

'NAY, DON'T TEACH ME MORALS'

A CASE STUDY IN BEHAVIOUR MODIFICATION—ENURESIS NOCTURNA WITH PSYCHOPATHIC TRENDS

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Miss T, an young girl of 15 years, fair complexioned and attractive was brought for consultation for certain psychological problems.

As an orphan she was picked up at the age of 5 months and brought up by a Mother lovingly. Her unlawful parentage was traced to an Indian mother and an English father. She grew up in the restrained atmosphere of a convent.

Menstruation started at the age of 10. Right from this time she started proving to be unusual, 'outlandish' and extraordinary. She used to long for the company of boys and feel extremely happy with their company. This tendency increased in abnormal proportions as she grew up. Besides, she developed interests in a number of extra-curricular activities. In two successive years she was declared champion, in her school. She played kho-kho, high jump, long jump, running and other sports. On the stage she was a charming actress and had portrayed roles from Shakespearean plays which people admired. She could sing, play instruments, guitar and piano. A versatile girl with many talents.

The Do's and Don'ts from elders did not have much of an influence on her general behaviour. She continued to maintain her individuality. On one occasion, immediately after a drama, where she had played the heroine's role exquisitely well, she and another girl were found absconding. Late in the night the Mother reported about this to the friendly D.S.P. who in turn ordered a hectic hunt all round in the town and the two girls were found with two boys in a park. (The four had reached the place in a car, which one of these boys had stolen from his father who was witnessing the variety entertainment).

The girl had always longed to be an adored queen and took praises and flattery with all humility giving herself up. Exchange of love letters had become common. She had many boy friends and quite a few lovers.

All things went well till she stayed in the sheltered atmosphere with the Mother. Now she had to be sent up for college studies and the Mother had to think of sending her to a particular college, whose principal was personally known to her. As a matter of fact the Mother felt certain that in any other college, the girl would have been dismissed the next day for her promiscuity.

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She was known to lose temper now and then. This specially happened when other girls interfered or made fun of her. She would become furious and exchange the most obnoxious words possible and at times even resort to beating.

She continued to wet her bed (which was one important reason for consultation). The other girls did not tolerate this and reported to the college authorities. Taking into account all these problems, the college authorities conveyed to the Mother that if all this continued the girl would have to be sent out of the college. This compelled the Mother to seek help.

Here is an excerpt from the letter of the College Warden to the Mother:

'Mother, I just cannot manage T . . . She goes forward to talk to every boy . . . fights with every one in the hostel. . . spreads all kinds of false stories about them. . . Wets her bed daily, her clothes are never washed not even the soiled linen. . . does not go for bath . . . the students are fed up with her. You will understand my difficulty Mother. No student is prepared to stay in her room. It smells so badly and her behaviour is even worse. Nothing seems to work with her. I will take a hundred Susans, but this one I cannot manage'. 'She just *fights* and that in an awfully loud voice so that all come to know that she is fighting. Her promises which are few and far between are of a very short duration, she forgets all about it before she reaches the door. She has a terrible tongue'.

These then were the problems about the case. During interview the girl made it plain that there was nothing wrong with her except for the problem of bed wetting. Others become angry unreasonably which she could not tolerate. All through the interview and testing she avoided direct looks and kept her head bent. (Apparently she did this with all elders).

As from the test findings, she had poor concentration ability as was evident in the Continuous Addition Test. On the Maudsley Medical Questionnaire she obtained a score of 10, not suggestive of significant neurotic trends. On Eysenck Personality Inventory, scored E=17, N=8 and L=4. Presented a highly extraverted picture of personality with few neurotic trends, replies being reliable. Mood fluctuations, irritability and a few other characteristics were reflected.

The Sentence Completion Test findings were self-revealing and a sample is given below.

I always wanted to *be famous*
To me the future looks *I am not bothered of the future*
I know it is silly, but I am afraid of *doing it*
I feel that a real friend *is worth more than my life*
When I see a man and woman together *I feel jealous*
At work, I get along best with *boys*
I believe that I have the ability to *do anything*
I could be perfectly happy if *I was free enough to do anything I could*

In school, my teachers *are made fun of by me*
I do not like people who *are rude and who advise me*
I think most girls are *crazy of boys*
My feeling about married life is *I am not interested*
My greatest mistake was / *went for an affair without permission*
I believe most women are *crazy of boys*

However her performance on the Raven's Progressive Matrices Test, A.B. C.D.E. Form was unbelievably poor. She got a total score of 17 placing her in grade V. Possibly she may not have taken the test with seriousness. But clinically she seemed to be definitely above average in intellectual functioning.

On the basis of case history and test findings the case was diagnosed to be one of 'Psychopathic Personality Trends with Enuresis Nocturna' for which treatment and control was urgently indicated.

Treatment on the lines of behaviour modification through the use of drugs and conditioning procedures was planned. Drugs such as Caffeine, Amphetamine, and benzedrine given in sufficient dosages regularly would gradually move her towards Introversion side of Extraversion-Introversion dimension.

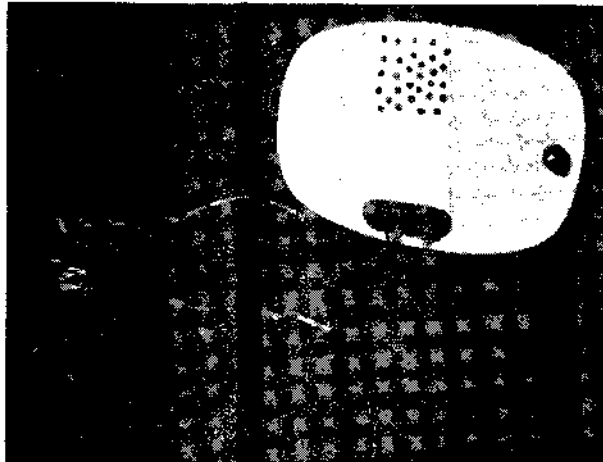
After excluding a possibility of any physical ailment the patient was put on the following treatment.

She was put on Amphetamine 5 mgs. in the morning and 5 mgs in the afternoon along with Trifluoperazine 1 mg. 3 times a day. This treatment was started since 10-10-70. She has been continuously on these drugs and reporting changes in her behaviour periodically. As was evidenced later during the interviews her behaviour had become much better and attacks of (bad temper) were remarkably under control. She became more social and quite happy with her studies. The only complaint reported on 25-10-70 was inability in concentration and consequently Trifluoperazine dosage was reduced to 2 mgs. a day. She has been asked to continue Amphetamine for another month.

It was suggested that the College authorities should be informed to give suitable and proportionate punishments immediately after something socially disapprovable in her was observed. The importance of punishment succeeding immediately after the undesirable acts was emphasised, (e.g. putting her name on the notice board, announcing her name to the class with what she did, etc.)

To treat enuresis nocturna, an electronic device was designed and prepared. The apparatus consisted of (1) Audio-oscillator, (2) Loud speaker, (3) Battery Pack of 4.5 volts, (4) On and off switch and (5) Two Metal Conductors with wires in the circuit. The two metal conductors are placed in between two layers of fairly thin surgical cotton pads at a distance of about 3/4 from each other. Parts of the apparatus are brought within the circuit and at the time of usage the switch is kept in the 'on' position. The triangular shaped cotton pad (with metal conductors) is to be placed in position and tied across and below by strips of linen

so that it is kept in position during sleep. The patient was advised to use this every night following instructions given. At the first discharge of urine, the circuit would become complete and the apparatus emitting a continuous tone of 1000 c/s from the loud speaker waking the patient up. The patient would go to the toilet and resume sleep without using the apparatus again. (This apparatus was designed on the lines of 'Bell and Blanket apparatus' designed by Mowrer with some modifications being introduced. A further modification in this apparatus of inserting the metal rods with surgical cotton in a triangular socket is being made.)



Apparatus designed by J. Bharath Raj and S. S. Murthy
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The patient was put simultaneously on the above lines of treatment from 10.10.1970 with the advice to see the authors periodically to report the results. As the patient was far away, day to day changes in behaviour could not be evaluated. The presence of another elderly student with her ensured that the patient followed the instructions sincerely. As per the report received on 15.10.70, 'She is taking the medicines regularly. Bed wetting is not there. Everybody is remarking that there is a slight change in T, in that she does not shout or get angry like before. She stands to listen to advice . . .' Personal interviews were had with the patient and the party on 3 occasions till 2nd Jan. 1971. In each session patient evidenced recognisable changes such as free and frank discussion, directly facing the therapist during interview, and reporting improvement. The apparatus had been used successively and after 6 nights she did not wet the bed at all. A recognisable change in her general behaviour was observed by students and staff of the college and in the latest interview the Mother was too happy by what had taken place in

T over these days. And as the Mother reported 'not a single undesirable remark had been heard about the girl in the recent times'.

However, a follow-up study of the case over the following months would bring to light the effectiveness of the treatment procedures.

In this case study is reported a technique based on behaviour therapy to treat the condition, Enuresis Nocturna. The apparatus was designed and prepared similar to 'Bell and Blanket Apparatus' suggested by Mowrer. A few modifications introduced have been described. On similar lines some electronic devices are being prepared to treat stuttering, and hysterical deafness.