into this world. Having brought them into this world, the primary aim and moral responsibility of parents and all others concerned with children, must be to promote their health (mental and physical) and happiness, and help them develop their full potential for various skills and abilities, and help them grow up to live honourable, respectable, responsible, trustworthy, peaceful and 'independent' lives as adults; earning an honourable living, and not expecting something for nothing from anyone – not even their parents, or from the state.

*In order to achieve these aims, it is very important to fully appreciate, that all children, born anywhere on earth, need exactly the same basic requirements for their proper growth and development—physical and mental. The potential, and the ultimate limit of a child's physical and mental capacity, skills and abilities etc, are pre-determined long before birth (their genetic make-up, constitution). However, the actual levels attained are **entirely dependent** on environmental conditions they live in; most importantly, on the beliefs, attitudes, and practices of adults in general and of their parents in particular.*

From the physical point of view for example, a child may be born with the potential to grow to a height of six feet but that limit will never be reached, and may even develop physical deformities if he does not receive, among other things, an adequate amount of **well-balanced** diet.

For the body, basically, a well-balanced diet should comprise adequate amounts of:

- (a) Carbohydrates
- (b) Proteins.
- (c) Fats.
- (d) Vitamins? A, B, C, D.
- (e) Minerals—Iron, calcium.

These are the 'major' basic items in a good diet. Of course, there must also be many 'minor' (still essential) items such as magnesium, copper, iodides, vitamin K, E, etc, for maintenance of good health. Generally, the diets that provide the major items, also usually provide the minor items.

Therefore, one does not usually have to keep on looking for the minor elements in the day-to-day diet. Generally, 'look after the major requirements; the minor requirements will look after themselves'. Severe deficiency of any of the basic essentials in the diet for a long enough period, will cause 'strain' on various tissues and organs in the body. It affects growth and development of the child, and may cause many diseases, which could kill him or may cause a permanent damage. For example, a moderate severe deficiency of protein for a long time, may cause stunting of growth, and an extremely severe deficiency could kill him, as is in fact happening in many parts of the world today. Severe deficiency of vitamin D in early childhood will cause deformities of several bones, in addition to causing stunting of growth; deformed pelvic bones in a pregnant woman may even cause serious danger to the life of the baby and its mother during delivery.

To say that a child must have an adequate amount of well-balanced diet throughout the childhood is stating an indisputable fact – a principle. How it is provided is a matter of detail. The body does not care how much money is spent on the diet, nor its source. All that matters to the body is that it should be provided with the basic essentials. In terms of details, everyone does not have to enjoy the same foods, nor are the same foods available to everybody all over the world.

Just as there must be basic essential items in the diet for unimpeded growth and development of the body, there must also be some basic principles required for unimpeded growth and development of the mind (psyche). Prolonged deficiency of any one of those basic principles for the mind, will cause severe 'strain' on its growth and development and would lead to 'stunting' and 'deformities' of the mind. When the mental strains build up to a certain level - the exact level being different for different individuals - it will manifest as either a psycho-somatic disorder or a behaviour disorder, or both. No one - child or adult - is exempt from this phenomenon.

It has to be emphasized and re-emphasized that just as the details of application of basic principles of nutrition for the body has got to be necessarily varied to suit the individuals and the circumstances, the details of application of basic principles for mental growth and development, would also have to be varied to suit the individuals and the circumstances, but they must fit the same basic principles.

All doctors, all over the world have been taught the basic principles of human nutrition. Therefore, when a child develops diseases due to basic nutritional deficiencies, they are **usually** able to make the right diagnosis early, and give the right advice on the treatment and prevention of these diseases.

When it comes to the knowledge of basic requirements for the growth and development of the mind of children, doctors have not received any training. In fact, there has never been any set of well-thought-out rational **principles** defined as **essential** for healthy unimpeded growth and development of children's minds! Consequently, too many doctors (including paediatricians) are failing dismally to correctly recognize many psychosomatic 'diseases' (symptoms caused by mental

strains) and some behaviour disorders. They are blaming many of those physical symptoms on 'allergies' and 'infections'; nor, do they have clear idea of any imaginative, meaningful and constructive advice to give parents when their young children develop behaviour problems. The result therefore is a series of endless prescription of drugs inappropriately, and making woolly statements such as "he will grow out of it, don't worry"; "it will blow over" etc.

Alas, our incredibly unimaginative approach to Medical Training, paying little or no attention to the importance of the emotional Rights and Needs of children, is resulting in the Child Healthcare Medical Professionals becoming, in effect, practitioners of half-baked semi-scientific rituals, short of vision, imagination, commonsense, and conscience. These professionals are unwittingly betraying the children and society! These doctors have not been able to appreciate sufficiently, that they have a moral responsibility to children far beyond their childhood, than just to treat their symptoms in the easiest way possible during childhood. The easiest way is prescription of drugs!

There is an urgent need to look more deeply into the structure and purpose of medical training, and the 'moral' calibre and strength of character of the candidates taken for training. **Doctors are in highly privileged and 'powerful' position in any society. They should appreciate they are an integral part of society; not somehow, separate from it. Their role is very important in order to create genuinely Fairer Societies.** A father of a medical student once told me that when one of his daughters was admitted to a Medical School, all the students were asked to fill a questionnaire anonymously. One of the questions was, "Why do you want to become a doctor"? Top answer was, over 75% said, "Money and Prestige"! "Service to Community" ranked a lot lower in their priorities. I think those answers were alarmingly highly significant! I have touched a little bit more on this issue in the chapter on case histories and elsewhere.

Some of the common psychosomatic symptoms in childhood are : a) vomiting frequently, b) frequent attacks of abdominal pain with or without vomiting, c) asthma (wheezing and short of breath), d) frequent attacks of coughs and colds, e) constant colds (runny nose, stuffy nose), f) frequent headaches including 'migraine', g) constant or frequent attacks of diarrhoea, h) chronic constipation, i) faecal soiling of pants after the age of about 4 years, j) bed-wetting after the age of about 4 years, k) relapse of bed-wetting even before 4 years of age, if he had already been dry for a period of time, l) loss of appetite.

Some of the common behaviour disorders due to excessive mental strains resulting from failure to receive the right help for unimpeded growth and development of the mind are: a) a healthy baby crying excessively for weeks or months on end, and for years in some cases, b) sleep disturbance in the first 3-4 years of life, c) excessive temper tantrums, d) very difficult at meal times, e) faecal soiling and refusal to use 'potty' or lavatory, especially after about 4 years of age, f) 'wetting the pants' during day time after about 2 years of age, especially if this is a relapse after he had been 'dry' previously, g) physical and/or mental cruelty towards other children and helpless adults such as old people, h) various forms of contrary, aggressive and violent anti-social behaviour, i) truancy j) refusal to do school work and attacking teachers, k) drug abuse l) depression, m) suicidal tendencies etc. In many babies and children, both psychosomatic diseases and behaviour disorders co-exist. **Some of these symptoms and our incompetence to deal with them correctly are discussed further, in case histories, later in the book.**

Many people would accept (even if grudgingly) that some behaviour disorders might result from mental strains. However, they (including many doctors) find it very difficult to understand how,

many of the physical symptoms (such as, for example, asthma, attacks of diarrhea, chronic constipation, etc) could be caused by mental strains, especially when they cannot detect an obvious cause of strain. For them, the symptoms are a 'mystery'. It might help them to understand the psychogenic nature of many symptoms, if we can use some common symptoms in adult life, as examples to indicate that the mind has an effect on several involuntary functions in the body.

You will have seen a person blush when someone made an embarrassing or an accusatory remark at him. Another person hearing the same remark may go pale in his face; two very different reactions in the face, to the same message received by the mind! You may have seen, or heard of a person faint on seeing people severely hurt and bleeding in a nasty accident. He fainted, not because of strain on his body but because of an acute strain on his mind. The mental strain caused his blood pressure to drop and he lost his consciousness as a result of not enough blood (and consequently oxygen) reaching the brain. Another person watching the same accident may have his blood pressure rise, feel nervous and sweaty and rush to a toilet to pass urine or stools. Yet another person may feel sick and vomit or get an attack of asthma. These are several reactions of the 'body', to the same acute strain on the mind. Everybody accepts that these reactions in the body are due to mental strains, because there is an easily recognizable strain on the mind immediately before a symptom develops in the body.

Confusion arises in the minds of many people, (sadly even many doctors) when some psychosomatic symptoms such as recurrent asthma, diarrhoea or constipation arise without any readily recognisable strains, immediately or within a very short time preceding the onset of the symptoms. It is not appreciated that in these instances, the symptoms in the body develop only after the mental strains have built up to a certain level over a period of days, weeks or months.

Even when some adults do recognise that many of the **adults'** physical symptoms such as frequent headaches, asthma, colitis, lack of energy, etc, could be due to cumulative mental strains, they **"cannot understand"** that many of the physical symptoms in **children** could be due to mental strains. This is because of their belief (or misbeliefs) that the mental strains come only to adults "because of the strains of modern living". They seem to imply that the kind of strains that the adults suffer, are the only ones that matter for causing psychogenic illnesses. Since children do not have the same kind of strains, they "just can't believe" that some of their physical symptoms could be psychogenic! These are the adults who believe that children - especially babies and young children 'cannot' suffer mental strains. They seem to think that young children are not susceptible to mental strains. They believe that because they "love" them and "care for them" and do "their best" for them, they (children) just could not have mental strains. This assumption, sadly, is completely wrong.

*It is vitally important to appreciate that children have a mind and are capable of thinking from the first day of their life and even before. **Their mind is liable to come under strain just like that of adults. The only difference is that the cause of strain in children is very different from that of adults. Adults' lack of clear understanding of children's RIGHTS and NEEDS is the main cause of children's mental strains despite their undoubted "love" for them.** It is not sufficiently appreciated that "love" and "good intentions" alone cannot produce good results; it is only the good practices that produce right results! **The practices become right, only if they are based on some sound indisputable Principles.** Wrong practices, however well-meant, usually produce bad results!*

Speaking medically, the manifestation of many psychosomatic diseases should not be a mystery. Mental strains cause malfunction of various involuntary activities in the body, through a system of nerves called the autonomic nervous system (ANS). The ANS 'controls' (or plays a large part in controlling) several 'normal' functions in the body, for example: a) blood pressure, b) heart rate, c) calibre of some blood vessels, d) motility of some tubular organs such as stomach and intestines, e) various secretions such as mucous on the lining of respiratory passages - from the nose down to some small bronchial tubes in the lungs, f) calibre of smaller air passages in the lungs, etc.

The mechanisms occurring in the causation of some of the psychosomatic symptoms through the over-activity or under-activity of the ANS in some parts of the body are as follows:

a) Calibre of the smaller air passages in the lungs can be reduced due to spasm. This causes shortness of breath and wheezy breathing - asthma.

b) Excess mucous might be produced in the air passages in the lungs. This makes the patient cough in order to bring up the excess secretions. The patient may be diagnosed as having 'bronchitis'.

(a) and (b) could happen together: cough, wheezing and breathlessness of varying severity may occur. The patient may be considered as having 'wheezy bronchitis'.

c) Excess mucous might be produced in the passages of the nose and the lining of sinuses adjacent to the nose; this causes 'runny' or 'stuffy' nose.

All the above psychosomatic symptoms are quite often wrongly diagnosed as being caused by infection or allergy, in otherwise healthy-looking and well-nourished children.

d) Motility of the intestines may be increased; this causes diarrhoea.

e) Motility of the bowel may be decreased; this causes constipation.

f) Alteration in the calibre of some blood vessels on the head and/or spasm of some muscles may occur, causing headaches.

g) Spasm of the lower end of the stomach may cause reversal of motility of the stomach. This may produce a 'sickly' feeling and vomiting.

Cumulative mental strains are very common causes of ill-health, behaviour disorders and inefficiency in both childhood and adult life. Yet, very little attention is being paid to those causes, in prevention and cure. Drugs have, unfortunately, become almost the only answer - a very unsatisfactory answer, to most of these problems. Enormous amount of money is spent unnecessarily and thoughtlessly on drugs. These drugs often cause serious side effects. There is virtually no time, effort and money spent on prevention. Much of every nation's resources – human and monetary – are being squandered all over the world.

The concept that mental strains have to accumulate up to a certain level before some symptoms appear in the body, is not much different from what happens in many physical diseases. For example, germs have to multiply to a certain level, or poisons have to build up to a certain level before illnesses develop in the body. The time taken for them to build up to that level varies according to the germ or the poison causing the illness, and it also varies from person to person.

It is important to understand that prolonged mental strains can produce different symptoms at different ages of the same child. So, a mere disappearance of a symptom spontaneously or when treated symptomatically with medicines does not necessarily mean that the cause has disappeared. If the cause (undue mental strain) continues to be present, it is only a matter of time before either

the same symptom reappears or a new symptom develops in its place, which may well be worse than the previous one.

So, for example, a baby who starts having undue mental strains in the early weeks of life and continues to have strains all through the childhood, may go through a series of symptoms such as: (a) excessive crying, (b) episodes of vomiting frequently, (c) frequently recurring attacks of diarrhoea, (d) faecal soiling of pants with or without constipation, (e) bed-wetting, (f) asthma, (g) various forms of behaviour disorders, (h) educational failure, (i) addiction to drugs, (j) failure to establish stable human relationships, etc.

It should be appreciated that different symptoms may occur in different children caused by the same type of mental strain. Also, the same symptom may occur in different children due to different types of mental strains. This is similar to what happens in many physical diseases, i.e. diseases caused by agents other than mental strains. For example, the same type of germs may produce different illnesses in different people; and several different types of germs may also produce the same disease in different people.

So, it would be wrong, always to look for only a particular type of mental strain in order to produce a particular symptom.

It is very well known that many physical diseases, if not correctly diagnosed early enough, and not treated correctly, may leave a permanent life-long damage, even if the life of the patient is saved by giving the treatment at a severely advanced stage of the disease. It is similarly true of many psychosomatic diseases and behaviour disorders in childhood. If correct diagnosis is not made early enough and not treated correctly, the damage done to the mind can be seen, in various forms, not only in childhood but also in adult life. Long term health and happiness could be severely damaged.

So, for the sake of children and their future as adults, all those who are, or will be, intimately concerned with children, must learn the basic principles that *all children* need for wholesome growth and development of their minds. Those important people, especially, are a) parents, b) doctors - especially children's doctors, c) teachers, d) children's nurses, e) health visitors, etc.

It is important that adults should become knowledgeable about these basic principles long before they become parents, so that they will have a better idea of what constitutes responsible parenting. It might even help them to decide whether they should embark on having children of their own or not.

Most parents “love” their children. They mean well, and want to do “their best”. But in the absence of the *sound knowledge* of the basic Rights and Needs of children, they are liable to make too many errors in management, and make them too often. As long as the right things are not done, the results are very likely to be poor despite all the, well-meant “good intentions” and “love” of parents.

Doctors mean well too! They do their best. But as long as they remain *ignorant* of, or *indifferent* to, the children's basic Rights and Needs for their healthy mental growth and development, and unable to use those principles routinely in the course of their profession, their 'best' advice to the parents is quite often, not going to be anywhere near good enough.

Consequently, the children's health, happiness and attainments - both in the short term, and worse, in the long term as adults, would be seriously jeopardised.

Day-to-day doctoring is not precise science. The day-to-day practices in child-rearing are even more imprecise. We cannot be correct all the time on everything. But if we have sound knowledge of the fundamentals and are conscientious, we are unlikely to make any serious mistakes. When we do make mistakes, we are very likely to recognise and correct them sooner, and we will not resort to hair-splitting arguments in defence of our wrong practices.

Throughout my years as Consultant Paediatrician in the National Health Service (NHS) of Great Britain between 1968 and 1993, despite sustained disinterest, polite indifference, and sniping behind my back from my professional fraternity, it was my usual practice in the course of my job, to guide the **responsive parents** along the principles I have dealt with in this book, whenever I diagnosed psychosomatic diseases and behaviour disorders in their **babies** and **young** children. **Many of those parents who benefited by these principles said that they had never heard of child management principles on such a *simple and rational* terms. They said "when you think about it, it is common-sense, but we never thought in those terms. The principles are easy to understand *when expressed and explained as you have done*. You should really write a book about them, so that many more parents could benefit."** They were disappointed that they had never received this kind of guidance from any body before, nor had they heard of anyone else receiving it from any body else other than me. They 'complained' that the only help they had received was in the nature of investigations, prescription of drugs and comments such as "don't worry; he will grow out of it" etc.

However I did not get round to writing a book until some time in mid 1980s when a grateful mother asked me; "Have you written a book on these principles you have taught us"? I said "no". She asked, "why not?" I said "I don't have time to write; after a long busy day working in hospital, I am too tired mentally to start writing when I go home. **I don't think I have much talent to write on such an abstract subject; my command of English is not very good**". She said, "you teach us about the correct parental responsibilities. You too have a **moral responsibility** to write about this matter and you should **make time for it**. You say, you have no talent to write; **just write in the same way as you talk to us**"! After that well-meant rebuke, I promised her that I would sincerely try to write a book on this subject. The result was, that after 2-3 years of hard work writing, my first book "CHILD MANAGEMENT: Five Universal Basic Principles" was published in 1988, in England, by United Writers Publications, on usual commercial basis. For logistical reasons of the publisher the book did not reach outside the U.K.

Unfortunately, some relevant influential professional bodies in the U.K, and the Media successfully 'buried' it out of sight and hearing of the general public, without a single comment about the appropriateness or not, of the **Principles** I had written for good of children and wider society. Peoples and Institutions who were brought up on systems and attitudes which brought them, privileges, fame and fortune, must have found it embarrassing, may be below their dignity, to support a new idea which was full of Vision, Imagination, Commonsense and Conscience, specially coming from a source not of their liking! There was no immediate benefit to them in accepting a radically new concept however good that may be! Sadly, they did not seem to have the **courage** and **conscience** to face the Truth!

Since that book was published 20 years ago, mental well-being of children has rapidly deteriorated and is escalating fast; and the social break-down and many forms of injustice in societies around the world has worsened immeasurably, in all levels of social strata. What I analysed, predicted, and suggested meaningful solutions in that book in 1988, to break the vicious cycle of innumerable human abuses, rings true even more to-day! *Hypocrisy at the higher levels of society, sadly, continues unabated, and unquestioned!*

Deeply saddened by this continuing state of deteriorating basic human values, particularly the mental welfare of children, I am now making a fresh approach to the conscience of several prominent people, organizations, governments and the ‘enlightened’ (hopefully) sections of Media. I have written this book now and I have published it myself. I shall have a few thousand copies printed at my own expense, and distribute to relevant sections of Child-Care and Child-Health organisations, Governments, some Politicians, the Media, and some prominent people and Institutions in several countries. I hereby sincerely appeal to them and plead them to come clean, show some *courage, speak out, and support the Principles I have enunciated for the sake of all children and their future. If they think that these principles are not good for children’s welfare and fairness in society, they should say so, and not hide behind their “right to remain silent”.*

I hereby also humbly invite governments of all nations, the philanthropic and the social-conscience-minded Rich and Super-Rich people who can recognize the V.I.C.C (vision, imagination, common-sense and conscience) embodied in these principles, to have this book printed and facilitate distribution *free of charge*, to every household in their country, through whatever means they can; and even more importantly, to all teenage children, and help by whatever means they can, to initiate a healthy and meaningful public debate on this issue, in the interest of creating genuinely Fairer Societies. That might prove to be the most *imaginative first step* they have taken to-wards creating a genuinely Fairer Society. Distribute to teenagers? Yes, because this is mainly about them – Children - , their Rights and Needs and their Future. They should be encouraged to read the book and helped to understand some abstract ideas in it. They should have a chance to express their opinion and join the debate. Initiating this public debate will cost the governments virtually nothing, but the rewards to the society would be enormous.

I appeal to every body, that *all of us* should sincerely try to rise above any *prejudices* we may have harboured or made any *wrong judgements* in the *past*, not let them come in the way of making more rational, imaginative, meaningful

and far-reaching decisions *now*, for the sake of our children *to-day* and their *Future*. We should show *magnanimity, generosity, humility and courage*.

I also appeal to readers of this book, who may not be impressed with the style of my writing and may even resent my guts and frankness, to **please accept the central theme and the substance** of what I have written, in the **right spirit**, for the sake of children and their future. I readily admit that I am not a skilled writer or a great strategist. I am simply being straight and honest.

Five Universal Basic Principles (FUBP)

Children's RIGHTS and NEEDS, and our (adults') RESPONSIBILITIES for them, are defined and briefly discussed in the following Five Universal Basic Principles. These principles are for the children's *mind*, what a well-balanced nutrition is for their body. Children's minds become 'malnourished' and 'distorted' if they are starved of these basic principles in their growing years. Proper nourishment for the mind is as important as proper nutrition is for the body. One without the other is liable to cause serious consequences to the individuals concerned, as well as to the society as a whole. These principles should be applicable to all children all over the world; only the details of application might necessarily have to be different.

If we *genuinely* care to create a Fairer Society – *fair for all people* - we should be honour-bound to treat children with the PRINCIPLES that are fair for them, from the day they are born; the principles worthy of our *intelligence and human dignity*. I believe that the following principles should cover that aim. I cannot believe that any fair and open-minded person would dispute that.

These Five Universal Basic Principles (F.U.B.P) are:

1. They have the RIGHT to be accepted for what they basically are as human beings in respect of their: a) sex, b) position in the family, c) physical energy, d) mental energy, e) physical and mental capabilities, f) physiological variations of things such as appetite and sleep, g) personality – example extravert, placid etc.

2. They have the RIGHT for, and are in NEED of freedom throughout childhood, starting from the first days and weeks of their lives, to live within their limits of physical, physiological and mental capabilities and retain their individuality and personality.

3. Having been given the freedom, they are in NEED of control, meaningful guidance and discipline, throughout the childhood if they abuse their freedom.

4. They NEED to live in an emotionally pleasant and reliable domestic environment, where both parents are truly helpful to them and set a good example on various aspects of life that constitute civilized and responsible attitudes.

5. They NEED schools where teachers understand the basic RIGHTS and NEEDS of children and are able to set a good example in basic human values, in addition to teaching academic subjects suitable to them. The schools should in some ways, be an extension of their homes. They should be educated for Life skills and necessities, not just for a qualification for jobs. In secondary schools, children of 11 and over should be taught these FUBP and all teenagers should be given a free copy of this book and encouraged to read, discuss and debate the issues covered in it, in their homes and outside, because, this is about their Present and their Future. Basic 'skills for life' such as hygiene, cleanliness, nutrition, cooking, accounting, etc, should be taught to every child.

Analogy to the mind

It is very important to understand these principles clearly, and to develop day-to-day practices meaningfully in the context of these principles. Before I begin to clarify these principles briefly, let me first explain the mind – especially the children's mind – with a few easily understandable analogies.

The mind is like:

- a) **A source of energy:** When the mind is working, there is expenditure of energy - the mental energy. There must be a limit to the amount of energy one possesses. Everyone has not got the same amount. When all or most of it is spent, one feels the 'strain' or the effects of the strain. The time taken to reach the limit varies from person to person, and it also depends on the rate at which the energy is spent.

- b) **A container:** a somewhat elastic container. There is a limit to how much it can stretch. The capacity or the shape of every container is not exactly the same. When it is nearly full up to its capacity, if efforts are made to push more and more into it, strain will be felt both on the container and the contents. Also, **you can only take out what you have put into it.** Even then, they may not all come out in exactly the same shape, size or form as when you put them in. Just imagine putting liquids and solids of different solubility into the same container and see what the state of them will be when you take them out! The same is true of human mental container. Things (experiences) are getting into a child's mental container from the day he is born, in fact, from before he was born. **Any human being's attitudes, behaviour, and practices are almost entirely dependent upon the nature of experiences which have filled his mental space.**

- c) **A computer:** Not all computers are of the same size or capacity, nor made for the same purpose. The answers it gives are dependent on what information has been fed into it. Information is fed into the human computer - the brain, from the day the baby is born; may be from even before he is born. You can't expect right answers when in fact wrong data has been fed into it!
- d) **Money:** Everyone does not have the same income and/or the same expenditure. If expenditure is greater than income, financial strain will be felt. Everyone does not have to spend money on the same things, but everyone has to live within the limit of their income if they are not to suffer financial strain and mental trauma.

It is a strange coincidence, now in 2008/09, as I am engaged in writing this book, the whole world is plunged into effects of the so-called "Credit Crunch" and the catastrophic Economic Recession, **as a result of borrowing and spending irresponsibly beyond one's means**, by too many individuals, banks and governments of rich western nations, over the last few decades. This has dragged even those people who lived prudently within their means, into serious economic hardship, all over the world!

In a child, the mental 'container' continues to grow throughout the childhood. The rate of growth however, is not uniform throughout. Probably, the greatest growth takes place during the years, approximately coinciding with the years of rapid growth of the body, that is, in the first 4-5 years, and again during the years of puberty and adolescence. It is growing far more rapidly in the first 2 year. Any container, when it is full, something has to be removed from it first before anything else can be put into it. In a child, even if the mental container is 'full' at any given period in time, there is at least the advantage of it increasing in size, so that, something new might still be put into it, without necessarily having to remove anything from it first. But, if we waste the rapidly growing mental space – capacity, in the first 4–5 years, it may become that much more difficult to make up for the lost time, in the later years.

When adults' mental space has been filled up completely, it is possible to put something new into it, only if something already in, can be removed first. In other words, it needs their willingness and co-operation to change things - their long established attitudes, beliefs and practices. If the adults' mental container has been filled predominantly with 'wrong' things over years and years – often from very early childhood - they can only be expected to act and behave wrongly. They may find it very hard to accept any correct and rational explanation which is contrary to their long standing beliefs. In such a situation they may believe that they are thoroughly correct, while in fact they are completely wrong! *Very many adults suffer from this in one way or another, even on matters of vital importance to their own children and their future! Very many of them have been, and still are, inadvertently causing serious damage to their own children, without recognising it, as result of many misconceived beliefs and blind faiths having filled their mental containers, ever since they were born!*

In a sense, our mental 'containers' begin to 'shrink' in old age. When it is shrinking, the things that got in later are usually the ones to be squeezed out first. This concept would explain to some extent,

the loss of memory for many recent events in old people, while they retain the memory quite well for a lot of things that happened a long time ago.

By the way, the word 'he' used in the book when referring to a child, is done only for convenience. It should be understood that what is applicable to 'he' is equally applicable to 'she'! No sex discrimination, I assure you!

Principle number 1

ACCEPTANCE OF A CHILD FOR BASICALLY WHAT HE OR SHE IS AS A HUMAN BEING

Remember, the child is not created to the adults' specifications. He/she has got to be accepted for what he/she basically is - basic that is, for physical, physiological and mental capabilities. Not only should he be accepted, but should also be **seen to be accepted**. Almost all parents say that they do “accept” their children for what they are and that they “love” them. But unfortunately, some of the behaviours of the parents do not seem compatible with what they say. **Also, let us always remember that “love and good intentions” alone cannot produce the right results; only the right practices, based on the right principles can produce the right results!**

Two of the aspects of behaviour of adults—particularly parents, which **amounts to not accepting** the child are, frequently and persistently,

- 1) Comparing him unfavourably with other children and,
- 2) Ignoring him in preference to other children.

Comparing him unfavourably with other children, whether they are his own brothers, sisters or any others, amounts to embarrassing, shaming, insulting, degrading, humiliating and ridiculing him to a variable extent. Comparisons are frequently made on various aspects of life such as:

- a) How much he eats.
- b) How much he sleeps.
- c) How much and what he is able to learn at school or elsewhere.
- d) His personality - whether 'retiring' or 'out-going'.
- e) Physical appearance etc.

The child dislikes to be compared unfavourably with other children. He feels hurt; begins to feel humiliated. He will begin to dislike those children with whom he is compared. As a result, they might begin to dislike him. He may not only dislike and resent those with whom he is actually compared, but he may begin to dislike their friends also! For similar reasons, he might ultimately begin to resent children and adults of other social, educational, religious and ethnic backgrounds than his own. All these kinds of attitudes will lead to unnecessary wastage of nervous energy - leads to mental strain.

If the parents continue to compare him unfavourably with other children, and keep putting pressure on him to change, and constantly expect him to achieve lot more than he could, and if they ignore and humiliate him for not rising up to their expectations, he will begin to feel very uneasy in their company. He feels unhappy living with them. **A love-hate relationship begins to develop between him and his parents, not only during childhood but may also continue throughout their adult life.**

This erroneous attitude of the parents, if continued long enough, it would amount to them discriminating against their own children. When they can do this against their own children, it is not surprising that so many adults discriminate against many other adults and their children, because of their different colour, religion, social, economic and educational class etc.

Some children are not compared unfavourably verbally but are simply ignored in preference to other children who are pampered and fussed about by parents or grandparents. This will have the same damaging effect as when compared unfavourably verbally and pressurised to change. The child does not like it; he feels hurt. He will, sooner or later, begin to ignore those adults – their presence, advice and opinions -- and show a resentful attitude towards them. He will resent the child who is admired, preferred and pampered. The relationship becomes strained between the children and between the child and the offending adults. All this leads to a lot of unnecessary wastage of mental energy. **They may develop an inferiority complex and low self esteem which might linger on, throughout their lives, and might cause relationship problems with others.**

It is a fairly common practice on the part of many adults to compare their children unfavourably with others. This is more so in some societies than others. This is because of their erroneous belief that by comparing them with others and putting pressure on them, they can change them into anything they like - something that they think is “good” or “better”. **What those adults do not seem to have understood is, that it is not possible to change a child into anything they desire, like they might mould a lump of plasticine or clay into any shape they wish. Even if it were possible, it is not appreciated enough, that the size of the mould is entirely dependent upon the amount of plasticine available!**

Trying to change a child radically into another, is for instance, like trying to convert one make of motor car into another. You cannot convert a small car into a large one, nor a large one into a small one, without making the result appear very unsightly and perform badly. Likewise, metaphorically speaking, if we tried to radically change the 'specifications' of a child, he would end up looking quite 'ugly' and perform 'badly'.

The child begins to compare himself with other children from quite early in his life - as early as a few months old. He observes what they are doing. He tries to emulate them; in the beginning, mainly in the nature of play. He may try to be as adventurous or inventive as others. He tries to match with their skills. In this process he finds out that in some ways he does not measure up to their standards. He will be laughed at and teased by other children. He feels disappointed and angry at his own failures. But fairly soon he will begin to recognise his limits and limitations and turns to other skills that he might perform better. He may turn to other children who are more suitable for his closer companionship, in keeping with his interest and level of abilities. Within a group, he will begin to recognise his correct place. All this will lead to a certain amount of expenditure of mental energy - a certain amount of mental strain. But this is usually just about the right amount of ‘short-lived’ strain; it is beneficial for the maturation of his mind and his personality.

If the parents compare him unfavourably with other children and put undue pressure on him to successfully acquire their skills and interests, it is very likely to lead to too much unnecessary long-sustained mental strain. This will harm the maturation process of his mind and personality. Mild strains which are suffered at the natural time and pace, for his age, abilities and personality, are beneficial in the long term. Excess mental strains caused as a result of the parents' persistently unreasonable pressures, are likely to produce harmful effects both in the short term and the long term.

The beneficial effect on the young child, of suffering mild to moderate mental strains, caused by his own efforts, at his own natural time and pace, as he tries to emulate other children, is somewhat similar to the effect on the **body**, of suffering many mild or moderately severe infections in the early years of life. Those infections help the body to toughen against many more infections in adult life.

However, some strains on the body are **deliberately inflicted** by some immunisation procedures, by which, small doses of vaccines or bacterial toxins are injected into the body. These injections may cause pain, fever and a mild illness in the child, but these are necessary in order to prevent more serious forms of illnesses later. Somewhat similar to these, are the necessary short-term mental strains caused, if any, by the child having to be admitted to a hospital for treatment, having to adjust to a new 'baby-sitter' when the parents are out for the evening, adjust to a new teacher and some forms of competition at school, etc. In other words some of the mental strains, even though willingly inflicted, are necessary in the interest of the wholesome development and maturity of the body and mind.

How do the adults, for example, a husband and wife, feel if one of them always compares the other, unfavourably with some body else? Generally, they do not like it. Their relationship is liable to become strained and unhappy. They may become resentful and even break-up their relationships. The adults are independent (at least in theory) to react as they like, to the adverse comments and situations. Because of their almost total dependence on adults, it is far worse for children, when their own parents, the most important people for them, keep on making unfavourable comparisons with other children, and ignoring them in preference to others.

Principle number 2

FREEDOM AND INDEPENDENCE

Every child is an individual human being in his/her own right. He has his own 'specifications'-constitution, genetic make-up. He needs the freedom and independence to find out some of his own specifications. **There is never an 'average' child** in all respects of physical and mental capabilities and their limits. Not even identical twins are exactly equal to each other, in all respects.

All children, whatever their age, are dependent on adults, mainly parents, for their well being, wholesome growth and development. The younger the child, the greater is his dependence. Every child has a **RIGHT** to expect the adults to grant him or her, the freedom to live within his or her constitutional limits. In some ways, he **NEEDS** freedom from the day he is born. It is important that the parents understand this, preferably from long before the baby is born.

A healthy, fit, full-term baby cries for food from the first day of his life. It is our responsibility to decide on the type of food - breast milk or formula foods. It is our decision whether to feed him 'on demand' or 'by the clock' at reasonably regular intervals. He has the **right** to expect us to offer him the food and he must also have the **freedom** to decide how much he wants to take at each of the feed times.

He is able to think from the first day of his life. Only he knows how much of the food satisfies his hunger. Only he knows the 'capacity' of his stomach. A young baby who can suckle strongly and swallow well for about 15-20 minutes, almost always takes all he wants during that time.

Not every baby needs the 'average' amount of food and not every baby needs to gain an 'average' weight over a set period of time. Not every baby needs to eat or drink the same amount of food at each meal time.

If we coax him to take more than he wants, we will be infringing on his personal right and freedom to live within the limit of his appetite. Unfortunately many babies are made to struggle for long periods at feed times in order to take more than they need. This mistake is liable to be made when:

- a) A baby takes less than 'average' amount, or
- b) His weight gain is less than 'average', even though he has taken the 'average' amount of feed.
- c) His in-take of food varies at different meal times.

You must have seen that many adults of approximately the same age, build and activities, consume vastly different amounts of food. You must also have noticed that many adults of vastly different ages, build and activities consume roughly the same amount of food. The same is true of many healthy babies and children of all ages. If, however, you unreasonably (but of course, meaning well) coax the baby to take more than he wants, the likely effects on him are:

- a) He feels physical discomfort in his stomach. You may be causing him this discomfort at each meal - about six times a day.
- b) He does not like what you are doing to him. He is helpless and frustrated.

c) He might begin to distrust you. Meal times become unhappy times. For him, you are unreasonable and domineering.

All this, (a, b, c) will result in his losing a lot of mental energy wastefully. When the wastage (strain) reaches a certain level - the level being different for different babies, he will begin to manifest a psychosomatic disease or a behaviour disorder. The commonest behaviour disorder in early months of life is excessive crying and screaming "all day" and may be even "all night". He may become 'sick' of the food and sick of the adults causing him these problems. He may actually begin to vomit.

The principle of general management of the food and meals should be the same whatever the age of the child. It is the adults' duty to provide a well-balanced diet (in terms of proteins, vitamins etc.) and fix the meal times. It is the right of the child to decide exactly how much he eats. It must be borne in mind that a thin child is not necessarily an unhealthy child; but a fat child always is, and that he will feel the serious ill-effects sooner or later. When a child is fat the total volume of food he eats need not be reduced but the intake of calories could, and should, be reduced. It is impossible to make a healthy, constitutionally thin child put on weight by forcing him to eat more. He is likely to get fed-up of the people forcing food on him. On the other hand it is always possible to make any fat child loose weight, by reducing the calories in his diet (and, in most cases, increasing expenditure of physical energy); sooner it is done, the better it is!

Toddlers and young children, often use the excessive anxiety and worry of their parents about their "poor appetite", to be at the centre of attraction, by 'constantly picking' at the food at meal times in the presence of their parents or other worrying adults such as grandparents. The same children will be seen to be eating "anything placed in front of them" when away from their worrying parents! The more worry that the parents show, and the more they talk about their children's poor appetite in front of, or within a hearing distance of them, the more difficult they become at meals!

If the parents become unduly worried about how much a baby or a young child is eating and how much weight he is gaining, they too would be wasting a lot of their mental energy unnecessarily. They cannot afford to waste it, as they need it for far more important purposes. When the wastage reaches a certain level, they too may begin to suffer a psychosomatic symptom or some form of behaviour disorder, for example - headaches, tiredness, tension, irritability, depression etc.

Most adults are fond of picking up babies to "love" them and "play" with them. Some of these babies do not like to be disturbed unnecessarily; they must have the right to be left alone if they so wish. It is often noticed that a baby is lying happily, looking at things around him, listening to sounds and smiling at people. Some 'loving' adult comes along and picks him up. He may not like it; he may not like the way he is handled. He may not like that person. He may cry in protest. But the adult does not take the hint and put him back where he was happy and content. Instead, he is rocked and tossed, shifted from one arm to the other, or passed from one adult to another, or put a dummy some food in his mouth in order to pacify him. He is tickled and has faces pulled at him to amuse him. But he is not amused! His personality is very different from what the adults wished it to be. Also, the habit of simply sticking a dummy or some confectionary into infants' and toddlers' mouth whenever they manifest their displeasure and unhappiness by crying, **may** well be initiating

them to some kind of life-long 'oral gratification syndrome'- potentially, a improper and dangerous consolation or remedy for various mental strains!

Unfortunately for the baby, the adults do not seem to understand that he must have the freedom to be left alone if he so prefers. Sometimes, even the baby's sleep is disturbed by the adults in their desire to pick him up as a demonstration of their "love" for him. If this mistake is made too often, he becomes unhappy in that environment and a lot of his mental energy is wasted. He may begin to cry – protest - "all day and/or all night".

A baby has to be handled and picked up out of absolute necessity more than a dozen times a day for reasons such as to feed him, change nappies, bathe him, prepare to put him to bed, dress him to be taken out etc. In that way, he is getting plenty - plenty for **his** personality - of physical contact with adults. There is no need for unnecessary physical contact (in the nature of picking up), **if** he is not happy about it.

By the age of about 6-8 weeks, not only is his ability to fix his eye sight well developed, but he has also begun to move his head fully from side to side. Certainly from this age or at this developmental level onwards, (perhaps from even earlier), he should be placed in an 'open' area when awake, from where he can see things around him freely. Instead, if he is placed in a pram with opaque sides unnecessarily, it restricts his visibility. This makes him fed-up and frustrated; a lot of mental energy is wasted in the process.

While one baby wants to be **left** alone peacefully in the 'open', another baby **demand**s to be picked up and played with, and carried around all the time when he is awake. If this is not done, he becomes very displeased and cries excessively. Some of these babies go into a rage if they are not picked up soon enough, and continue to cry in anger for long after they are picked up! Well then, he should be made to learn that he may be a very important person for his parents, but he is not the only important thing in their lives. They may have many other things to attend to, especially when only one parent is alone at home. Leave him at a place from where he can still see you and/or hear you. Place him at different locations so that he does not become bored of seeing and hearing the same things. Switch on a radio or some such thing, so that he is exposed to different sounds. **But do not pick him up merely because he demands it.** If you are **consistent** he will soon learn that you can't be bullied! But if you give in, and are inconsistent, you will have taught him, that if he demands (cries) long enough he will win; you submit to his unreasonable demands! He is not a complete fool!

In some societies there are always many people at home with plenty of time on their hands. If that is the case, if someone is always prepared to carry him around, no harm is done, as he will get plenty of audio-visual and physical contact stimuli from the environment. But, as soon as he begins to find his own way around (beginning with crawling and walking) he should be encouraged to be independent, not depend upon people to carry him around all the time.

The sleep requirement of babies, toddlers and young children often causes a great deal of confusion and anxiety to parents and others. Before going into any details, it is good to understand a few of the **basics about sleep and nocturnal discipline:**

1. Not everybody - whether children or adults - needs exactly the same number of hours sleep.

2. One adult may be happy with 4-5 hours of sleep at night and feel perfectly well during the day, whereas another adult will be miserable, tired and irritable if he did not sleep well for 8-9 hours. Similarly, one young child is happy with about 8 hours of sleep, where as, another one will be miserable during the day and fall asleep at the earliest opportunity, if he did not sleep for about 12 hours the preceding night.

3. Just because one adult requires very few hours of sleep he should not be expected to disturb other people who are sleeping, night after night. Similarly, a child (even a baby) who needs less sleep should be firmly discouraged from disturbing other children and adults sleeping at night.

4. When sleeping, it is quite common and normal for very many people - adults, children and babies – to have a few wake or half-wake periods.

5. Any excessive mental strains during the daytime may increase the number and duration of the wake and half-wake periods.

6. When an adult has wake periods, he will not be expected to wake up other people for company. Similarly, when a child or a baby has several wake periods, he should not be encouraged to expect company and attention from anybody else.

If one understands these basics, it will be less difficult to work out some practical details regarding sleep.

Whatever the time an adult went to bed at night and whatever the number of hours he slept, it is important for him (or her) to get up at the right time in the morning to give him-self adequate time to get ready to go to work, or get children ready to go to school or any other important routine function.

A school-going (or nursery-going) child also has to be got up at the right time in the morning in order to get him ready to go to school punctually, irrespective of how many hours sleep he had at night. If his getting-up time in the morning is kept constant, he will develop his own rhythm of the time (approximately), at which to fall asleep at night depending on the total number of hours of sleep he naturally needs. By careful observation of the child's habits, the parents should be able to discover approximately the right time for him to be sent to bed. They should then generally stick to that time, until such time that his sleep requirement may change after some months or years. If he unusually had less than his naturally required sleep one night, he will fall asleep earlier the next night to make up for the loss the previous night. He will have to catch up with the lost sleep some time or another. He cannot and will not go on losing sleep every night.

If, on the other hand, he is sent to bed too early, any of the following three things could happen:

1. He may still fall asleep soon after going to bed, but will wake up too early in the morning. He may not find anything to keep him occupied. He may feel frustrated.

2. He may be in bed for too long, feeling frustrated, before he falls asleep.

In either case, this frustration may add to many other frustrations he may have already had during the day, thus, increasing the wastage of mental energy.

3. He may fall asleep fairly soon after going to bed but may waken several times in the night for brief periods - a few minutes to half an hour or longer - but still gets enough sleep for his needs before he finally wakes up in the morning.

When babies and toddlers wake at night there is usually not much in their bedrooms to engage their attention for long. Some of them begin to cry in frustration and for company. Most of them discover that if they cry long enough, one or the other of the parents will go to 'comfort' him and calm him, or else, "he will wake everybody in the house". This may happen several times ('continuously' as some parents say) in the night, every night. One of the parents, usually the mother, ends up losing a lot of sleep every night and it will feel its ill-effects on her well-being during the daytime. This in turn, will affect her attitudes and relationships with other people within and outside the family.

The 'baby' has to be made to learn that although he is a very important person in the household, there are other people in the house whose interests do matter to some extent. He cannot expect others to give him company and attention at night every time he wakens. His unreasonable demand for attention must be ignored and the parents should not go to him at night every time he cries, except at about his expected feed time once or twice in the middle of night. If this practice is firmly adhered to, he will stop making excessive demands (excessive crying) within a few nights. It is better for the parents to put up with a few nights' disturbance rather than for several weeks or months. **This consistent firmness at night coupled with taking measures during the daytime to make his life generally enjoyable, will always solve the problem of too many sleepless nights for the adults.** If on the other hand, the baby learns that one or the other of his parents, or someone else is sure to give in if he cries long enough, he will persevere with his demands.

The baby's mental growth and thinking power is increasing very rapidly from the first day of his life. He can win people over with his charming smiles, facial and hand gestures from the first weeks and months of age. He can also be a big bully and make unreasonable demands, especially on the people who are unsure of themselves. He should be made to learn from a very early age (days, weeks, and months) that he will be given plenty of freedom to live within the limits of his appetite, sleep, physical and mental capabilities etc, but he will also be expected to use his freedom reasonably and responsibly. This should be taught by the parents (and others responsible for his care and education) **throughout childhood.**

You will find that a baby, sometime between 3-6 months of age begins to reach out for things within reach of his hands. Until those voluntary, purposeful movements of the upper limbs develop, he has to depend on other people to put things into his hands. Now he tries to help himself. He enjoys playing with his hands and clothes he is wearing. He tries to handle everything within his arms reach. He pulls his mother's nose, her ears, hair, earrings, neck chain, spectacles etc, when he is in her arms or sitting on her knees. All this not only gives him pleasure, but also adds to his experience and knowledge of the environment. It begins to be stored in his mind - the mental 'container'. But often, many babies find themselves restricted from using their new-found skill in pursuit of healthy pleasure and useful experience. He is not allowed to handle many things within reach of him. There are many things beyond his reach that he wants to handle, but cannot do so as

he has not the mobility to reach them. He feels helpless and frustrated. This causes for him, a lot of wastage of his mental energy; causes mental strain. When the strains have built up to a certain level even at this early age, he may develop a psychosomatic illness (such as vomiting, diarrhoea, constipation, excess mucous in the nose and/or lungs) or a behaviour symptom such as excessive crying. The excessive crying is, in a way, angry protestation at the way he is unfairly treated.

To lessen the strains for him, not that he should be allowed to pull and scratch his mother's nose endlessly, or wreck her spectacles, but it is important to place various things of different sizes, shapes, colours and consistencies within reach of his hands until at least he is able to crawl. Any serious risks to him should be reduced by supplying him with **harmless** toys or other objects.

Fairly soon after a baby has begun to turn his head fully from side to side to follow moving objects (about 3 months old), he would like to be nursed propped up for increasingly longer periods when he is awake. In this position he can look around his surroundings much better. It gives him pleasure and experience. If that help is not given, it causes him much frustration.

When the baby begins to crawl, and later walk and run, he thinks that he can use his greater mobility for better purpose; to enjoy and to explore the environment. By exploring, he gains useful experience and knowledge in addition to the enjoyment; but, too often, he is liable to be restricted too much by the adults, because they think that 'he does not know what he is doing'. He keeps on hearing such phrases as:

"Don't touch that, it hurts."

"Don't touch it, it is dangerous."

"Don't touch it, it breaks."

"Don't touch, it is precious."

"Don't run so fast."

"Don't climb on that chair, you will fall."

"He is a nuisance, he never keeps still" etc.

When the child's physical strength and mobility is increasing, he is also developing the mental drive to put them on trial and into good use. He wants to try his new-found skills. He wants to experiment. He wants to learn and enjoy. If he is not given the necessary freedom and opportunity to use his new skills, he becomes frustrated and helpless. It does not help his mental development. His mental energy is wasted.

Adults should give him a chance. They should take **calculated risks** and allow him the freedom and responsibility. They should allow him to take some risks. Too many parents do not allow their crawling infants, toddlers and young children, the necessary freedom and provide them with opportunities to exercise their new-found skills and interests. **The best time to give them the chance and help them, is when they are showing the keenness and the drive to pursue their interests.** The adults' main reasons for not allowing the child the necessary freedom are:

a) Fear of him getting hurt and injured.

b) Fear of him 'catching a cold and sore throat' if allowed to play out in the cold; or they are simply too 'kind' to allow him to play out in the cold.

c) He causes nuisance.

If the parents are to be truly helpful, they ought to be a bit 'cruel to be kind' and not 'kill him with kindness'. Don't adults hurt themselves when they are playing physically energetic games and sports? What is wrong with children hurting themselves when practicing their new-found skills? In the course of enjoying their skills and using them for their long-term benefit, a few minor injuries or even an occasional moderately severe injury should not matter too much.

However, if he is likely to cause a **serious** risk to himself or others, or is likely to cause a serious nuisance, he should be restrained. Having restrained him, it is important to reduce the risk or nuisance appropriately and then allow him to get on with his primary interest. For example:

a) When a young toddler begins to scribble and paint on the walls and doors it becomes too much of a nuisance. He should be firmly reprimanded for doing so. Having restrained him from scribbling and painting in the wrong places, he should be provided with the right materials to pursue his interest in the right places. Any other alternative is simply not good enough.

b) When he has begun to show interest in playing with water, he must be given plenty of opportunity to do so. He should not be stopped entirely because 'he makes a mess', he should be shown places where playing with water would cause little or no nuisance.

c) When he begins to try to climb up stairs he should be given plenty of opportunity to try his skill, first under supervision only. When he has been noticed to climb competently several times, supervision should be relaxed.

d) When he is strong in running, kicking and throwing, he must be found play groups and nurseries or some other places where he could exercise his new energetic skills regularly and frequently.

Young children are often not given the freedom to go out to play in 'cold' weather. You must have noticed that there are many adults who go out to play in cold weather; some go out to watch and enjoy others play. Some others enjoy merely going out for a walk. Whatever their reasons, they enjoy what they are doing. For them, the weather was not cold enough to stay at home.

The same is true for the children too. Many of them, even very young ones, would prefer to be out playing or watching others, even when it is very cold. They are the 'outdoor' type. They get bored and annoyed if they are forced to stay indoors merely because it is cold outside. If it is too cold for them, they would not stay out for too long. It is fair to ask them to wear clothes suitable for the weather, but it is grossly unfair if they are not allowed out merely because it is cold.

Some of the parents are very tense and anxious for various reasons. They may be very irritable, inconsistent and domineering in their behaviour. In such circumstances, even a very placid and retiring 'indoor' type of child may find it less stressful being out in the cold watching other children playing, than being at home in an atmosphere of tension.

Many parents fear that the child will 'catch a cold' or 'bronchitis' (catch an infection) by being out in the cold. In fact he is far more likely to catch an infection by being in ill-ventilated and over-crowded buildings. Even if it were true that the children caught a few colds by playing out in the cold weather, it is a much less serious matter in the long term than getting bored and frustrated indoors, which leads to a lot of cumulative strains.

In winter months many 'over-protected' children who are naturally outdoor types, suffer more cumulative mental strains by being forced to stay more and more indoors. When the strains build up to a certain level some of those children's psychosomatic symptoms could be frequent attacks of (a) coughs and colds, and (b) 'asthma'. These symptoms are often misdiagnosed as being due to infections and the child is further over-protected from cold weather! Medicines are prescribed, even over-prescribed in order to cure, and to prevent these symptoms, quite often unsuccessfully! They are not allowed to go back to school until 'fully recovered'. When they go back to school, many will suffer further mental strains trying to catch up with the lost school work, games and other activities. Soon they will have another attack of cough and cold or asthma. A vicious cycle develops!

However, whether they are out in warm or cold weather, parents or other responsible adults, should still keep an eye on them discreetly, so that any serious abuse of the freedom is promptly detected and properly controlled. **It is only the children who get 'uncontrolled' freedom, but not appropriate supervision and guidance, that become bullies and go astray.**

Over-protection has serious ill-effects on a child's development. Its immediate effect on an infant, or a toddler, or a young child, is that he does not enjoy life. He becomes helpless, bored and frustrated. This, results in wastage of a lot of mental energy. If over-protection is continued for too long, he will begin to fail to take initiative in doing things; he will lose the drive to do things. As time passes, he will become timid, inexperienced and lacks self-confidence. He will become an 'immature' child. If the adults do not correct their mistakes soon, the child is likely to grow up to be an immature, inadequate and irresponsible adult. When these adults have their own children, they make similar mistakes in management. The cycle repeats itself; the results could get worse with each succeeding generation.

An immature child finds life very difficult. His relationship with other children and adults is liable to become very strained and unsteady. This adds to the pool of cumulative strains resulting from many other causes. The end result could be a psychosomatic disease or a behaviour disorder. Similarly an immature and inexperienced adult lacking in self esteem, is liable to find life very difficult to cope with. Even the relationship between a husband and wife becomes very strained. The two together are liable to make a mess of their own children, while all the time trying to do "their best" and declaring how much they "love" their children. Their health, happiness, and efficiency take a serious knock.

The general rules governing freedom and independence are, that whatever the age of the child - days, weeks, months or years - allow him the freedom when he begins to take an initiative as long as he is:

- a) Unlikely to cause serious risk to himself.
- b) Unlikely to cause serious harm to others.
- c) Unlikely to cause serious nuisance.

If his decisions and actions are likely to cause serious harm or nuisance, the adults should try to reduce the risks or nuisance through various appropriate means (such as firm and meaningful advice, self-example, finding suitable places for adventurous play, etc.) and let him pursue his primary interest. **When a child, whatever his age, abuses his freedom and independence, he**

must be controlled, disciplined and guided by means appropriate to his age. Equally, the concerned adults should not be seen to be abusing their own freedom and independence.

Children should not be **coaxed or forced** to take up a hobby or a profession merely because the parents like it. They may make suggestions; introduce them to the desired hobbies or professions and see if they become interested. If they do not become interested, no good is likely to result by forcing it on them, as it is only likely to be unsuccessful and waste their time and energy. They might have been better allowed to spend their time and energy on something that they enjoyed and make a success of it, and be happy with it.

Very many toddlers find that their homes provide very little opportunities for their many energetic pursuits. Neither are their homes large enough, nor are all their parents skilled and energetic enough to cope with their physical and intellectual demands. This may have a damaging effect on their health and maturing process. Many parents could also do with a break from their demanding children! Therefore, **any caring and far-sighted society should provide an adequate number of play-and-learn centres, both indoors and outdoors, for children of all ages, supervised and guided by skilled and caring attendants, who should also be knowledgeable of the Five Basic Principles of child management, in addition to any other special skills.** As far as possible the play facilities for toddlers and young children should be close to the locality they live in. Part-time attendance at nurseries and play centres will also help young children learn to develop healthy and useful relationship with other children and adults.

Principle number 3

CONTROL AND DISCIPLINE

While it is essential that a child needs to be given a lot of freedom and independence from a very early age, it is equally essential that he should be guided, controlled and disciplined appropriately from an early age if he abuses the freedom and independence given to him. Parents must be aware of the general rules of how and when to control and discipline them. **If we understand the general principles of management, and put them into practice from the early days, weeks and months of a child's life, the number of occasions when he needs to be controlled and disciplined firmly, will be fewer, and the measures required to apply them will be less and less severe.**

In general, a child needs to be controlled and disciplined if he does or is likely to:

1. Cause serious harm or risk to him-self.
2. Cause serious harm or risk to others - children or adults.
3. Cause serious nuisance.
4. Develop socially unacceptable behaviour.

After careful consideration, once it is decided that one of those criteria exists, if their action is to be effective, the parents or other equally responsible adults, must observe the following rules:

- a) They must be firm enough.
- b) They must be consistent.
- c) They should not disagree with each other in front of (or within hearing distance of) not only that child, but also other children. They should not let each other down.
- d) **They should not commit the same or similar errors as the child did, for which he was, or will be, disciplined. They must set good examples themselves.**

If the method used to discipline a child is not firm enough, it is not going to produce the desired effect. For one child, a disapproving facial expression or merely to be shouted at with conviction is enough. Another child may need to be smacked - smacked hard 'enough'. One child may have his privileges withheld - such as his favourite programme on television, games, or his pocket money etc. Whatever the method used, if it is unsuitable for that child, and/or the adults are **inconsistent**, it will not have much effect on him and he is likely to continue with his misbehaviour, and even get worse.

Even if the punishment is firm enough, it will not have the desired effect on some children, if the discipline is not applied consistently, and the adults visibly disagree with each other. The inconsistent attitude of the adults may: a) Cause the child confusion as to why he was punished once and not another time for the same offence, and/or b) he may begin to feel that he has at least an equal chance of getting away with it; and he thrives on the inability and uncertainty of the adults to control him!

The result could be endless battles between the child and the parents, and between the parents. In the battles, lots of energy is going to be wasted by all of them. None of them can afford to go on

losing a lot of mental energy. For the sake of their own health and efficiency, the parents cannot afford to lose it unnecessarily any more than the children can.

In spite of the parents being “consistent”, if the child perseveres with his ‘offensive’ behaviour, it is quite likely that either

- a) the method adopted by the parents is wrong, or
- b) that the parents are making too many mistakes without realising it; it will cause a serious breakdown in parent-child relationship.

It is impossible for any parent to be correct every time he or she disciplines a child. If the parents disagree with each other over the reasons or the method adopted for disciplining him, they should try not to argue about it and let each other down in front of (within a hearing distance of) him. Repeated arguments and disagreements will help neither the child nor the parents. He will soon learn when he can be naughty, and how **he can play one parent against the other**. Constant tensions will be created in domestic the environment, from which, hardly anyone will escape the ill-consequences on health, happiness, peace, stability and security.

For the same reasons, any other person should not let the parents down in front of their children. They should not be too critical of the parents and not say or do anything that might seriously weaken their authority, influence and responsibilities. If the parents' position is weakened, their management of the children becomes even more difficult. It will not do the children any good. Also, for similar reasons, parents and other 'responsible' adults should understand that schoolteachers should not be unduly criticised and let down in front of children. Weakening their authority and position may make it very difficult for them to teach, control and influence the children at school. **Any serious flaw in the attitudes of the teachers or between the parents should be discussed and settled, in privacy, well away from the children.**

It is not enough to be consistently firm, if the parents themselves do not set a good example. They should not make the same or similar mistakes as the child does. It is a very wrong practice for a child to be reprimanded or disciplined if he does something wrong, when the parents themselves keep on making the same or similar mistakes and get away with it. **“Do as you are told; not as I do” is very hypocritical and unproductive attitude.** For example:

- a) Often the parents complain that a child is bad tempered and aggressive; "he flies off the handle over little things". Yet, one or both parents may be short tempered on many matters of little or no importance.
- b) A child has to go on a reducing diet for obesity but his parents do not seem to bother, or only make half-hearted efforts to reduce their own excess weight; **they show no pride and self-discipline**. It is further made worse when the child sees doctors and dieticians, to whom the child is taken for consultation, are themselves over-weight and obese!
- c) A child should not eat too many sweets as it damages his teeth. His parents smoke cigarettes. Does it do their lungs any good?
- d) A child should not sniff 'glue' (solvents) or smoke heroin or take any other 'ill-legal' drugs. Yet, his parents may abuse alcohol, cause public nuisance, make fools of them-selves, damage their liver and brain; become violent, injure and even kill innocent people; also endanger their own lives and others' lives by driving under the influence of alcohol, etc

- e) A child should not sulk; but the parents are seen to be sulking frequently with each other and other people.
- f) Ask a child to work hard in school; yet do his parents work hard and conscientiously at their place of work?
- g) Children should not be rude to their parents; should respect elders. The parents are seen to be rude to their own elderly parents, and making hurtful comments about them and other elders.
- h) Children must not be cruel to animals; yet, the parents may be hunting animals cruelly, mainly for pleasure or for money.
- i) Children are asked to look after their pets 'properly' and responsibly; yet the parents let their own pet dogs loose, fouling the pavements, public parks, and neighbours' gardens!
- j) Children are preached to be kind and considerate to people; many parents themselves are often seen to be unkind and inconsiderate to each other and to other people.

No amount of lecturing and imposing strict discipline on children will ever produce satisfactory results, unless it is also accompanied by, preferably preceded by, all practices compatible with the principles relating to Acceptance, Freedom and Independence, and Good Example by parents. The children may grow up having little respect for their parents. When children discover that many of their friends' parents have the same or similar wrong attitudes as their own parents, they will conclude that "all adults/parents are the same". They will begin to be disrespectful and discourteous to every body. Adults have to earn respect; not just demand it from children!

Principle number 4

PLEASANT DOMESTIC EMOTIONAL ENVIRONMENT

For proper, unimpeded emotional growth and development, and wholesome maturity of a child to take place, there should be a stable, pleasant and reliable domestic environment for him to live, where, he finds that his parents have time, tolerance and patience **not only for him, but also for each other**. To create such an environment, **both parents** should be at home for most of the evenings and weekends, or at least for fifty percent of them in exceptional circumstances. As long as all other basic Principles of management are fully provided, both parents being available together for only 50% of the evenings and weekends may not cause any serious damage to the maturity of children. **Children's necessity to have both parents, for their wholesome emotional growth, development and maturity cannot be over-emphasised**. The reasons for both parents to be at home are as follows:

Elsewhere in this book I said, a child should be accepted as a human being basically for what he or she is. Equally, a child has to see throughout his growing years that his parents, the two very different human beings, accept each other for basically what they are. The child has to observe that they pool their different basic resources of mental and physical energies and financial capabilities, and co-operate with each other, for the sake of not only themselves, but for the sake of the whole family. They have to demonstrate by example that they do not push each other to be different from their inherent limits of energies and abilities. If only one parent is present most evenings and weekends the child will miss the necessary opportunity to watch and learn what responsible and good human inter-relationship is, between the two people who matter most to him.

A young child, especially in his first few years of life, shows a great deal of energy, interest and curiosity in many of his environmental factors. He will find that his mother is good at helping him in some ways, and that his father is better in other ways. The same single adult usually does not have all the skills and knowledge the child needs for his benefit. As his interests develop and wane, he will switch from parent to parent for help, comfort and learning. A young child is not always ready or able to benefit from one parent only. He cannot do so when that parent only offers himself or herself at their own convenience. It should also suit the child's time and convenience to some extent, so that he can have a choice of parents, during a reasonable period of everyday life. The only reasonable time when both parents could possibly be available together, is during the evenings and at weekends, as at least one of them has to go out to work in order to earn a living during the daytime. Not uncommonly, even when both parents are available together, they may still be not quite adequate for a child's needs, but when there is only one parent available at most times, the benefit to him is cut by half; in fact, it is likely to be cut by more than half, as that lone parent would have many other things to cope with.

There are unpredictable phases in a child's life when, for a period of time - stretching from months to 1-2 years - he is closer emotionally more to one parent than the other. When that phase passes, he

gradually becomes more attached to the other parent. This attachment is more obvious in some cases and less obvious in others. When a child is closer to one parent, say for example the mother, she is more important to him during that phase of his development. When his emotional attachment with his mother is greater, he is also liable to benefit more by being in her company, participating in her activities and listening to her advice. He is more liable to seek her attention. At this phase, the father should recognise the greater importance of the mother to the child and conduct himself in such a way that he:

- a) is not critical or sarcastic of the closer child-mother relationship,
- b) releases the mother from some of her jobs as much as possible for the child's benefit,
- c) is careful not to say and do things that might obviously hurt the mother; because of their closer relationship, what hurts the mother may hurt the child also.
- d) is still available to the child for his benefit in whatever way possible, even though the child may make less demands on him, as he is going through a phase of being emotionally less attached to him,
- e) does not simply **'bribe'** the child with money, materials and other gifts in order to solicit affection and loyalty,
- f) is still able to discipline the child unhesitatingly, (in co-operation with the mother), if the circumstances demand.

By playing this 'minor' (but still important) role carefully and thoughtfully, the father would be able to keep the emotional gap between himself and the child as narrow as possible. When the child gradually begins to reach a phase when he is more in need of his father for his emotional comfort and other practical requirements, the emotional gap between them is easy to close. The mother should then begin to play a 'minor', but still important role, just as the father did before. If on the other hand, the father does not conduct himself properly in his relationship with the child and his mother while playing the 'minor' role, the emotional gap between father and child will widen too much. The consequence of this could be, that when the natural phase comes for the child to need closeness with his father, the wide emotional gap that has stretched out too far, might become very difficult to close. In such situation, even if the father is physically present, he will become less useful as the child will find it difficult to close the emotional gap. By now the child's closeness to his mother has become very much less than before, and consequently, he is going to benefit little from either of his parents. This will seriously affect the child's emotional maturity and well-being. When the child is closer to the father, mother has to play a 'minor' but still useful role, as the father did before. She should patiently prepare the ground for the child to return to her for greater emotional closeness sometime in the future.

When parents spend a considerable amount of time together regularly with their children, especially the rapidly growing young children, participating and helping them in their various physical and intellectual pursuits, the children also will be inclined to give a 'helping' hand to the parents in many of their jobs such as cooking, washing-up, tidying the house, gardening, washing car etc. **If you have time for them, they will have time for you!** Whenever a young child seeks participation in the adults' jobs and offers 'help', he should be given a chance and be careful not to dismiss him always as a 'nuisance' and 'slow-up' their tasks. He should be given the chance to become more competent as time passes and become truly helpful. He needs to be **appreciated and complimented** for the 'help' he renders. All this will lead to developing a loving relationship and understanding between the child and the parents. This will be further enhanced if the parents

themselves are seen to be helping each other. **As long as the parents are setting a good example and using the principles of Acceptance, Freedom and Discipline correctly, they should even begin to demand some help and co-operation from their children, a little at a time from an early age, in many domestic chores. Children should be encouraged and expected to participate, in some household chores and shared responsibilities, particularly pertaining to health, hygiene and cleanliness.**

During a working day, people spend a lot of their mental and/or physical energy. **It must be remembered that not everyone has the same amount of energy.** A lot of people's energy is mostly spent before the evening. Evenings and weekends must be the times to **recover**. If on the other hand, they continue to spend too much of mental energy in evenings and weekends also, strains will build up to a level when ill effects on health and happiness will **undoubtedly** begin to appear. It is absolutely necessary for parents (or husband and wife, or a man and a woman living together as 'partners') to create an emotionally pleasant environment in evenings and weekends, in order to compensate for the daytimes' and week's strains. This can only be achieved by understanding the fundamentals that all human beings are not equal in terms of energy, capabilities, aptitudes and personality etc, and they need to accept each other for basically what they are, and make for each other, enjoyable, sympathetic, helpful, reliable and comforting companions.

If one wants to enjoy good health and happiness, and function efficiently, mental strains and relief from them, must go regularly like the crest and dip of a wave. For the most part of everyday experience, strains building up during the day time should correspond to the crest of a wave, and the relief from the strains during evenings and week-ends should correspond to the dip of a wave.

When toddlers and young children go out to spend much of the day at playgrounds, nurseries or schools, they too spend a lot of mental and physical energy. They will have to cope with bullying children, demanding teachers, failure in games and lessons, the necessary strains of trying to do well, etc. A lot of children will have spent most of their mental energy by the time they come home in the late afternoon. They too need to come home to a pleasant environment in order to recover from the strains they have suffered away from home. It should be the responsibility of the parents to create a pleasant environment in the evenings and week-ends, not only for the children's sake, but also for their own sake. A child has the **RIGHT** for, and is in **NEED** of quality time, energy, patience and tolerance from both of his parents in the evenings and at weekends. **In order to create a pleasant domestic environment for the evenings and weekend, the parents should live well within their limits of physical, mental and financial resources. Together they should pool their resources for the common good.**

So as to create the domestic environment pleasant and welcoming enough for the children - especially toddlers and young children - coming home from nurseries or schools, at least one parent must try to make it possible to be at home by the time they arrive. **It is not enough merely to be at home, but that parent must make sure that he or she has plenty of mental and physical energy conserved for the late afternoon and evening, in order to meet all the reasonable demands of the children for his or her time, energy and helpful companionship.** For economic reasons, this role has to be played by the lesser of the breadwinners, **irrespective of their sex.** At the present time, in most countries, it is usually the mother that fits into that role. If she is fully aware of the

essential need to keep plenty of her energy for the evening, she will learn (by trial and error) to adjust her activities sensibly during the day time. When the other parent - the main breadwinner - arrives home a little later, he should join with the mother to be helpful to her and the children in order to create a pleasant environment for all together. In some cases, it is possible that the main breadwinner may arrive home, having already spent all his energy. He may need to be given a little time to recover, before he too is drawn into the needs of his children and his wife. **A tired and tense person seldom makes a pleasant companion; could become a nuisance and an irritant!**

When a child finds the domestic environment pleasant, where both parents are usually at home during most evenings and weekends, with each playing their roles properly, he will experience his own mental strains and recovery from it, like the crest and dip of a wave. He will generally have a happy and healthy life. If however, he comes back to his home where his parents have not much time, energy, patience and tolerance, and the general atmosphere is tired and tense, it will add to his rest of the day's strains rather than compensate for them. If the strains are building up during most of the day times and evenings, day after day, they will build up to a certain level, at which, a psychosomatic or a behaviour disorder would begin to appear.

Remember the analogy; the mental energy is like having a certain amount of money. Everyone does not have the same amount of money, nor do they have to spend it on exactly the same things. However, a person has to keep the expenditure well within his financial capability in order not to suffer undue financial strain. When there is hardly enough to pay for the basic essentials such as food, clothes, fuel bills etc, if he keeps on borrowing money and getting into heavy debts, to spend on non-essentials such as smoking, drinking and gambling, buying luxury goods etc, he is very likely to suffer unnecessary financial strains. He will also be setting a very bad example to his children, who may also suffer as a result of his over-spending and irresponsible attitudes. **The same is true also of the physical and mental energy that a person has.** Parents must realise that they should learn to live well within limits of their own physical and mental energies, and keep plenty of reserves for the evenings and weekends, to meet the many natural and legitimate demands the children are likely to make, on their time and energy. Both parents should be available to teach the importance of this virtue to their children, by their own good self-example.

When babies and children manifest many of the symptoms that I mentioned earlier in the book, resulting from excessive mental strains, many of the parents and other close relations become very concerned and anxious. They frequently go on talking anxiously about him and his symptoms in front of him (within a hearing distance of him). Even when they are not talking about him, their anxiety shows in their faces. A child - even a baby, can read their faces quite well. In those circumstances, the child also may become anxious about his symptoms. This adds to the child's load of other mental strains, which in the first instance caused his psychosomatic or behaviour disorder. This makes the symptoms become more chronic, and could seriously affect his health and efficiency in the long run.

Since some of the symptoms can be reproduced at will by a child, he may choose to continue to produce those symptoms at his convenience, in order draw attention to him-self and to cause more anxiety to the worried adults! Their endless expression of concern and worry about him, will give him some sort of control and hold, on his anxious parents. That way, he tries to stay as the 'centre of

attraction' at the expense of his parents' anxiety and considerable wastage of their mental energy. He may also use the symptoms to avoid tricky and awkward situations at home and at school!

The parents' excessive anxiety does not help for a pleasant domestic atmosphere. This could have an adverse effect on the health and happiness of other members of the family also, sooner or later. The parents' chronic and excessive anxiety about their child is very often the result of the **inability of the doctors to make a correct diagnosis of the cause of the symptoms**. Consequently, they are unable to guide the parents along the right lines. Those doctors could not help making the mistakes; because their training has been very faulty and inadequate, starting from the time they were students. When they have become established securely in their profession, earning good money, they are very unlikely to change their habits! **Their main answer to many of the children's psychosomatic 'illnesses' and many behaviour disorders, is to merely prescribe drugs, or simply reassure the parents that "he will grow out of it", which unfortunately are very unsatisfactory solutions.**

Bringing children into this world is 'easy'. Managing them properly is very difficult. With the various methods of contraception available, most people need not have children if they do not want to. Adults have children for various reasons such as:

- a) It is 'selfish' not to have children.
- b) To prove normality of 'womanhood' or 'manhood'; for "fulfillment"
- c) Social pressures of society 'expects' you to have children; may even be a stigma not bearing children!
- d) 'It is just normal to have children'.
- e) Want children to look after the parents in old age.
- f) To full-fill in children what the adults failed to achieve in their own lives.
- g) Want children for the adults to pass on their wealth.
- h) To 'mend' a marriage that is breaking up.
- i) Their "Right to have children"
- j) To draw attention to themselves through their children.
- k) Just an 'accident': pregnancy was never planned.
- l) Want to have children because the parents passionately enjoy the company of children and they are prepared to provide all necessary help to the children's wholesome growth and development.

In this day and age, if we do credit to our intelligence and fairness, the last reason is perhaps the only good reason to have children. Some of the other reasons for having children amounts to *using* them mostly for the parents' *gratification* and *status*, not only during childhood but also even during their adult life. This could have serious consequences to children's emotional maturity, personality development, and relationships all through their lives!

Children don't ask to come into this world. When adults bring a child into this world, they have taken on a highly difficult and responsible commitment. Proving that they are fully committed to that responsibility is based entirely on their understanding of the Five Universal Basic Principles of child management and the conscientious application of those principles. Adults should pay serious consideration to these principles for a long time before they decide to have children. *If they have serious doubts about being able to live up to these responsibilities and commitment, it should be considered as highly thoughtful, responsible and gracious of them, not to have children.*

Everyone agrees that children need a stable and happy domestic environment in which to grow up. How can children find it a happy and stable environment when one third of the marriages (and 'partnerships') in a

society end in acrimonious divorce and one third of the marriages are heading towards divorce, and only in the remaining third are the marriages probably quite stable and peaceful!.

Many parents are only mature enough biologically to bear children. They are generally very inexperienced, and emotionally very immature and inadequate to bear and rear children successfully. Also, a vast majority of single parent families are ill-equipped to provide the **right help** for children. Providing food, clothes and other material things is less difficult, especially if we live in the richer northern hemisphere, but to provide the right needs for healthy mental growth, and maturity is far more difficult. To become a single parent family for any reason other than the death of her (or his) partner is an irresponsible act by one or both parents that brought a child in to this world.

If a vast majority of single parent families are the result of the death of a parent, the children from those families are very likely to get a reasonable amount of exposure to many happy two-parent families in society. Therefore, any damaging effect on them, of being the children of single parents, is very likely to be minimal. On the other hand, if there are a large number of children from single parent families as a result of irresponsible attitudes, they are more likely to be exposed frequently to similarly irresponsible families. Then they are very likely to suffer a serious damage to their mental maturity and outlook on life.

There are many single parent and two parent families, where, parents have not much quality time and patience for their children, because of the lack of knowledge of children's RIGHTS and NEEDS. In those circumstances, many of their children become demanding, argumentative, and violent at home from a very early age. "For sake of peace" these parents end up giving into their demands for toys, electronic games, TVs, mobile phones, posh designer gadgets and clothes, more and more pocket-money etc. Rich people can afford these things. Less well-off parents even get into debt to cater for their children's demands; many of these parents also set a bad example by showering themselves with expensive items of luxury they really can't afford, thus getting into more debt! **Many of the children spoiled with money and material wants only, (and virtually no other basic human values), often grow up to adulthood with attitude of "getting some-thing for nothing", crude or sophisticated bullying, bribery and corruption, greed and utter selfishness. They are likely become insensitive to others' feelings – even of their own spouses'!**

When many wrong parental (and other adults') attitudes, and the visual and auditory experiences of various forms of crime and human abuse from a variety of news and entertainment media, are being constantly pumped into the mental containers throughout the growing years of children, it is only to be expected, that many of them are very likely to put some of these damaging things stored in their mental computers in abundance, into practice during childhood, adolescent and adult life. Therefore, it should not be surprising, that there is so much instability, violence, crime, drug abuse, wasted resources, and various forms of human abuse and exploitation in the world today!

Principle number 5

ROLE OF TEACHERS AND SCHOOL

The role of teachers should be, to some extent, an extension of the role and responsibilities of parents, i.e. accepting a child for basically what he is, and helping him to develop whatever abilities and skills he potentially has, to whatever his limits. **In the first four or five years of a child's life, if he has been properly helped by parents with the four fundamental principles I have already discussed, and if they continue to help him on those lines all through his growing years, the job of the teachers becomes less difficult and highly satisfying all round for every body.**

When one pair of parents has not been able to understand the basic Rights and Needs of their own children and when they have been unable to help them, and show a responsible attitude to their upbringing, how can they (or the society) expect that one teacher should understand the 30 or so children in his class and help them all to develop their full potential? **It is illogical and unfair on the part of parents, politicians, or the society at large, to expect teachers to produce good results in the children at school, while their parents fail to play their part correctly at home!** Too often in the western world, teachers get the blame for children's disruptive and violent behavior at school and failure to learn lessons, while the main cause of these failures really lies in the parents' improper management at home.

If, on the other hand, a child is adequately helped in the first four or five years of his life, he starts school with his mental computer being already fed with very useful information which helps him to benefit from, or learn more easily from, the materials which the teachers and the schools can offer. Teachers' job becomes less difficult and more rewarding.

The school must have priorities in what it should teach the children. Whatever the help they have or have not received in their earlier years before starting school, **the top of the priorities** must be, that every child should:-

- a) be taught to read and write well enough, and taught simple arithmetical skills, adequate for his day-to-day life in future, i.e. he must reach a socially acceptable level of literacy and numeracy.
- b) be taught cleanliness, hygiene, and self discipline essential for promoting and maintaining good health of the individual and the community at large.
- c) be taught what constitutes highly responsible and civilised attitudes; they are derived from the basic principles discussed in this book. Every teenager (may be some even younger children) should be provided with a copy of this book, and encouraged to read it, discuss and debate the issues raised in the book, especially the F.U.B.P, with their teachers and their parents; because it is about them, their life - present and future. **These points cannot be taught successfully without the teachers themselves setting a good example.**

Only after the above points a) to c), are given sufficient priority, children should be offered and taught various other subjects, but concentrating on the ones they enjoy and are showing an aptitude for, whether in the usual academic subjects or in games and sports. **Anyone with exceptional abilities must be given all possible opportunities and encouragement to reach a high level of excellence.**

If a child's mental space is of an 'average' size or less, and if during the pre-school years most of that space is filled up with frustrating, unpleasant, useless and damaging experiences, resulting from the failure to provide the first four of the Five Basic Principles, he has very little space left to take-in much of the usual useful things taught at school. He may begin to disrupt other children from learning. He will not enjoy his time there. He is unable to take-in adequately anything which is taught. There is not enough mental energy to be spread over several subjects which are taught. If this situation continues he becomes more and more bored, fed up, frustrated, inadequate and lacking in self confidence. The mental strains build up to a level when he will either:

- a) develop a psychosomatic disease if one has not already been present; if one is already present, it might get worse, or
- b) develop a behaviour disorder, or
- c) both.

If however, a child is lucky enough to be born with **enormous mental capacity**, in spite of already having taken into it a lot of useless and damaging experiences resulting from the failure of the first four of the Five Basic Principles, he may still have 'plenty' of space left to receive benefit from the school curriculum. He may become a 'successful' scholar. He succeeds at school, not necessarily because he receives the right help from parents at home but because he is lucky enough to be born with enormous mental capacity, which can be usefully filled by the teachers.

What, and how much, a child is going to learn in school will depend to a large extent, on:

- a) how 'big' his mental capacity - the mental computer - is.
- b) how much of the capacity is already filled and what has been fed into it before starting school.
- c) what his real capabilities are.
- d) how much personal attention he gets from teachers.
- e) what example and self-discipline the teachers set.
- f) what support and example he gets from his parents.

It is unrealistic and lacking in imagination, to expect that all children are born with such enormous mental capacity, they are going to be left with plenty of spare capacity for the needs at school, after the failure of the first four principles at home in the pre-school years. *If an average, or less than average child in terms of mental capacity has to do 'well-enough' at school, his first 4-5 years of life have to be well utilised constructively, in order to feed his mental space with the sort of experiences compatible with the first four Basic Principles of management, and should be continued to do so throughout his growing years.*

If into the little remaining mental capacity (after a lot is filled with failures in the pre-school years at home) one aims to put in too many things, the mind cannot take in enough of any one of them. It is like trying to spend a little money on too many items; you cannot buy enough of any one item. If the trend continues, the child will have the strains building up at school also. He will get fed up of

the classroom atmosphere. He will become jealous of other children who are able to take in what is taught at school and show off what they have learnt. He will feel uneasy with the teachers. Many of these children will be leaving school in their teens having not even learnt to read and write adequately. **Failure to reach adequate levels of literacy and numeracy is often only one indication of many other failures.**

Some of these children become disruptive, violent and aggressive to-wards other children and teachers. Many of them run away from school, but only to be soon found and brought back. Very many of them still continue to find both their homes and the school very stressful and unhelpful places to be in. Some of these children run away from home and may never to be found again! Many of them are picked up by utterly unscrupulous but superficially “kind and sympathetic” agents to train them to become drug-pushers and prostitutes. Some others drift into several other anti-social and criminal activities.

They are not free from trouble when they grow up to be adults. They have poor self esteem. Their relationships with other people will be unstable and untrustworthy. They are constantly in trouble, and cause trouble to others. Their only means to recognition is through objection, arrogance, disruptive attitudes and aggression. Their marriages are not happy and are soon bound to end in divorce. Their children in turn suffer mental stress by being mismanaged and ‘abused’ by them. The cycle will repeat itself and may get more vicious in the next generation.

Some of the children born **lucky** with ‘enormous’ mental capacity who ‘succeed’ at school **in spite of** not receiving much of the benefits of the first four of the Five Basic Principles throughout their growing years, may still reach ‘high’ levels of ‘attainment’ in some jobs, politics, profitable businesses, journalism etc, in their adult life. They might be considered as being very “successful”. *But, many of these “successful” people have a large amount of wrong experiences due to lack of the first four of the Five Universal Basic Principles throughout their childhood, still stored in their mental space.* Because of this, despite their apparent 'success' in some aspects of public life, they are likely to become potentially dangerous in terms of their general attitudes to basic human values. They are liable to become a bad example to society. **Unless their mental 'computers' are going to be 're-programmed' somehow, with the knowledge of the F.U.B.P, and similar principles applicable to adults(S.P.A.A) discussed in the next chapter, they are liable to become less than useful, and even dangerous, to their own children, their spouses and society. Their public image of being “successful”, “nice”, and high placed, often belies their underlying wrong and potentially dangerous attitudes such as cunning, bribery, corruption, greed, double-standards etc.**

When parents fail their children (however innocently, due to lack of right knowledge) – deprive them of the first four of the F.U.B.P – it is almost impossible in most cases, for anybody else – individuals or organizations ? to compensate sufficiently for their failures. Today, too many children are being failed by their parents in many different ways in all social classes. Mistakes made in the higher social classes are potentially the greatest danger to any society.

When children are born with only an 'average' or less than average mental capacity fail to experience the benefit of the Five Basic Principles throughout their growing years, they are liable to

fail in most things in life - health, education, happiness, jobs, self-esteem, self-confidence etc. It is only fair to assume that a vast majority of children have only an 'average' or less mental capacity. This is somewhat like most people in this world, being of low or middle income groups in financial terms. There are relatively few very rich people; there are relatively few people with enormous mental capacity.

SIMILAR PRINCIPLES APPLICABLE to ADULTS (S.P.A.A)

It is impossible to disassociate the correct principles of management of children, from the attitudes of the adults in their own affairs; at their home, at their work places, in their neighborhood, locally, nationally, internationally or where ever, on issues social, professional, political or whatever. Adults cannot have utterly wrong attitudes towards other adults, overtly or covertly, without it having detrimental effect on children, and the whole society, sooner or later.

If adults clearly understand the true spirit of the Five universal Basic Principles for mental welfare and development of children, they will find it easier to visualize and appreciate that there *must be similar principles* applicable to adults, for their own mental welfare, for healthy relationships between adults, and for creation of a truly FAIRER SOCIETY.

Principles Similar to F.U.B.P are:

1. Adults are in Need of acceptance for what they are by fellow human beings and appropriate 'powerful' Authorities.

Adults symbolise power, authority and influence over children who have none or little of these things. Likewise, there are, and always will be, some people and Institutions in society who have a lot of power, authority and influence over many others. They are very important, like the parents are to a child. The progress and welfare of any society depends to a very large extent, upon the attitudes, practices and wisdom of those peoples and institutions. Corrupt, selfish, greedy, insincere and hypocritical attitudes of these people and institutions would surely destroy the whole society. The 'higher' the position that people occupy, the greater is their influence over the rest of the people 'below' them. Higher an Institution or Establishment of any Profession, the greater is its influence over the people it 'serves', 'guides' and 'controls'. The Parliament and the Government of any nation have the greatest power and influence in some way or another, directly or indirectly, over everybody in that nation. Rich and Powerful nations have immense influence over the poor and weak nations.

In the same way as children need to be accepted for basically what they are as human beings and not ignored, discriminated and insulted, adults also need to be accepted by other adults, for what they are as fellow human beings, with grace and dignity, irrespective of their colour, race, education, socio-economic class, physical and mental capabilities etc. Children need to witness this feature throughout their growing years.

For a child, his parents and his teachers are more important; their attitudes and behaviors affect him more directly than the attitudes of the parents and teachers of other children. The behaviour towards him of children in his own class and in his own school, are far more important to him than that of children in another class or another school. The behaviour of children in his immediate neighbourhood is more important to him than that of children in another distant locality.

Similarly for an adult, the attitudes and behaviours of his colleagues and his boss at his place of work, and of those people in the immediate neighbourhood where he lives, are of greater importance than the attitudes of other people elsewhere. If no kind and friendly gestures are coming to him from the people that matter, or even worse, they are indifferent, discriminating and insulting, his health, happiness and efficiency are likely to suffer. Sooner or later these wrong attitudes are likely to back fire and could have some adverse effect upon those people who created the problem in the first place. Influential Politicians, Establishments and the Government of a nation must not (and cannot in the long run afford to) ignore, exploit, and insult various 'less powerful' sections of the population, because of their lower socio-economic class, colour, religion etc. Otherwise, sooner or later, unhappiness, friction, and distrust will develop in the community; there will be an organized 'rebellion', 'retaliation' and 'aggression' against that 'authority' and its favoured groups in some shape or form, sooner or later. Same is true of relationship and behaviour between the Rich and Powerful Nations, and the poor and 'powerless' nations.

2. Adults are in Need of, and should have the Right for, freedom and independence to exercise, and enjoy their skills.

A child should be allowed to live within the limits of his capabilities and be allowed the freedom to develop and enjoy his skills as long as he is unlikely to cause serious nuisance or serious harm to himself or others.

Similarly, any society, the government of a nation and various institutions must allow and encourage people to develop their various skills and capabilities and use them in any way they like as long as they are unlikely to cause harm or nuisance to others. In general, if any action that an adult undertakes is likely to cause serious risk to himself only, let him take the risk and suffer the consequences if he so chooses. If on the other hand, his action is likely to cause serious problems to other people, he should neither have the freedom or moral right, to pursue that course of action, nor should the law of the land allow it.

3. Adults are in Need of discipline for their own sake, as well as for the rest of the society. They should be appropriately disciplined if they abuse their freedom, power, and privileges.

If a child (even a baby) abuses his freedom, he should be appropriately 'disciplined' firmly enough and consistently. Those who are disciplining him (usually parents) should also set a good example by not abusing their own freedom and independence.

Similarly, if adults in society abuse their freedom and their privileges, and cause harm and nuisance to others, they should be disciplined by the appropriate authority, firmly enough and consistently – firmly enough to deter them and others committing the same offence again. **The higher the place a person occupies in society, the harsher should be the punishment.** Whenever possible, the offenders must also be made to compensate in some form, for the damage they have caused to other people or their property, and sincere efforts should be made to reform the culprits. On the other hand, if people in high positions in society go on abusing their freedom, privileges and authority, they are not only setting a bad example, but they are also unlikely to be firm enough and consistent enough in dealing with the offenders 'below' them. They lack the moral authority to firmly and consistently discipline other people, even though they may have the legal authority. They will be **effectively encouraging** ordinary people to abuse their freedom and rights, and letting them cause serious damage to themselves and the rest of the society.

People in highly privileged and influential professions in society should conduct themselves in such a way as **morally compatible** with the important positions they hold, and the **spirit of the professions** they are in, like the doctors, teachers, police officers, law-makers etc. If those people do not live up to their moral responsibilities, they must be far more severely and effectively disciplined and punished than 'ordinary' people.

4. Adults are in Need of peaceful, reliable and secure environments to live in.

It is important for parents to create a pleasant emotional atmosphere at home and set good example over various aspects of life for the sake of children's mental welfare, health, maturity and wholesome development.

Similarly, it is absolutely essential that correct principles and attitudes and practices are adopted by the parliament, politicians, the government and all other important institutions and 'leaders' for the sake of peace, security, health and wholesome development of any nation. Not only should those 'leaders' and institutions be fair, but they must also be **seen** to be fair in their day-to-day attitudes and behaviour. They must set a good example to all 'below' them. They should try to create a co-operative, calm, consistent and confident atmosphere; not an inconsistent, disruptive, distrustful and tense atmosphere. If the adults - mainly parents, and in many cases others, for example, grandparents -- are always squabbling over the management of children and many other connected issues, it will create a tense and uncertain atmosphere from which more harm than good is likely to

come out. Similarly, if the prominent politicians, the main political parties and the government of a nation are seen to be always squabbling over their management of the nation mostly short term, quick-fix policies and they are hardly ever seen to be in agreement over anything that really matters in the long term, health, efficiency, stability, peace and security of that nation is bound to suffer; they are also unlikely to command much respect from their own electorate, and other nations of the world. People lose trust and confidence in their leaders and the political parties; they become apathetic, insecure, distrustful, and rebellious in many ways.

When the relationship between the parents is severely strained and when their attitudes to the management of children is erroneous and conflicting, it is quite common for one or both the parents to resort to incorrect means (such as letting the children have their own way, spoiling them with money and materials, etc.) of soliciting “love” and loyalty from their children. One parent may even actively incite the children to hate the other parent. Such attitudes will cause enormous damage to children in the long run. Similarly, it is quite common for many prominent politicians to make misleading promises, and effectively corrupting some individuals and some sections of the population with various forms of bribes, in order to merely win their votes, loyalty and cheap popularity in pursuit of power. There are ‘leaders’ in some sections of society who overtly or covertly incite hatred of others. There are nations which incite hatred of some other nations. Such wrong attitudes will often backfire and will certainly cause severe irreparable damage in the long term, to peace and stability of their own country which they claim to “love”!

Among many other considerations, parents should also set a good example that they have to live within the limits of their financial resources. When there is barely enough to pay for the basic needs of day-to-day living, if money is squandered over many harmful non-essentials such as cigarettes, alcohol, gambling; and for borrowing money for unaffordable luxuries to ‘show-off’, parents are teaching their children irresponsible attitudes.

Similarly, the government of a nation should live within its limits of financial resources. It has to keep in reserve, a fair amount for unexpected expenses. If on the other hand, it keeps on overspending over too many short-term unproductive ventures and other projects for mere cheap popularity, dubious prestige, vanity, military superiority and fighting ‘illegal’ wars etc, it will not only fall short of money to pay for providing better quality services for those who cannot look-after themselves, such as children, the aged, the sick and the disadvantaged etc, it will also be encouraging irresponsible attitudes and behaviours within the wider population. It will then begin to ‘rob’ some of its own people (through heavy taxation) of their hard earned money to pay for yet more ineffective ventures. This will irritate people and lose faith in politicians. The governments of rich nations may also begin to cunningly rob the innocent and unsuspecting poor nations of their various resources in order to pay for the damage caused by the irresponsible, unproductive, violent and anti-social population within its own country.

Currently, in 2008/09, whole world is plunged into deep economic crisis, by irresponsible spending and getting into heavy debts by millions of individuals, businesses, money lending financial institutions, and governments, in some of the ‘Advanced’ Western Nations’, over the last few decades! None of them seem ashamed of it!

Raising a family is a difficult and highly responsible task. Parents have to prove that they are living up to their responsibilities. Having created children, it is very irresponsible, if both the parents are not spending a fair amount of **quality-time** together regularly, with their children.

'Leaders' at all levels in a society, should set a good example to the 'ordinary' people, of the essential need to spend a considerable number of evenings and weekends with their own families. If they have no time for legitimate needs of their own families, but spend virtually all their time “in service of the public”, they are not only harming their own family welfare, but are also misleading others in society. When they cannot live up to their moral responsibilities to their own families' all round needs, they are deluding themselves and deceiving others to think that they are doing a great job of serving the community and the country.

Parliaments and many Institutions should aim to organise their working hours, in such a way that its members need not be away from their families too often, over evenings and week-ends. In general, they should not meet at inconvenient times (evenings and weekends) or they should encourage their membership to be composed of people who have no children, or those whose children are fully grown up, if they have to work regularly at the 'wrong times'. **Even if there are no children, it should be understood that husbands and wives (or their 'partners') also need each other's company and quality time together regularly, practicing all the above mentioned principles, for the sake of their own well-being, security, and stable relationship.** It should be the responsibility of individuals (especially the leaders) as well as the institutions to see that family life is not disrupted unduly.

5. Adults too are in Need of Education – further education - , on various skills for their own betterment and for societies' needs. Even more importantly, adults too, should be frequently reminded, or taught, on what constitutes responsible behavior in every day life on matters such as civic responsibilities, cleanliness and hygiene in their own homes and in public places, through various means – literature, press, radio, TV etc. Adults throughout society should be fully made aware of children's Rights and Needs – the Five Universal Basic Principles, and what they mean in practice. *After all, many of our wrong attitudes are not our own making; they were thrust into our minds almost from the day we were born by 'well-meaning' adults. We need to break this cycle through all reasonable means available.*

Ignorance is understandable and often excusable; every body cannot be knowledgeable about every thing, but negligence should never be acceptable. *Ignorance of children's Rights and Needs should be prevented, or corrected, through proper education at appropriate times.* The negligent people usually know that they are doing a wrong thing. They should not be condoned; they should be reprimanded, but should also be offered help to reform, and punished if they do not cooperate. They are deceitful and potentially dangerous people. Some of them are likely to **plead ignorance for convenience**, or try to excuse themselves of their misdeeds and wrong attitudes by saying that:

a) It is 'natural to make mistakes.'

- b) 'I am only human'.
- c) 'Nobody is perfect'.
- d) 'Everybody does it.'
- e) 'It is easier said than done.'
- f) 'It is a matter of survival of the fittest', etc.

All these are untenable excuses for not living up to our responsibilities. Certainly, many things are “easier said than done”, but there is no other satisfactory alternative way to achieve the **right** results than by working hard and conscientiously along the right principles; **there are no satisfactory short-cuts**. Just because “everybody makes the same mistakes” it does not make them correct. **When everybody commonly makes mistakes, they commonly produce wrong results! Collectively it creates very serious problems to the whole society. Simply to hide our abuses and illogical attitudes and behaviour, behind phrases like “it is human nature”, is not honourable and worthy of our intelligence.**

Of course, we cannot be ‘perfect’ in everything, all the time; but we will be ‘very good’ if we are aware of, understand all the Principles clearly, and try *sincerely* to put them into practice in daily life. We are bound to make ‘honest’ mistakes from time to time; but if we are committed to these Principles, we will recognize these mistakes soon, and rectify them accordingly; we will not feel offended if some body pointed those mistakes to us in the right spirit.

Any civilised and responsible society must allow considerable freedom to its members, in order to develop and enjoy their individual talents, and expect reasonable behaviour and self-discipline in return. It should try to create opportunities for all its peoples in order to develop their talents. **Creating opportunities should be more important than just paying large wages and salaries. Huge gaps and the ever increasing gaps between the rich and the poor are potentially very dangerous to the welfare of any society.**

How much freedom a nation can allow its people, and how many opportunities and facilities it can create, has to vary from nation to nation according to its overall available quantity and quality of resources—human and economic? **With sincere application of *all* the principles discussed in this book by all concerned – individuals, institutions and governments - there should be a greater chance of people of all nations becoming responsible, healthier and happier. It should pave the way for peace and co-operation on earth, instead of escalating unhappiness, misery, poverty, selfishness, greed, wasted resources and inhumanity of peoples and nations, endemic all over the world to-day.**

There are many of us who would say:

“it is not all bad in society; there are good things happening”

“we are not all bad as parents/ human beings, we do many good things” etc, in defense of our doing many wrong things.

Of course, most of us are not bad in every thing we do. We may be doing some good things in life. Sadly, the good things we do are often over-shadowed by many of our wrong attitudes and practices. We are committing plenty of irresponsible acts and making irresponsible comments!

What Future?

To-day, we must be completely blind and deaf or **incredibly insulated and insensitive**, if we cannot recognise the multitude of horrible abuses of basic human values committed all over the world, and not experience the effects of it, in some way or another. We are living in increasingly unsafe, divided, distrustful and fearful societies. The future for us – the mankind – is very bleak **unless** we rethink and revise our current attitudes and practices urgently, and commit ourselves to *all* the aforementioned *Principles* quickly and begin to arrest the rapidly deteriorating basic human values.

Simply going on *juggling* with the same old beliefs, policies and attitudes, which have gradually and unintentionally led us into the present mess in this world, and vigorously defending them with ‘hair-splitting’ and ‘point-scoring’ arguments, does not do justice to our intelligence and sense of fairness. “Old habits die hard”! But without ‘killing’ the *bad* old habits fairly quickly and systematically, and replacing them with a *comprehensive* set of more definitive Visionary and Imaginative principles, there cannot be a *bright future* for us and for “our children and grand children”! At this moment, humanity is on a marathon self-destructive course, having gained momentum in the last 50 or so years. *There can never be Peace on Earth without Fairer Principles to govern our lives – the principles worthy of our intelligence.*

Without proper working-knowledge of the Five Universal Basic Principles (FUBP) – the very essence of children’s Rights and Needs - and the Similar Principles Applicable to Adults (S.P.A.A), there is absolutely no chance of creating genuinely Fairer Societies, and saving the mankind from self-

destruction. Without these principles, all of to-day's nice-sounding political slogans (well-meant they may be) such as "mending broken society", "strengthening family values", "encouraging marriage", "tax relief for married couples", "eliminating child poverty", "creating social justice" etc, will come to absolutely nothing in the end. Nations that are mainly concentrating on economic and military strength, without acting simultaneously to strengthen basic human values inherent in these Principles are potentially doing more harm than good and doomed to disastrous consequences.

With the acceptance and adoption of these **principles** universally into our daily individual and family life, and for the running national affairs by all countries through their parliaments and governments, *there should be virtually no problems that cannot be resolved in this world satisfactorily*; thus creating happy, healthy, peaceful and 'prosperous' societies worthy of our intelligence and human dignity. *These principles should break the vicious cycle of succeeding generations of children and adults causing destructive problems in any society. All these principles are inter-related and over-lapping. No way can we afford to accept some and leave out the others in pursuit of Fairness.*

"Where there is a will, there is a way". It needs the willingness, conscience, sincerity and the courage of our political leaders, people in powerful and privileged positions, and some institutions like Medical and Educational, to change the course of human history. National policies should be framed in the true spirit of these principles. Reluctance to take this initiative amounts to admitting their lack of vision, imagination, commonsense and conscience, or the courage. At present, colossal sums of money and human resources are being squandered on some 'eye-catching', short-term, quick-fix, unimaginative, and un-productive remedies to cure innumerable damages created by numerous forms of human abuses. On-going enactments of thousands of virtually ineffective and un-enforceable laws and bye-laws (which, no body remembers or understands) to solve multitude of social problems, will get us no where; it causes more apathy, confusion, irritation misery and distrust.

If we have the 'know-how' (the right knowledge), we can solve a lot of serious problems with considerable ease, or at least with less difficulty; but if we do not have the 'know-how', a lot of simple problems can be made very complicated and 'impossible' to solve. **In this day and age, the lack of a comprehensive set, of fair and easily understandable universal principles worthy of our intelligence, is the root cause of all sorts of human abuses and miseries. It is simply not worthy of our intelligence, to go on making and changing rules inappropriately, as we**

plod along, without knowing where we are going. We are all one Human race; we need one set of Principles to govern our lives to live in Peace and harmony.

If anyone *cares* to study all the principles discussed in this book **sincerely**, they will find them simple, sensible, rational and sheer **commonsense**. These principles should be discussed, debated, and propagated widely, in order for all of us to cultivate rational day-to-day attitudes in human relationships and responsibilities, rather than continue to base many of our failed attitudes, on some fictitious and irrational mythical beliefs. **These principles should form a common ground for all peoples' welfare and progress, and establish genuine PEACE all over the world.**

'Globalization' of these principles is more likely to bring Happiness, Health, Peace, 'prosperity' and Security for 'everybody' all over the world. Sowing the seeds of these valuable ten Principles into the minds of everybody is the first most important of several steps to-wards creating genuinely Fairer Societies

The present system – obsession almost - merely of globalizing Economy may bring prosperity to some, but will do nothing to stem the constantly widening gap between the rich and the poor which will cause serious consequences to peace, stability and security; *it will not stop the rapidly spreading countless abuses of basic human values.* **The rich and the powerful Politicians, Economists, Business people and Nations do not seem to have visualized the grave dangers of the rapidly widening and accelerating gap between the Rich and the Poor!!!**

*In order to globalize these principles, every national government should take steps to bring these principles to the awareness of all its citizens and encourage a healthy public debate. In financial terms it costs them a tiny fraction of their national budget and it will result in enormous benefit to the whole society in numerous ways, paving the way for Fairer and Peaceful society. **If we aim to create a genuinely Peaceful World, United Nations Organization should take these ten principles – F.U.B.P and S.P.A.A - on board, and try vigorously to globalize them. It would be even more visionary and imaginative if all nations incorporate these principles into their National Constitution.***

A small sample of case histories given in the next chapter, should be considered as a tiny **microcosm of what is widely achievable**, if all of us make a little time and effort to understand the Five Universal Basic Principles for management of children and the Similar Principles Applicable to Adults, and try to put them into practice in our day-to-day life, sincerely. Any serious disagreements and conflicts between people could be resolved amicably and quickly without “losing face” simple by referring to these principles, *provided we have some degree of humility and conscience.* **The more we study these principles, more humble and conscientious we are likely to become!**

Children in general and babies in particular, are vulnerable humans. They are unable to articulate their Rights and Needs, and their grievances, meaningfully, to the ‘all-powerful’ adults, who erroneously believe they “can’t be doing anything wrong”!! They are being betrayed by all sections of society! They need

Sincere, Conscientious and Courageous persons and Institutions to come forward to plead their case, and initiate a Crusade for Fairer Principles for Fairer Societies.

In order to make those aims possible, we need to have a *systematic, cost-effective, and imaginative approach* to bring these principles meaningfully and effectively, to the attention of every body in any society, and encourage a healthy debate, and help to put them into daily routine.

Who should take the initiative on this matter? Here are some suggestions:

- 1. All governments should have this book printed and distributed free of charge to:**
 - (a) every home in their countries, and encourage every body to read it, discuss and debate, and act accordingly,
 - (b) every school child between about 13 and 17 years old, and to every school teacher,
 - (c) all child-healthcare and child-welfare professionals,
 - (d) relevant News and Information Media and appeal to them to take a **non-partisan** approach and campaign for these principles for a Fairer Society.

Children should be encouraged to read this book and helped to understand some features in it because it is all about them, and their future. They should have their say. They should be encouraged to discuss and debate all the issues raised, with their teachers and their parents. This should also enable them to recognize the mistakes made, and still being made, by their own parents and others; and help them to become determined that they themselves should be careful not to make the same or similar errors as their parents did, when they grow up to be adults! *This should be a crucial element, in trying to break the vicious cycle of succeeding generations creating crises after crises in society.* These children should be given all possible help and encouragement to understand these principles clearly. This is likely to make them become *genuinely* more caring and conscientious adults than most of us are to-day; and more caring, conscientious, honest and courageous *leaders* than we have to-day.

2. If, the governments sadly fail to grasp the v.i.c.c in the F.U.B.P. and S.P.A.A dealt with in this book, and fail to act on the above suggestion, there must be some people of conscience among the Rich, Powerful, and Influential people and Institutions, who could, either on their own or several of them together, try to fulfil the whole or part of that role; and keep on urging their governments to take an active interest. Even if the governments do take the initiative, these important people and institutions would still be very important in order to spread the message and encourage a healthy debate.

3. Any existing Charities promoting and campaigning for a specific need of some children, could also incorporate these Principles in their campaign, and distribute this book to as many people and institutions as possible; and pressure the government to prioritise these principles and modify all their policies fully in the context of these principles.

4 Any individual who has read this book and agree with the principles discussed in it, can promote those concepts, by:

- (a) talking to friends about the book, lending the book, telling them how to obtain a free copy of the book etc
- (b) considering group discussions
- (c) bringing the book to the attention of local and national news papers, radio and television, and appealing them to campaign for these principles,
- (d) considering formation of a charity for 'Fairer Principles for Fairer Society',
- (e) write to their governments to take the initiative, etc.

Of course, there must be many other ways, one might think, of bringing these principles to the attention of wider public. *Everyone should have a vested interest in these principles, because, they are relevant to everybody, anywhere in the world.* Any effort by any individual to promote these principles would add to the over-all collective thrust.

I would be very grateful to hear from any individuals or any organisations, of their efforts to promote these principles for creating Fairer Societies. I WOULD ALSO BE VERY HAPPY TO MEET WITH ANY INDIVIDUAL OR GROUPS IN ORDER TO DISCUSS AND CLARIFY ANY ISSUES RAISED IN THE BOOK, IF SUCH MEETING IS PRACTICABLE.

CASE HISTORIES

Prevention is always better than cure. The vast majority of the symptoms mentioned earlier in this book could be prevented, if the parents and the child-health professionals had the knowledge of, and appreciated the importance of the Five Universal Basic Principles, and applied them conscientiously from the early days and weeks of a child's life.

If prevention is not possible, the next best thing should be to make an early diagnosis, cure the symptom/disease properly by dealing with the cause of the problem, and follow it up with measures to prevent further problems. To make an early diagnosis correctly, it often needs a good doctor who is capable of diagnosing psychogenic 'illnesses' as well as organic diseases, and has the expertise to treat them efficiently, making use of the Five Basic Principles. Sadly, Child-Healthcare Medical Professionals have little or no interest in children's psyche in their professional practice. There is a lot of **talk** but very little of **substance** in practice, in their often declared intention of "**treating the whole child**". Let me illustrate this point with this following account:

Some years before I retired, a Consultant General Paediatrician (who in public always talked as though he was totally devoted to the service of children and their welfare) asked me in confidence—"Jay, I am thinking of organizing a consortium of paediatricians for Private Practice. I like to have them from different ethnic back grounds. Would you like join the group? However, if you do want to join, I have to say right now, you should avoid diagnosing psycho-somatic disorders, because parents don't like it; hence it would not be good for the consortium. Another point is, you should try to keep the waiting time for NHS hospital out-patient clinics 'long enough' say about six to eight weeks to attract patients to Private Consultations! Think about it; let me know in a week or two if you would like to join the group. Please keep this to your self; don't tell any body". I told him straight away, "Thank you for asking me to join. I feel that I am paid primarily to serve children's interests, their health; not to please their parents just to be popular or for financial gains, when in fact, many misconceived beliefs and practices of parents are causing serious mental health problems to their children! I feel the whole concept you are suggesting is completely against my principles; it is immoral. Sorry, I can't join the consortium you are proposing." He was not an exception, who had *hidden* indifference to the mental welfare of children, and ignorance of their psychological Rights and Needs! There is lukewarm approach and wide spread indifference to mental welfare of children as well as adults throughout the Medical Profession and wider Society.

In this chapter I have given just a few examples of case histories briefly, to illustrate that many symptoms could be treated very satisfactorily using the Five Universal Basic Principles, and indeed so many of those symptoms could and should have been more correctly diagnosed and treated much earlier if doctors had been better trained, thus greatly reducing long periods of misery, unhappiness, distress, ill health and inefficiency

of children as well as their parents. **These examples are, as I said before, a *microcosm* of what is achievable in society, if all of us apply these principles routinely in Life.**

CASE 1

David was about six and a half years old when he was referred to me by a School Medical Officer. The problem in the past few months was that he had become unmanageable in the classroom. He was "hyperactive" - he would not keep still, he was disruptive, disobedient, and lacked concentration. He often refused to do any school work and interfered with other children, preventing them from doing their work. He was mischievous and picked fights with other children. "He has never been a good boy, but since he started school, he has become a lot worse in the past few months."

An **educational psychologist** could not assess him properly as he was so un-cooperative!!!

The parents who brought him to my out-patient clinic said that he had always been a difficult child in one way or another, ever since he was born, but had become "impossible" since he was about three years old. When he was a baby he cried a lot, vomited frequently and often held his breath when he cried. Between one and three years of age he went through various phases when he was difficult at meal times, had sleep disturbances, was passing urine frequently during the daytime, had several temper tantrums, etc.

From the age of about three, he deteriorated. His tantrums became violent and destructive; he soiled his pants with faeces three to four times a day, refused to use the toilet for defecation, and picked fights with children in the neighbourhood. When he started school at the age of five these symptoms more or less continued there, and in the few months before he was referred to me the teachers and others "had enough of him; something had to be done to sort him out."

The parents also mentioned that they had another child, Susan, aged about three and a half years. She had been having coughs and colds every three to four weeks in the past twelve to eighteen months but she was still a lively and healthy looking girl.

Mother herself suffered headaches almost every day "due to tension". Doctors had put her on tranquillizers.

Father was a qualified plumber but had been unemployed for over a year because of "cartilage trouble" in his knees and was on waiting list for an operation. He admitted to being a normally short-tempered person but had become more so, because of being unemployed and waiting for his operation.

On examination of David, and talking to him, I came to a conclusion quite confidently, that he was a child of normal intelligence (although at lower reaches of normal) and that he did not have any physical disease or abnormality to account for his behaviour problems.

Having sent David out of the consulting room on some pretext, I told the parents something like this:

"I am happy to tell you that he is a very healthy child and he has no physical disease. All the behaviour problems that he has been having are almost certainly due to some emotional reasons. There must be something going wrong in your management of him. I am quite sure that I can make him into a good boy;

rather, I can help you to make him into a good boy and put him on the right road to happier and healthier years for the rest of his childhood. But I can do that only if I have your complete co-operation and you allow me to guide you on some **absolutely fundamental principles** of management of children. Those principles should apply to David as much as to any other child. When you have understood those principles, you will be able to quite easily recognise what might have gone wrong to get him into the shocking state that he is in now. Even more important is that these principles would help you to prevent further serious problems. You might even be able to stop Susan having very frequent attacks of coughs and colds.

"It takes time and hard work to change things. If you are prepared to work hard and conscientiously, I shall be happy to put in my time and hard work to help you and David. But if you are not prepared for it, I would not bother to waste my time: I will ask your family doctor to refer David to some other specialist".

"You do not have to give me the answer today. You go home, discuss it between yourselves over the next few days, before coming to a decision. You are welcome to have another exploratory chat with me again before you come to a final decision. . ."

At this stage the father interrupted me and said, "No doctor, we don't need to go home and discuss it. You seem to know what you are talking about . . . you seem straight and frank. Tell us what to do. . . I will do anything to help my son. I am sure my wife would do the same." Mother also nodded her consent. "What is the next move?" asked the father.

I suggested, and they readily accepted, that a) David should be admitted to hospital for a few weeks, b) initially, the parents should visit him in the ward for about one hour only every day, c) if he misbehaved with them badly during their visit they should go home immediately if he did not heed their warning, d) I would meet with the parents every week in order to advise them about the Five Basic Principles and discuss how to correlate the day-to-day practices to fit those principles whether he is managed in the hospital or at home, e) David would continue to have his usual education in the hospital school.

I also asked them if I may have their permission to smack him hard **if forced by circumstances** when he was staying in the hospital and I promised that **no body else** but me would have the authority to do so. They readily agreed to my request saying "have no fears doctor, do anything you like; after all we smack him at home, you have our full support."

Before they left my consulting room I got David back into the room and said to the parents (pre-planned) in front of him, "I think David is basically a good boy and intelligent. It is very likely that we - you as parents, teachers and doctors - must have been making many mistakes in managing him. I am sure that I can help him, through assistance from you and teachers, and make him into a really good boy. Anyway, I would like him to come and stay with us in the hospital for some time and before he is discharged from the hospital, he will have become quite a different child. Please bring him, a week from today, to the Children's Ward. I will see you then. Good-bye."

He was admitted to the Children's Ward a week later as pre-arranged. In the ward he displayed many of the symptoms complained of before. He soiled his pants three to four times a day and did not use the toilet. He did not co-operate with the school work in the hospital school; complained of headaches and tummy aches, and 'can't do it', as excuses for not trying. He started distracting other children from their school work and started picking fights.

One day, after about ten days in the ward, he was very disobedient with a teacher (Miss Hadley) when she insisted that he should do the work as told. He threw away everything that he could lay his hands on and screamed at the teacher "you can't make me do it, I know my rights." As she stood looking at him in horror and bewilderment, he challenged her to "get angry . . . why do you stand like that doing nothing?"

Miss Hadley dragged him out of the schoolroom, left him with an attendant in a vacant room and interrupted my ward round to report to me of what happened. I went to see him straight away and when asked to explain his behaviour he refused to talk.

I warned him and repeated the warning in front of the teacher that if he behaved badly again, I would be very angry with him.

Half an hour later, I was called to see him again as he was spitting into the dinner plates of other children and hitting them at the meal-time.

I dragged him out of the dining area to my office. When asked to explain what he did, he replied "I am not going to tell you. . . I know my rights!" I started hitting him hard on his bottom, and before I stopped he started saying "don't, don't hit me. . . I will be good." He promised me that he would not be naughty again. I also told him that he should stop soiling his pants and that he should use the toilet properly. I warned him that I would be even more angry with him if he should behave badly any more. I called the senior nurses and the school teachers and told them in front of him that he had promised to be a good boy and asked them that they should let me know if he behaved badly any more.

In fact, from that day onwards there was no trouble from him any more either in the ward or in the schoolroom. There was no more soiling of his pants. He began to co-operate and started to learn lessons at school!

When the parents visited him that evening, he complained to them that I hit him, When asked why, he said "because I did not eat my dinner," Father said, "I am sure he would not hit you for things like that; you must have done something very naughty," David changed the topic and did not talk any more about the incident.

David was kept in the ward as an in-patient for about six weeks, During that time, I met with the parents almost every week teaching them the Five Basic Principles of Management of Children and how to apply them when they visited him in the ward, and more important, after he was discharged from the ward,

Nearer the end of his six week's stay in the ward his original school teacher (Mrs. Wilson) and the educational psychologist (who previously had found it impossible to assess him properly) visited him in the hospital separately, they found him to be so relaxed and well-behaved they "could not believe he was the same child." Mrs. Wilson said that she had fifteen other children in her class of thirty, who had behaviour problems but David was the worst of the lot. She feared that there was not much future for those children.

David was sent home after six weeks but to return to the hospital school for a few months so that we could consolidate the progress we had made with him. I continued to see the parents every two to four weeks for a few months so as to make sure that they had learnt the details of day-to-day management of him and their other child Susan, compatible with the Five Basic Principles. After a few errors and confusions initially they gradually became quite confident of themselves in the management of the family as a whole on the basis of the new principles they had learnt.

After attending the hospital school for about four months, he was sent to a 'remedial school' of the local Education Authority, where there were only ten to fifteen children in a class (as opposed to thirty in a normal school) for about six months, before returning him to an ordinary junior school in a different area of the town.

The parents also moved to live in a different area of the town 'to make a fresh start'. According to the latest information I had of him and his family six years later, they were still a happy family and David was “no trouble” and making average progress at school!

Helping David as I did, and the very many hours spent on educating his parents as to how to help him on the basis of the Five Basic Principles, produced some beneficial byproducts for the family as a whole.

As the parents began to apply the same Five Basic Principles in the management of their three and a half year old daughter, Susan, her frequent attacks of coughs and colds disappeared and they found that she also became a more pleasant and more confident child.

Mother, who had grown up to be a person having just about learnt to read and write adequately, was very timid and suffered an inferiority complex, had been “petrified” of going out alone in recent years as she 'suffered agoraphobia' (but did not want to consult psychiatrists as her own parents disapproved of it because of the stigma of psychiatry), gradually developed self-confidence, went out on her own without fear and began to do a part-time job in a café!

Father, who had been a very short-tempered person 'all his life', beaten his wife in front of the children, inconsistent and short-tempered with his children, a generally aggressive man who 'always knew his rights' gradually became a more even tempered and reasonable father and a husband. Altogether, quite a satisfactory outcome!

Lots of credit must go to the parents, who **conscientiously tried and worked hard for months to modify their attitudes based on the Five Basic Principles**. When the parents understood the Five Basic Principles, they were able to recognise numerous mistakes they had made 'all the time' in the management of their children.

CASE 2

James was referred to me by a GP (Family Doctor) from outside my district. I was told by his parents who were in their early twenties, that James was born a normal healthy baby. He began to be 'unsettled' - cried excessively when he was about three weeks old. He cried excessively for the next five to six months, mainly during the daytime at first, and latterly both day and night. During those months, he was seen several times by three different doctors. His feeds were changed, medicines were prescribed for 'colic' and for sleep at night but none of those measures were very successful. Mother was advised not to worry, “he will grow out of it”.

Between the ages of eight months and three years he had episodes of diarrhoea at intervals of about three to four weeks lasting up to a week each time. Doctors advised the parents to avoid giving him milk, cheese and eggs and see if it helped him but it did not seem to make much difference. Medicines were prescribed during periods of diarrhoea but they did not appear to be very effective. Eventually a local **paediatrician** was consulted. Parents were told that James had 'toddler diarrhoea', it was not serious and “he will grow out of it”!

Between the ages of three and five years he complained of abdominal pains frequently and sometimes complained of pain on passing urine. He was admitted to a hospital once or twice but 'nothing wrong' was discovered; blood and urine tests were normal, so was the x-ray of his abdomen. But he kept having tummy aches from time to time and the parents found him sometimes 'doubled up' in pain. They were repeatedly assured by doctors that he will “grow out of it” and that they 'should not worry'. But they could not help worrying as his symptoms continued to recur.

From about five years old he began to get attacks of coughing, colds and wheezing - 'asthma', every two to three months. From about six years old these attacks became more frequent - every three to four weeks, and lasting three to four days. Doctors prescribed 'inhalers' to be taken three times a day, every day, to prevent the asthmatic attacks. This treatment slightly reduced the number and severity of the attacks but did not stop them altogether. The parents were told that he was very likely to grow out of it in time.

From about six years old he also began to get a blotchy rash in the skin (urticarial rash; hives) and swelling of the face, hands and feet frequently - 'sometimes every day; sometimes he may be free of it for up to a week'. Over the next twelve months, **a famous paediatrician in a University Teaching Hospital** did various skin tests and prescribed diets which excluded foods such as milk, eggs, cheese, nuts, bananas, peas, chocolates, etc, and advised avoidance of foods which contained dyes and preservatives. He was also prescribed anti-histaminic drugs. With all these measures there was a moderate improvement of his skin symptoms. However, when he was about seven years old the rash began to get worse and occurred almost every day.

At this stage, he was referred to me - **yet another paediatrician!** I found him to be very fat (had been so since he was three years old), nervous, immature, covered with urticarial rash and some swelling of the face. I also learnt that he was still wetting the bed - had never been dry at night, but had become dry during the day by about two and a half years old.

His mother looked extremely anxious, and said that he was "**allergic to everything he eats and everything he touches.**" She herself suffered headaches "every day since James was born, worrying over him."

I hinted to the parents that most of his past symptoms including asthma and bedwetting were most probably due to cumulative inconspicuous mental strains but was not sure if the skin rash and swelling were also due to the same reason or due to allergy. I advised that he should be admitted to hospital for observation and any tests considered necessary after a period of observation. The parents were advised to visit the child only for about an hour each day. I also advised them briefly (away from the child) on how to conduct themselves in relation to him when they visited him in the ward. They agreed to the plan.

After admission to the ward, he was put on a **completely normal diet right from the beginning** – nothing was excluded. During the whole time he was in the ward – for about two weeks, he did not have any skin rash or swelling and did not wet the bed except in the first night! No medicines were prescribed, no tests performed. The parents began to concede that emotional causes might, after all, be the reason for his skin rash and bedwetting and perhaps for some of his past symptoms also. However, they could not imagine what could be the reason for his strains as they "**loved him and cared for him very much.**"

I advised them of the Five Basic Principles of child management as described in this book and also gave them a type written copy of these principles to take home and read. **They recognized many mistakes they had made ever since James was born, and felt relieved that they might have at last found the answer to his problems and their uncertainties.** He was discharged after two weeks on mother's insistence, although I would have liked to keep him in hospital a little longer. She was insistent on taking him home because, as she put it "**I now know what mistakes I have made in the past and I shall now put them right; thank you very much for helping me**".

After going home, I was kept informed of his progress by a Health Visitor and the family doctor. As the parents (especially the mother) started rectifying all their past mistakes, James suffered virtually no more skin rash or asthma in the next twelve months! **No drugs, no special diets!** There was a great improvement in his bedwetting. His school work got better. He became a more confident child.

All those symptoms that James had since three weeks old need never have happened, if the parents and **doctors** had the **knowledge** of the Five Basic Principles of Management of Children, and applied them **conscientiously** in practice from the beginning.

CASE 3

John, a seven-year-old boy, was admitted to hospital one night with an acute attack of asthma. The resident doctors treated him with usual appropriate medicines and by the time I saw him next morning during ward rounds, the attack had almost cleared up. The parents who were there with him told me that he had been having asthmatic attacks since he started going to school when he was five years old. In the beginning they used to occur at intervals of about 6-8 weeks but in the past few months they were occurring more frequently – every 3 or 4 weeks. These attacks usually lasted 2 to 4 days. In addition to these major episodes he had been wheezy several times for only a few minutes or up to an hour.

Mother, who looked very anxious, said that she was getting very concerned about John as the asthmatic attacks were getting more frequent and that he was missing school quite a bit. Mother was a trained nurse and a mid-wife but had not worked since she was pregnant with John. Father was a businessman who usually worked from about 8.30 am until about 6.00 pm or 7.00 pm every day and quite often worked over the weekends also. In addition to John, they also had another child, a girl aged two. She was said to be in good health. Mother said “she has a temper.”

I was told that their Family Doctor had prescribed an inhaler (Intal) to be taken three times a day every day in order to try to prevent asthmatic attacks and had prescribed another inhaler (Ventolin) to be taken three or four times a day when he actually developed an attack. The parents thought that John’s asthma had not really improved and they wondered what more could be done to help him. They also mentioned that their doctor considered the possibility of allergy for John’s asthma. Mother could not understand what he could be allergic to. They did not have any pet animals at home and the mother kept the house as dust-free as possible. They were not able to identify anything that provoked the attacks.

I told the parents that almost all General Practitioners (Family Doctors) and paediatricians used drugs as a means of preventing asthma when it occurred as frequently as it did with John. **It did not mean that they were dealing with the cause of asthma.** Most of them say that it is caused by allergy and yet they hardly ever find out what the patient is allergic to. I suggested that in my view, emotional causes – mental strains – were the commonest causes of asthma, whether in children or in adults. If that is the case, and I am quite sure it is, merely preventing asthma with drugs while excessive mental strains continue to exist, may not necessarily do much good to the child in the long term; because, as long as the cause is not removed, either the asthma will reappear when the drugs are discontinued, or some other symptom may replace it sooner or later. Then the likelihood is that the new symptom also is liable to be treated with drugs while the underlying cause of the symptom is continuing to pile up. **The whole process is like ‘papering over the cracks’!**

Mother asked me what I would recommend. My recommendation was that there should be exploration to find out if there was anything to cause him excessive cumulative mental strains to account for his asthma, before resorting to drugs as the only means (or the main means) to control his ‘illness’. She asked how I

could find out the psychological cause of his asthma, if it was the cause. I suggested that I would help the parents so that they themselves might be able to find out if there were psychological causes for his illness, by giving them some **guidelines** to look at. After meticulously considering those guidelines, if the parents believed that there was no cause to account for mental strains, it would then be more appropriate to resort to drugs.

I warned the parents that, as the whole exercise was very time-consuming, and as it also meant that they would have to examine (or re-examine) their child-rearing attitudes and practices, I was willing to put in my time and effort with them, only provided they too were keen and willing. If on the other hand they dismissed it as a useless exercise, I had to resort only to the prescription of drugs as all other doctors had.

At this stage the mother asked in a slightly aggressive tone “do you mean to say that I have not looked after my child properly?” I said “I am curious that you should say “I” rather than “we”. Child rearing is not, only one person’s responsibility. It has to be both parents. I am quite sure that you love your child and do your best for him. All parents do that. However, what the parents consider to be the best thing for their children is often not the same as what in fact is correct. With all the best will in the world, if mistakes are made frequently, the end result is likely to be unsatisfactory. When babies came into this world, they did not come out with hand books for the parents, to explain what their specifications were and what was expected of the parents to do for them. Parents have never had any education on the principles of child-rearing. What the parents do is usually the result of their observations of the practices of other parents, and the memory of what their own parent said and did to them when they were children. Much of the details of child-rearing is often a matter of habit at this moment in time, and not based on a rational and comprehensive set of any sound Principles.”

Anyway, I asked them to think about it and let me know if they would like to take up my offer or would prefer to carry on with drugs and keep looking for any allergens. I also hinted strongly that it was very unlikely that his asthma was due to allergy. John was discharged the same day.

Within the next ten days, he was admitted to hospital twice with acute attacks of asthma. On both occasions they settled within a few hours, the second one on treatment with only a placebo inhalation of water vapour given through a nebuliser. Following this second admission (third in all) his mother expressed the desire to take up my offer for exploring psychological causes for his asthma.

I advised the parents to leave him in the ward at least until I had the chance to talk to them and it would be about a week. Mother agreed rather reluctantly. They were also advised that they should visit him only for about an hour every day and avoid the normal school hours as he had to attend the hospital school so that he did not miss out on his education.

Before meeting the parents a week later, I had an opportunity to assess John’s personality, maturity and performance. Senior nurses and school teachers found him to be very immature and quite timid. He was happier to mix and play with children of three and four years of age rather than those of his own age. He had no drive or initiative to do anything. He had to be always told what to do. Teachers thought that he was six months to one year behind in his educational attainments. He had to be shown firmness to make him do his school work. He often tried unsuccessfully to escape it by putting on a wheeze, or complaining of feeling sick. If his mother did not bring him a gift every time she visited him, or if she did not allow him to sit on her knees etc, he would sulk or throw a tantrum or a wheeze. As soon as he started to wheeze his mother would rush to the nurse-in-charge to report the onset of the symptom and demand that a doctor be called immediately. In fact he never needed any medication and the wheeze always cleared up after the mother left. A nurse on the children’s ward who went to the same church as John’s mother on Sunday’s said of her “she

is an odd woman, she still treats him like a baby. He often sits on her knees in the church and climbs all over her like a toddler!"

One week later I had a long, leisurely discussion with the parents. I advised them about the Five Basic Principles and explained how cumulative mental strains built up and produced numerous symptoms in children if they did not receive the benefit of those principles adequately and consistently throughout their growing years.

Mother's reaction to my advice was **"you must be a fly on my walls; you have just painted a picture of almost everything that I have done wrong. I wish I had the knowledge of these Principles when he was a baby. For a start, I might have saved myself the misery, and the feeling of inadequacy and indignity I suffered when he went on crying day and night continuously for eight to nine months in his first year. Doctors kept on saying that there was nothing wrong with him and that he would grow out of it. At one stage a doctor was impatient with me and said that I was neurotic and that I ought to know better, being a mid-wife."** She also said, **"I have to admit that I have always overprotected him, not knowing the consequences of it. I have also been giving in to him too much and letting him have his own way, in order to prevent him going into tantrums."** She went on **"now I feel . . . such a fool, realizing . . . what a lot of mistakes I have made."**

I consoled her slightly saying that the **mistakes are very easily made**. If the parents were aware of what was the right thing to do, hardly any of them would go on making mistakes. Anyway, if the **doctors and child health experts are ignorant** of these things and unable to advise the parents the right things at the right times, how can the lay parents be expected to know all the right answers?

Next, I went on to recommend that John should stay in the hospital for six-eight weeks depending on the progress he made. Following that period, he was to return to hospital as a 'day-case' to attend the hospital school so that we could monitor his general progress and his asthma. During the whole of that period, I was to meet the parents (especially the mother) frequently to smooth out any difficulties encountered in their management of him according to the Five Basic Principles, whether he was at home, hospital ward, or the hospital school, and to clear any confusion and conflict that might arise in the minds of the parents. The parents agreed to go along with my advice and recommendations.

In fact, John was kept as an in-patient for about six weeks. During that time he was allowed to go home for the last three weekends and I met his mother on each of the following Mondays or Tuesdays to discuss any problems that arose and how the parents coped with them over the weekend. Following those six weeks, he came back as a 'day-case' for three months. I kept contact with the parents, mainly the mother, every two to four weeks during the period he was coming as a day-case. Through managing him more or less strictly according to the Five basic Principles by the parents, doctors, nurses and the hospital school teachers, great strides were made in his health, happiness, maturity and performance.

After the first ten days in the ward he never had any more wheezing during the rest of the time he stayed as an in-patient nor in the three months he came to hospital school as a day-case. In the following six months after he was discharged to go back to his own school, he only once had a slight attack of wheezing which lasted for a day and did not need any medicines for it.

During the four and a half months that he attended the hospital school, his educational attainment reached near enough to the expected level for a child of average intelligence. When he went back to his own school, his teachers found a remarkable change in his personality and attitudes. They found him to be more confident, communicative, independent, responsible and co-operative. Six months later he was awarded a certificate for the pupil making the greatest progress in his class!

After six weeks in hospital, his neighbours remarked "hospital must have done him good; he looks more confident and grown up!"

CASE 4

A lady doctor – a doctor in the Community Child-Health service – brought her four-year-old son (Roy) to consult me about the asthmatic attacks he had been getting frequently. She brought him to see me while he was still in an attack in order to give me some idea of the severity of the condition.

I was told that he had been having these attacks in the past two years. They occurred mainly in the winter months, at intervals of approximately three to four weeks. During the attacks he had a cough, cold and wheeze, with some moderate degree of breathlessness. The whole illness usually took about a week to clear up. Each time he had those attacks he was treated by his father, who was a General Medical Practitioner, with antibiotics and broncho-dilators (the drugs that help to dilate the smaller passages in the lungs). Mother said that she was getting worried because “now it is early November and this is his third attack already since the beginning of October.” She also wanted to know if the attacks he was having were ‘asthma’ or anything else. I asked her what the parents thought it was. Mother replied that she thought it was asthma and the father thought it was ‘asthmatic bronchitis’.

After observation of the child while talking to the mother, and physical examination, I told the mother that I was happy that in spite of so many chest complaints in the past two years he had been thriving and looking well. As regards the chest, I commented that he had some excess secretions in the lungs and narrowing of the smaller air passages. I said that it did not matter what name we gave it – whether ‘asthma’ or ‘asthmatic bronchitis’, but it was more important to understand what the cause was, because, on that depended how one planned the short term and long term management.

At this stage, I sent Roy out of the room to go and play with other children in a playroom and asked the mother what she and her husband thought about the cause. She said that her husband thought that it was caused by infections and possibly some allergy. She mentioned that she too used to feel the same way as her husband, but was not so sure since she recently learnt from a couple of mothers attending her Child-Welfare clinic that their children’s asthma improved greatly after “you advised them about ‘proper’ management of their children – and told them that asthma was commonly due to psychological causes in children.” She said that she would like to know what I thought.

I told her that in Roy, as in most other children suffering frequently recurring asthma, the cause was most probably cumulative mental strain. In my view allergies and infections are less common causes.

I explained that it could not have been infections that caused so many attacks of asthma, because he had been thriving very well and appeared to be generally very healthy in spite of four attacks in the last four weeks. A child who had suffered infections very frequently would have looked chronically sick. Infections pull you down in your general health and vigour. I also reasoned that allergy was also very unlikely, because the constancy of the environment he lived in and the nature of foods he ate would not explain the periodic nature

of his asthma sufficiently. I suggested (by reasoning, as I have done in the introduction chapter of this book) that cumulative mental strains could easily explain the cause and periodicity of his asthma.

At this stage, the mother remarked that she was beginning to understand the rationale of my concept of psychological cause of asthma, and asked if I would be prepared to teach her the Five Basic Principles of Management of Children. I gladly agreed to do so and gave her an appointment for us to meet again leisurely a week later. She told me that her husband was very unlikely to come with her as he did not believe in psychological causes of asthma.

She asked what I would suggest for the treatment of an acute attack. I mentioned that I usually advised the parents on some aspects of management of an attack of asthma, only after I had gone through the Five Basic Principles with them aimed at preventing the attacks first. I said that because she was a Child-Health doctor, I was willing to an exception to my usual practice in her case. The advice was as follows:

a) When one day you see him with a cough and /or wheeze but he is up and about, do not talk with him, or anyone else within a hearing distance of him, about his chest. Do not keep looking at him anxiously. In fact, try not to be anxious. If he comes to you complaining of his chest, try to reassure him confidently that it will settle down soon. He will notice your new confident approach which will have a beneficial effect on him. If you become tense and anxious over his wheeze, it may add to his cumulative mental strains and may only help to aggravate or prolong the attack. There are also some children who might play on the anxieties of their parents by exaggerating their symptoms in order to seek more sympathy, attention and fuss. Some other children will even learn to fake an attack for brief periods at their own convenience.

b) As long as he is up and about quite briskly and the 'illness' is not stopping (as opposed to somewhat slowing down) his activities, do not start him on any drugs and do not restrict his activities even if his physical activities appear to aggravate his chest symptoms momentarily. He himself would regulate his activities within the limits of his chest condition. During the illness (so it should be at any other time too) how much he eats, how much energy he spends and how much he sleeps is largely his business. Offering the right meals at the right times, waking him at the right times in the morning and disciplining him appropriately if he misuses the freedom is your business whether he is well or unwell.

c) If he feels well to go out and play, even when the weather is cold, do not stop him merely because of the weather or his chest symptoms. Having gone out, he will come in if it too cold for him. Having given him the freedom to go out, do not forget to exercise discipline if he misbehaves.

d) When he is well enough to be quite active around the house, do not stop him from going to school.

e) Discourage visitors to have any prolonged chat about his chest symptoms within a hearing distance of him. Change the topic of conversation tactfully. When well away from the child, explain to them the strategic reasons for not making his chest symptoms a focal point of conversation, so that they do not keep on repeating the same mistake every time they visit.

e) Give him a dose of a broncho-dilator if you think that his wheezing and shortness of breath is bad enough, and repeat the dose 4-6 hourly if necessary. Keep a supply of the medicine at home. As soon as he is well enough to be walking around fairly briskly and jumping about, stop the medicine. Rely as little as possible on medicines. At any time you feel unhappy about the severity of the wheezing and breathlessness, bring him to the children's ward any time of the day or night. I will warn the nurses and doctors of this possibility in the next few months. Even if you give a dose or two of the medicine unnecessarily, it is not a serious matter. But it is very important to manage him correctly in all other ways compatible with the Five Basic Principles.

f) If any confusion or conflict arises in your mind regarding the management of the child in general, or of his asthmatic attack, please telephone my secretary for an early appointment with me. I will try to clear up any confusion. I shall have plenty of time for you as long as you are seen to be *making genuine* effort to help your child on the basis of the Five Basic Principles.

Then, I told the mother that at the moment Roy's asthma was only mild and he did not appear to be in much distress. I did not recommend any medicines at that stage. I suggested that if she and her husband heeded the above advice that I normally gave other parents, it was quite possible that Roy's present attack of asthma might settle soon without any specific treatment. Mother said that she might well try it, if her husband did not object.

Before the mother left, I had Roy back from the playroom. He looked quite happy and pleased with himself as opposed to bored and unhappy when he first arrived. I told the mother in front of him that there was nothing to worry about his chest, and advised that he did not need any medicines at the moment and that his activities need not be restricted in any way as long as he did not cause any serious nuisance. I suggested that he need not be stopped from going out to play when it is cold – even when he is wheezy – as long as he enjoyed it.

As arranged before, I met his mother a week later. As anticipated her husband did not come. She was very delighted to report that Roy's asthma had virtually cleared up within 24 hours after I last saw him. He was not given any medicine, nor his activities restricted. His mother said that this was almost the first time his asthmatic attack cleared up within 2-3 days. As planned, I advised her on the Five Basic Principles. She was quick to appreciate how logical and rational the principles were, and how ignorant the general public and doctors were of them.

She recognized that there were two main areas of mental strain for her son. One was that the child was extremely over-protected, especially in winter months. The other cause was that the parents had very little time to spend with their child. From Monday-Friday, mother was out of the home from 8.45 am to 5.15 pm. Father was out from 8.30 am to 7.30 pm. In addition to his General Practice he also worked in hospitals almost every afternoon from 2.00 pm to 5.00 pm. Mother often came home quite tired and tense. She suffered migraine quite often. The parents were not a very pleasant and playful company for him. The only time that both parents were together at home was from 7.30 pm onwards. The child went to bed between 8.30 pm and 9.00 pm. During the week days a child minder/home help was in the home from 8.30 am to 5.30 pm while both the parents were out. She too was very over-protective of Roy and not very stimulating company. During the weekends both parents were often quite busy either entertaining their friends and relations that visited or they were out visiting.

Roy went to a play school three mornings a week. For a very physically energetic and lively child, he had very little outlet for his energies which was even worse in the winter months. He was considered by the parents to be an intelligent child, rather sulky and stubborn in his behaviour. He sometimes got up at night to go to the parents' bed. His father did not like it.

Following the advice the mother received on the Five Basic Principles on management, both the parents made considerable readjustments to their hours of work. They spent more time with their child in the evenings and weekends. They stopped over-protecting him. The child had virtually no more attacks of asthma!!

Even after many years, whenever we met, his mother kept on expressing her gratitude for the guidance she received on the Five Basic Principles, and that her son continued to be very well.

CASE 5

One Sunday morning a General Medical Practitioner telephoned and requested me to do a domiciliary consultation on a six-month-old baby who had been “crying constantly for several weeks”. He said, “there is nothing wrong with the baby. Mother is very tense. I am afraid she has become a nuisance. This morning she has telephoned my Health Visitor saying she could not cope with the baby any more. The Health Visitor has just telephoned that the mother is very distressed. I would be very grateful if you could see the baby and the mother today.”

I went to see the baby almost immediately. As I walked into the sitting-room the baby (Joanne) was sat in a baby chair looking very pleasant and very healthy. Her mother commented “right now she is making me look like a liar, doctor. She has been screaming the place down until a few minutes ago. She just could not be comforted. We (she and her husband) started arguing about her. I felt like leaving home. I did not know what to do. I telephoned my Health Visitor who had asked me to telephone her if I ever felt very desperate. She came and tried her best to pacify Joanne but failed. She then telephoned my GP. I am sorry doctor, that you had to come out on a Sunday morning; but I was feeling so exasperated.”

I asked her not to worry about me, but tell me all about the problems she had been having with Joanne. At this stage Joanne started crying and the parents tried to comfort her, unsuccessfully. I asked the mother to take the baby upstairs to her bedroom and leave her there (even if she continued to cry) until I finished talking to the parents. Father took her upstairs, left her there and came back, after once again unsuccessfully trying for a few minutes to pacify her.

While waiting for the father to come down, mother made me a cup of coffee and then we started to talk about Joanne and the parents. I learned that the father was a civil servant; he had a good job and a good salary. He was about thirty-four years old. Mother was thirty years old. She too used to be a civil servant, but resigned her job in order to be a full-time mother when she became pregnant with Joanne. Joanne was born in a local hospital; it was a normal delivery and the mother and baby were discharged home after forty-eight hours. After she came home, ‘the troubles soon began’. Joanne was home only three or four days when she started crying excessively. For two to three weeks, she cried mainly during the day but later she started “screaming all day and all night”. From about a week old until I saw the baby she had been seen, and the parents advised, by three General Practitioners (‘family doctors’), two Child-Health clinic doctors, two Health Visitors and a Midwife. Mother said: “they all tried everything, I did everything they asked me to, but nothing seems to pacify her. If anything, she is getting worse.” She continued, “I changed from breast feeding to bottle when she was six weeks old. Different brands of milks were tried on advice from the health visitors. The doctors thought that she might have colic; they tried different medicines. They also tried sleeping medicine at night. But none seemed to work very much. I was told that she will grow out of it. One doctor advised me to just let her cry; I did, but she never stopped. A book written by a ‘television doctor’ said that a baby should never be left to cry for long. I don’t know what is right or who is right. I wish I never had this baby.”

She went on: “Before, I had only heard of babies screaming all the time and of the parents driven to exasperation and depression. I never thought it would happen to me. I have never felt so helpless and

hopeless in my life. I have heard of parents battering their screaming babies, but I must say I am glad that such a thought never entered my head, but I felt like running away from home sometimes.”

“What can we do, doctor?” asked the mother. “I hope you have an answer for our problem.”

When I asked the mother how else Joanne’s screaming had affected the family, she broke down weeping and sobbing. When she gathered composure she said, “I feel tired; I am having headaches frequently, my husband and I are frequently arguing over her and many other useless things; we have not had an evening out for ages. Friends don’t visit us much – I suppose with Joanne screaming and me being tired and irritable, it would not be pleasant for them to visit us.”

In all the time I was listening and talking to the parents – about one hour, we could still hear Joanne crying upstairs. “This is how she can go on all day and all night, doctor,” said the mother. The father agreed with everything the mother narrated and said “at least I have a break, with me going to work. She has to put up with Joanne’s behaviour all the time”. He felt very sorry for his wife.

I told the parents that Joanne looked a very healthy baby and well nourished. She looked too well to have had any physical pain to account for her screaming all the time. I explained that if she had so much physical pain she would have looked clearly unwell and exhausted. I said that although I had not yet made a physical examination of her, I was sure that I would not find anything wrong when examined. **I assured them that I could make Joanne a very pleasant baby within a few days if only the parents listened to my advice and co-operated with me;** they said they would.

I suggested that first of all Joanne should be admitted to my ward in the hospital so that she and the parents had a complete break from each other for a while, and the parents – especially the mother, should have a complete rest for a few days without the screaming baby. Since the mother was so mentally and physically tired, she was unlikely to absorb and understand any advice that I might give her regarding the management of the baby at the moment.

They agreed for the baby to be admitted to hospital and the mother asked me if I thought that the parents had made mistakes in looking after Joanne. I said that a vast majority of parents had been making mistakes in the management of their children, because they never had any meaningful and properly structured education on child-rearing. The result was, I said, psychosomatic diseases and behaviour problems were very common in many children of all ages. Doctors and many other professionals could not be a great help to the parents as they themselves never had any proper training on that subject, and they seemed to be blissfully unaware of the damage to society that their ignorance was causing.

Anyway, I told them that Joanne’s was a ‘behaviour problem’ and I had no doubt that I would solve it with their co-operation. The parents accepted my opinion very humbly and agreed to co-operate with me fully.

I arranged for admission of the baby to hospital the same day. Before I left, I advised that the parents should visit Joanne in the ward for only an hour or so every day and avoid the baby’s meal times. They were advised not to pick her up even if she was crying when they visited her. They could touch her and talk to her but not pick her up. They might wash her and change nappies etc, if it was required, but having done that, they should put her back in the cot or the baby chair or whatever. I promised to meet the parents after Joanne was in the ward for at least two to three days and begin to discuss with them various aspects of the management of Joanne while she was still in the ward and also after she was discharged. They agreed to abide by my advice. They did not look tense and worried any more; in fact they looked relaxed and relieved!

In the hospital children's ward she cried all day on the first day and a large part of the first night. From the second night onwards she did not cry at all and slept all through the nights. During the daytime she cried almost continuously for five days. Only one other baby under my care before so far had cried for that long; all other babies having settled well in the ward within one to three days. During those five days that she cried continuously, she demanded attention from anybody within sight. If anyone went into bed room and talked to her she would stop crying more often than not, and as soon as they started going out, she would start crying in rage! Nurses were aware that they were not to go back to her just because she demanded (screamed) attention. In the ward no drugs or special diets were prescribed. The baby was managed by nurses strictly according to the relevant parts of the Five Basic Principles.

I met with the parents three days after the baby's admission, in order to brief them of Joanne's progress thus far, and to discuss in detail some aspects of management. The parents were informed that Joanne had slept well at night except on her first night in the ward. This was good news for them as she had not slept well at night for months at home. I assured them that she would soon stop crying excessively during the daytime also. It was mentioned that if she was a younger baby - say 2-3 months old, it was very likely that she would have already stopped crying by now. I also told them that Joanne was a very strong-willed baby; but is in need of right guidance to channel her strong will in the right direction!

I explained to them the Five Basic Principles of management of children and warned them that **only when one understood those principles well, would any body be able to work out meaningful details for the day-to-day management of any child.** Regarding the details of management of any **constantly crying healthy baby**, I went on to advise them of some special points of relevance in the management of any baby under roughly six months of age, based on the first three Principles explained earlier in this book.

Being very intelligent and responsive parents, they were very quick to understand the rationale and logic of the Five Basic Principles and the relevant points applicable to Joanne, and they recognised that they had frequently faulted on those points ever since she was born. They agreed that if they had the knowledge of these principles from the beginning, they might have saved the past six months of misery to themselves and Joanne. They felt sad that none of the professionals that advised them about Joanne seemed to have any knowledge of this subject. Their advice had often confused the parents.

Joanne stopped crying excessively after five days in hospital. The parents were then allowed to stay in the ward as long as they wanted, practicing the newly learnt principles for two or three days before they took her home. They managed her very efficiently in the ward and I had another talk with them just before they took her home, reminding them of the salient points of management.

I saw them again a month later when I was told that she had behaved very well since taking her home and they never before had such a delightful time with her since she was born. They expressed no end of gratitude for me guiding them along the correct principles of child-management.

I heard two years later, that Joanne was no longer any problem, and was growing to be a "delightful, ebullient, and lively toddler."

Screaming Babies

At this juncture in the book, I think it might be appropriate for me to make a few more special comments about this very common symptom of excessive crying and screaming of many healthy, normal, thriving babies in the first few months of their lives.

It is a symptom that occurs **all over the world, in all social classes, in babies breast-fed or bottle-fed.** They may cry and scream excessively “all day” and/or “all night” for weeks or months on end. It causes a great deal of tension, anxiety, conflict, helplessness, despair and depression for many parents - especially the mothers. Severe strain may develop between the parents, and between the parents and other adults within and without the family. Health and well-being of adults and siblings could be affected. Many mother's post-natal depression may well be precipitated by the baby's crying all the time; if the depression was already present, it might be aggravated or prolonged. In my view, a constantly crying baby may well be the main cause of some mothers' depression. If the baby's behavior is not sorted out soon, there could be some catastrophic results both for the baby and the parents. **Some babies have been severely injured by the tense and despairing parents and some babies have even been battered to death.** The longer the baby goes on crying, the more inadequate the mother feels. A vicious cycle develops.

In many countries where people live in large extended families, the distress to the mother is partly relieved by some of the adult relatives taking a share in nursing the screaming babies. In most of the so-called ‘advanced’ nations where the families are small—with only the young parents and their baby, or worse, a single mother and her baby—living on their own, the screaming baby quite often causes a serious medico-social problem. More often than not, it is the mother that bears the brunt of this crisis.

In the UK (United Kingdom), before I retired, the crying babies who were referred to me had been crying and screaming for anywhere from a few days to even one or two years. But the vast majority of them had been crying for a few weeks to a few months. Before the baby was referred to me, he would have had:

- a) his feeds changed several times, because some milks “did not suit him”
- b) cows milk replaced by soya milk as “he may be allergic to cow’s milk”
- c) breast milk replaced by cow’s milk, either because the mother was getting too tired to be available to breast feed him, or some body suggested that the “mother’s milk was not suiting him”
- d) cereals added to, or taken off his diet
- e) various medicines prescribed for ‘colic’ or ‘wind’ or to make him sleep at night

In addition, the parents – especially the mother—will have heard various professionals and other ‘experienced’ lay people say to her:

- a) “don’t worry; he will grow out of it”
- b) “try to relax; you are too tense”
- c) “you just have to put up with him”
- d) “he is just a cross baby; there is nothing wrong with him”
- e) “let him cry; don’t spoil him”
- f) “never” let him cry for too long; he might be harmed” etc

By now, the mother will have become utterly confused and helpless. She does not know whom to believe and who else to turn to for advice!

In the minds of most people, including the specialists in paediatrics and Child-Health services, the cause of healthy babies crying excessively is a mystery. It is a mystery only because we in the Medical Profession have never paid much attention to the psyche (mind) of babies and children. Mind is a much neglected field of Medicine and it often receives only cursory attention and lip-sympathy.

This is a symptom which, in my view, is largely preventable and certainly curable in almost all healthy babies. I have not the faintest doubt in my mind that mental strain is the most common cause of excessive crying. In fact the baby is in bitter conflict with adults about his Rights and Needs. In my experience, curing the constant crying of babies and relieving the parents, an awful lot of misery and agony, is among the least difficult of all the numerous troublesome psychogenic problems in childhood. The cure is achieved simply by educating the **responsive** parents on some relevant aspects of the first three or four of the Five Universal Basic Principles, and working out for them, some pertinent details of management which are compatible with those Basic Principles. *Nothing has given me greater pleasure and satisfaction in the course of my Paediatric Practice than seeing the parents (especially the mothers) and their babies looking relaxed and happy, after I relieved them of the utter misery surrounding the constant crying and screaming of their babies, who, when they first came to me, were a picture of absolute misery and despair.*

Once I excluded all possible organic causes quickly by simple observation and physical examination of the baby, I was so certain of the psychological causes for the excessive crying of these healthy babies, I was, in the last few years before I retired, even able – for the first time in the History of Medicine -- to give parents an almost certain *guarantee* of cure within a few days, provided they co-operated and accepted my advice. Most of them (about eighty percent) were very co-operative, and in those cases I never failed to cure the symptom within a few days.

If you have a **healthy** baby under six months old who is ‘crying all the time’, especially at night time, there is no need for you to go on just waiting for him to “grow out of it”. It may take a long time for him to grow out of it. I have frequently seen children at 1,2,3, or 4 years old still crying, whining and whinging excessively and having graduated into severe tantrums, head banging, sleep disturbances, disruptive behaviour, etc.

There is no glamour, virtue, valour or benefit in merely learning to “put up with it” or “cope with it” until he “grows out of it”. It is neither fair for the baby nor for the parents to go on suffering endless misery and agony and go on unnecessarily wasting their mental energies and capacities, when in fact the problem can be resolved quite quickly within a few days and the precious mental energy and capacity can be utilized for far more useful purposes.

I hereby summarise a few points of details **compatible with the Basic Principles** discussed in this book earlier, which would help you to cure the excessive crying of your baby. The following details apply only to babies of up to about 6 months old or before they started crawling.

1. *Offer the baby his feeds at regular intervals, whether 3-hourly or 4-hourly or in between, depending on the age of the baby. Let him decide on how much to take. Do not coax him or force him to take any more than he wants to. Provided he is able to suckle and swallow well, he always takes all he wants within about 15-20 minutes*
2. *Until the baby’s excessive crying has settled for at least 2 or 3 days, do not pick him up just to “love” him and “play” with him, or in order just to try to ‘settle’ him. No time limit at all as to how long he can be left to cry. After the excessive crying has settled for a few days, do not pick him up just for your pleasure if he does not like it. Some babies do not want to be disturbed (physically handled) unnecessarily. If he usually does not cry when you pick him up, and does not cry or cries very little when you put him down again, there is no problem. If he cries frequently*

when you pick him up, or cries a lot almost every time you put him down again, there is a problem for you and /or him. Avoid creating a problem!

- 3. If the baby demands to be picked up and carried around all the time, do not give in to his demands either, whether it is in the daytime or night-time.***

While one baby wants to be left alone and does not want to be picked up and disturbed unnecessarily, another baby wants to be picked up and carried around 'all the time'. If you put him down, he screams. If he realizes that you will give-in if he cries long enough, he will persevere with his demands (crying). You will be amazed how long he can go on crying, pausing for a little 'breather' now and then. If you give in after letting him cry for a considerable time, (say 1520 minutes) he may still continue to cry almost in **rage**, even after you picked him up, as if he was very cross with you for not meeting his demand sooner. He can treat you like a slave!

So, when he begins to demand to be picked up, do not give in. Let him cry as long as it may take (no time limit at all!) him to realize that you can't be bullied into defeat. If you show weakness, i.e. pick him up because you "can't bear to hear him cry any more" or because "he will wake everybody else" at night, he will wage his battles with you endlessly. He can think; he is a quick learner! However, leave him at a place from where he can see and hear you. Place him in different locations so that he does not become bored of seeing and hearing the same things. If he begins to demand that you should be visibly and physically close to him all the time, do not give into that demand either. You just have to leave him out of sight long enough until he stops screaming (demanding) for your company. Just go **only to 'check him over' briefly at some intervals, say 20—30 minutes.**

When he is in one of his demanding and unreasonable moods, he may even refuse to accept a feed from you, even if it is his usual feed time, and may go on crying in rage. If that is the case, do not coax him to take his food but leave him alone, and offer it again in about half hour. If he still refuses to accept the feed just leave it until the next usual meal time. I can assure you that he will not come to any harm just because he did not accept one or two feeds.

It is even more important; you should not give into his demands at night. By being consistently firm with him, you might lose only 2-3 nights of sleep, but if you begin to give into his demands, you might find yourself getting up several times every night to give him company, and this may go on for weeks and months, even years.

- 4. Whenever he is awake, try to nurse him in an 'open' area from where he has a fairly clear visibility of his environment and keep sides of the crib transparent.***
- 5. From soon after he has begun to turn his head fully from side to side to look at things (usually around 3 months old), try to nurse him in a propped up position for gradually increasing periods in a baby chair when he is awake. In that position he can look at his environment much better and is likely to feel less frustrated.***
- 6. When he begins to reach out for things close to him with his hands, (usually between 4--6 months), place various harmless things of different sizes, shapes, colours and consistencies within reach of his hands.***
- 7. At about the same time as the purposeful movements of the upper limbs are developing (between 4-6 months), he would also like to have new and varied audio-visual stimuli to add to his enjoyment and experience. He would love some exposure to 'out-of-home' environment.***

Following this advice to both parents, or to mothers only in some cases, on an out-patient basis, very many of the babies stopped crying excessively within a few days. Some of the mothers returned to say that they tried my advice but the babies did not stop crying. In these circumstances and in some situations where I thought that the mothers were too tense and exhausted to understand my advice, I have admitted their babies to my ward in the hospital for 'observation' and to give the harassed mothers a break from their screaming. I have also given a vast majority of those mothers a *guarantee* that I would make their babies stop crying excessively *within a few days* without using any drugs, and return them as pleasant babies, if they *co-operated* with me.

As part of their co-operation I have strongly advised them that:

- a) Initially, none of the parents should stay with the baby in the ward. This is because, the baby has been in conflict with the parents for a long time. If they stay together, the conflict – the 'battle' – is likely to continue. They need a 'cooling off' period of separation and then can start afresh with some 'new ideas' in order to establish a better relationship.
- b) The parents, especially the mother, should visit the baby every day only for about an hour or so. This usually is only for the first three or four days, extremely rarely for longer.
- c) Because of the need to maintain consistency of right management by nurses, they should not pick him up just to '**love**' him or to '**comfort**' him if he is crying during those three to four days of restricted visiting. They may, however, touch him, change his clothes or nappies, re-position him in his cot etc, if that is required to be done at the time of their visit.
- d) They should try not to visit him at his meal times in those first three to four days.
- e) They should **try** not to look anxious or worried especially if the baby is about three months old or over.
- f) *I will talk with both* parents (or mother only if she is single) usually within three or four days after the baby's admission and advise them – or re-advise in some cases – about the rational principles of management of the baby while in the hospital and also at home after he is discharged.
- g) Two to three days after the baby has stopped crying excessively, parents would have unrestricted visiting, and the mother may stay in the hospital all the time if she so chose to, taking an active part in nursing him for two or three days according to the new knowledge she has gained, before he is taken home.

All those babies who have been in hospital, being managed consistently according to the details I have mentioned earlier in this chapter, stopped crying excessively within a few days – most of them within one or two days, none longer than six days. At night time, hardly any baby has cried excessively for more than one night.

The rapid cure in the ward resulted only because of all the nursing staff applying the rational principles of management of babies **consistently, confidently and conscientiously. All the senior nursing staff on my ward were fully aware of, and understood the importance of, the Five Basic Principles of Management of children.**

Often 'seeing, is believing'! When the parents witnessed how well their baby responded to my concept of management so rapidly in the hospital **without receiving any drugs or special diets**, they began to **believe** in these concepts, and **believe in themselves to be able to practice them in their own homes with greater conviction.** When I have seen these babies and their parents again four to six weeks after discharge from the ward, I have been told that almost all of them had continued to behave very well at home.

Some of the mothers who had failed to achieve good results while trying these principles and details of management at home, before admitting their babies to hospital, have told me (after seeing the good results in the ward) that, in fact, they had not applied my advice consistently and whole-heartedly. Some of them said that even though they themselves tried to practice it consistently, their husbands and /or the grandparents had

not co-operated fully. Not surprisingly those babies had not stopped crying excessively before admission to hospital. After their babies' problems were sorted out, some parents have said that they had "never seen him to be so lovable and an enjoyable company before, since he was born!" Some parents have also said that it was quite distressing for them and they felt guilty in the first few days when the baby was in the hospital "but it was all worth it in the end; he/she is now such a happy baby, so are we!" Some of the other comments made by parents are:

"Amazing!"

"It is unbelievable! Can't believe it is the same baby! He is so happy and pleasant".

"It is commonsense....when explained in the way you have done!"

"Why are other doctors not giving this advice? "Don't other doctors want to learn?"

"Why can't they (Doctors) learn from you?"

"Society should know your method of treating crying babies: why can't you publicise it?"

"The media should be interested in what you do!" etc.

Taking a cue from some of these comments, I decided to write to about seventy Postgraduate Medical Education Centers (P.G.M.E.C) in England offering to talk on the cure for constant crying of infants, to the General Practitioners, Hospital and Community Paediatric doctors and Health Visitors. Initially, I was disappointed to receive positive response from only three centres! Following further correspondence I received a few more invitations. In all, I gave a talk at eleven P.G.M.E.C.s in the year 1991. The following is a summary of the audience response from these eleven centres to a questionnaire on the talk. The responses from different centres were remarkably consistent!

553 people attended the lectures. 381 (69%) returned the questionnaire.

Questions	Per cent		Total number Answered
	yes	No	
1. Did the talk make sense?	99.7	0.3	376
2. Was it interesting?	98	2	374
3. Was it useful?	96	4	364
4. Would it be beneficial if I talked on this subject at as many post-graduate centres as possible?			
a) all categories attended	93	7	337
b) G.Ps & paediatric doctors	94	6	211
5. Do you think this topic should be discussed in the parent-craft classes in the ante-natal period?	97	3	371
6. Should this become a part of continuing medical education for:			
a) Paediatricians?	95		338
b) community child health doctors?	97	3	331
c) general practitioners?	98	2	332
d) health visitors ?	98.5	1.5	351
e) midwives ?	91	9	322

Three Medical journals in England refused to publish an article I submitted on my work on screaming babies. Editor of one journal said that he did not find any thing wrong with the article but the majority in the editorial board did not vote for it. Another journal did not give any reason for refusal. Editor of the third journal said that he could not “find space for your article”!

After these refusals I published a booklet in 1992 titled **SCREAMING BABIES: certainly curable!** and sent several copies of them to the Heads of every paediatric unit of all NHS hospitals in UK, with the following covering letter;

“Dear colleague,

I trust all of you in the paediatric department would read this booklet. You will, I hope appreciate that the worldwide problem of persistent and ‘un-consolable’ crying of many healthy infants is in fact curable and it is possible to resolve the distress within the family completely.

There is to-day, a wide credibility gap between our intentions and childcare practices. My criticism is not of the individuals but the system of training which moulded our attitudes and practices. Now, changing the system is in our hands! If we do not begin to do it, we will be betraying the children and society.

I hope you will recommend the booklet to the General Practitioners and Health Visitors in your district. I would be very happy to come and address the G Ps, paediatric doctors (hospital and community), Health Visitors and senior paediatric nurses, on this subject, if you could fit it into your Postgraduate Medical Centre’s programmes. Personal meeting could clear up many misunderstandings and clarify others.

With best wishes,
Yours sincerely,
C.R. Jayachandra

Sadly, only three or four paediatric departments went even as far as to thank me for sending the booklets. None of them invited me to speak in their postgraduate centres. This surely should signify something about their character and professional attitude to Childcare!

For those who care much about statistics, the following tables are extracts from that booklet.

100 Infants and toddlers treated consecutively in 5 year period Up to December 1991 at The Royal Oldham Hospital

TABLE 1 – INFANTS AND TODDLERS TREATED FOR EXCESSIVE CRYING					
	AGE – weeks at referral				
	1-25	26-51	52-103	104-155	Total
No. of children	56	23	14	7	100
Range of duration of crying in weeks	1-20	2-50	8-91	69-142	1-142
Average duration of crying in weeks	6.3	27.8	57.7	107.8	25.4
Range of <i>days</i> taken to cure	1-6	2-18	1-7	1-21	1-21
Average days taken to cure	2.3	3.6	2.4	4.5	2.8
No. of patients treated as in-patients	39	17	11	7	74
No. of patients treated as out-patients	17	6	3	0	26

TABLE 2 – AGE WHEN EXCESSIVE CRYING STARTED				
Age at onset in weeks	1-12	13-25	26-51	Over 52
No. of children	79	13	8	0

TABLE 3 – TIMES OF EXCESSIVE CRYING

Times when excessive crying occurred	Among the total 100 treated up to 155 weeks old	Among the 56 infants treated under 25 weeks old
All day and all night	62	37
Night only	23	6
Day only	9	8
Evenings Only	6	5

TABLE 4 – DAYS TAKEN TO CURE

No.of days	1	2	3	4	5	6	7	>7
No. of children	29	27	27	7	2	3	3	2

Average 2.8 Days

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If you would like a free copy of the booklet **SCREAMING BABIES: certainly curable!** , please write to e-mail: crjbook@hotmail.co.uk

Acknowledgements

At this stage in the book I must pay sincere tribute to all Senior Nursing Staff and all other permanent ‘junior’ nursing staff on my wards. They were fully aware of my F.U.B.P of management of children; they applied the relevant sections of those principles conscientiously in looking after my patients. Without their *dedication and sincerity*, I would not have been able to achieve the good results I did, in my patients admitted to my wards with symptoms/illnesses primarily due to mental strains. I would forever be grateful for their service and help. I cannot thank them enough. I remember them all with fond memories. I also extend my sincere appreciation and thanks to all the teachers in the hospital school who helped me and my patients.

