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A study of the adjustment of thirty-three children who were diagnosed primary behavior disorder in children, conduct disturbance following a period of observation in the children's unit of the Metropolitan State Hospital from January 1, 1947 to July 1, 1947

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WHO WERE DIAGNOSED
PRIMARY BEHAVIOR DISORDER IN CHILDREN, CONDUCT DISTURBANCE
FOLLOWING A PERIOD OF OBSERVATION IN
THE CHILDREN'S UNIT OF THE METROPOLITAN STATE HOSPITAL
FROM JANUARY 1, 1947 TO JULY 1, 1947

A Thesis

Submitted by
Pearl Martha Steinmetz
(A.B., Radcliffe College 1933)
In Partial Fulfillment of Requirements for
the Degree of Master of Science in Social Service
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CHAPTER I

INTRODUCTION

The Children's Unit of the Metropolitan State Hospital is the only public institution in Massachusetts offering in-patient care for severely disturbed children. A large percentage of the children who are admitted yearly are sent to the Unit from the juvenile courts or from social agencies throughout the state for a period of observation and study. Many of these children are diagnosed Primary Behavior Disorder in Children, Conduct Disturbance, and rarely are they retained for treatment. These are the emotionally disturbed children whose aggressive, antisocial behavior has brought them into conflict with society. In these cases the function of the Children's Unit is primarily diagnostic.

This paper proposes to study some of these cases in an effort to evaluate the type of adjustment which these children have been able to make following their period of observation, and to evaluate the social factors in the environment which have contributed to or hindered their adjustment, with reference to the factors in the environment which seem to have produced the original maladjustment. In making this evaluation, home, school, and community adjustment were considered. The writer was interested, also, in discovering whether the recommendations of the hospital had been carried out, and thereby to determine whether the Children's Unit had been an important
part of the treatment plan. In connection with this the writer has examined the concepts on which the recommendations were based and has discussed also the types of facilities which are available for treatment of these children in their own homes, or when removal from home is indicated.

The thirty-six cases selected for study are all those cases diagnosed Primary Behavior Disorder in Children, Conduct Disturbance, who were admitted to the Children's Unit during the period January 1 to July 1, 1947. Three of these cases will not be included in this study because of insufficient information regarding present adjustment. This period was selected as it would allow for an interval of from approximately six months to one year since the child's discharge from the hospital, which was felt to be valid to indicate general trends in adjustment. Also, it was felt that difficulty might be encountered in following up children who had been out of the hospital for longer than one year.

The information for the study of the child's background, his behavior and personality, his hospital adjustment, and other pertinent factors, was obtained from the hospital records, including: the social history obtained by a psychiatric social worker and/or the psychiatrist's anamnesis, progress notes, reports of physical, mental, and psychological examination, notes of staff conference at which the case is discussed and the diagnosis is made, and the report to the court or other agency of the staff findings and recommendation.
Whenever possible, this material was supplemented by conference with the Clinical Director of the Children's Unit and the psychiatric case work supervisor.

Information relative to the disposition of the case and the child's subsequent adjustment was obtained through records of juvenile courts, other social agencies, police departments, and schools; and interviews with probation officers, social workers, school principals and teachers, and parents. Social Service Index was consulted when interested social agencies were not indicated in the records. The time element was important in determining the method of gathering this material. For this reason, some of the interviews were conducted and some of the recorded material was obtained by letter and by telephone, but most often by personal interview.

When the interrelated motives of a person are satisfied without undue emphasis or slighting of any one motive, and when this is achieved with consideration for the adjustments of other persons, then a state of good adjustment may be said to exist.1

The above is only one of many attempts to define good adjustment. The writer is aware that any criterion of adjustment must be, at best, empirical. Because of the unpredictability of human behavior, it cannot be said that the conditions prevailing at the time of this study may not differ at another

time, or that they represent basic adjustment. There is no way to measure the more subtle values in human happiness and no one can foresee the complications which might later reactivate neurotic patterns. The writer does not intend to suggest that mere conformity, in itself, is a sole condition of good adjustment. In defining good adjustment, the influence of the social group and customs must be considered, for what is normal behavior in one milieu may not be so in another.

For the above reasons, the writer has not attempted to classify the cases by "success" or "failure" in adjustment. The cases were studied in accordance with the schedule attached. The writer has then classified the cases to indicate general trends in adjustment by the terms "adjusting," "questionable," and "failed to adjust." "Adjusting" will be used to signify a condition in which the child, himself, appears happy and contented and there have been significant modifications in his behavior. "Questionable" will describe the condition in which the child's undesirable behavior has continued with only few or slight modifications, but as yet there has been no serious difficulty. The child will be classified as "failed to adjust" if his antisocial behavior has continued to the extent where he has again been in conflict with society, and some further change in the type of environment has become necessary.
The writer realizes that the reports on which this study is based, are not entirely free of subjectivity, depending upon the amount of unconscious bias of the worker. For this reason, the writer has attempted to incorporate into the study as much factual information as possible concerning the child's adjustment. The writer feels that, since, in each case, as many sources as possible have been contacted, and most of the information has been obtained from professional workers, the element of subjectivity is at a minimum.

As this is a qualitative rather than a quantitative study, and because of the small number of cases, the writer has not attempted to draw any statistical comparisons or conclusions.
CHAPTER II

THE CHILDREN'S UNIT

The study and treatment of children's problems is the essence of preventive psychiatry; that is to say, orthopsychiatry.¹

Psychiatric hospitals for children are few in number and of extremely recent origin in the United States. The need for hospitals for the treatment of psychotic children has long been recognized by experts in the field of mental health. Actual psychoses, however, are extremely rare in children.

Child psychiatry is, in itself, a relatively new branch of medicine. As it has developed, more insight has been gained not only into the causes of behavior, but into the incipient symptoms of adult maladjustment. As early as 1922 the Commissioner of Mental Diseases reported that approximately one-half of the patients admitted to mental hospitals were suffering from mental disorders which could have been prevented, had treatment been initiated in early life.² A hospital, which could provide also in-patient care and treatment for severely emotional disturbed, non-psychotic children, might thus prevent many cases of mental illness.

Massachusetts has been a forerunner in recognizing the importance of child psychiatry as a preventive field. This

² Edgar C. Yerbury, "A State Mental Hygiene Program," Mental Hygiene, 27:457, July, 1943
state organized the Division of Mental Hygiene in 1922 and
three child guidance or habit clinics were established in
Boston in that year, the first in the United States. In 1942
there were thirty Child Guidance Clinics in Massachusetts. The
public, however, has been slow to assume responsibility in the
recognition that many seriously disturbed, non-psychotic
children could not receive sufficient attention and treatment
within the limited resources of the clinic. For many of these
children it is more advantageous to be placed under constant
supervision in a hospital unit with adequate facilities for
study, observation, and treatment, as a corollary to the well-
organized clinic service.

In 1940 the Massachusetts Department of Mental Health
and the Massachusetts Society for Mental Hygiene sponsored a
joint educational campaign which had as one of its objectives
to bring to the attention of the public, the fact that no
proper facilities existed for the care and treatment of the
psychotic child. In this study it was pointed out that
practically all of the state hospitals had children between
the ages of four to fourteen under care and treatment.³ Many
of these children, it was felt, were amenable to treatment,
but they were cared for on wards with mentally ill adults,
which condition was felt to be both shocking and detrimental

³ Henry B. Elkind, "Hospital Care of Mentally Sick
(mimeographed).
to recovery. The statistics reported for the year 1939 revealed that of the 219 children admitted to the various hospitals 106 or 50 per cent were diagnosed Primary Behavior Disorder in Children. It was estimated that the admission rate would double if there were a separate unit for the care of children, and that Massachusetts would require facilities for from 400 to 500 children.

Hospitals for the study and treatment of the psychiatric problems of children are still relatively uncommon throughout the United States. New York State has been the leader in the field of psychiatric hospitals for children, having three such establishments, the largest of which is the well-known Bellevue Hospital Children's Service, with a yearly intake of approximately 600 children. New York has also been unique in establishing the New York State Psychiatric Institute and Hospital, a special unit for children of average intelligence, present behavior problems not due to organic causes—primary behavior disorders and neuroses.

Pennsylvania opened the Allentown State Hospital Children's Institute in 1930, which was the first specially built unit of its kind. The Children's Division of the State Hospital at Marlboro, New Jersey, was opened in July, 1940.

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4 Ibid.
5 Ibid.
In 1942, the Children's Ward of the Psychiatric Division, Illinois Neuropsychiatric Institute, was established. This unit now operates in collaboration with the Illinois Institute for Juvenile Research in the Children's Psychopathic Hospital, which was originated by Dr. William Healy for the application of psychiatry to the problem of delinquency.

A small ward was set aside in 1943, at the Langley Porter Clinic of the California State Hospital System, for children up to twelve years. This operates as part of the Children's Division which maintains also an Out-Patient Clinic.

These institutions, in general, followed the adult hospitals in physical structure, administrative organization, and clinical approach, although it has become more and more apparent that their problems differ. Most have existed as special departments in adult mental hospitals, planned and administered by psychiatrists whose orientation has been influenced by their own experience in these hospitals.

When the Metropolitan State Hospital was designated by the Department of Mental Health in 1940 to care for all psychotic children in Massachusetts, it was intended that a separate building would be erected for this purpose. However, during the war years this was obviously impossible, because of the restrictions on building. Thus on January, 1946, the Hospital opened its doors to receive all of the children under care in mental hospitals throughout the state, including a number of mental defectives. There was, as has been described
above, little previous experimentation in this field, and the
Children's Unit naturally followed the general pattern of the
hospitals of other states. The patients were first placed on
the admission wards with adults, but this was found to be
disturbing to the children as well as to the adult patients.

At the present time, the unit cares for approximately
ninety children up to sixteen years of age, separated
according to sex, on two L-shaped wards on the third floor of
the Medical and Surgical Building. These are open wards which
were planned and equipped for adults, and which do not allow
for segregation of the seriously disturbed or deteriorated
children with severe organic defects, or for separation of
adolescents from younger children. The staff consists of a
clinical director, resident physician, psychologist, teacher,
recreational director, two registered nurses, six student
nurses, and fourteen attendants. Positions yet to be filled
are those of social worker, occupational therapist, and clerk.
At present all occupational therapy is carried on by the
recreational director. The Unit commands a large share of the
services of the regular hospital social service department,
with no one worker specifically assigned to it. The psychi-
atriic social workers obtain complete medical social histories
on all patients under indictment or complaint in the courts,
and also arrange for placement of patients in the community.
It is hoped that a full-time social worker will, under the
guidance of the psychiatrist, be able to carry on direct
casework with families of patients, and obtain histories on all patients admitted.

Each child receives a complete physical and mental examination; psychological examination adapted to the particular patient; laboratory work to seek out organic defects, including x-ray and electroencephalogram; and psychiatric treatment, consisting of individual and group psychotherapy, and electro-shock when indicated. A complete social history is obtained by the social worker, or an anamnesis by the psychiatrist. Recreational facilities are provided; such as, gymnasium work, participation in group social affairs, and attendance at movies. Patients who have been regularly committed and are later released on indefinite visit, are required to report to the hospital for out-patient visit.

The patients fall largely into four main categories: (1) primary behavior disorders, some verging on psychoneurosis, (2) psychopathic personalities, (3) schizophrenic reactions, and (4) mental defectives who have manifested psychotic episodes. The first two groups are usually sent to the Unit at the request of the juvenile courts or other social agencies, after being involved in some antisocial behavior, for a thirty-five day period of observation. They are not considered psychotic and are returned to the court with recommendations for their continued treatment. Obviously, during this brief period, only superficial psychotherapy is possible. The latter two groups are usually admitted from the community
or from general hospitals, and comprise the permanent resident group.

There are approximately 250 children admitted to the Unit yearly. During the six-month period which has been selected for this study, of 406 patients admitted to the Hospital, 141 were children. Of these, only twenty-seven were diagnosed psychotic and were regularly committed. Of the remaining, who were discharged following the period of observation, forty-two were diagnosed Primary Behavior Disorder in Children, thirty-six of whom were classified Primary Behavior Disorder in Children, Conduct Disturbance. The above figures illustrate well the large proportion of non-psychotic children who are admitted to the Unit.

There are many obvious inadequacies in the setup of this Unit, but there has been continued improvement since its inception. The changing population as well as the rapid turnover of staff has made for very difficult administrative problems. The increase in personnel and the quality of the present staff give promise of continuing advancement in the care provided for these children.

Charles Bradley, of the Emma Pendleton Bradley Home in Rhode Island, has described the four "mutually interdependent approaches" as essential for meeting the needs of the patients in a psychiatric hospital for children, as follows:

(1) Direct therapy either individually or in groups. Parents in need of guidance and therapy must not be neglected. Medical and other hospital therapeutic procedures are included in this category.
(2) Training and instruction of the type that a child would otherwise receive at home, in the care of himself, his person, his belongings, and in learning the various social amenities, such as table manners, consideration for others, etc.

(3) Academic schooling.

(4) Recreation and play aimed primarily at pleasure and relaxation but incidentally providing experience and opportunities for the development of skills that will enable the child to participate successfully in similar activities with children in his own community later.⁶

Types of Admissions

The type of admission was found to be of no particular significance in this study, but is presented to point out the legal requirements which affect the relationship of the Children's Unit to the court. In the cases in this study, three types of commitment were used. The selection of the commitment seems to be a more or less arbitrary decision of the court, and in no way designates the nature of the problem.

All laws relating to commitment procedures of patients to mental hospitals are contained in Chapter 123, of the General Laws of Massachusetts.⁷ Children are committed under the same procedures as those which apply to adults.

Section 100, Chapter 123 of the General Laws, was the most commonly used. This statute allows for preliminary

⁷ The Massachusetts Laws Relating to Insane Persons and Other Classes under the Supervision of the Department of Mental Diseases. (Department of Mental Diseases, Boston, January, 1930, Amended December 31, 1934.)
observation or outright commitment of any person under complaint or indictment for a crime, with a legal limit of thirty-five days. The patient must be removed from the hospital by the thirtieth day if found not insane. The certificate which accompanies the patient must be signed by two properly qualified physicians and the justice of the court. When released, the patient must be returned to the court for disposition.8

On the twenty-fifth day of the patient's period of observation, he is presented at the staff conference together with the findings from the period of study. The diagnosis is then determined, and the hospital sends the court a written report of its studies with recommendations for treatment. The court is, of course, not obliged to follow these recommendations. When the patient is returned to the court, the jurisdiction of the hospital is terminated.

Under Section 58A, Chapter 119 of the Acts of 1947, the court shall order a child adjudged delinquent to receive a physical and mental examination prior to commitment to any public institution, for his guidance in the disposition of the case.9 Some of the courts have preferred to use the period of observation under Section 100, Chapter 123, for a complete study of the child in such a case. The Unit has only recently arranged with the District Courts of Waltham and Malden for out-patient examination of children for these purposes.

8 Ibid, pp. 34-35.
9 Mass. G.L., Ch. 119, S. 58A (Amended 1947, Ch.616).
Second in frequency was Section 77, Chapter 123, General Laws. This statute specifically provides for commitment for observation for a period of thirty-five days, pending the determination of the patient's sanity, on the application of an interested person. The medical certificate must be signed by two qualified physicians and the order must be signed by the justice. Observation must be completed by the thirtieth day if the patient is found insane. If not insane, the patient must be discharged before the end of the thirtieth day.10

In the cases in this study, where Section 77 was used, it was found that the applicant was usually the parent, although the court may have initiated the procedure.

Admitted under this section were the group from Lyman School included in this study. The correctional institutions in Massachusetts have a point system leading to the patient's release. It was found that they were thereby paroling to the community some patients who were essentially dangerous. With the recent furore over criminal cases involving the so-called "sexual psychopath," an agreement was made whereby the Unit would receive for observation any patient committed to the correctional school following a sexual offense, and would advise on whether or not to parole the patient.

Section 79, Chapter 123 of the General Laws, was used in only one case. This is a ten-day paper, authorizing temporary

care for a person considered to be in immediate need of care and treatment in a mental hospital because of "mental derangement." The paper may be signed by one physician or a police officer. This type of commitment is least preferred by the hospital staff as ten days is too brief a period for the observation of the average case. It may be followed by a period of further observation under Section 77.

CHAPTER III

THE PRIMARY BEHAVIOR DISORDERS AND DELINQUENCY

The disorders in behavior are the outward manifestations of inner reactions of the individual to stresses and strains within himself or his outer world of reality.¹

An understanding of the origins of behavior is logically the first step in the study of human adjustments. Much has been written about the relative importance of nature and nurture in the development of the personality. It is now universally recognized that the adaptive capacities arise out of two mutually interdependent sources. Behavior may be native, depending upon the constitutional or inherited structure, or it may be learned and determined by the outward forces which influence the individual. Such a combination of heredity and environment, separately or in interaction, must account for all of behavior. It would, therefore, be impractical to attempt to discriminate between native and acquired behavior, or to look for complete causes of maladjustment in one area or another. The most that we may expect to conclude is that certain factors have been contributory.

The psychoanalytic school of psychology has stressed the importance and universality of motive, describing all behavior as purposive. The complexity of human motivation, however, defies definition by the acceptance of any simplified scheme

of motives. Most human problems admit of more than one solution.

One authority has outlined three fundamental needs, the thwarting of any of which is sufficient explanation for most of the deviant behavior of children. These are (1) the need for emotional security or the feeling of being wanted and loved; (2) the need for adequacy, the feeling that one is equal to the demands of the environment; and (3) the need for self-expression and outlets for the instinctual energies. An interpretation of the cases included in this study gives ample evidence of frustration in one or all of these areas. Hostility and rejection, rarely manifested as overprotection, is the parental attitude most frequently encountered, and the behavior thereby set in motion, is seen as compensation for or rebellion against the deprivation of parental love. The feeling of difference from others is apparent in many instances. Especially in the adolescents, we observe the behavior as a reaction to frustration caused by the attempt to achieve self-expression, independence, and emancipation from parental control.

The Primary Behavior Disorders are defined in medical terms as idiopathic disturbances in behavior, of unknown cause, and not due to or secondary to the presence of any disease

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or defect of the nervous system. These persisting deviant behavior patterns are seen as developing in reaction to unfavorable environmental influences.

It is generally recognized that there is no such thing as a static, unitary environment, but rather a series of environments, each with its own dynamics. By environment is meant not only physical surroundings, but the personal relationships with parents, siblings, teachers, and companions. From earliest infancy throughout life the individual reacts to other personalities. In the many studies which have been made of personal and social maladjustment, factors of sufficient intensity have been found to conclude that a basic causation of such emotional instability, lies in disturbances in interpersonal relationships, especially within the family group. Thus Lawson Lowrey has suggested that the disorders might be better classified as "reactive behavior disorders."^4

Classification

The *Primary Behavior Disorders* are classified under three types, according to the predominant behavior symptoms.^5

**Primary Behavior Disorder, Conduct Disturbance**, with which this study is mainly concerned, refers to those children who exhibit symptomatic manifestations as stealing, truancy, destructiveness, fire setting, general disobedience and

[^3]: Lowrey, op. cit., p. 97.
[^5]: Krapelin's classification as modified by the American Psychiatric Association.
stubbornness, and sex offenses. The symptoms are recognized as the addressive, attention-getting, compensatory, or escape type of behavior.

**Primary Behavior Disorder, Habit Disturbance**, describes those children, the most common of whose symptomatic manifestations are enuresis, nail biting, and masturbation.

**Primary Behavior Disorder, Neurotic Traits**, is used to classify the child whose symptoms may be such as overactivity, defects of speech, disturbances of sleep, or fears.

**Characteristics**

There are many characteristics common to these children from which the diagnosis, **Primary Behavior Disorder in Children, Conduct Disturbance**, is determined.

The outstanding characteristic, which precipitates their commitment to mental hospitals, is the obvious deviation from an accepted code of morals. It is found that the behavior is repetitive and that punishment has had little or no effect. Accompanying this, is found usually a lack of remorse or guilt over the misbehavior. Some of these children do not recognize their behavior as a problem, or at least, attempt to minimize it.

In all, there is observed the phenomenon of expressing more external aggression toward the environment and less internalized aggression than the so-called "normal child." These children tend to be narcissistic, displaying little self-
criticism and reproach. 6

With the generalized aggressiveness there is also manifest abnormal aggressiveness toward authority which is seen as displacement of hostility against frustrating parents, who were the original representatives of authority. 7 This aspect of behavior is common especially in the adolescent, with the increase in striving for independence and an increase in the aggressive and other id impulses.

Most frequently there is a disturbance in object-relationships, because of the lack of ability to identify or because of actual hostility toward the parental figures. 8 The parent's attitude toward the child in infancy is most important in determining his ability to establish other object relationships, and, as has been stated previously, the parents of these children are most frequently hostile and rejecting. This explains in part, also, the inability to incorporate the parental figure into the personality in the form of internalized superego. 9

In general, these characteristics are recognized as highly exaggerated forms of behavior common to all children. They are the natural reactions to feelings of inferiority and difference from others, emotional insecurity, and frustration. It might even be said that these children are

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8 Ibid., p. 816
9 Ibid.
reacting normally to an abnormal situation.

The behavior may be generalized and carried over into home, school, and community, but sometimes is localized in one area. There is no question but that the neighborhood or group identification is a potent factor in determining the form which the child's reaction to his emotional deprivation will take. Thurston quotes Earl R. Mowrer's description of Chicago's "Black Belt" as one of the "areas of deterioration where delinquent patterns of behavior prevail."\[^{10}\]

The point of outbreak of the undesirable behavior does not represent necessarily the point of conflict.\[^{11}\] Truancy is perhaps the best illustration of this concept. It may, of course, represent an avoidance of a situation in which the child feels inadequate because of anxieties created by being placed in a classroom situation which is beyond his intellectual capacities. On the other hand, it may be an aggressive act expressing a maladjustment in the area of family authority. Also, school disciplinary problems frequently represent compensatory behavior on the part of the child who is rejected at home.

If the unfavorable influences have been acting from early life, and the asocial behavior is allowed to continue, severe and fixed pathology may result.

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\[^{10}\] Thurston, Henry W., *Concerning Juvenile Delinquency* p. 38.

Delinquency

When such disturbances of conduct as have been discussed above, bring the child into conflict with the law, it is termed "delinquency." The term is thus merely a legal concept which is subject to variation in definition at different times and in different places, depending upon the social code of behavior. "Delinquency" is applied, technically, only to offenses of juveniles and refers to any type of offense committed by children. As a term, it implies a conscious deviation from accepted standards. That the psychological and psychiatric concept of delinquency is not identical with the legal and sociological one, is evident from the definition of delinquency from the White House Conference of 1930:-- "Delinquency is any such juvenile misconduct as might be dealt with under the law." 12

Social behavior is the area of behavior which is most easily observed. Delinquency is an externalized, observable reaction of the individual to unfavorable environmental conditions, which comprises "socially disturbing behavior." 13 Such behavior may be viewed in several different ways. In moralistic terms, it becomes bad; in medical terms, unhealthy. In psychiatric terms, such behavior is considered abnormal;

13 J. McV. Hunt, Editor, Personality and the Behavior Disorders, p. 94.
in sociological terms, it is socially unacceptable, in accordance with the culture in which it occurs. Finally, in legal terms, it becomes delinquent.

The contribution of the child guidance clinics to the understanding of the multiple causation in this field, has done much to create the awareness that delinquency is a symptom expressing some earlier and more pervasive maladjustment. In the delinquent we now recognize the same types of reactions to emotional deprivation as were observed in the foregoing discussion: escape and compensatory mechanisms, attempts to strengthen the ego against feelings of inadequacy and inferiority, devices for achieving recognition and status, and rebellion as responses to frustrations and unsatisfying human relationships.

The delinquent is the resultant of unfavorable relationships, influences, or conditions in home, school, or neighborhood, in one or more, or in all. 14

The present attitude toward juvenile delinquency is one of the most eloquent examples of the shift of public and professional opinion from an impersonal, retaliatory, punitive approach, to interest in the individual child, the motives of his behavior, and steps toward his rehabilitation. Dr. William Healy's life-long efforts to understand and treat the anti-

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social behavior of children has had a profound influence on the modern development of the juvenile courts. The wide establishment of the practice of employing psychiatric and psychological services by the courts gives promise that in time, delinquency will receive the same objective consideration as is accorded to other conduct disorders.
CHAPTER IV

TREATMENT

We have seen that a disorder in behavior is an indicator of general maladjustment in which various factors may be involved in different combinations. There must, therefore, be first a complete study of the child and of his specific needs. Treatment then must take into consideration and be directed toward all of the factors which influence the child's behavior:— the inherited and organic, and the environmental, including family, social, and cultural phases. Successful treatment must deal with the child and not treat merely the symptoms. We have seen that the offense, itself, does not reveal what is expressed by the child or the determinants of his behavior. The goal of treatment is to remove the causes rather than to eliminate the symptoms.

In the literature concerning treatment principles of behavior disorders in children, there is available a wealth of clinical material describing the practical experience of psychiatrists, psychologists, social workers, and teachers in treating and modifying such behavior. Although the matter has been widely studied, there have been no absolute criteria established to guide in the determination of removing a child from his own home, or in the choice of method if a drastic alteration of the environment seems necessary.
The Child Welfare Conference of 1919 emphasized that the welfare of the child was best served in his own home. The 1930 Conference specified some conditions under which "removal from the family home is warranted..." In general, it may be said, that a review of the literature indicates that removal from the home is justified when all attempts at modifying the environmental conditions which seem to have produced the maladjustment, have proven them to be unalterable. Family attitudes loom as perhaps the most important factor, in the decision to remove the child. The cardinal principle is that the child be placed in a position where he will feel comfortable and secure, and have healthy, socially acceptable outlets adapted to his stage of development. Emotional effects of separation must be carefully weighed against the effects of substandard care. The final consideration must be whether the placement will be successful in helping the child to develop into a useful citizen.

Ideally, the best treatment is that which is carried on with the child and his parents in his own home. Psychotherapy, then, should be directed toward the gaining of sufficient insight by both parents and child, so that there will no longer be the need to react in an abnormal fashion. By the gaining of insight and the release from emotional tension, the

2 Ibid., p. 152
child is able to redirect his previously misdirected pattern tendencies. It is often necessary to give much clarification to parents of their own personal problems, and to show them how their attitudes have caused or contributed to the child's difficulties. The cooperation of the school and of neighborhood recreational facilities is an important facet of such treatment.

However, the above is, in many cases, an impracticability. In family situations which have produced such severe cases of maladjustment, one rarely finds the willingness to see the need for psychiatric or casework treatment, and such services cannot be therapeutic if they are compulsory. There are times when direct therapy with the child is not enough. Insight is of no avail in an environment which tends to perpetuate the original difficulty. In such cases removal from home becomes necessary if healthy development is to occur. The child must then be taken bodily from the emotional tensions which are at the root of his unsatisfactory behavior, and transplanted to another environment. This "environmental or milieu therapy" has proved to accomplish remarkable results if it is utilized before certain mechanisms become fixed and internalized. Many excellent studies of children who have been placed outside of their homes, have shown that when the unfavorable

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influences and relationships are transferred into favorable ones, there is a strong possibility of recovery.  

It is, of course, not possible to mark a sharp line of demarcation between the children who are suitable for foster home or for institutional placement. It is not within the scope of this thesis to argue foster home against institutional placement, but the writer hopes to present some of the theory supporting these forms of treatment.

Foster Home Placement

Present day theory no longer regards the foster home as a panacea for all children requiring treatment away from home. Foster home placement, however, because of the naturalness of the setting, is considered to be of greater social value than the institution for most children.

It offers, for one thing, a more permanent placement plan, which is of especial advantage for the young child in providing him with real emotional security when long-term care is indicated. Also, it offers environmental elements which afford the child an opportunity to make a normal adjustment to normal family and community life. It may be considered a method of reconditioning the child by replacing an association with a different one, under circumstances which are pleasurable and more conducive to healthy development. It is intended to

modify the child's behavior by presenting incentives for the establishment of new and socially acceptable values. It should provide the child with the intelligent care, affection, understanding, and discipline which were lacking in his own home.

Foster home placement is one of the oldest forms of service to dependent and neglected children. Only recently has it been applied to delinquency. On the whole, this type of treatment has been most successful with children whose behavior has not tended toward confirmed antisocial acts and those without hereditary and constitutional defects. In general, it is believed that the foster home does not offer a sufficiently restricted or controlled environment for a child who has been involved in serious delinquencies or has been a leader in gang escapades.⁵

In connection with foster home placement, the school is also an important consideration. It is a part of the child's environment that is subject to social control. The school can do much in fostering a sense of achievement and relieving the child's sense of failure, through placement in a suitable grade and through utilization of his special abilities. Often replacement in a lower grade is embarrassing to a child in his own neighborhood, but can be accomplished with little distress to the child on entering school in a new community.

⁵ Ibid.
The child must be prepared to accept placement in a foster home, for which co-operation of the parents in accepting the plan is necessary. Too frequently the child looks upon such placement as punishment, which creates more antagonism. Under such conditions success can hardly be anticipated.

A consideration, which cannot be ignored, is the strength of the emotional ties with the own parents. Older children, especially, are rarely able to form real relationships with substitute parents.

The foster home sometimes failed to present a dissimilar situation from the own home, or presents other unsatisfactory relationships. Careful selection of the foster home is of utmost importance to prevent the continuance of stimulation of the undesirable conduct. In such cases replacement is therapeutic, only when the first placement has given some indication of a trend toward good adjustment, and can be regarded as a stepping stone toward improvement. Constant replacement of the child who is unable to adjust in the foster home cannot but be emotionally disturbing to the child, causing intensification of already existing conflicts.

With the present practice of utilizing foster home care in the treatment of dependent, neglected, and delinquent children, the supply of foster homes has been stretched to its utmost limits. This condition has caused many private agencies to be extremely selective in intake, which has, in many instances, made placement of children with behavior disorders
n an impossibility.

The outstanding agency for foster home placement in this state is the Massachusetts Division of Child Guardianship of the Department of Public Welfare. Placement is made by court commitment to the Department as neglected, dependent, or delinquent. A period of placement in a temporary home usually precedes permanent placement. Children placed in these foster homes are under supervision of social workers.

The Massachusetts Society for the Prevention of Cruelty to Children, which was active in some of the cases is, to all extents and purposes, a public agency with some placement function.

There are many private child placing agencies in the state, most of which are denominational, and which are selective in intake. Rarely do they accept for placement children who have been involved in delinquencies, or who have had previous unsuccessful foster home placements. Such placements are also supervised by social workers.

In the group studied herewith, there were placements made by probation officers, who continued to supervise the children. In one instance of successful adjustment, placement was made through an individual source upon court request.

The careful selection of the individual foster home, its adequacy for meeting the needs of the particular child and the ability of the foster mother and the social worker, who supervises the placement, to recognize these needs are important
factors in determining the success of any placement.

In summary, some of the criteria on which is based the decision to place a child in a foster home, are the following: a consideration of the necessity of long time placement; the child’s age and emotional maturity; the type and seriousness of his behavior; the length of its duration and its relative dependence upon environmental factors; the degree of the child’s emotional attachment to his own parents; and the facilities available.

Institutional Placement

The past decade has witnessed a changing philosophy in regard to institutional placement for children. This has come about with the development of a more scientific approach to problems in behavior and delinquency, with emphasis on treatment and rehabilitation rather than upon punishment and retaliation.

There will, of course, always exist a small group of children, the seriousness of whose behavior because of constitutional defects or deeply ingrained habit patterns, make them a potential menace to the community. For these children the institutional placement will serve only as a means of control.

No longer is the institution considered merely a dumping ground for children with difficult behavior problems, or as the last home for children who have failed in many foster homes, or who have failed to improve after long periods under
probation. It is now recognized that some children benefit more by direct placement in an institution than by other forms of treatment. The adolescent, whose patterns of behavior are well set and whose family relationships are firmly established, is considered, in many instances, to be better served by group placement. In cases where the emotional attachment between child and parents is especially strong, the institution is seen as less threatening, and as not serving to break down the constructive values of such ties. The institution offers freedom from the intensity of family relationships and does not create the new conflicts which often arise out of the problem of accepting substitute parents. The institution can offer stability which frequent replacement in foster homes obviates.

For those whose neurotic conflicts lead them to be so emotionally unstable that the prognosis is poor without special observation and intensive treatment, the controlled environment offers a better solution. Institutional placement, on the other hand, may be too repressive for the child who is reacting to frustration and may thereby aggravate the conflict.

There are, too, the obvious advantages in the greater availability of institutions over foster homes for the child with difficult behavior disorders.

Deviations in sexual behavior, for example, are problems which are not only difficult for foster mothers to accept, but
which are more amenable to treatment in the more objective and controlled environment. This allows time for the development of judgment and emotional control. More easily accepted and subject to retraining in the institution, are the personal and social habits of the older, untrained child.

Many of these children have extreme difficulty in group relationships, which intensifies their feelings of inadequacy and inferiority. Such children find group acceptance in the impersonal atmosphere of the institution and frequently make good identification with some staff member. 5 In this respect, also, the institution is a valuable form of therapy for the child who has been the victim of sibling rivalry, which condition is often reactivated in the foster home, especially in the home which combines foster children with own children.

From the point of view of education, the institution may have distinct advantages. To this time, institutions have been able to offer more vocational training than is available in many communities for the younger adolescent. This is especially therapeutic for children of low average intelligence who are misplaced in the regular public school academic program. Habitual truancy has been successfully dealt with through this type of in-patient educational setup, which can be adapted to the needs of the particular child.

5 Rogers, op. cit.
The length of stay in the institution is of utmost importance in determining the permanence of adjustment. Studies have emphasized the dangers of long-time placement in such an artificial and unreal environment in the creation of the "institutionalized personality" which tends in later life to withdraw from reality and to be unable to face difficult situations. Of little value, also, is the short-term institutional placement with the child returning to the same poor home and neighborhood, with the added difficulty of the stigma of being a parolee.

As in foster home placement, there are different types of institutional placement available, of varying degrees of adequacy.

Lyman School is representative of the several public, disciplinary, training, or correctional schools in Massachusetts, used in treatment of cases in this study. It is an open institution, organized on the cottage system, housing at present 250 boys under fifteen years of age at the time of commitment. Admission is by court commitment for an indeterminate sentence through the minority years, but the average length of stay is eleven months.

Welcome House, used in one of the cases in this study, is illustrative of the several small private institutions which are in current use in Massachusetts. This institution accepts girls from fourteen to seventeen years, and its

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normal population is twelve to sixteen girls. Admission is by application from a social agency, or by court referral, but is not used for commitment purposes. It has been selective in its intake, preferring to exclude girls who have been involved in serious delinquencies. Because of the size of such groups, more individual attention is possible than in the large public institutions.

New York State has developed a few private institutions, of which Children's Village is the outstanding example, which have adapted psychiatric knowledge to the treatment of behavior disorders and delinquency. Resident staff includes psychiatric, psychological, medical, dental, and social work services in addition to vocational and academic instructors, physical education directors, and cottage parents. Boys are accepted for an indefinite period, and many remain until "graduation," indicating that the aims of the institution have been achieved. Intake is selective to maintain a "balanced group," and thus no psychotic or mentally deficient children are admitted. There is no institution of this type in Massachusetts, and the distance and cost of tuition have been deterrents to its use.

Thus, the determination of a child's suitability for institutional placement must be based upon a consideration of factors identical with those which apply to foster home placement. Criteria must be based on the age of the child and
his specific needs; the type and seriousness of his behavior; the length of its duration and the degree of its relative dependence on environmental factors; his emotional relationships; and the facilities available.
CHAPTER V

AN INTENSIVE STUDY OF EIGHTEEN SELECTED CASES

The writer has selected eighteen out of thirty-three cases to illustrate the different types of environmental treatment utilized in the care of these children, and the types of adjustment which they have been able to make. The presentation will demonstrate, also, the concepts on which the hospital recommendations were based, the extent to which these recommendations have been followed, and the social factors in the environment which have affected the child's adjustment.

All cases have been studied in accordance with the schedule appended, and have been classified as "adjusting," "questionable," or "failed to adjust." The classification of "adjusting" signifies a condition in which the child, himself, appears happy and content and there have been significant modifications in his behavior. "Questionable" describes the condition in which the child's undesirable behavior has continued with only few or slight modifications, but as yet there has been no serious difficulty. Cases in which the child's antisocial behavior has continued to the extent where he has again been in conflict with society and some further change in environment has become necessary, are classified as "failed to adjust."

There were fifteen cases in the group classified as "adjusting." Of these, two were returned to their own homes,
and will be illustrated by Case 1; six were placed in foster homes, and will be illustrated by Cases 2, 3, 4, and 5; seven were placed in institutions, and will be illustrated by Cases 6, 7, and 8. The Lyman School group,\(^1\) one of whom was returned to his own home, and one of whom was retained in the institution, will be illustrated by Case 9.

There were twelve cases in the group classified as "questionable." Of these eight were returned to their own homes, and will be illustrated by Cases 10, 11, 12, and 13; two were placed in foster homes, and will be illustrated by Case 14; two were placed in institutions, and will be illustrated by Case 15.

There were six cases in the group classified as "failed to adjust." Of these, there were five boys, who were returned to their own homes and are now in public institutions. This group will be illustrated by Cases 16, 17, and 18. It must be noted that these children are now in institutions where they may be making adequate adjustments. However, for the purpose of this study, they have been classified as "failed to adjust" to indicate the failure of the placement following the period of observation in the Children's Unit.

Cases 1 through 9 represent the classification of "adjusting."

\(^1\) See p. 13, para. 4, \textit{supra}. 
Case 1

David W. was an eleven-year old white boy who was admitted to the Hospital under Section 100 from the District Court of Concord on March 10, 1947 on a charge of sexual assault on a small girl. Actually, this legal terminology described an incident of minor sexual curiosity, with no violence or "assault" having taken place. David's previous history gave no evidence of home or school maladjustment. He had presented no previous difficulty in the community and was considered a serious, super-sensitive boy.

David's parents were young, of high average intelligence and education, and except for some overprotectiveness on the part of the mother, were considered conscientious and adequate parents. The father was calm and of easy-going disposition, which counterbalanced the mother's emotional instability, and he was sincerely interested in his home and family. David had had a good relationship with a sister, who was a year younger, who was well-adjusted.

David lived in a good residential neighborhood in a suburban community where incidents of delinquency were rare. There was no known difficulty in either family or community relationships.

David attended seventh grade in a public junior high school, had never repeated a grade, attended regularly, and was an average student. He showed some tendency toward day-dreaming but was not a disciplinary problem in any way and presented no difficulty in personal or group relations. He was thought to be somewhat less mature than other boys in his grade, being one of the youngest members of his class, which had at times manifested itself in a rebellious attitude when he was confronted with a situation where the obstacles were great.

David made a good adjustment in the hospital, although at times expressing resentment at being so hospitalized. He was extremely sensitive about the event which had led to his commitment, and had some appreciation of its significance. There was no evidence of any feelings of insecurity, but examination revealed high social maladjustment. It was felt that his difficulty was primarily the result of confusion regarding sexual problems and perhaps stimulated by conversation of older adolescent friends. It was significant that David had never received sex instruction at home. The problem was felt to be not too infrequent among adolescents,
nor too consequential. David was diagnosed Primary Behavior Disorder in Children, Conduct Disturbance, and was returned to the court on April 5, 1947 with the recommendation that he be returned to his own home and that he receive psychotherapy in a Child Guidance Clinic because of the possibility of some emotional problems related to his home life, which might not have been manifest during this brief period of observation.

David's case in court was dismissed and he was returned to his own home where he has presented no further difficulties during a period of nearly a year. The parents have been extremely protective of him and have attempted to help the boy to forget this experience. Because of their feeling that an injustice was done by David's arrest and consequent hospitalization, they have refused to carry out the recommendation for continued psychotherapy, feeling that the incident was already too greatly exaggerated. The parents have interpreted it as an expression of early adolescent emotional drives and as not indicating any conflict, and have merely encouraged David to discuss his problems more freely with them. There has been no overt rebellion against authority which might indicate that David has identified with his parents' attitude in this respect. David has returned to the same community and is attending the same school, where the established reputation which frequently follows such an experience, has proved to be no deterrent to group relationships. His scholarship has not suffered, and in general, David may be said to have made a satisfactory adjustment.

In this case, return to the own home was recommended, the recommendation was carried out, and the boy is adjusting. This case is unique in this group of children, as it represents an isolated incident of unacceptable behavior which apparently had no basis in difficulties in family relationships or in the environmental situation. Except for the attempt to deny the experience, the parents have shown good judgment.

It is doubtful in the mind of the writer whether this
problem was serious enough to require hospital observation, except as a gesture of community alertness to a potential danger. It must be borne in mind that the particular community is one with an extremely low rate of juvenile delinquency and that, also, during this particular period, the public had been unusually apprehensive because of the frequent publicity given to the discussion of sexual psychopathy.

There was certainly no need for manipulation of the environment in this case. The writer feels that a brief period of psychotherapy would have been helpful, not so much in uncovering underlying conflicts, as in preventing later conflicts which might have arisen as a result of the method of treatment of this incident. The Children's Unit, of course, had no choice in this matter.

The recommendation to return the boy to his own home was followed with apparent success.

**Case 2**

Cornelius W. was a ten-year old Negro boy who was sent to the hospital under Section 100, by the Roxbury Juvenile Court on June 6, 1947, on a charge of stubbornness on complaint of his father. Cornelius had been truanting from school, was unable to get along with other children, was unmanageable at home, and had run away from home on several occasions. Cornelius' mother had been promiscuous, and had finally deserted the family when Cornelius was four years of age. Cornelius had then spent a few happy years in foster homes, and at the age of nine, was returned to the care of his father, when his father returned from service. Cornelius' father was a seemingly intelligent man, who appeared anxious to help the boy. He, himself, had had considerable
difficulty as a child and had been diagnosed Psychopathic Personality. Cornelius and his father had been boarding in a private family, but his father was rarely at home due to his occupation, and had little influence over the boy. He provided little supervision for the boy even during his periods at home, for he was more interested in providing for his own personal satisfactions. Two younger siblings had continued in foster homes where they had made satisfactory adjustments.

The home in which Cornelius boarded was located in an extremely poor neighborhood, and although the physical conditions were adequate, Cornelius was not a member of the family constellation. The boarding mother had no real interest in him, had little patience with him, and frequently mistreated him. There was no economic problem, but there was considerable friction in the home over Cornelius' misbehavior.

Cornelius had been retarded in school and had been considered by his teachers to be mentally defective. He was, at the time, attending fourth grade in a public disciplinary school because of his poor attendance, and his former habitual truancy had abated somewhat. He was troublesome in the classroom and disobedient and disrespectful toward his teachers.

Cornelius made a poor adjustment while in the hospital. A Stanford-Binet Examination revealed an unexpected I.Q. of 104. He was constantly terrifying the other children by his cruel and annoying behavior. He was found to have a ready explanation for everything with a tendency to blame others for his misdeeds. He was inclined to tell stories of mistreatment in an effort to gain sympathy and affection from adult attendants. His language was often profane and abusive. Cornelius ran away from the hospital after a few days, but was soon returned by his father.

It was considered that Cornelius was an essentially good child, who had suffered so much neglect and mistreatment that he had lost all security and had therefore developed strong antisocial patterns of behavior. It was felt, also, that placement in a correctional institution would only increase his protest against authority and he might become a chronic runaway and more severely delinquent. A diagnosis of Primary Behavior Disorder in Children, Conduct Disturbance, was made, and placement in a foster home was recommended, where the boy could receive the affection and attention necessary to
enable him to make a good emotional adjustment. Cornelius was returned to court on July 10, 1947, was placed on probation, and through the interest and effort of the court chaplain, was placed in a foster home, with his father responsible for the board payment. This home is in a semi-rural community and the foster mother, although elderly, is a gentle, maternal woman, who represents an ideal mother figure. There are younger boarded children in the home and Cornelius has been given some sense of status in the family by being allowed to help in the supervision of the younger children. Since the foster mother has no own children, Cornelius has found acceptance without the rivalry which frequently exists between own children and foster children. The foster father is a kindly, retiring man, who has not attempted to assume the father role, so has caused no problem in the acceptance of male authority. Cornelius has made a very adequate adjustment and has seemed extremely happy in this home. With the security and affection which he has found here, he has demonstrated the ability to get along with other children and has lost his need to act aggressively toward them. Except for a few minor incidents during the first few weeks, there has been no recurrence of his former asocial behavior. Cornelius has entered the fourth grade in the public school where he has presented no difficulty. This is a smaller school where more individual attention can be provided than in the city schools. Cornelius is sent to school clean and well dressed and has shown pride in his personal appearance. He has received encouragement and reward for his efforts in school and although his scholarship is only fair, he has gained satisfaction through his own improvement.

In this case, foster home placement was recommended, placement was carried out, and the child is adjusting. This case has been presented to illustrate a situation in which a child has been placed in a foster home by an individual source at court request.

Cornelius has gained security in his foster home and has responded to the affection and understanding of an experienced
foster mother. His aggressive tendencies toward other children have discontinued now that he is reinforced by feelings of being wanted and of having a position of importance in the family group. His success in school adjustment is evidence of the fact that difficulties caused primarily by maladjustment in family and home relationships, may manifest themselves in poor school behavior, which improves when the former conditions are remedied. Greater individual attention in school has also contributed to the success of his adjustment and there is no longer any need for Cornelius to escape an unpleasant situation by truanting.

In this situation, the home environment was inadequate for providing the attention and affection which every child requires for a good emotional adjustment. This young boy's delinquencies were not such as would make him a danger to the community and were felt to be attention-getting devices as a reaction to the neglect to which he had been subjected, and to his feelings of insecurity and inferiority. Cornelius was of average intelligence and apparently had no strong attachment to his rejecting parents, which would be a deterrent to adjustment in a foster home. He was receiving no supervision, training, or encouragement to enable him to establish any stability. He was actually reacting normally to abnormally unfavorable home conditions, and had developed great skill in protective lying as a defense. Foster home placement was felt
to be a necessarily permanent treatment plan for this boy as there was no possibility of improving the home conditions. Placement selected especially for this boy has seemed to meet all of his present needs. The validity of this recommendation cannot be questioned in the light of Cornelius' great improvement within a remarkably short period of time.

**Case 3**

George S. was a ten-year old boy who was sent to the hospital for observation on March 25, 1947 from the Quincy Juvenile Court under Section 77, on a charge of larceny, having broken into a school with another boy and stolen money. His stepmother had complained to the court on numerous occasions of his lying, destructiveness, and his apparent excess sexual drives. George and his two brothers had been studied in January, 1946, at the New England Home for Little Wanderers, where foster home placement was recommended. However, George's parents had insisted upon the boys' being returned home.

George's own mother had neglected her children and had deserted the family in 1939, when George was two years old. His parents were divorced in 1941, and George and his brothers were placed in a foster home, where they adjusted satisfactorily. In 1944, following George's father's remarriage, George and his brothers returned home. Since that time, George had been in continual difficulty. His father was interested in his children but was away from the home much of the time and had left the discipline of the children to the stepmother. The stepmother, who was considered to be an unreliable person, was not interested in these children. Also, the care of George and his four siblings, in addition to her own two infants, was too great a burden for her to carry. Recently, there had been much friction between the parents over the discipline of the children. George was the youngest, and also the brightest and the most aggressive of the three boys.

The home was overcrowded, with George and his two sisters and two brothers occupying the one bedroom. The home was poorly furnished and provided little recreational opportunity for the children, although
situated in a semi-rural community, where incidents of delinquency were infrequent.

George was attending grade five in a public school. He was always a good student, but was considered a school problem because of his attention-getting behavior, and his masturbating in the classroom.

In the hospital George made a good adjustment. He was frank in admitting that he did not wish to return to his home to live with his stepmother. He described her as being jealous of attention shown to the children by the father, and the father as having been very much enraged at her treatment of the boys. He recalled much discord between his own mother and father. Examination on Wechsler-Bellevue Scale revealed an I.Q. of 110, with a verbal level of 105 and performance level of 115. On a McQuarrie Test for Mechanical Ability, he demonstrated exceptional mechanical aptitude. He was seen as a boy of average intelligence, who presented a good appearance and a friendly manner. His progress in school showed an ability to perform and a willingness to work, in spite of severe emotional trauma. He had developed neurotic symptoms as a result of these conflicts, such as thumb sucking and masturbation. It was felt that his marked strabismus might have contributed to his feelings of inferiority and self-consciousness. George's father expressed great interest in the boy, and was anxious to cooperate in any treatment plan which might be recommended for him.

George was discharged from the hospital on April 19, 1947, with the recommendation that he be removed from his home and placed in a foster home, where he could receive some security and intelligent supervision. George was adjudicated delinquent by the court and committed to the care of the Massachusetts Division of Child Guardianship. Following a preparatory period of placement in a temporary home, George was placed in a foster home, where he receives adequate social work supervision.

The home is situated in the country and provides extensive acreage and play space. There are two older boys in the home, and consequently, George has received much attention, and especial affection from the grandmother in the family. The foster mother is an enterprising middle-aged widow, who runs a commercial trout farm. This offers a constructive interest for the boys and an opportunity for assisting during school vacations. The foster home is a large, rambling house, each boy occupying a
separate room, and having complete freedom in the home. Discipline is applied largely through the setting of standards to which the boys are expected to conform. George has reacted favorably to this and rarely has it been necessary to deprive him of privileges. He has gained considerable weight and has overcome somewhat his neurotic traits, indicating his comparative release from nervous tensions. His extroverted tendencies still exist, but the foster mother has encouraged their constructive utilization by having George sing in the church choir, which has also given him a needed sense of importance. He displays extreme pride in his personal appearance, never before having had the opportunity to admire new clothing. At Christmas, George was allowed to visit in his own home, but was all too anxious to return to the foster home.

George's scholarship has continued to be of high grade, and his school behavior has improved. He is still resorting somewhat to the attention-getting devices, but gradually has indicated a lessening of the need for this type of behavior. There has been a constant improvement in George's behavior, and he, himself, is extremely happy in his new environment. His father has visited him and has expressed delight at his condition. George may well be considered to be making a good adjustment.

In this case, foster home placement was recommended, placement was effected through commitment to the public child-placing agency, and the child is adjusting. In this case, and in the case of Harold B. and Joseph G., placement was made through commitment to a public child-placing agency.

This boy had assets of good intelligence and good application, which made the prognosis favorable. His neurotic habits and his conduct disturbance originated from difficulties in family relationships, with the rejection of both his own mother and stepmother. Now that these unfavorable influences have been removed, his symptoms are gradually disappearing.
In his foster home, George has found some security through the affection and attention given to him. Also, the physical standards of the home and the facilities offer opportunities for the release of nervous energy and are conducive to healthy development. One sees that as he gains in security, he loses the need to continue his defensive, over-aggressive patterns.

The fact that there is no foster father in this home does not have disadvantages in this particular case. Since George has an adequate father, who will undoubtedly continue his interest, he will not have the need for a father-figure with whom to identify. He is protected through commitment to this agency from being further traumatized by return to his own home, should his parents again change their minds. During this placement, he has the opportunity of casework supervision by a trained, male social worker, who is sincerely interested in him, which will undoubtedly contribute toward his continuing adjustment.

Case 4

Bridget F. was a fourteen-year-old girl who was sent to the hospital for observation on March 5, 1947, by the Cambridge Juvenile Court, under Section 100, on a charge of being a stubborn child on complaint of her mother. Bridget's mother had complained to the court on several occasions during the past year that Bridget was undisciplined, uncontrollable, disobedient, and defiant to her parents. Bridget had been remaining away from home until late at night and had been associating with most undesirable companions. She had shown resentment against authority in general, and was described by a social worker as having an "I'm fighting the world" attitude. In
court Bridget seemed bewildered and confused and com-
plained of frequent dizziness and crying spells.

Bridget's mother was considered an insincere, un-
reliable, irresponsible person, who had neglected
her large family, preferring to work and to seek
pleasures outside of the home. Bridget's father, who
was at this time in a TB sanitorium, was an alcoholic
and was considered to be an extremely poor influence
on the family. He had been a fairly steady worker,
but had spent a large portion of his income on liquor.
There were eight children, six of whom were living at
home. The oldest boy had left as soon as he was able
to go to work, and a younger child was also in a TB
sanitorium.

The family home, which consisted of two rooms in
a basement, was always in a chaotic state and extremely
dirty. There was much illness in the family, and the
small children were frequently scantily clothed and
unwashed. The family was periodically evicted from
homes, and moved about from one poor neighborhood to
another. There was always much economic stress, and
support was often from Public Welfare funds.

Bridget was attending first year in a parochial
high school where she was considered a good student.
However, she had been a serious behavior problem in
the classroom since entering high school. She was
distractible, talkative, unruly, impudent, sarcastic,
and disrespectful to her teachers. Her attendance
was irregular and there had been frequent truancy.
Among the pupils Bridget was extremely popular. Her
leadership qualities were misdirected, making her a
poor influence on the others. She was especially
interested in and showed aptitude for athletics.

In the hospital Bridget was irritable, anxious,
and fearful during the first few days. She quickly
abandoned her defense of bravado and expressed her
anxieties in crying spells and nausea. These symptoms
disappeared gradually, and she soon became active,
spontaneous, and enthusiastic, seeming to enjoy her
hospital stay. On interview, she became depressed
and evasive when talking of her home and of her
past behavior, showing real feeling in regard to her
maladjustments. However, she revealed little insight
into the meaning of her behavior. She demonstrated
good ability to conform to regulations and restrictions.
She was seen as an emotionally unstable, restless,
neurotic girl, who developed psychosomatic symptoms
in reaction to frustration. She revealed resentment
against authority, although expressing no real
hostility toward her parents.
It was felt that Bridget's difficulties were primarily a reaction to her unfavorable home adjustment, with an alcoholic father, low standards, and neglect, resulting in the adoption of an aggressive, hostile attitude, with resentment of authority. She showed genuine remorse and the desire to conform in a more satisfactory fashion. The staff considered that, although there was a possibility of a primary constitutional defect, Bridget would react with socially acceptable behavior if placed in an adequate environment. Foster home placement was, therefore, recommended.

Bridget was returned to the court on April 1, 1947 and was placed on probation. A family friend, who lived in the same general community, had appeared at her previous court appearance and had offered to take Bridget into her home. In the meantime, an investigation had been made by the probation officer, and it was determined that, although there were some distinct drawbacks, Bridget would be placed in this home on trial. The foster mother had been successful in raising her own children to adulthood.

Bridget returned to the same school and for about three months, showed some improvement in her behavior and general attitude. However, because of the closeness of the foster home to her own home, she was in constant contact with her own family. Her mother soon began to interfere, attempting to dictate to Bridget in opposition to the foster mother, and urging Bridget to return home. The conflicts aroused by this situation began to manifest themselves in Bridget's school behavior, and she was soon expelled from school because of her impudence. The foster mother no longer wished to assume the responsibility of her care, and Bridget was placed for a temporary period in St. Joseph's Daily Industrial School, a Catholic boarding school for girls. Bridget again reacted with resentment, irritability, and defiance of authority.

The interest of the Catholic Charitable Bureau of Cambridge, a private family agency, which had known and worked with the family for years, was then solicited. A worker from this agency began to visit Bridget in order to prepare her for another placement, and on October 15, 1947, Bridget was again placed in a foster home.

This new home is in an entirely new and different type of residential community and is considered to be a superior foster home. The foster parents are young, well-educated, understanding people, who
have taken an interest, not only in Bridget, but also in other members of her family. Bridget has an attractive room of her own in which she has complete privacy. She has been encouraged in developing great pride in her personal possessions as well as in her appearance. A special interest has been taken by the foster mother in providing ample, attractive clothing, so that Bridget would not feel different from the other girls in the neighborhood. She has assumed unsolicited responsibility in the care of the foster mother's small children, and in turn receives a free home and a moderate allowance which she may spend as she prefers. Bridget has had no difficulty, with her natural sociability and her attractive appearance, in being accepted in the community. She has made a good adjustment in school, not having the difficulty of an established reputation to overcome. Bridget is now attending second year in a parochial high school, where she is maintaining a good average in her studies and her leadership qualities are finding constructive expression. The foster parents have encouraged her to participate in athletic and social activities in the school. Bridget expresses openly her feelings in regard to living in her own home, and her manner and behavior indicate that she is now in the proper environment to utilize her assets and to make reasonably certain the continuance of her good adjustment.

In this case, foster home placement was recommended, the recommendation was carried out through probation and private social agency services, and the child is adjusting.

This case has been presented as it represents a situation in which the first placement, although not successful, gave indication of a trend toward better adjustment, and the replacement was a further step in treatment. It was obvious that the failure in the first home was the result of poor selection of home. Bridget was not really removed from the original environment, because of the physical nearness and
the personal relationship between mother and foster mother.

The new environment offers complete freedom from these emotional involvements as well as many constructive features such as: own room, spending money, responsibility, encouragement, understanding, and interest, all of which are so necessary for an adolescent girl. A social worker, who had established a good relationship with Bridget prior to this placement, has continued to work with her, which continuity of contact adds to Bridget's security in this home. Casework services are being directed as helping Bridget to work through her feelings in regard to her own home and family, and to help her to see how this has influenced her behavior. Also, interpretation is being given to her in regard to sexual matters.

Bridget was conscious of her own difficulties and of the abnormality of home conditions. She had a desire to improve, which could not be accomplished in the environment which continually reactivated the underlying conflicts and thereby stimulated the undesirable behavior. There was no especially deep attachment to either parent which might obviate the effects of foster home placement. Her difficulties did not manifest themselves, to any great extent, until the adolescent period, with the increase in the aggressive and self-assertive drives. The temporary period in an institution revealed the extent of her neurotic reactions against frustration in the repressive atmosphere.
The recommendation for foster home placement seems to have been a valid one in view of the determinant factors and Bridget's subsequent adjustment.

Case 5

Ronald S. was an eleven-year old boy who was sent to the hospital for observation on March 27, 1947, from the Roxbury Juvenile Court, under Section 100, on a charge of delinquency by reason of larceny. This was the second offense in which Ronald was involved with a group of boys in stealing of articles which were worthless to them, from stores, parked cars, and trucks. Following the first offense Ronald was placed on probation and for five months had complied with all of the regulations, showing the ability and willingness to conform under supervision. Prior to the first court appearance there had been no known difficulties.

Ronald's father was an alcoholic and an inveterate gambler. He resented the children and left home during each of his wife's pregnancies. Ronald's mother, herself the oldest of nine siblings, had married the father at seventeen years of age. She had, like her own mother, had several psychotic episodes since marriage, and was on indefinite visit from a State Hospital at this time. The family had lived on a marginal income, having adequate funds only when the father would win at gambling. When he was losing, he would express his frustration by abuse of his wife and children. The children disliked and feared their father. The mother frequently had him arrested for assault, but each time refused to bring court action against him. So there was periodic friction and severe discord in the home, complicated by frequent separation of the parents. During the periods of separation, the mother worked outside of the home, even during her pregnancies. Of eight living children, six were living at home, ranging in age from three to eighteen years. Two oldest children were married and lived away from home. A sister, who had made a good economic, social and emotional adjustment through her marriage, had offered to take Ronald into her home.
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The neighborhood was one in which there were comparatively few delinquencies. The home, itself, was crowded and habitually in disorder, because of the mother's incapability for coping with the situation.

Ronald had been attending special class in public school. He was considered to be mentally retarded with an I.Q. of 70 on a group test, and to have refused to apply himself to his school work. He had attained only third grade, having repeated each grade. He had never been a disciplinary problem, and was polite, courteous, and well-mannered. He was somewhat shy and withdrawn in group relationships. There had been no truancy.

In the hospital Ronald made a very good adjustment. Although emotionally immature, he was sociable, cheerful, and friendly. Examination on Wechsler-Bellevue revealed a Full Scale I.Q. of 93 with a performance level of 105, in contrast to the verbal level of 83. It is interesting to note the variation shown between the results of the group test in school and the examination in the hospital, when the child was relieved of environmental pressures.

Ronald showed poor judgment consistent with his low intelligence. He conformed well to rules and regulations and showed no resentment against authority. He revealed much remorse in regard to his difficulties and having worried his mother by his misbehavior. He showed little spontaneity or initiative, indicating that he was undoubtedly a follower in the gang escapades. He responded readily to praise, encouragement, or affection. He expressed love for his mother, but not for his father, while at the same time showing identification with his father in wishing to follow in his occupation.

It was felt that Ronald was a strikingly immature boy, whose delinquencies were the direct result of unfavorable family and home environment, and being exposed to various psychological stresses in the home, with the incidence of mental disease in the mother, and the father's alcoholism and abusiveness. Also, his dull intelligence, immaturity, and poor judgment rendered him susceptible to gang influences. It was recommended that he be separated from his home and that he be placed with his sister, in a more stable environment where he could receive close supervision. It was stressed that emphasis in school should be on vocational training.

Ronald was returned to court on April 29, given a suspended sentence to Lyman School and continued
on probation. He was placed in the home of his sister, who was at that time living in a rural community some distance from Ronald's own home. Ronald's sister is a mature young woman, who has two small children. Her husband is a sober, responsible young man who has financial security, so that support will not become an issue in this placement. He has taken a personal interest in Ronald, and has encouraged him by allowing him to assist in minor manual operations in the repair of the new family home. This has helped to overcome many of Ronald's feelings of inferiority carried over from the school situation.

Ronald's school adjustment has been satisfactory and he has continued to attend special class, since vocational classes are not available in this particular system. However, emphasis in this class is on the manual arts. The teacher is one especially trained in work with retarded children, who seems to have been able to encourage Ronald's effort.

The family interrelationships here are most affectionate, and Ronald's sister hopes to make Ronald a permanent member of this family. Since Ronald's mother has recently been returned to the mental hospital, it is hoped that this arrangement can be continued indefinitely, since it has seemed conducive to Ronald's happiness and consequent adjustment.

In this case, placement with relatives was recommended, the recommendation was followed out, and the child is adjusting. In this home, Ronald has received loving care and adequate discipline and has consequently been in no difficulty in a period of nearly a year. This placement offers good possibilities of permanency, which will undoubtedly be a necessity. Ronald has not had to overcome the anxieties, which naturally accompany facing the unknown in the foster home placement, nor has he been faced with the necessity for the establishment of new relationships, all of which has contributed to his present state of good adjustment.
This child had been in difficulties on only two occasions, and under supervision, he had demonstrated previously the ability and desire to conform easily. He had been without supervision in his own home, and because of his limited intelligence and poor judgment, became a follower in gang delinquencies. This was the only manifestation of disturbance in behavior. In personality, Ronald was a gentle, immature, amenable boy. Institutional placement at this time might have subjected him to more delinquent influences of older boys. He required only affection, attention, and proper discipline and training to overcome his difficulties. Fortunately, these values were available in his sister's home.

Case 6

Bernard G. was a fourteen-year old boy who was admitted to the hospital on February 12, 1947, under Section 100, from the Roxbury Juvenile Court, on a charge of being delinquent by reason of his stubbornness, on complaint of his father. Bernard had been before the court on several previous occasions. He had been running away from home frequently and had recently threatened his parents so that they were terrified of him. There was a long history of truancy, disobedience and disrespect of his parents and of other authority, destructiveness, and general inability to adjust since the age of nine years. Bernard had spent a period of observation in a study home, as a result of which he had been placed in a camp from where he had run away. He was later placed in a foster home for a brief period through a private family agency, but had run away to his own home. Each time he returned home, his behavior became more disturbed.

Bernard's father was a quiet man, who was continually in poor health. He was considered to
be a mental defective and was suspected of homosexual practices, probably involving the son. The close relationship which seemed to exist between father and son was felt to be an unwholesome one. Bernard's mother was fairly intelligent but emotionally unstable and ineffectual. She had many psychosomatic complaints and little physical energy. She had put much emphasis on training Bernard in matters of personal cleanliness, but had revealed no understanding of his personal problems. Both parents demonstrated inability to control Bernard, who was their only child, indulging him in an effort to appease him. Discipline was inconsistent, alternating between severe physical punishment and bribes. Bernard had learned to dominate his parents through his demands and threats.

The father's work record was erratic, and the family had subsisted on public funds from time to time. There was much quarreling over financial affairs, which had troubled Bernard deeply. The family home was situated in the center of an overcrowded business district, on a main thoroughfare. The home, itself, was immaculate and had many material advantages.

Bernard was attending seventh grade in public junior high school, having repeated no grades. He had many friends in school and was cooperative in all group activities. He had little interest in academic work and his application was, therefore, poor, resulting in generally low grades. He had shown an unusual interest in social studies as contrasted with his other subjects. Except for his truancy, which had existed over a period of years, he was not considered a school problem.

In the hospital Bernard was quiet, cooperative and demonstrated none of his former aggressive behavior. He was unusually fastidious in his personal habits, reflecting his mother's training in this respect. He was able to get along well with the other boys and was neither a follower nor a leader in group activities. On a Wechsler-Bellevue Full Scale, he received a rating of 103, with slightly higher aptitude in the performance than in the verbal area. He demonstrated a high degree of mechanical interest and ability on special testing.

On interview Bernard was very shrewd and evasive, especially in regard to his parents and to sexual matters. He revealed fantasies of an aggressive nature, concerning bullets and rifles, which were
interpreted as expressing extreme hostility toward his parents. He showed some insight, realizing the abnormalities in his home situation, but attempted to cover them up by rationalization. He seemed to have little feeling of remorse regarding his misdemeanors and delinquencies. It was felt that Bernard's maladjustments and his consequent behavior were indicative of deep-seated conflicts over his feelings about his home conditions and family relationships. In the opinion of the staff, much of Bernard's antisocial behavior was caused by his psychosexual difficulties resulting from his abnormal relationship with his father. His delinquencies were seen as the acting out of his marked rejection and hostility toward his father.

Bernard was diagnosed Primary Behavior Disorder in Children, Conduct Disturbance, and he was discharged from the hospital on March 13, 1947. It was recommended that he be placed in a training school where he could receive vocational training and could be in a sufficiently controlled environment to prevent a recurrence of his running away. Psychotherapy was recommended as a necessity for helping him to resolve his underlying emotional conflicts and difficulties.

Bernard was returned to the court and was committed to the Middlesex County Training School for an indeterminate sentence. While here, he has demonstrated an ability to get along well with other members of the group and to conform to regulations without resentment against authority. There has been no attempt to run away. His attractive personality has made him popular among the other boys. He has been encouraged to develop his natural leadership qualities in recreational and social activities, and had thereby gained a sense of achievement. The academic program has been reduced to a minimum since he has manifested little scholastic ability. He has shown especial interest in his vocational assignment to the tailoring department and has revealed unusual manual dexterity. Through the interest of the instructor in this division, Bernard has been so successful in this undertaking, that he has expressed the intention of following this trade.

Bernard's general behavior has been above reproach and he has seemed contented, giving no evidence of tension. He seems to have gained considerable emotional maturity through the security offered him in this placement. Following
the past few visits by his parents, Bernard has manifested none of the disturbed behavior which was seen after the first visits in the early part of his residence here. Bernard has been in this institution for almost a year, and is considered to be adjusting remarkably well.

In this case, institutional placement was recommended, the boy was placed in a public institution, and is adjusting.

In the impersonal environment of group placement, Bernard has found release from the severe emotional tensions which were activated by conditions in his home. Consequently, he no longer feels the need to react with hostility and aggression, even in a situation which temporarily reactivates the conflict. A year in this type of environment has allowed time for this adolescent boy to develop more maturity and emotional control. The well-regulated and purposeful standards of the training school have provided consistent discipline which has helped Bernard to recognize and accept authority that is just and fair. The educational program, with emphasis on vocational training, has met his particular needs in this area, and has provided incentives through successful achievement. Also, he has been able to identify with an adequate male figure.

This very disturbed boy obviously represented the results of severe disturbances in family interrelationships. The long duration of his asocial behavior, as well as his established runaway pattern, made him suitable for intensive treatment in an institution. His truancy was only a dis-
placement of his conflicts over his parental relationships. Institutional placement was thus the only valid recommendation which could have been made. Since this boy is receiving no psychotherapy to help him to resolve his emotional conflicts, one cannot be too optimistic about the permanency of the results. Hopefully, he will be retained in the institution long enough to receive sufficient training to establish the self-confidence and maturity to carry him into adulthood. Following his release from the training school, it is very possible that he will be placed in a foster home, so that he will not be subjected to further emotional trauma by being returned to his own home. The institutional placement will have effected his readiness for the foster home.

Case 7

Allan M. was a fourteen-year old white boy who was admitted to the hospital on May 27, 1947, under Section 77, from the Juvenile Court of Quincy. He had presented abnormal sexual behavior, having attempted to solicit the sex interest of young girls and one or two adult women. These were his only court offenses, but there had been a history of petty stealing and lying which had existed over a period of years.

Allan's parents had had a forced marriage when very young, had separated when Allan was six years of age, and were divorced about two years later, the father receiving custody of the children. The mother is described as having been promiscuous, abusive to and neglectful of the children, and a poor housekeeper. The father was rather ineffectual, and had been in poor health for the past two years. Following the separation of the parents, the mother continued to live in the same community, and her reputation was well known to the children. Paternal relatives acted somewhat in the care of the
children, but later most of the responsibility was left to an older sister, who carried on full-time employment, which left little time for the supervision of the younger children. Allan had two younger sisters, both of whom have made very satisfactory social adjustments.

Allan lived in a good, middle-class, residential neighborhood and the home was comfortable and attractive, there being no economic problem. The family environment was considered one of high moral and ethical standards. Allan had always been reticent to discuss his personal affairs with his family, and it was later learned that he had selected the least desirable boys in the neighborhood as his companions.

Allan had been attending ninth grade in a public school where he presented no problem in discipline or management, but was not felt to have measured up to his abilities, except in subjects which he liked particularly. It was interesting to note that he had taken Latin against the advice of the school authorities, and had maintained an average of "A" for the year. There had been no truancy, but Allan was felt to be withdrawing from group activities by means of a superior attitude toward his schoolmates.

In the hospital Allan made a good adjustment. Examination on Wechsler-Bellevue revealed a Full Scale I.Q. of 109, with verbal and performance levels about equal. Allan was an attractive boy with an air of self-confidence and superiority, which was seen as a defense mechanism adopted to cover up his sense of insecurity. He was found to be egocentric, self-centered, a shallow thinker, and a glib talker, with low standards of personal integrity. It was felt that he had never had the benefit of good, consistent controls. His sexual deviations were felt to be related to emotional conflicts centering around family relationships and consequent inability to make a satisfactory psycho-sexual adjustment during adolescence. He admitted having feelings of inferiority, based on his feelings about his mother's behavior, for which he felt he must compensate by expansiveness and various forms of aggression. He frequently distorted the truth of a situation in attempting to compare himself to advantage with other boys and to present himself in as favorable a light as possible. Allan's deviant sex behavior seemed to represent a physical maturity which far exceeded his emotional maturity and it was felt that this problem might become more serious, since his
unstable home environment could not provide the re-training which was necessary. His main problem seemed to be one of gaining security through actual achievement. Because of the strong emotional conflicts manifested and Allan's need for training in group relationships, institutional placement was recommended. Allan was diagnosed as Primary Behavior Disorder in Children, Conduct Disturbance, and he was returned to the court on June 21, 1947, with the recommendation that he be placed in an institution which could provide the necessary supervision and training.

Through the cooperation of the family clergyman, Allan's father, who was not only interested but financially competent, placed him in the Children's Village. During the first few months, Allan had great difficulty in making an adjustment particularly in the area of group relations and he was found to make every effort to avoid the full impact of the group. He was also involved in some minor thefts in which he would not admit his participation until confronted with full evidence. One of his main difficulties at first was in his relationship with his cottage mother, which might have represented a carryover of his feelings toward his own mother. He readily interpreted her corrections as expressions of unfair discrimination, showing his sensitivity in the area of relationships with women in his disposition to personalize her treatment. It is felt that progress has now been made toward getting Allan to see himself more realistically and to relieve his great need to overcompensate for his feelings of inadequacy through gaining a sense of achievement on a constructive level. After the first few months group relationships improved. His vocational assignment was in the electric shops, which utilized one of his real interests and helped in his general stabilization. He has begun to take an interest in youth government affairs and has achieved some prominence in this sphere. He has been active in the athletic program and has showed some skills. In his school work, he is demonstrating not only his native ability, but initiative and industry. Sex interpretation has been given, and there has been no significant anxiety or deviant behavior. There has been considerable improvement in his general attitude, and Allan may be considered to be making a satisfactory adjustment.
In this case, institutional placement was recommended. The child was placed in a private institution and is adjusting.

The boy has been given insight into his feelings of inferiority and into how his compensatory behavior has impaired group relationships, thus further increasing these feelings. Firm management and a rigid adherence to high standards have provided good consistent controls which were lacking in his home environment.

The experience in group living, the opportunity for selective vocational training, the acceptance of the problem of deviant sexual behavior, are values which could not have been easily provided by foster home care. Also, in view of Allan's early difficulties in adjustment in a new environment, replacement would undoubtedly have occurred, thereby increasing his feelings of insecurity.

In this placement, where psychiatric, psychological and social work facilities are combined with academic and other services, a complete study of the boy's personality and emotional needs has been made, and many of these needs seem to have been met successfully. Treatment has utilized such assets as he has, while at the same time, steering him toward a greater sense of reality. There is reason to anticipate that, following a period of such treatment, Allan will be able to return to his own home with some expectancy of permanency of results. It may thus be concluded that the recommendation was a valid one.
Case 8

Jacqueline B. is a fifteen-year old Negro girl who was admitted to the hospital on May 21, 1947 under Section 100 from the Roxbury Juvenile Court, on a charge of stubbornness on complaint of her mother. Jacqueline had shown no overt evidence of maladjustment until adolescence. During the past two years Jacqueline had been staying out late at night and had been scornful and hostile toward her mother. She was sullen and uncooperative, refusing to recognize or accept authority. She travelled with a group of girls much older than herself, many of whom were considered of questionable reputation. She was described as a "typical adolescent of the jitterbug era" by the family agency which had had contact with her. Jacqueline was untruthful and deceitful, had become slovenly about her personal appearance, and had run away from home on two occasions.

Jacqueline's father had died when she was two years of age. Since that time Jacqueline had been cared for sometimes by her mother and sometimes by her maternal grandmother, when the mother was working. Jacqueline's mother was seemingly an intelligent, unemotional young woman, who expressed no strong feeling for Jacqueline. She had always resented her own lack of opportunity to receive higher education and had wished to have this desire fulfilled by her daughter. She had thus been disappointed in Jacqueline's limited intellectual endowment and lack of interest in academic subjects. She expressed this disappointment freely, considering Jacqueline a barrier to her own freedom, and the girl reacted with great hostility toward her mother.

Jacqueline and her mother were at this time living alone in one of the housing projects for Negro families. Jacqueline's mother was employed daily, and Jacqueline spent a great deal of time alone in the small, two-room apartment, or entertaining undesirable friends there. The incidence of juvenile delinquency was high in this area, and Jacqueline was receiving no supervision either as to her activities or as to her choice of friends.

Jacqueline was attending tenth grade in public high school where she was failing in all subjects.
She was unable to do the work of this grade and it is difficult to understand how she had maintained passing averages until this year, having repeated only the seventh grade. Because of her inability to perform adequately, she had real feelings of inferiority to which she reacted by troublesome behavior and truancy. She was no longer interested in academic subjects but had often expressed a desire to study hairdressing.

Jacqueline made an unusually good hospital adjustment. She appeared calm and emotionally stable, was quiet and responsive, and presented no abnormal trends. However, she was found to be of low average intelligence on a Wechsler-Bellevue Full Scale I.Q. of 97, with a large discrepancy between verbal and performance levels, consistent with her desire to become a hairdresser. On examination she revealed high maladjustment in the accumulation of fears, and strong feelings against family and other authority. She got along well with other children, was polite and well-mannered, and was interested in taking part in ward activities. It was felt that her difficulties were primarily related to her home environment and her mother's rejection of her, which had caused her to develop considerable hostility and antagonism toward her mother, and which could be expected to be carried over toward any authoritative figure who would assume the mother's position. Jacqueline was diagnosed Primary Behavior Disorder, Conduct Disturbance, and she was returned to the court on June 19, 1947, with the recommendation that she be placed in a more neutral atmosphere such as a boarding school type of institution, where she could receive vocational training as well as proper supervision.

Jacqueline was placed on probation, and through the cooperation of the Family Service which had known her and her mother, Jacqueline was placed at Welcome House where she now is. This placement was one which both Jacqueline and her mother desired and so their participation was secured in the treatment plan, which is always essential for success. Jacqueline has found acceptance in this small group of girls, all of whom have shown some difficulty in social adjustment. Almost from the very first, Jacqueline seemed contented and happy. Although this institution offers a completely controlled environment, Jacqueline has not reacted
unfavorably to any of the restrictions. Her mother has visited her frequently and has expressed interest in her progress, which, for the first time, has given Jacqueline some feeling of her mother's approval. Jacqueline has displayed judgment and insight which is more than commensurate with her innate abilities. The vocational program has been attractive to her and has alleviated the feeling of constant frustration through failure which had confronted her in her former school situation. During the first part of her residence here, Jacqueline ran away from the institution in the company of two other girls. It was felt that one of the others was the instigator and that Jacqueline was a follower in this episode. She manifested her good intentions by going immediately to her probation officer and pleading to be allowed to return to Welcome House. Since that time there has been no other indication of unhappiness. During the period of shortage of personnel, Jacqueline has been especially generous in offering to assist in various capacities, and has gained much satisfaction through the appreciation expressed by the adults on the staff. There has been a marked improvement in behavior and application. On interview, Jacqueline displays a gracious, relaxed, and easy manner, which bespeaks her good adjustment.

This case illustrates a situation similar to the one just discussed where institutional placement was recommended, placement in a private institution was made, and the child is adjusting. The writer has presented this case as representing the only girl in this group.

Jacqueline is an adolescent girl for whom the prognosis was favorable, because her delinquencies were of recent origin and, at least in part, represented a manifestation of the adolescent striving for emancipation. The girl's age and the intensity of her feelings toward her mother were felt to indicate that she was better suited to institutional than to
foster home placement. Obviously, there might have been difficulty in this girl's acceptance of a mother substitute, which has made the more neutral environment more therapeutic in terms of good adjustment.

Jacqueline has demonstrated the ability to improve in a changed environment. In this group placement, she has found acceptance which has lessened her feelings of inferiority. Her mother's open rejection of her has decreased, which has relieved Jacqueline of the need to react with hostility and aggression.

The writer feels that this girl has demonstrated characteristics of maturity such as emotional stability and good judgment which might have made her a suitable candidate for a foster home. Since she is receiving no psychiatric help in gaining insight into her difficulties, one must wonder whether her symptoms will not recur when she returns to her own home after the usual residence of about a year in this institution. The mother's employment is an economic necessity, which means that she can never provide the necessary supervision.

Case 9

Edwin A. was a fourteen-year old boy who was sent to the Children's Unit for observation under Section 77 from the Lyman School on March 28, 1947. Edwin was committed to Lyman School by the Superior Court on September 25, 1946, on a charge of rape and sexual abuse on a female child under the age of sixteen years. This was Edwin's first court appearance. He had made a particularly good adjustment at Lyman
School and had accumulated the necessary merits for parole. Having been included in the group of sex offenders, he was sent to the hospital for study prior to his release, in accordance with the arrangements discussed in Chapter II.

Edwin's parents were extremely low-grade mentally, although there was much family loyalty. His father had spent part of his childhood in a state school for feebleminded children and at the Monson State Hospital for epilepsy. He had escaped from the latter and was never returned. He was described as being mentally deficient and was suspected of acts of sexual perversion. The mother was known to be highly neurotic and to express verbally a great interest in her children, which she was not able to demonstrate by her actions. However, both parents had been protective of Edwin in this situation, insisting that he was not guilty of the offense, and that he was the least troublesome of all their children. There were eight children in the family, most of whom had been in minor difficulties from time to time. Edwin was the second oldest of the family, and had felt a keen responsibility in the care of the younger ones. He had seemed to be the least maladjusted until this present offense.

The neighborhood and home left much to be desired, but it was felt that the mother did the best job that she was able to do. Although the father had been regularly employed, his good income was not adequate to provide for this large family, beyond the necessities of life.

Edwin had been attending sixth grade in a public school and had repeated two grades. He had never been a disciplinary problem, but his attendance was somewhat irregular. He had a fine singing voice, and had often performed with the school band. He was considered a cooperative boy, who manifested no difficulty in group relationships.

At Lyman School Edwin's behavior had been outstanding. He was well liked by the boys as well as by the adult personnel, and had adapted himself well to all assignments. There had been no indication of deviant sex interest, and he consistently denied the charge against him, claiming that he had pleaded guilty on the advice of an attorney. His parents had visited him frequently and had manifested their interest in him in many small ways. He had been placed in the seventh grade, and had made rapid progress in his school work.
In the hospital Edwin made a fine and easy adjustment. He was quiet and cooperative. He expressed considerable concern over what his parents felt in regard to his difficulties. He continued to deny his involvement in the sexual offense. On a Wechsler-Bellevue Examination he rated a Full Scale I.Q. of 94, with performance and verbal levels about equal. The Cowan Adolescent Adjustment Analyzer revealed no deviations and no significant areas of maladjustment. He was amiable and straightforward in manner. There was no evidence of particular instability, and Edwin was seen as a generally mild-mannered boy. He showed excellent response to encouragement, but his confidence waned in the face of difficulties, showing some feeling of inadequacy. He showed good identification with his father in his expressed desire to follow in his father's occupation of marine engineer. He revealed good judgment in realizing that he would do best in a trade school. There was evident good ability to conform to regulations, and respect for authority.

It was felt that, if this offense was true, (and the evidence had been strongly against this), that it was the result of emotional conflict during adolescence. Since this boy had shown such good ability to conform in both institutions, it was reasonable to believe that he would perform well in the community under adequate supervision. Also, in spite of the character of his parents, there was indication of strong family loyalty and affectionate relationships. It was, therefore, recommended that Edwin be discharged to his home, where he would be supervised by a social worker.

Accordingly, Edwin was released to his own home on May 16, 1947, on the basis that he was not a potential menace to an open community. His home and community adjustment has been completely favorable. He has gained in stature and in maturity, and has evidenced his responsibility in securing part-time work after school and contributing to the family support. On the advice of authorities, Edwin has attended a community recreational center regularly. There has been no indication of abnormal sex tendencies.

Edwin re-entered public school in the fall, and his scholarship and conduct have been above reproach. His teachers describe him as being well-behaved, willing and anxious to cooperate, and pleasant in
manner. His attendance has been somewhat irregular but there has been no indication of truancy. His father has been employed at the school, and has manifested an interest in and a protective attitude toward the boy. He has not been a disciplinary problem in any way and is respectful and courteous toward adult authority. He is now attending eighth grade, and will probably not return to school after the completion of this year, having evidenced a desire to go to work.

This case is presented as one of the two cases sent to the Children's Unit from the Lyman School for recommendation as to the advisability of parole to the community. In this case, the recommendation made for return to the boy's own home was carried out, and the boy is adjusting. Judging from his subsequent behavior, the recommendation appears to have been a valid one. There were definite strengths in the family interrelationships which counterbalanced the inadequacies, the most important consideration being the family attitudes.

In the second case in this group, that of Frank M., the boy had been committed to Lyman School following seven different counts of sexual assault on girls and women. He had been observed in the Children's Unit prior to his commitment to the institution. As in the case of Edwin A., this type of sexual offense was the only overt evidence of maladjustment. The family attitudes in this picture were less positive, and the parents had been punitive toward Frank as a result of these difficulties. It was felt by the staff of the Children's Unit that the repetitive pattern of his abnormal sexual behavior made him potentially dangerous to the community. He was
considered to be in need of prolonged custodial care in the correctional institution, to carry him through the critical period in his life, during which these sexual aberrations were more likely to be repeated if close supervision were relaxed.

Frank has remained in Lyman School and a recent examination by the consulting psychiatrist has corroborated the recommendation above, and continuance of his residence has been advised. Although Frank has manifested some restlessness at his prolonged stay in the institution, he is considered to be adjusting. He has made good progress in his training in the printing shop and is a member of the varsity basketball team. He has engaged in few infractions of the school rules, and is neither a follower nor a leader in group activities. The possibility of continued psychiatric care gives promise of some permanency of results in this case.

Since these cases represent extreme difficulties in psycho-sexual development, psychotherapy is the most important part of treatment. Therefore, the writer feels that these boys might have been better cared for by prolonged stay in the Children's Unit than by treatment in the correctional institution, which tends to repress the innate drives, rather than to resolve them.

Cases 10 through 15 represent the classification of "questionable."
Case 10

Geraldine E. was a sixteen-year old girl who was sent to the hospital on June 10, 1947 by the Roxbury Juvenile Court under Section 100. She had stolen bonds valued at $775 from her stepfather, and had run away from home with an adolescent boy. The boy had soon deserted her and Geraldine had returned to her own neighborhood where she was apprehended by the police. There had been previous episodes of stealing from the stepfather and of running away, but the stepfather had protected her in these instances, and they had been unknown to the court previous to this present offense.

Geraldine was an illegitimate child, who had lived with her maternal grandparents until the age of six years. The mother had then married the stepfather, and Geraldine was legally adopted by him. The mother died when Geraldine was eight years of age, and she had returned to the maternal grandparents. She had been living with her stepfather for the past five years. The stepfather was an aging man, of a different nationality, who attempted to impose his continental concepts on this adolescent girl. He was extremely devoted to Geraldine, considering her his only interest in life, and was willing to sacrifice for her. Consequently, he was overindulgent at times, and overstrict at other times. Geraldine had long since learned to control him by her whims and her feminine charms. The family home is in a poor location and has a very dreary old-world atmosphere.

Geraldine was attending second year of public high school and was an unusually bright girl, especially in language studies. There had been some truancy during the past two years. She had never been a disciplinary problem.

In the hospital Geraldine made an excellent adjustment. On Wechsler-Bellevue Examination she revealed an I.Q. of 104, but gave the impression of much higher intelligence. She was extremely popular with the other girls. She was friendly, moderately quiet, and in her behavior seemed to be a normal adolescent girl. However, on special examination, she displayed a high degree of maladjustment in the frequent use of escape mechanisms and accumulation of fears relative to her basic feelings of inadequacy. An outstanding neurotic trait was enuresis. It was found that Geraldine had been influenced against her stepfather by an aunt, who
was known to be immoral, and was considered a very poor influence on this girl. It was felt that Geraldine's difficulties were the result of the unfortunate social conditions in the home, with no mother figure, and consequently no well established patterns of family behavior. She was seen as torn between loyalty to her stepfather and the bad influence of her aunt. In spite of these factors, it was considered that Geraldine had made a good social adjustment, and it was recommended that she be returned to her stepfather, and have some social agency supervise closely. Psychotherapy was recommended, also, to resolve any underlying emotional conflicts.

Geraldine was returned to her own home on July 10, 1947, and, at the request of her stepfather, was not placed on probation. The stepfather refused to accept restitution for the money stolen from him, felt certain that he could handle the situation, and wished to protect Geraldine from the stigma of court probation.

Since Geraldine's return home, there have been periodic conflicts between her and her stepfather. Both seem to have good intentions, but are products of different cultures. The stepfather becomes more intolerant, comparing all of Geraldine's activities to his own childhood in a European country. Geraldine is felt to have normal interests, but the stepfather is suspicious of all of her social activities. He is seen as attempting desperately to retain her dependence on him, and she is unable to make any compromise with her own ideals and interests. The stepfather is overprotective of her in regard to matters of health, sending her to hospitals for treatment and keeping her at home at any slight symptom, nourishing her hypochondriacal tendencies. The girl does not feel free to have friends in the home because of her stepfather's attitude. Because of his extreme jealousy of any mention of male companionship, it is suspected that there are unwholesome elements in his attachment to Geraldine.

Geraldine has lost interest in school, and has gone to work in a clerical position. This has been her only success in emancipating herself from her stepfather's dominance. He has accepted this step because of his feeling that it will keep Geraldine out of mischief. However, he insists upon her remaining home from work on inclement days or on any other slight provocation.
Geraldine has expressed the desire to board out of the home, but her stepfather will not accept this suggestion, accusing her of disloyalty and ingratitude. He continually reminds Geraldine of her mother's character, accuses her of immorality, and goes to such length as ransacking through her personal belongings for evidence of her misdemeanors. Although Geraldine denies contact with the maternal aunt who was felt to be such a poor influence, there is reason to believe that this is not true.

Because of the fact that Geraldine was not placed on probation, supervision by the court is sporadic and infrequent. A private social agency has been interested in the family and has worked with the father in attempting to help him to accept Geraldine's point of view, and to lessen his dominance over her. However, it is the feeling of this agency, that the stepfather is in intense fear of losing his prestige with Geraldine, and that as he grows older, he becomes less able to recognize his own failings. Casework services are now being directed toward making it possible for this girl to live outside of the home and to pay her own board.

In this case, it was recommended that the girl be returned to her own home. This recommendation has been carried out, and the girl's adjustment is very questionable.

Geraldine's difficulties represented the adolescent attempt at self-expression and independence from the dominance of her stepfather. She is still unable to carry on the normal activities of an adolescent girl. Her enuresis has continued as evidence of her neurotic conflicts. The need for a mother figure in the home has not been met, and the relationship with the stepfather has not improved, giving no indication of anticipated alteration. Geraldine has achieved some measure of success in emancipation by going to work, but even this is
subject to the interference of her stepfather. Although she
denies contact with her aunt, authorities feel that this has
been continued, and that the aunt encourages her in rebelling
against her stepfather's influence.

There has been no therapeutic element in the present
situation. Placing a sixteen-year old girl in a home where
there is no mother figure, with an elderly man to whom she is
not related, seems hardly to offer circumstances which could
contribute to good adjustment. With this type of overstrict,
domineering supervision, one can anticipate some overt act of
rebellion on the part of this high-spirited girl. To this
time, voluntary casework services have proven fruitless. It
would seem that placement away from home might have been more
therapeutic, and that this could be accomplished only through
court enforcement.

Case 11

Mary L. was a fifteen-year old girl who was
sent to the Children's Unit on May 20, 1947, by
the Cambridge Juvenile Court under Section 100,
on a charge of stubbornness and constant truanting,
on complaint of her father. In this case, the
father brought the girl into court because of
her having remained away from home for two
consecutive nights, and because of her disrespect-
ful attitude toward her parents and her refusal to
attend school. Mary was impulsive and overactive
and was suspected of sexual promiscuity, associating
with girls of poor reputation. She had many somatic
complaints which she used to escape attending school.

Mary's father was suffering from a heart ail-
ment, was very irritable, and inclined to be strict
with the children. He had formerly worked on
merchant ships and was rarely at home. However,
since his illness during the past two years, he was constantly at home. The mother was of limited intelligence, was overprotective of the children, and had worked out of the home much of the time, not providing proper supervision for the children. She was inclined to be hypochondriacal and projected this on her daughters. The mother was very scornful of the father's disciplinary methods and the children identified with her in this, resenting the father's supervision. Mary identified with her mother also in her lack of respect for her father. There was much discord in the home, especially because of Mary's behavior and her father's attitude. Also, there was a religious conflict, the father constantly deriding the mother's religious beliefs. Mary was the eldest of three girls and was frequently compared unfavorably to them because of their good behavior and superior scholastic ability.

The family lived in a good community and had a fairly attractive, well-kept home. However, Mary sought her companionship in other communities, traveling with a group of girls who were known to frequent army camps for immoral purposes.

Mary expressed openly her dislike of school. There had been no truanting until she entered the eighth grade where the work had become difficult for her. When it was suggested that she transfer to a special class in vocational training, Mary's mother refused to allow it. Her mother shielded her in her truancies, refusing to report to the school authorities when Mary was not in school. Mary, herself, was interested in home economics and had enjoyed the domestic science studies. It was noticeable that she was much more relaxed over weekends, when she was not confronted with the school situation.

In the hospital Mary made a good adjustment. On Wechsler-Bellevue Examination she rated a Full Scale I.Q. of 94, with performance level higher than the verbal level. On the Cowan Adolescent Adjustment Analyzer, she revealed a marked accumulation of fears and resentment of family and non-family authority, and extreme maladjustment in the area of family emotions. On psychiatric interview Mary related some early sex experience. She revealed some love for her mother, but became very tearful when talking of her father, stating that he was abusive to her. On the ward, Mary was
pleasant and cooperative, and mingled well with the other girls.

It was felt that Mary held great resentment against her father, who she felt was picking on her. Also, there was good evidence of conflict over sibling rivalry. Her difficulties seemed primarily the result of emotional conflicts due to these unsatisfactory family relationships. She had interpreted her father's attitude as rejection of her and, therefore, had carried over her hostility and antagonism toward all authority, who represented parental figures to her. Her antisocial behavior was seen as a reaction to these underlying feelings of hostility and aggression which resulted from her father's treatment of her and her mother's inefficient handling of the situation. It was found that Mary had an affectionate relationship with a maternal grandmother, who had visited her at the hospital and expressed great interest in her. When Mary was returned to the court on June 23, 1947, it was recommended that she be placed with her grandmother, and receive out-patient treatment for her emotional difficulties. If placement with the grandmother were not possible, it was recommended that Mary be placed in a foster home.

Mary was placed on probation and was placed in the home of her grandmother, who appeared in court and requested this placement. However, she remained there only two months, and was then allowed to return to her own home on trial at her mother's request. She has remained at home and has been in no serious difficulty. However, this girl has continued her association with the girls who formerly influenced her behavior. She has a reputation in the community for being overly interested in men, and therefore, does not have the companionship of the more desirable girls in the neighborhood. The probation officer has worked intensively with the girl's mother in regard to the matter of supervision, and has attempted to give her some understanding of how the family relationships had determined Mary's behavior. Although there seems somewhat less friction in the home, Mary's mother is considered by authorities to be unable to give the proper supervision. The father's illness has become more acute, and the mother is working outside of the home the greater part of the time.

Mary has returned to special class vocational training and has improved in school behavior as well
as in attendance. This is undoubtedly due to the fact that she is now in a position where she feels more comfortable and has no need to react with aggression.

This case is one in which foster home placement was recommended. The girl was placed with her grandmother for only a brief temporary period, and then returned to her own home. Her adjustment there is questionable.

It was significant that this girl's difficulties did not manifest themselves until adolescence, and were the result of her reaction to interpersonal relationships within the family group. The recommendation that she be placed with her grandmother seems to have been a valid one, for Mary was at an age where it might have been difficult for her to accept substitute parents in a foster home. However, her stay with her grandmother was not of long enough duration to have accomplished any results.

The supervision by the probation officer has been intensive enough to have caused some change in the mother's attitude, but has not improved her ability to supervise the girl. The relationship between the parents has not been changed and it is this relationship which was reflected in the girl's behavior. The school situation has offered some therapeutic aspects, which have resulted in an abatement of the truant tendencies as an escape from a difficult situation. The type of companionship is perhaps the least desirable feature in this case, together with the community reputation which has been established.
There are three cases in this group of children for whom foster home placement was recommended. All three of this group were returned to their own homes, Earle K. directly from the court, and Mary L. and Leroy H. after a very brief period in a foster or relative's home. All are now receiving some outside casework supervision, which may be effective in helping these children to adjust in their homes. However, because of the etiological factors of such disorders in family interrelationships, which in these cases have been unaltered, the adjustment is considered questionable. In the opinion of the writer, these cases represent the only real attempt in this group of cases to work with the child in his own home.

Case 12

Catherine N. was a fifteen-year old girl who was sent to the Children's Unit on May 22, 1947 from the Cambridge Juvenile Court under Section 100 on a charge of truancy. Although this was the legal terminology on the medical certificate, it did not describe the girl's real problems. Catherine had been placed on probation some months previously and had absolutely ignored the regulations of probation. In the courtroom she displayed a violent temper, using foul language and attempting to strike her mother. She had been known to have been associating with a group of girls who had been suspected of prostitution, had been smoking and drinking, and had often remained away from home until very late at night.

Catherine's parents were known to be incompatible. They had separated when Catherine was a small child, and the father had returned to the home in 1945. The father was an alcoholic, was extremely disagreeable and irritable, was often assaultive to his wife and children, and habitually used profane language. He had had frequent arrests for drunkenness and non-support. The mother was emotionally unstable, and readily allowed others
to assume her family responsibilities. She had been working part-time out of the home. Catherine was the second youngest of five children, one of whom lived in the home of a maternal aunt. The family situation was complicated by the interference of this aunt, who protected the children, and prejudiced them against their mother. The children constantly argued with both parents, and resented and had no respect for their father.

Catherine had entered the first year of public high school but was unable to do the work of the grade. She was, therefore, transferred to a vocational school. Her mother did not approve of this change, and the girl was therefore unwilling to accept this. She became a difficult school problem, was uncooperative, unpopular with the other girls, and began to truant. Her mother frequently complained to the school about her behavior at home, which increased her difficult behavior in the classroom. She was noted to be preoccupied with sexual matters, talked freely of sex experiences, and was considered to be an immoral influence on the other girls. She was found to be always in the possession of money, which she used generously to gain the friendship of her classmates.

In the hospital Catherine made a good adjustment. She was pleasant and poised, cooperative, and responded readily to praise. On Wechsler-Bellevue Examination she revealed a Full Scale I.Q. of 71, with performance level much above the verbal level. On special psychological testing she showed a marked accumulation of fears, resentment against family and non-family authority, and pronounced feelings of inadequacy. She was seen to be maladjusted especially in the area of family emotions. She did not seem to recognize her mental limitations, but had developed many anxieties around her inadequacy. She was most upset when questioned about her childhood. She revealed much resentment against her father, claiming that her aggressive feelings toward both parents had originated when her father returned to the home.

It was felt that Catherine was a girl of borderline intelligence, who was constitutionally inadequate to do high school work, and therefore had developed feelings of inadequacy and inferiority which she expressed through her truancy. She was considered to be seriously disturbed emotionally, manifested by the hostility and
rejection which she felt toward both parents, and which she acted out in an aggressive fashion. Catherine was returned to the court on June 20, 1947, with the recommendation that she be placed in a closely supervised environment such as a training school, where she would receive adequate discipline and vocational training.

Contrary to this recommendation, Catherine was placed on a suspended sentence to the Industrial School for Girls at Lancaster, and allowed to return to her own home. To this date, Catherine has been in no difficulty which has brought her to the attention of the court. However, she is known to continue her association with the same undesirable companions, and to be keeping very late hours. Her mother has been uncooperative in dealing with the probation officer, protecting the girl, and being unwilling to admit that she is unable to supervise Catherine's social activities. Catherine's father has been in a hospital for several months, and the family situation is improved thereby. However, this is a temporary condition, and Catherine's mother intends that the father shall return to the home when he is recovered.

Catherine has transferred to a parochial school, where she is attending first year of high school and doing very poor work. However, there has been no truanting, this being the only real modification in her behavior.

It is felt that this girl's adjustment is questionable, since the modifications in her behavior at home seem due to the father's temporary absence from the home, and the fact that the mother does not attempt to apply close supervision or to question her activities. There seems to be no doubt but that this girl will be in some more serious difficulty before long.

In this case removal from home and placement in a closely supervised environment was recommended. However, the girl was returned to her own home, where her adjustment is questionable. The only significant modification in her behavior is the regular school attendance. However, this may well be caused by the girl's realization that her suspended sentence to the
correctional school is certain to be carried out if she continues her truancy.

There has been some relief from the intensity of conflicts caused by family interrelationships due to the temporary absence of the father from the home. One can only speculate as to the behavior of this girl when the father returns.

Her associations with the undesirable companions has not been affected and her whereabouts are unknown to her mother most of the time. There has been no treatment, other than the supervision of probation, and there are no changes in parental attitudes.

This is the only case in this group in which there are visible modifications in behavior. However, because they are so relative and so dependent upon extenuating circumstances, the writer considers this girl's adjustment as very questionable. This case illustrates the practice on the part of some of the courts to use institutional placement only when some serious, overt asocial act has occurred.

**Case 13**

William H. was a thirteen-year old Negro boy who was sent to the Children's Unit on June 20, 1947 by the Roxbury Juvenile Court under Section 100 on a charge of stubbornness on complaint of his mother. William had been in court on three previous occasions on charge of being a runaway. His mother stated that he was irritable, destructive of his clothing, had been stealing, was disobedient, and inclined to frequent temper tantrums. In this case it seemed of great significance that the mother was the complainant on each occasion.
William was an illegitimate child, whose father had never been known to him. His mother was a young woman of normal intelligence, who supported herself and her child by working daily as a domestic. Although claiming to love the child, she expressed great apprehension that he would follow in her own footsteps, and continually asked to have the boy sent away as a protection. She was constantly using the court as a threat to him to gain his obedience.

William lived with his mother, grandmother, and a sixteen-year old uncle in a small apartment in a typical Negro section of the City. The neighborhood provided ample facilities for supervised recreation, but William would have none of this. He obtained much satisfaction from parading his misbehaviors before the younger children in the neighborhood and thereby gaining their admiration and fear. At the age of three he was sent to live with his maternal step-grandfather in the country. He was returned to his mother's care at the age of nine, having become unmanageable and incorrigible. He had resented all attempts of his young uncle to interest him in constructive activities, and respected no form of authority.

William had been attending seventh grade in parochial school. He was, however, expelled because of his truancy. Most recently he had been attending public disciplinary school for truants, but his attendance had continued to be irregular. He was disinterested in the academic program, and did not seem to be affected by the emphasis on vocational subjects in this new school.

In the hospital William made a poor adjustment. He was asocial, associated with the most troublesome boys in the group, used obscene language, and was constantly attempting to traumatize the younger children. On Wechsler-Bellevue Examination he revealed an I.Q. of 84, with a performance level of 74 in contrast to the verbal level of 94. He was uncooperative, performed adequately only under close supervision, and always attempted to dominate the situation. It was felt that William's difficulties were directly the result of his poor environment, with the rejection of his mother since early infancy. His feelings of insecurity had early manifested themselves in stubbornness, unmanageability, destructiveness, and aggressiveness, and more recently in truancy and the traumatizing of
young children. William was discharged from the hospital on July 24, 1947, with the recommendation that he be separated from his home and placed in an environment where he would receive strict disciplinary action to compensate for the lack of control and supervision in his home.

William was returned to his own home, contrary to the recommendation of the hospital, and was placed on probation. His mother has continued to work outside of the home, and the grandmother is not sufficiently interested to give William the attention and affection which have been lacking since infancy. She is inclined to look upon William's behavior as her daughter's restitution for her sins. The mother continues to express her open rejection of William by constant referrals to the court and to the school, requesting that something be done to protect the boy before it is too late. This is interpreted as her way of requesting that the boy be removed from the home.

William has returned to the disciplinary school, and his attendance has improved. Also, there has been some change in his attitude, due to prolonged approach of a school more oriented toward vocational training. However, there has been at least one occasion of stealing in the school.

There has been no change in environmental conditions in this case, and very little change in the boy's behavior. However, the situation has not become acute, so the writer has considered this boy's adjustment as questionable.

In this case removal from the home and placement in an institution was recommended. The boy was, however, returned to his own home, and his adjustment is considered questionable. There are few minor modifications in his behavior, especially in the area of school adjustment. This has been accomplished primarily because of a change to a different type of school orientation, which was one of the values which entered into the determinants to place this boy in an institutional setting. In the area of home and community adjustment one can see no
changes, and no changes can be anticipated because of the unalterable family interrelationships. The institution would have offered relief from the tensions caused by the emotional conflicts resulting from the mother's rejection. Also, the fact that this boy's aberrant behavior has existed since early childhood, makes intensive treatment under controlled circumstances, desirable.

There is a notable similarity in circumstances as well as in symptoms between this case and that of Cornelius W., discussed previously, (Case 2) in which foster home treatment had helped the boy. Although the recommendation for institutional placement in this case has unquestionable validity, the writer feels that this boy might also be benefitted by foster home placement in a carefully selected environment. This case represents that of an older boy, whose habits may, however, be too firmly established to make him suitable for foster home placement except after a period of treatment in a less personal, and more accepting environment.

This case is illustrative of three similar cases in this classification. A fourth, Catherine N., has been presented because of certain definite changes in the environment. These three cases illustrate a situation where the children have been returned to unaltered environments, and there have been few, if any, modifications in behavior. One may anticipate an eventual change of environment, indicating the court practice of using institutional placement as a very last resort.
Frederick L. was a nine-year old boy who was referred to the Children's Unit for observation by the Massachusetts Division of Child Guardianship, through the Boston Juvenile Court, under Section 77. The medical certificate stated that he had recently been placed in eight foster homes, and had been completely unable to adjust. He had run away, had had severe temper tantrums, and had set fire to his last home. He had shown aggressive behavior toward foster mothers and toward other children, and had a long history of overactivity, malicious behavior, lying, impulsive and ungovernable actions, and cruelty to animals and children. He had displayed many fears, had some neurotic habits as thumb sucking and enuresis, and reacted only momentarily to affection.

Frederick was an illegitimate child, whose mother placed him in a foster home when he was two years of age. There followed then a succession of foster homes, and a period of study at the New England Home for Little Wanderers. The mother had later married and had had two other children. In 1945 Frederick was returned to his mother. She was unable to control him, and again referred him to the Massachusetts Division of Child Guardianship. Since this time he had been placed in eight different foster homes. His mother had visited him occasionally, and these visits seemed to bring him some happiness.

Frederick had been retarded in school, having completed only the first grade. He had been a difficult school problem, and had recently been expelled from school for sticking pins into other children. Other children thought him peculiar, and teased him. He was malicious and untruthful, and recognized no authority.

In the hospital Frederick made a fair adjustment. On Stanford-Binnet Examination he rated an I.Q. of 93, with a large amount of scattering of abilities. He was pleasant, sociable, and cooperative, but impulsive and erratic. At times he was ungovernable, but always reacted and responded to affection. In many ways his behavior was infantile. He was unable to give a coherent story of his life because of the many changes, and regarded each new placement, as well as this hospitalization, as a vacation. He seemed to enjoy the hospital, mingled well with other children, but did not enter into competition with them.
It was felt that this child had known no security since infancy and had therefore been unable to establish relationships. He was felt to have a deep attachment to his mother, which she did not return. In the many changes of home, he had been denied all semblance of parental affection, and therefore had developed an abnormal craving for affection. His behavior was immature and revealed a marked degree of insight inadequacy. Frederick was discharged from the hospital on July 25, 1947, with the recommendation that he be placed in an institution, where he could receive training and supervision to prevent his antisocial behavior from increasing, and where he could find acceptance to alleviate his feelings of inferiority. Also, vocational training was recommended as an essential part of treatment for this child.

Frederick was returned to the temporary foster home, where he had been placed previously between changes of foster home. There are six other children in this home, and the resident population changes frequently. The fact that Frederick has remained when others are moved, has given him a certain sense of status in his own eyes, and, has given him some little stability. He is seen by the foster mother as considering himself a part of the family. However, he still manifests cruelty in his treatment of animals and children, is often irritable, and his temper is easily aroused. His enuresis has continued.

Frederick has returned to public school and is attending the second grade. At the present time, he is being considered for special class placement. He is completely unable to do the regular school work. On one occasion he was sent home after upsetting the entire class by his behavior. Following this he ran away from home, but returned later the same day. The foster mother felt that this was the result of his fear of being expelled from school again.

Frederick is receiving some affection and understanding in this foster home and has received some feeling of security. However, his difficulties are so basic and of such long standing, that the minor changes in his behavior do not offer a good prognosis. The degree of his adjustment is decidedly questionable.
This case and that of Herbert J. comprise a group of two cases which were referred to the Children's Unit by a public child placing agency, because of inability to adjust in several foster homes. In both cases placement in an institution was recommended. The children, however, were returned to foster homes, where their adjustment is questionable.

This boy's behavior has continued with little modification. His instability and aggressiveness and his neurotic habits have not been affected. In this case there have been certain positive values in the particular foster home, such as the boy's familiarity with the home and the superficial type of stability he has felt at seeing other boys leave when he remained there. However, this can hardly be considered sufficient to reach the basic conflicts and to compensate for the lack of training in proper values since infancy.

When a child has failed to adjust in eight foster homes within two years, it is unreasonable to anticipate that he will ever be able to adjust in this type of environment. Each replacement becomes to the child an escape from the last one, each one traumatizing the child further, until he is unable to establish any object relationships. This boy's deep emotional attachment for his mother has prevented him from accepting a mother substitute.

Placement in an impersonal environment as recommended where he could receive adequate supervision and training,
with the intention of returning him to his mother when he has developed some emotional stability, seems indicated. Also, vocational training is necessary to prepare this boy for useful citizenship in adulthood, and to remove him from the unhappiness caused by his complete inability to fit into the public school system. The writer feels that these two boys could have benefitted from prolonged treatment in the Children's Unit to resolve some of the conflicts created by the constant replacement in foster homes.

Case 15

Elizabeth B. was a twelve-year old girl who was sent to the Children's Unit on June 13, 1947, by The Massachusetts Society for the Prevention of Cruelty to Children, through the Cambridge Juvenile Court, under Section 100, on a charge of being a runaway. She had been an obedient, quiet, withdrawn type of girl, who had presented no problem except frequent running away from home.

Elizabeth had had a particularly confused childhood because of her mother's character and activities. The mother had lived as a housekeeper in the home of a man who posed as Elizabeth's father, and had had two children by this union. However, Elizabeth was an illegitimate child of this woman by another man, and she was aware now of the fact that this was not her true father. Her mother frequently deserted the home, leaving Elizabeth in charge of the "stepfather." The mother had subsequently married a third man who was incapable of taking care of her children. During her early years Elizabeth had sometimes been left in the care of a maternal aunt, and sometimes lived with her mother and stepfathers. There was often no food in the home, and the house was unheated. The mother obviously preferred Elizabeth's half-sister, who was known to be promiscuous, and who was married at the age of sixteen years. In 1942 Elizabeth was removed from the home and examined at an out-
patient clinic. However, the mother expressed a desire to have her in her home, and this arrangement was again followed. At the time of her most recent runaway episode, Elizabeth was living with her mother, stepfather, and sixteen-year-old step-brother. She had been placed in temporary custody of the Massachusetts Society for the Prevention of Cruelty to Children, who had referred her to the hospital.

Elizabeth had been attending seventh grade, where she was doing fair work. She was indifferent toward school, but was no particular problem in behavior. There had been frequent truancy.

In the hospital Elizabeth made a good adjustment. On Wechsler-Bellevue Examination she was found to have a Full Scale I.Q. of 102, with a verbal level of 95, and a performance level of 109. She was aggressive, talkative, and expressed freely her hostility toward her mother. She revealed a high degree of maladjustment in the area of family emotions, with strong resentment against family authority. She was seen as an unusually attractive girl, who had developed many neurotic manifestations such as tremors of the hands and face, and was much concerned over her personal appearance. She was conscious of her mother's rejection and her preference for her half-sister. On the ward she was helpful and cooperative, responding to attention, and mingling well with the other girls. In her behavior, there was evidence of the use of many escape mechanisms. It was felt that this girl had been brought up under most unfavorable home conditions and that with the hostility between her and her mother, no satisfactory adjustment could be anticipated while living in her own home. Her runaway tendencies were seen as an adolescent reaction to the home situation.

Elizabeth was returned to the court on July 8, 1947, with the recommendation that she be placed in a suitable foster home where she might receive some affection and attention. Because of her average intelligence, and her many positive characteristics, it was felt that the prognosis was favorable under good environmental conditions. Psychotherapy through an out-patient child guidance clinic was recommended.

Elizabeth was placed in a Catholic study home, from which she ran away in the company of a girl who had previously joined her on one of her runaway episodes. Following this, she was placed in the St. Joseph's Daily Industrial School, a Catholic
boarding school for girls. Her adjustment there has been only fair, as she has found it difficult to adjust to a highly restrictive environment. She has continued to be disturbed by her mother's rejection of her. Her mother has now moved out of the state and has discontinued all contact with the girl. Although Elizabeth has received no psychotherapy, intensive casework service is being provided through a private agency and it is the opinion of their worker, that Elizabeth may soon be ready for foster home placement.

In this case and that of Sandra A., foster home placement was recommended, but the child was placed in an institution. The first institutional placement lasted only a few days before Elizabeth ran away. In the second Elizabeth had presented many problems which have seemed to originate from her resentment of the closely supervised atmosphere. For this reason the girl's adjustment is considered by the writer to be questionable.

This case illustrates a long-range plan of treatment. It has now become evident, because of the mother's complete rejection, that a permanent plan will have to be made for this girl and that the recommendation for foster home placement will be followed ultimately. Because of this girl's pattern of use of escape mechanisms, as represented by her runaway tendencies, it is questionable whether she would have accepted foster home placement in the beginning. Intensive casework in a restricted environment seems well adapted to successful preparation for placement in a foster home. Casework is being directed toward helping Elizabeth to reconcile herself
to her mother's rejection, and to resolve some of the conflicts activated by the very abnormal home conditions under which this child has existed. A more permissive environment might not have been able to control her runaway tendencies sufficiently to allow time for the effects of this type of treatment.

Cases 16, 17, and 18 represent the classification, "failed to adjust."

Case 16

Robert P. is a ten-year old white boy who was admitted to the Hospital on June 26, 1947, under Section 100, from the Roxbury Juvenile Court, on a charge of delinquency by reason of stubbornness, on the complaint of his mother. He had been before the court on several occasions on numerous charges of petty larceny, setting of fires, staying out late at night, and disobedience to his parents. He had been considered a poor influence on his two brothers, who were frequently involved with him in these escapades.

Robert's father was a talkative but ineffectual person, with a severe speech impediment, who had a court record for assault and battery and larceny. His mother was a woman of very limited intelligence, who had shown no affection for or interest in her children. Robert was the third of four children, all of whom had shown overt evidence of maladjustment, the oldest brother having been sent to a correctional institution.

Robert had spent most of his life, except for a short period in a foster home, in a neighborhood with only a moderate rate of delinquency. His home was far below standard physically and economically, and there was much discord between the parents as well as much rivalry and resentment among the siblings. Discipline was inconsistent, and neither parent had any authority in the eyes of the children.

Robert was operated on for a cleft palate at
the age of two and had had considerable difficulty in recuperating from this experience. Following his first court appearance, he and an older brother were committed to the care of the Massachusetts Division of Child Guardianship, and were placed in a foster home. Robert made a poor adjustment and after six months was returned home. His delinquencies continued, and foster home placement was recommended by two psychiatric clinics where he was examined.

Robert was attending fourth grade in a public school, having repeated the second grade. He was not a disciplinary problem but had been a constant truant. He was inclined to daydream in school and his scholarship and effort were consistently poor.

Robert made a good adjustment while in the hospital, seemed happy and contented, and gave no evidence of abnormal behavior. Examination on Stanford-Binet revealed an I.Q. of 101. Robert could give no adequate reason for his stealing other than that he had little else to do. He showed considerable resentment toward his father and only little affection for his mother, by both of whom he felt rejected. He displayed very poor judgment and reasoning in regard to his difficulties, and, in fact, seemed to gain satisfaction from his delinquencies. It was felt by the staff that Robert's delinquencies were a direct result of the rejection of his parents and the poor home environment. On the ward Robert was sociable, pleasant, and cooperative. He mingled well with the group and participated in all hospital activities, showing no disturbance in group relations. There was much self-consciousness manifested over his marked speech defect.

Robert's general behavior in the community was considered to be a reaction to what to him was an unhappy home situation. It was felt that Robert's age, his average intelligence, and his apparent ability to establish relationships, would make him suitable for foster home placement. There was no evidence of strong emotional attachment to either parent which might interfere with his acceptance of substitute parents. A diagnosis of Primary Behavior Disorder in Children, Conduct Disturbance, was made, and placement in a foster home was recommended.

Robert was returned to the court on July 24, 1947, and was placed on probation and allowed to
Robert returned to his own home, contrary to the recommendation of the hospital. The environment to which he returned was unchanged. The discord and quarreling in the home continued unabated, creating the same conflicts for Robert. Since the function of the Children's Unit in this situation is a diagnostic one, Robert had received no treatment toward gaining insight into his problems. The parents had likewise been given no understanding of the situation, and it is doubtful if anything but intensive casework over a long period could have accomplished this. Robert soon resumed his stealing in the company of a younger brother. There was a series of offenses of stealing from automobiles and stores or articles which were worthless to the boys, and which they usually gave away, probably as a means of gaining affection from others. When school opened in the fall, Robert refused to return to school. Neither parent had sufficient interest or ability to control his behavior and the mother displayed her usual willingness to allow someone else to assume her responsibilities. Consequently, two months later, Robert was sentenced to Lyman School. It is interesting to note that Robert's younger brother has been in no difficulty since Robert's removal from the home.

Robert is making an excellent adjustment in the institution. He is described by authorities there as likeable, pleasant, and possessing the ability to get along well with all other types of boys. Although he is inclined to be immature in his general behavior, he has presented no social problem. He is attending special class and is receiving special remedial help in reading, which has helped immeasurably to relieve his antagonism toward school work.

In this case, the recommendation for removal from the home and foster home placement was not carried out. The child was returned to his own home where he did not adjust, and institutional placement was the inevitable result. He is now in a public correctional institution.

Robert returned to the same environment which had been
found to have played such an important role in producing his original maladjustment, and he could hardly have been expected to have reacted in a different manner, even with the threat of probation. There had been nothing done in the meantime to attempt to change the parental attitudes. His mother was almost disappointed to have him returned home and was quick to accept the later punishment. This new rejection cannot but have been felt by Robert. The emotional conflicts caused by the difficulties in interpersonal relationships in the home were increased by this return, which served only to establish more firmly the delinquent patterns. The final disposition was made undoubtedly on the basis of the former unsuccessful foster home placement as well as the procedural difficulties in providing foster home care for this type of boy.

It is difficult to evaluate the reason for the court's decision to return this boy to his home following his hospitalization, especially in view of the two former recommendations for foster home placement. It would seem that this boy's delinquencies had existed over a period of years and were serious and repetitive so as to indicate real emotional disturbances requiring intensive treatment. While in the hospital, the boy had demonstrated the ability to adjust well in a group setting. The only factor which differed from those cases in this group in which institutional placement was recommended, was the boy's age, which might have been the determinant in the recommendation for foster home placement.
Joseph M. was a fifteen-year old boy who was sent to the Children's Unit for observation under Section 100 on April 22, 1947, on a charge of larceny, having stolen bonds and a radio from a neighbor's home. Joseph had been on probation for a previous similar offense, and this represented a violation of his probation. He had been in difficulty over a period of three to four years, had been truanting and exhibiting general aggressive, antisocial behavior. He had spent a period in a county training school in 1945 because of truanting. While there he had made a good adjustment, which made his term of residence a brief one.

Joseph's father had deserted his mother when Joseph was six years of age. Joseph's mother had since remarried twice, having divorced her second husband. Her second husband had been overstrict with the children and was often abusive. The present stepfather was well-meaning and interested in Joseph, although he was highly emotional and not strong physically. It was he who was instrumental in having Joseph sent to the hospital rather than be committed directly to a correctional school. The stepfather had attempted to train Joseph by old-world concepts, and there was a conflict of cultural patterns in their relationship. There were many clashes over Joseph's wishing to leave school and go to work so that he might earn his own living. Joseph's mother was unreliable, protected the boy, and was completely unable to control him. Joseph was the youngest of four siblings and was the only one who had presented such overt evidence of maladjustment. He had been compared frequently to his older brother, and seemed to resent this strongly.

The home was adequate but was in a neighborhood where delinquency was the established pattern prevalent among adolescent boys. Joseph had long been a leader among younger, dull boys.

Joseph was attending sixth grade in a parochial school, having repeated several grades. He was oversized for the group, which obviously caused feelings of inferiority, and no doubt accounted in part for his constant truanting. He had no interest in the scholastic work, but had good mechanical ability.

In the hospital Joseph made a good adjustment. He was friendly, cooperative, and sociable.
He was a leader in all group activities. On Wechsler-Bellevue Examination he rated an I.Q. of 89, and on the Cowan Adolescent Adjustment Analyzer, he showed strong resentment against family and non-family authority. On psychiatric interview Joseph expressed great love for his mother and stepfather, and extreme hatred for his own father, who he felt was responsible for his difficulties. He revealed some confusion over his mother's marital changes and his consequent inability to accept different father figures. It was considered that, although there were strong constitutional factors present in this case, Joseph's delinquencies were primarily on the basis of his emotional problems and conflicts, particularly related to his hostility toward and his identification with his own father. This hostility was felt to be carried over into his resentment of all authority, which he acted out in aggressive, antisocial behavior. Also, his constant association with delinquent boys was seen as a contributing factor.

Joseph was returned to the court on May 27, 1947, with the recommendation that he be placed in a training school and receive psychotherapy for help with understanding of his underlying conflicts. Contrary to this recommendation, Joseph was returned to his own home at his stepfather's request. The stepfather had intended to move out of the community, but this did not materialize, so Joseph returned to the same neighborhood gang and the same poorly equipped home. He continued to be incorrigible and defiant to his parents. During the summer months he was out late at night, refusing to accept supervision from anyone. In July, his aunt reported that a sum of money was missing following the boy's visit to her home. Joseph denied any knowledge of this, and the aunt refused to bring a court complaint.

Through the efforts of the probation officer Joseph was transferred to a trade school. He re-entered there in the fall, since which time his attendance had been fairly regular, and he had been no problem in discipline.

On December 8, 1947, Joseph and a parolee from a correctional school were arrested on a charge of breaking and entering and larceny. Joseph was then committed to the Industrial School for Boys at Shirley. There he has adjusted well to
group placement, has presented no problem in discipline, and has done especially well in his vocational assignment.

In this case removal from home and placement in an institution was recommended. The boy was, however, returned to his own home and failed to adjust, eventually being sent to a correctional school.

This fifteen-year old boy's delinquencies had existed for some years and were of a serious nature. Also, in spite of his dull intelligence, he was a leader in these activities. He showed extreme resentment and inability to recognize any kind of authority. All of these factors made him suitable for institutional placement. Returning him to his home and to the neighborhood in which he had an established reputation for leadership in antisocial escapades, could hardly be considered therapeutic. Although his stepfather was interested, Joseph was already beyond his control, and required intensive supervision and treatment. Joseph has already spent a period in a training school prior to his commitment to the Hospital. Joseph should receive psychotherapy to resolve some of his severe emotional conflicts and his confusion in regard to his parental situation. Unfortunately, this will probably not be available to him. Now that he has been placed in an institution, it is to be hoped that he will remain there long enough to receive adequate vocational training to enable him to fit into some type of occupation when he returns to the community. The period in the institution, if of long
enough duration, will carry him through the crucial years in his life, and will allow time for the development of more emotional maturity.

There are four boys in this group for whom institutional placement was recommended, all presenting very little variation from the circumstances of this case. Three are now in correctional schools, and one is awaiting trial, which will undoubtedly result in a similar commitment. Of these four boys, three had had previous placements in institutions, where they had made seemingly good adjustments. This seems to corroborate the concept that the return to the same home environment is a primary cause for the recidivism of so many children who seem not to have benefitted from institutional placement.

Case 18

Albert P. was a twelve-year old boy who was sent to the Children's Unit from the Boston Juvenile Court on May 22, 1947, under Section 100, on a charge of larceny of a bicycle. This was Albert's first court offense, but his erratic behavior in the courtroom and the terrific hostility shown toward his mother, made observation desirable. Albert had long exhibited symptoms of maladjustment, having developed many neurotic mannerisms, for which he had consistently refused medical attention. He had frequent outbursts of violent temper at home, and was seclusive in his social habits, preferring lone wanderings to association with other children. At the age of eight years he was removed from his home during his mother's hospitalization. He had been placed in five different foster homes, his behavior becoming increasingly difficult.

Both of Albert's parents had had psychotic episodes, and had met while under treatment in a
mental hospital. The mother was diagnosed Schizophrenic, and the father, Paranoid. The father had rarely supported the family, had been abusive to his wife and children, and showed residuals of his paranoid condition in refusing to accept public aid. Albert was the fifth of seven children, all of whom had suffered rheumatic fever, and one of whom had died of malnutrition. The family had moved about a great deal, always living in extreme squalor and filth.

Albert had attended many different schools and had reached the fifth grade. He was restless in school, but was no particular disciplinary problem. There had been frequent truancy, which had been condoned by the parents.

In the hospital Albert made a fairly good adjustment. On Stanford-Binet, Form L, he was found to have an I.Q. of 84. During psychological testing his twitching became more marked, indicating the tension in a situation causing apprehension. He was seen as a thin, underdeveloped boy, with gross unco-ordinate twitching of his trunk and extremities. This gradually decreased during his stay in the hospital, to only a mild spasmodic movement of the hands and face. He was mild-mannered, subdued, and quiet, seemingly calm and unconcerned about his hospitalization. He was somewhat dull in reaction and showed marked feelings of inadequacy. It was felt that his very disturbed behavior was primarily a reaction to his grossly inadequate home environment and the various emotional conflicts, as a result of being brought up by two post-psychotic parents, with lack of physical care, security, or affection. The episode of bicycle stealing was seen as an impulsive act, expressing an intense desire. Albert was diagnosed Primary Behavior Disorder in Children, Conduct Disturbance, and was returned to the court on June 25, 1947, with the recommendation that he be removed from his home and placed in a suitably selected foster home, where he could receive sufficient attention and affection to overcome his feelings of rejection and inferiority. Psychotherapy was recommended because of his hereditary background.

Albert was placed on probation and was allowed to go to live in the home of a married sister, where he remained for only about three months, during which time he seemed to be adjusting. He returned to his own home during the early part
of October and soon began to display the same type of behavior. Not long after his return home, Albert's older brother met death by violence in an accident. Albert's disturbances immediately increased in intensity. He blamed himself, and soon began to show preoccupation with sexual matters. In November he was sent to the New England Home for Little Wanderers, a private study home for children, by a family agency, whom his mother consulted. His neurotic tendencies now were severe and marked, his tic-like mannerisms highly accentuated. He showed an inability to concentrate, refused to enter group activities, formed no attachments, and there was some evidence of bizarre attempts to escape and wish to die. It was felt that Albert was in need of care and treatment in a mental hospital, and he was transferred directly to the Children's Unit, under Section 100, from the Boston Juvenile Court, on November 19, 1947. He was regularly committed on December 23, 1947, with a diagnosis of Psychoneurosis, Mixed Type.

In this case, foster home placement was recommended, temporary and voluntary placement was made in the home of a relative, and the boy soon returned to his own home where he failed to adjust, resulting in a development of severe neurosis. The extenuating circumstances of his brother's death might have represented any other traumatic event. The severity of his reaction to this indicated the degree of his behavior disorder, and illustrates the fine line of demarcation between a serious behavior disorder and a neurosis.

It is useless to speculate on whether Albert would have improved had he remained in his sister's home. Placement by commitment to the Division of Child Guardianship would have guaranteed the duration of removal from his own home. However, there is no doubt but that this boy would have had extreme
difficulty in adjustment in a foster home, and replacements would have followed. This boy certainly could have bene-
fitted from intensive treatment in the Children's Unit, and the case demonstrates the striking need for in-patient care for children with severe behavior disorders.
CHAPTER VI

A SURVEY OF THE ENTIRE GROUP

During the period January 1 to July 1, 1947 there were thirty-six children diagnosed Primary Behavior Disorder in Children, Conduct Disturbance. The foregoing chapter has presented in detail eighteen representative cases. Some specific observations, as obtained from an examination of the thirty-three cases used in this study in accordance with the schedule appended, will give a general picture of the group as a whole. Although the number of cases included was small and therefore, not statistically reliable, and an evaluation of the interplay of the many intangible factors is extremely difficult, certain elements achieve prominence by the frequency of their occurrence.

Twenty-five of the children in this study were boys and eight were girls, seeming to justify the belief that girls tend to express their difficulties in personality maladjustment rather than in overt deviations in social behavior.

The median age of the group was twelve years and six months, with a range from five to sixteen years. Twenty of the children fall into the adolescent age group, the modal age being fourteen years. It was found that although in most cases the conflicts had originated in early childhood, the difficulties did not manifest themselves in such a way as to bring the child to the attention of the courts until the
period of adolescence. Frustration caused by unsuccessful attempts at self-expression and independence during this period, often intensified the original conflicts. Accompanying this were problems in adolescent identification with the parent of the same sex, when that parent was missing or was unsatisfactory in the eyes of the child. With the natural increase in sexual drives came difficulties in psychosexual development, causing some of the deviant sex behavior.

Twenty-six of the cases were direct court commitments, five were referred by social agencies, and two by the Lyman School. Twenty-three were admitted to the Children's Unit under Section 100, Chapter 123 of the General Laws; nine under Section 77; and one under Section 79, later transferred to Section 77. It was found that the problem did not vary with the type of commitment. In cases admitted under Section 100, only, a detailed report with a carefully worked out statement of the various influences which caused the delinquency, and the findings and recommendations of the staff, was sent to the courts to enable the judges to handle the cases more competently.

The presenting complaints which precipitated the hospital admissions included all of the more familiar symptoms of maladjustment:—truancy; stealing; disobedience; stubbornness, and general negativism; temper tantrums; running away from home; fire setting; lying; sex offenses in boys and promiscuity
in girls; and destructiveness, in the order of their frequency. The manifest behavior was found to be only a symptom of general maladjustment, and to denote very rarely the point of disturbance.

Only three of the cases represented isolated offenses. All others described a long history of aggressive, antisocial, and escapist behavior involving many social and psychological problems. Many of the children had been previously on probation in the courts or were under suspended sentence to a correctional school.

Seventeen children had both parents living in the home. Seven had only one parent, five fathers and two mothers being deceased or having deserted. One child had a stepmother, and five children had stepfathers. Five of the children had spent the major portion of their lives in foster homes. Five cases presented difficulties arising out of illegitimacy. Emotional instability, ignorance, alcoholism, and immorality; with a lesser incidence of criminality, mental illness, and mental deficiency were found in the parents of these children. In all except four cases, there was strong evidence of open rejection and neglect on the part of one or both parents. Only one case presented the element of parental overindulgence, and three included sibling rivalry. Few of the homes had any close family solidarity, and disciplinary methods were erratic and unfair in many instances.

Thirty of the children came from homes of either marginal
or substandard economic levels, with low moral and social standards, situated in poor neighborhoods where the existence of delinquency was common. Neighborhoods and companions were found to be of influence in determining the specific pattern of behavior through the mechanism of group identification. Most families were known to social agencies; at least seven had received Public Welfare support; and sixteen of the children had been either observed in study homes, examined in Child Guidance Clinics, or had had previous temporary placements in foster homes or institutions. Economic conditions, in themselves, were found not to have so disastrous an effect as did the attitudes of the children toward these circumstances.

All but five of these children manifested disturbances in the school environment by truancy, undisciplined behavior, and/or poor school work. Poor school adjustment was found, in most cases, to be directly related to family situations, serving primarily as compensatory behavior on the part of the rejected or unwanted child, or as evidence of maladjustment in the area of acceptance of authority. Emotional blocking was seen as accounting for the failures of many of the children who were functioning in school work on a much lower level than was consistent with their native endowment. Feelings of inferiority because of low intelligence, inability to perform adequately, and misplacement in school grade were contributing factors. In such instances truancy was seen as an escape from
an unpleasant situation. It was observed that the school was a most important factor in the child's happiness.

Only three of the children placed under observation in the Children's Unit, failed to make a good hospital adjustment. All others demonstrated the ability to conform to regulations and restrictions when they were released from the emotional tensions present in their home environments. The mean I.Q. of the group was .98 on examination by Stanford-Binet or Wechsler-Bellevue Scales. Results were generally considered to be reliable, because of the excellent rapport established. Personality and other psychological testing revealed many significant attitudes, areas of maladjustment, and special abilities, which were of great importance in determining the diagnosis and recommendation.

From a study of the hospital interpretations it is clearly seen that in most cases the maladjustment was considered to be an expression of an inner psychological conflict caused primarily by environmental situations, especially in the area of interpersonal family relationships. Faulty discipline and supervision; poor homes and neighborhoods; feelings of rejection, inferiority and inadequacy; difficulties in identification and psychosexual development; conflicts arising out of adolescent strivings for emancipation; and culture conflicts in varying combinations were prevalent contributory factors in the behavior.
In all cases children were observed for a period of thirty days in accordance with the existing legal requirements. No one of the group was retained for further treatment, although it was considered that several would have benefitted greatly from a prolonged stay with intensive psychotherapy under constant supervision. Separation from home was recommended in thirty of the thirty-three cases. Foster home placement was recommended for thirteen of these children, and institutional placement was recommended for seventeen. Psychotherapy, to resolve emotional conflicts, was specifically recommended in only six cases. In no case was the recommendation for out-patient psychotherapy carried out. Casework services are, however, being provided in some instances.

**TABLE I**

**FOLLOWING OF HOSPITAL RECOMMENDATION AS RELATED TO TYPE OF ADJUSTMENT**

<table>
<thead>
<tr>
<th>TYPE OF ENVIRONMENT</th>
<th>Recommendation Followed</th>
<th>Recommendation Not Followed</th>
</tr>
</thead>
<tbody>
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<td>No. Adjust. Quest. Failed</td>
<td>Adjust. Quest. Failed</td>
</tr>
<tr>
<td>Own home</td>
<td>3 2 1</td>
<td></td>
</tr>
<tr>
<td>Foster home</td>
<td>13 6</td>
<td>5 2</td>
</tr>
<tr>
<td>Institution</td>
<td>17 7</td>
<td>6 4</td>
</tr>
<tr>
<td>Totals</td>
<td>33 15 1</td>
<td>11 6</td>
</tr>
</tbody>
</table>
### TABLE II

**TYPE OF PLACEMENT MADE AS RELATED TO TYPE OF ADJUSTMENT**

<table>
<thead>
<tr>
<th>TYPE OF PLACEMENT MADE</th>
<th>Recommendation Followed</th>
<th>Recommendation Not Followed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. Adjust.</td>
<td>Quest.</td>
</tr>
<tr>
<td>Own home</td>
<td>16</td>
<td>2</td>
</tr>
<tr>
<td>Foster home</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>Institution</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>Totals</td>
<td>33</td>
<td>15</td>
</tr>
</tbody>
</table>

Sixteen of the thirty-three children were returned to their own homes following the period of observation. Three of these spent very brief periods in foster homes or with relatives, which afforded little relief. Five of the children returned to their own homes have been sent subsequently to correctional institutions as a result of their continued antisocial behavior. In no one of these cases had any treatment been directed toward altering the environmental conditions, prior to the return of the child.

Of the eight children placed directly in foster homes, five were placed by commitment to a public child placing agency, one was placed by a private agency, and one through an individual source upon court request. One child was placed in the home of relatives by a probation officer. All of these children are now receiving casework or other supervision.
In sixteen of the cases placement was made in accordance with the hospital recommendation; while in seventeen cases the recommendation was not carried out. Ten of the latter were returned to their own homes against advice. In the follow-up of these cases it was found by the writer that this condition was based partly upon difficulties in finding foster homes for these children, and partly upon the practice of some of the courts to postpone institutional placement.

As shown in Table II, as a result of the type of placement made following the period of observation, fifteen children were seen to be adjusting, the adjustment of twelve children was questionable, and six children had failed to adjust. Those who were classified as "questionable" were found to have greater affinity to the group which had "failed to adjust," since the transitory quality of the few modifications in behavior did not seem to indicate a favorable prognosis.

It is interesting to note that in all cases but one where the hospital recommendation was followed, the child is adjusting; and in no case in which the recommendation was not carried out, is the child adjusting. Of the group in which the recommendations were followed, seven are in institutions. It is, perhaps, not practical to compare and evaluate the adjustment of children in the artificial and controlled atmosphere of the institution. The writer has attempted to point
out significant trends in group relationships, which seem to give promise of later community adjustment.

Modifications in behavior have ranged from complete absence of symptoms to minor changes, especially as related to the school situation. The permanency of such changes is, of course, unpredictable.
CHAPTER VII

CONCLUSIONS AND RECOMMENDATIONS

From this comprehensive study of the adjustment of a group of children, diagnosed Primary Behavior Disorder in Children, Conduct Disturbance, following a period of observation in the Children's Unit of the Metropolitan State Hospital, the writer has been able to draw some general conclusions.

The majority of these children were sent to the Children's Unit only after a long history of antisocial behavior, and the event precipitating the hospital commitment was often a climax to a series of episodes occurring over a period of years. The disorder in behavior was observed to be symptomatic of some basic emotional conflict arising out of sociological and environmental stresses, predominantly in interpersonal relationships within the family constellation. A logical conclusion is that early recognition of symptoms and treatment are necessary to avoid the later, more serious behavior.

These children were admitted to the hospital under the regular commitment procedures which apply to adults, and thus in no case was the child retained longer than the thirty-day observation period. It has been observed that the legality and formality of the required commitment procedure had been not only a deterrent to earlier referral of children, but was also prohibitive of continued treatment. The present law
does not consider the behavior disorder serious enough to require indefinite commitment, and several of these children could undoubtedly have benefitted from a longer period under treatment in the Children's Unit. That a revision of these laws is necessary is clearly seen. Most desirable would be new legislation applying specifically to children and renewable at the discretion of the physician. If this were to be accomplished, the resident population would be thereby increased, and the Children's Unit then would require greatly enlarged facilities with provision for segregation of patients, additional personnel, and more adequate educational and social work programs.

It was found, also, that only in the case of children admitted under Section 100 of Chapter 123 of the General Laws, were detailed reports of the findings sent to the courts so that disposition might be truly rehabilitative. The writer has observed that cases admitted under this section did not vary significantly from other cases in the nature of the problems involved. Therefore, the writer would recommend that such a report be sent to the court or social agency in all cases.

Separation from home was recommended in thirty of thirty-three cases, based on the theory that most children have within themselves sufficient forces to achieve adjustment and to reorganize their social attitudes if they are removed from the source of conflict and placed in an environment which
meets their emotional, intellectual, and social needs. The writer has concluded that in-patient observation is the most valid means of obtaining the careful psychiatric exploration necessary to determine which children are treatable and what is the best or most suitable form of therapy.

Return of the child to his own home was recommended in three cases; foster home placement was recommended in thirteen cases; and institutional placement was recommended in seventeen cases. It was found that sixteen of these children were returned to their own homes; eight were placed in foster homes; and nine were placed in institutions. In only sixteen cases were the hospital recommendations for placement carried out.

Fifteen of the children were adjusting as a result of the placement made following the period of observation. Although there are many procedural difficulties and other extenuating circumstances which affect this condition, the paucity of this group is considered by the writer to be due to the lack of proper facilities and also to the failure in community attitudes in delaying the question of treatment of these children.

The recommendations of the Children's Unit were seen to be predictive and reliable in that in all cases but one in which the recommendation was followed, the child was found to be adjusting. Conversely, in no case in which the recommendation was not carried out, was the child adjusting. This
would indicate that the services of the Unit were valuable, but that there exists an unfortunate gap between the work of the diagnosticians and those in whose power it is to attempt to modify the child's conduct. Until such time as it becomes possible for such an agency as the Children's Unit to combine psychiatric, medical, family casework, and placement service, some method of coordinating of agencies, with the clinical unit as the core of treatment, should be found. This study has demonstrated that the diagnosis and laying down of the treatment plan, without a cooperative basis for carrying out the recommendations, is not sufficient.

The present state of psychiatric knowledge is seen to be far ahead of social structure, and facilities for the care of children with behavior disorders are still inadequate. The fact that in no case was the recommendation for out-patient psychotherapy carried out, points to the lack of facilities for this type of treatment for children in their own homes, as well as to the inability to recognize the need for it.

With greater acceptance of the foster home for the treatment of children with delinquent symptomatology, there is an increasing lack of availability of the "professional" type of foster homes, trained and willing to undertake the treatment of such children.

In spite of the present day theoretical emphasis on the scientific study of the child as a basis for dealing with his problems, one sees that psychiatry has not made notable
impressions in dealing with the delinquent in our courts of law. Even when a child is recognized as a potential delinquent, little is done in the way of preventive therapy.

It is generally recognized in theory that a well-directed and constructive institutional policy can accomplish much for some children. Yet most often the institution is utilized only as a last resort. A whole gamut of varieties of suspended sentence and probation is run through before separation of the child from the environment which has caused the disturbance. The result is that often the habits are so firmly established, the child is no longer amenable to treatment.

The writer has concluded that the greatest need for children with disorders in behavior is in the sphere of preventive work. This can be accomplished first by a general attack on the entire problem by way of widespread parental education. Early treatment of children who manifest patterns of behavior which cause them to be at odds with their environment, is of the utmost importance. Since the social goal of all therapy should be the eventual restoration and rehabilitation of the family unit, the reeducation of parents during the child's placement away from home is essential to insure the permanency of the results of treatment and to avoid later, more serious consequences.

A Glance at the Future

In 1936 Dr. William Healy, writing for the Institute of Human Relations, stated his belief in the administrative
effectiveness of a statewide commission made up of experts from various fields, which would have complete charge of the treatment of all cases of delinquency following adjudication, for the purpose of better cooperation and coordination in providing for consistent treatment, use of all available resources, and planning of new ones.¹

Evidence that the science of psychiatry is finally making its impression in shaping the slowly evolving public opinion, is seen in the most recently proposed legislation affecting the treatment of delinquency in Massachusetts. The bill, proposed by the Special Commission on Juvenile Delinquency, has two main objectives.² The first is to reorganize the State's correctional system for juveniles, so that delinquent children committed to the state will receive individual treatment, aimed at their eventual rehabilitation. It proposes to provide for continuity of treatment by combining under one agency, the functions of diagnosis, treatment, and after-care. In this way the Commission believes the incidence of recidivism may be greatly reduced.

The second objective of the bill is to establish a state agency, whose responsibility it will be to aid local authorities, both public and private, in improving and coordinating their services toward the prevention and reduction of delinquency in children. This is intended to result ultimately

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¹ William Healy, *New Light on Delinquency*, p. 223.
in the addition of many new facilities for the treatment of these children.

Approved,

Richard K. Conant
Dean
SCHEDULE

Name:  
Age:  
Sex:  
Date of Admission:

Source of case
Type of admission
Referred by court, social agency, correctional school

Reason for referral
Precipitating problem
Past behavior

Family Situation
Parental situation
Illegitimate, parents separated, stepparent, foster parents, etc.
Parental attitudes
Sibling relationships

Home and community situation
Description of home
Economic, social, moral level
Type of neighborhood

School situation
Type of school
Grade
Scholarship
School adjustment

Hospital adjustment
I.Q. and other psychological testing
Observations of staff
Diagnosis
Recommendation

Environmental situation to which child was returned
Own home
Conditions altered, unaltered
Outside supervision
Foster home
Method of placement
Type of supervision
Institution
Public
Private

Type of adjustment
Home
School
Community
Modifications in behavior
Social factors affecting the adjustment
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