A study of the sociological and environmental factors in the primary behavior disorders of twenty-one children committed by the courts for observation to the Metropolitan State Hospital, Waltham, Massachusetts

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A Study of the Sociological and Environmental Factors in the Primary Behavior Disorders of Twenty-one Children Committed by the Courts for Observation to the Metropolitan State Hospital, Waltham, Massachusetts

A Thesis

Submitted by
Margaret Josephine Ryan
(B.S., Boston University, 1944)
In Partial Fulfillment of Requirements for the Degree of Master of Science in Social Service
Approved by

First Reader _______________________

Second Reader _____________________
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CHAPTER I
INTRODUCTION AND PURPOSE

A. Statement of the Problem

In an attempt to evaluate the causative factors of problem behavior in children it is obvious that due consideration must be given to the possible effects of pathological conditions in the social milieu. Sociologists such as Shaw have shown that a boy living in the midst of certain disintegrating social influences in one of our large cities has twenty times as much chance of becoming a delinquent as a boy who lives in another part of the city. The cumulative effect of low economic status combined with a crumbling system of social controls has been recognized, even by psychoanalysts, in recent years and with this recognition has come greater emphasis on the influence of culture upon personality.

Human beings differ in their reaction to the pressures of life. Some persons are relatively impervious to deleterious influences, while others are easily affected by them. Some persons have a porous mental skin and a resilient conscience; others are mentally tough-skinned and morally well-integrated. Human beings are constantly striving, reaching out and selecting those elements in the environment that are constitutionally

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1 Clifford R. Shaw, Delinquency Areas, p. 214.
2 Sheldon Glueck, Crime and Justice, p. 6.
congenial to them. Human personality and conduct are realized and directed by both the stimulation received from, and the selection of, the environment. In life, environmental elements are interjected into the human personality and become part of its vital being. Through this process of weaving environmental elements into the fabric of personality is the key to many a problem of behavior.

In an examination of the conditions, influences and forces surrounding the child, his social relationships, beginning in the home in earliest infancy and continuing through life, are seen as the most potent. The most important relationships in the child's life are the relationships in the family. Whether the child succeeds or fails in his social adjustments outside the family, in the neighborhood, or at school, depends upon the adequacy of the social patterns developed within the environmental forces of the family. Emotional reaction patterns are constantly before him in the family life and his habits of reaction are influenced inevitably by these moods.

B. Purpose of the Study

The present study is an attempt to present objective data on the hereditary and environmental factors influencing the development of a small group of children whose problem

behavior resulted in their commitment to the state hospital for psychiatric study; the relative prevalence or weight of these factors; the correlation, insofar as possible, between the sociological and environmental factors and the behavior manifestations of the children. What hereditary factors were significant? Did the child have an organic or physical condition influencing his adjustment? What was his mental equipment? Was the family influence on the child of importance in motivating his behavior? To what extent did the economic, cultural and social factors affect the problem? Did the education, training and supervision which the child received outside his home result in positive or negative goals of behavior?

These will be some of the questions to be answered in this study and will form the basis for the concluding remarks.

C. Scope of the Study

The data used were obtained from the case records of the Children's Unit, Metropolitan State Hospital.

The cases committed for study under Section 100, Chapter 123 of the General Laws, in the period from July 1, 1947 to December 31, 1947 were listed and totalled sixty-two. Of this number, forty-two cases were found to be diagnosed as Primary Behavior Disorders. The writer chose for study only those cases diagnosed as Primary Behavior Disorders committed under Section 100 of the General Laws, for two reasons: first, be-
cause the overt behavior of the child had resulted in a court complaint against him; second, because the policy of the Metropolitan State Hospital provides for the securing of social histories in these cases by the social service department.

To insure a fair and appropriate sampling of this group of forty-two cases, every second case in chronological order was selected. The cases selected for analysis of the factors already stated, therefore, numbered twenty-one.

No arbitrary age limits were set and the ages of the children in the group ranged from nine years to sixteen years, the latter being the maximum age limit for commitment to the Children's Unit.

This selection of cases insured more uniformity in the presentation of case material for the purpose of the study.

The selection of these cases showed that only two of the three categories of the Primary Behavior Disorders, namely, conduct disturbance and neurotic traits, were in the case diagnoses. The omission of the third category, namely, habit disorder, can be understood when the nature of the commitment by the court to the hospital is considered, and will be further explained in Chapter IV.

D. Method of Procedure

The basis of this study is twenty-one case records from the Children's Unit of the Metropolitan State Hospital during the latter half of the calendar year 1947 which met the
requirements noted in the preceding pages.

On the basis of the analysis of a few cases the writer drew up a schedule. The twenty-one cases were then studied, the factual data were noted, and the case material was abstracted in order to present a picture of the significant factors involved in each record.

E. Plan of Presentation of Data

A brief outline, by chapters, may be helpful in understanding the scope of this study. Chapter I, the Introduction, is self-explanatory. Chapter II deals with the history and organization of the Children's Unit of the Metropolitan State Hospital, with a statement of its purpose and functions. Chapter III gives the court procedures for commitment of children to the hospital. Chapter IV summarizes the present views and knowledge of the Primary Behavior Disorders in order to make it easier to understand the specific factors of this study from the point of view of the child and the whole family situation. Chapter V contains the abstracts of the twenty-one cases studied and their interpretations. Chapter VI contains the tabulation and discussion of significant points brought out in the abstracts. Chapter VII is devoted to summary and to the conclusions arising from the material presented.

4 A copy of the schedule sheet used for this study is included in Appendix I.
CHAPTER II
THE METROPOLITAN STATE HOSPITAL CHILDREN'S UNIT

A. Establishment of the Hospital

The Metropolitan State Hospital, Waltham, is the newest of the thirteen state hospitals in Massachusetts for the care of the mentally ill. Built in 1930, it originally cared for the overflow of patients from the other state hospitals. In April 1943 it began admitting patients directly from the community, these patients coming from Waltham, Weston, Watertown, Malden, Melrose, Everett and Wakefield. The annual admission in recent years approximates eight hundred and the present total population of the hospital is two thousand.

The need for a Children's Psychiatric Unit was early recognized by psychiatrists because of the large number of children admitted to state hospitals and for whom no provision for separate care was made. In the year ending September 30, 1939 the Annual Report of the Commissioner of Mental Health showed the following admissions to State Hospitals for Mental Diseases:

219 children under 17 years of age, \( \text{(estimated)} \)

or

100 children under 15 years of age

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Less than 10 per cent of the above were admitted with diagnosis of epilepsy, Monson State Hospital caring for epileptics.

There were admitted and diagnosed without psychosis or with Primary Behavior Disorders the following:

106 children (estimated) or 50% of the 219 children under 17, or 62 children, or 62% of the 100 children under 15.

Practically all of the state hospitals had children under fourteen years of age under care and treatment the year around.

Figures such as the above caused authorities in the field to recognize that Children's Units should include provision for older children (adolescents) as well as for the younger group.

B. Development of Children's Units in Other States

Massachusetts was one of the foremost states to provide public clinic care for mentally sick and problem children, in child guidance and similar clinics established in 1921. A study of what other nearby states were doing for their mentally ill children showed:

New York
(1) Psychiatric Institute and Hospital (New York City): capacity 30: chiefly primary behavior disorders and neuroses: no court commitments - all voluntary admissions

(2) Rockland State Hospital (Orangeburg): capacity 115 children: chiefly primary behavior disorders, neuroses and psychoses

(3) Kings Park State Hospital (Long Island): chronic custodial cases

(4) Psychopathic Wards of Bellevue Hospital (New York City): capacity 100 beds: annual admission 600

Pennsylvania

Allentown State Hospital, Children's Institute: capacity 64 children

New Jersey

New Jersey State Hospital (Marlboro), Children's Division: capacity 100 children

Rhode Island

Emma Pendleton Bradley Home (East Providence): privately administered: capacity 50 children

Study of reports from these children's hospitals and homes pointed to the need for public facilities in Massachusetts for children up to seventeen years of age. It was felt that special wards to accommodate four to five hundred children out of a six million population were necessary.

In the 1940 Annual Report of the Trustees of the Metropolitan State Hospital is found the following:

Children's Psychiatric Unit: It is a definite fact that children suffering from mental illness should be treated separately from adults. Some states have already made provision for this. Plans have been developed for the construction of such a center at the Metropolitan. Appropriation for this project is recommended. Appropriations should be made to provide for adequate staff and personnel for these additions if granted.
C. Establishment of the Unit

The war years intervened and it was not until December 1945 that the Department of Mental Health, in response to community pressure, designated the Metropolitan State Hospital as the state hospital to provide special wards for a children's unit. Two fifty-bed wards were set aside for these children. The admission rate was two hundred fifty for 1946, three hundred for 1947, and it is still climbing. Since October 1947 a clinical director and a resident physician give their entire services to the unit. In addition there is a staff of two head nurses, student nurses and attendants, a psychologist, a school teacher, an art teacher and a recreational therapist. The social service and occupational therapy departments work in close cooperation with the director.

Children up to sixteen years of age are admitted for observation at the request of physicians, parents, social workers, probation officers and police. The process of commitment will be described in Chapter III.

D. Function of the Unit

During the child's observation period the following procedures are carried out:

(1) Anamnesis
(2) Physical examination
(3) Neurological examination
(4) Mental examination
(5) Psychometric examination
(6) Electroencephelogram
(7) Laboratory work
The school teacher gives general classroom and specialized instruction. Art work is under the direction of the art teacher. The recreational therapist supervises the outdoor activity of the children, sewing for the girls, and attendance at moving pictures given twice a week. The children attend religious services of their faith and receive special instruction from the chaplains serving the hospital.

During the observation period the child's behavior is noted and records are kept, for example, three-day note, seven-day, ten, twenty and thirty-day, in addition to the nurses' notes.

Toward the end of the observation period, when all examinations have been completed, the child is presented at staff conference and diagnosis and disposition are determined and recommendations made. A report is immediately sent to the court and, if discharge has been recommended, this is effective within the period specified by the court. If further observation or commitment is advisable, the necessary procedure (to be described in Chapter III) is carried out.

It is not within the scope of this paper to enumerate the limitations with which the staff is confronted in taking care of the increasing number of children year by year. It is sufficient to note, the writer feels, that the staff is fully aware of the limitations in physical plant, in intake and in staff, and that it is directing its efforts toward
the securing of larger appropriations from the Legislature for these improvements.
CHAPTER III
COURT PROCEDURE

Provision for commitment to a mental hospital for observation under complaint or indictment are made in Section 100, Chapter 123 of the General Laws, which reads as follows:

Section 100. Commitment to State Hospital of Persons under Indictment.

If a person under complaint or indictment for any crime is, at the time appointed for trial or sentence, or at any time prior thereto, found by the court to be insane or in such mental condition that his commitment to an institution for the insane is necessary for his proper care or observation pending the determination of his insanity, the court may commit him to a state hospital under such limitations, subject to the provisions of section 105, as it may order. The court may in its discretion employ one or more experts in insanity, or other physicians qualified as provided in section 53, to examine the defendant, and all reasonable expenses incurred shall be audited and paid as in the case of other court expenses. A copy of the complaint or indictment and of the medical certificate attested by the clerk shall be delivered with such person in accordance with section 53. If reconveyed to jail or custody under section 105 he shall be held in accordance with the terms of the process by which he was originally confined.

It is the function of the hospital to determine the sanity or insanity of the patient. If the patient is found to be insane, the hospital can recommend to the court commitment for an indefinite period. Regular commitment is provided for in Section 51.\(^1\) If the patient is found to be

\(^1\) Mass. G. L., Ch. 123, s.51.
not insane, a written report is sent by the hospital to the court with recommendations as to the disposition. The recommendations are made with due consideration for the facilities provided by the community, and the court follows the hospital's suggestions insofar as possible. The jurisdiction of the hospital is ended when the patient is returned to the court.

Children can also be committed for temporary care under the provisions of Section 77\(^2\) which provides for a 35-day observation period. Section 79\(^3\) provides for a period not to exceed ten days, if in immediate need of care and treatment because of mental derangement. Applications can be made by physicians, relatives, police, social workers, to the local court clerk, whereupon the court appoints two medical doctors to examine the patient and make out the certificate.

However, for the purposes of this investigation, only the cases of those children who have appeared before the court on the complaint of parents, guardians or police and have been committed to the hospital under provisions of Section 100, Chapter 123 of the General Laws, will be studied.

\(^2\)Mass. G.L., Ch. 123, s.77.
\(^3\)Ibid., s. 79.
CHAPTER IV
PRIMARY BEHAVIOR DISORDER

The behavior disorders of children came to the attention of psychiatrists early in the twentieth century. Up to that time either no attention was paid to them or their management was left in the hands of parents, teachers, clergymen and sometimes the police. After the importance of scientific study and treatment of the behavior problems was recognized by psychiatrists, this recognition was gradually transmitted to other physicians, parents, teachers, social workers and juvenile court judges.

This study was the natural outgrowth of the study of mental diseases and focused interest on the readjustment of maladjusted human beings. The formation of the Mental Hygiene Movement in 1909, in its emphasis on the prevention of mental illness, stressed the earliest possible clearing up of personality disorders, if possible during the formative years of childhood, and thus children's behavior problems came to be considered worthy of psychiatric attention.

Psychiatrists would prefer to classify primary behavior problems as "reactive" because they develop in reaction to environmental influences. However, the term "reactive"

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1 Leo Kanner, M.D. "Psychopathological Problems of Childhood," Practical Clinical Psychiatry, p. 613.
has lost its original and legitimate meaning and its use would only lead to confusion. The name primary is given because these disorders are not secondary to any disease or defect of the nervous system or other pathological states.²

Problem behavior in childhood represents an attempt of a solution of a conflict. The manner in which the child tries to resolve his conflict depends upon a variety of causes in the child's environment. He may do so by daydreaming, projection or compensation. The various symptoms fall into the following three categories, although there is considerable overlapping of symptoms:

(1) Habit disorders, for example, nail-biting, thumb-sucking, enuresis, masturbation

(2) Conduct disturbances, for example, lying, truanting, stealing, disobedience, running away, destructiveness, fighting and sexual activities

(3) Neurotic traits, for example, anxiety states and withdrawal behavior

For the purpose of this study it can be pointed out that, because of the fact that the children in the study group are in a State Hospital, the more aggressive forms of behavior requiring more drastic action on the part of society are the ones which the reader would expect to see. The habit disorders would be brought to the attention of the family

physician or child guidance clinic.

Abnormal aggressiveness, absence or defective development of guilt feeling, and narcissistic self-evaluation form the triad that characterizes the child with conduct disturbance. There are degrees of intensity varying from the picture of an abnormally disobedient child to the full-blown gangster type. In typical cases the aggression is a generalized one: the child's behavior is equally bad at home as it is in school or in the neighborhood. In some cases, however, it is manifested only under certain environmental conditions and in relation to a certain person or persons.

In the etiology of primary behavior disorders the authors claim that

......we invariably find a great amount of disharmony in the patient's family background or its substitute. Hostility and rejection are the most outstanding characteristics in both parents, or in one if only one is present. The accent is on the parents' attitude regarding the child, more important than the relationship between the parents themselves. Economic stress and pathology are very often the cause of hostility and rejection on the part of the parents, severe enough to produce marked conduct disturbance in the child. ... hostility and rejection in parents regarding the child are found so often in cases of primary conduct disturbance that we hesitate to make the diagnosis if the history does not reveal these factors or even when their intensity seems inadequate to explain the conduct disturbance.

4 Ibid., p. 35
Problem behavior is seen as the resultants of many interacting forces and elements both within and without the individual child. Because children of certain hereditary equipment react in a definite way to the members of their family environment as well as to the broader cultural and social influences, it will be apparent to the reader that in this study sociological and environmental factors cannot be studied alone but only as they interact with many other factors in producing the problem behavior of the children.

CHAPTER V

CASE ABSTRACTS

Case #1

Carol is a fourteen year old girl committed for observation by the Juvenile Court where she was held on a runaway complaint. One month previously she had been brought before the court on a similar complaint and at that time could give no reason for wanting to leave home.

Carol is the first-born in a family of four girls. Her birth was instrumental and she had a normal development. At nine months of age she suffered an eye injury and two operations were performed to correct the strabismus. The surgery was not completely successful and glasses were prescribed but Carol stubbornly refused to wear them. She is known to be a sensitive girl and, when especially tense, has a habit of stammering.

Carol was an average student, missing no grades and presenting no problems until one year ago when she entered the ninth grade. The second eye operation was done at this time and it failed to correct the defect. She was keenly disappointed and became very sensitive about its effect on her appearance. She began to draw away from the girls in her own neighborhood with whom she had always been friendly, and chose new friends at her school. These girls were known by the school to have a bad reputation. Her parents objected to her going with them and Carol resented their disapproval. She began to stay out late in the evening, refusing to come home before eleven o'clock, and adopted an air of sophistication about her activities. During the summer vacation she spent most of her days away from home and lost all interest in swimming and girls' club activities in which she had formerly been active. She stopped going to church services and was away from home all day Sunday without explanation.

She returned to school in September, to the tenth grade, when she was unable to persuade her parents to allow her to go to work in a factory.
She remained in school only a few days. She ran away from home several times, the last episode lasting two and a half weeks. During this time she roamed about the city with various friends, slept in bus terminals and doorways, and in the hotel room of a prostitute whom she met. While with her she witnessed sexual relationships between the girl and a sailor but did not indulge in them herself. She was finally picked up by police who were searching for her. She could give no reason to the court for wanting to leave home and for choosing the companions she was with. The court felt that the girl needed psychiatric study and committed her to the hospital.

Carol's full scale intelligence quotient was found to be 88; verbal 93; performance 86.

Carol's home is in a modest apartment in a federal housing project. The project is located in a rundown section of the city with a high delinquency rate. The Social Service Index showed a moderate amount of financial dependency, with relief agencies registered on eight occasions. The family is a congenial group and the sisters are well-adjusted children of normal intelligence. The family is devout Roman Catholic and Carol has had good religious training. The parents are compatible and sincerely interested in their children. Discipline is firm but not rigid and Carol has had warmth and affection from both parents.

Carol's paternal grandparents were stable Irish immigrants of good economic status. Her father was one of five siblings, all of whom are well-adjusted. He had a grammar school education and then spent five years in the Coast Guard. He is now employed as a painter. While it is known that he drinks moderately, he supports his family adequately. His relationship with Carol has been closer than the girl has had with her mother.

The maternal grandparents were Irish immigrants but little is known about them as they died before Carol's mother was four years old. She was brought up by relatives in a strict but happy home of good economic status. She attended high school for two years and worked as a clerk before her marriage.
DIAGNOSIS: Primary Behavior Disorder: conduct disturbance.

**Interpretation**

This represents the case of a girl whose problem behavior was the result of many interacting forces. Her disfiguring eye defect had resulted in feelings of insecurity which she turned inward as evidenced by her sensitivity and recurrent speech disorder. Her dull intelligence was not considered in her school placement and, with an intelligence quotient of 88, her parents' insistence on her attendance at a non-vocational high school was possibly another cause of her insecurity.

With the additional stress of the emotional factors of adolescence, she acted out her feelings by first choosing companions of poor reputation. She reacted to her parents' disapproval with further hostility in the type of antisocial behavior mentioned above.

In this case the hereditary factors as well as the environmental factors were responsible for the behavior disorder.

**Case #2**

Ruth is a fifteen year old girl committed by the court after she had made a suicidal attempt in an effort to bring about a reconciliation between her parents.

She is the first-born child in a family of three. Her physical development and health have
been good. Her personality is poor and she shows a neurotic reaction to most of her problems. She has feelings of insecurity and acute sensitivity and is timid and lacks good judgment. While she has a normal interest in recreation, in tap-dancing, cycling, roller-skating and in neighborhood club activities, she has had little time to devote to these recreations because of the time she is expected to give to housework and the care of her siblings while her mother is working.

Her school progress has been good, considering her limited ability, and she is entering high school.

Full scale intelligence quotient was found to be 89; verbal 90; performance 90.

Her delinquent behavior began one year ago when she had a sex experience with a boy when she was working as a babysitter outside her home. Recently she has been associating with a twenty-three year old psychoneurotic war veteran. While her parents had shown little interest in her activities, they objected to this in a rather violent manner with the father threatening to kill Ruth if she persisted in seeing this man. This resulted in an acute emotional disturbance in the girl which was increased by the constant friction between the parents and by their intention of separating. In a dramatic attempt to reconcile her parents she made the suicidal attempt by gas inhalation. Police and the S.P.C.G. brought the parents into court on charges of neglect of their children. The father was ordered to stop drinking and the mother to give up her work outside the home. Placement for Ruth was tried but it failed because of her poor adjustment, worry about her family and running home. It was felt by the court that she was in need of psychiatric study and she was so committed.

Ruth's home is poorly cared for and sparsely furnished, located in a poor sub-standard neighborhood. The father, although regularly employed, contributes inadequately to the family upkeep. The mother is not interested in housework and claims that she works outside the home to provide her children with clothing. The family has never received financial assistance. The parents are incompatible and constantly fighting. The father accuses the mother of infidelity. The parents have shown no affection for the children and the father is known to be brutal
to them. The children are fearful of him but Ruth is deeply attached to her home and family. The S.P.C.C. was called in several times before the neglect charge was filed. The sibling relationship is congenial. Both siblings show retardation in school progress.

The father is Catholic and the mother Protestant. There is no evidence of religious conflict but Ruth has received no religious training from either parent.

The paternal grandparents, of Scotch-Irish extraction, were born in Boston and the grandfather was known to be alcoholic. The father received an elementary school education and is employed as a shipper. He is an unstable and domineering man and drinks heavily.

The maternal grandparents were British-Canadians. They both had elementary school education and the grandfather was a mechanic. The mother was born in Cambridge and completed the eighth grade. She is employed as a waitress in a tavern and is regarded as a poor homemaker, irresponsible and alcoholic.

DIAGNOSIS: Primary Behavior Disorder: neurotic traits.

**Interpretation**

This is the case of a girl who has never known security in family relationship. Her parents have shown no interest in her and this has resulted in the girl's feeling unwanted. This feeling was intensified by the responsibilities which they placed upon her and the little chance she had for normal play activities, as well as by her father's physical abuse. With such a background it was not unusual that she should develop feelings of anxiety which were accentuated during her adolescence. Unable to identify with her mother, she sought reassurance from an undesirable com-
panion, as a substitute of the affection she craved. This brought a reaction from her parents which increased her emotional disturbance. The parents' constant friction and threat of separation was too much for her to tolerate and the suicidal attempt which she made was an immature and neurotic gesture to win her parents' love and to show them how badly they were treating her.

An additional factor in her failure to develop a good personality pattern was the lack of religious solidarity in the home and the absence of moral and ethical training.

The case portrays the influence of the environmental factors on this girl's behavior.

Case #3

Jeanette is a fifteen year old girl committed for psychiatric study because of repeated runaway attempts and unmanageable behavior.

She is third in a family of five. Her early development was normal but at the age of eight she suffered an injury which resulted in the loss of her right eye. She has worn a prosthesis since then and this has aroused feelings of inferiority and self-consciousness. She preferred to help her mother around the house instead of mingling with friends of her own age and showed a tendency toward withdrawal.

She has done well in school, considering her intelligence quotient of 86; verbal 88; performance 88. She was transferred to a vocational school from the seventh grade by the Juvenile Adjustment Bureau when her truancy became a serious problem. At that time her mother had divorced her husband and was neglecting the children and going around with other men.

Jeanette then began to run away from home, going as far as Maryland and remaining away several weeks at
a time. When she was fourteen her mother married a
man ten years her junior and settled down, although
still showing no affection toward her daughter.
Jeanette's runaway episodes became more frequent and
she contracted a venereal infection from sexual
promiscuity. Placement at the House of the Good
Shepherd for treatment and care failed, the girl
being unable to adjust. She was next charged with
shoplifting and, following an unsuccessful attempt
to locate a man friend in a southern city, she was
committed to the hospital for observation.

The girl's home is in a crowded area with no
recreational advantages. Home life was poor with an
unstable, alcoholic and shiftless father who was
abusive to his wife. Numerous social agencies had
assisted the family. The elder siblings were truants
and Jeanette imitated her sister while showing con-
siderable jealousy of her. The girl is a Catholic
but shows no interest in her religion.

The paternal grandparents and the father were
born in Italy. He came to the United States when
three years of age and had a fourth grade education.

Little is known about the maternal grandparents
except that the grandmother is a patient in a state
mental institution. The mother went as far as the
first year of high school. She worked to support her
children but her care was limited to providing them
with food and shelter.

DIAGNOSIS: Primary Behavior Disorder: conduct
disturbance.

Interpretation

This girl had a physical defect to which she early
reacted with neurotic behavior. The hereditary factors
were unfavorable but in spite of these handicaps she was
able to adjust fairly well at home and in school until her
parents' divorce. From then on, the mother's active re-
jection, as manifested by her neglect and lack of affection
for her children, became apparent. The girl reacted to this
with severe behavior disturbances of a delinquent and neurotic nature. Together with the constitutional and possibly hereditary determinants, the complete absence of the needed emotional and supportive elements in the home resulted in the breakdown in the girl's behavior pattern.

Case #4

Francis is a fourteen year old boy committed for study because of constant stealing from his foster home and school.

He is the second in a family of three boys. When he was five years old the mother deserted and Francis was placed in an institution. His father and paternal aunt reestablished the home after a few months and took him out of the institution. The boy's behavior became difficult and after he did some fire-setting his aunt refused to care for him and a public-child-placing agency assumed his care. For one year he adjusted well in a foster home but then his behavior again became difficult. He was quarrelsome, stubborn and unable to get along with other children. His father had shown interest in the boy and visited him but, when Francis was ten years old, the father died suddenly and the boy has been without a single interested relative since then. He had to be separated from his siblings because of his quarrelsome nature. The siblings since then have shown no maladjustment.

Francis has been in seven different foster homes or institutions within a nine-year period. During the past year and a half he was in a foster home where he felt some security and adjusted well with the exception of doing some petty stealing. He asked to be moved from this home because an older boy in the home was forcing him into homosexual activities which he disliked. After this the stealing increased and became so serious that psychiatric study was considered necessary.

He is now in the fifth grade with retardation probably due to his many changes of school placement as well as to his dull mental ability and other factors. His full scale intelligence quotient was found to be
He is indifferent to school work, difficult to control and unable to adjust to his classmates. His religion is Catholic but information about his training is not available.

His father was born in the United States of French-Canadian parents. He was a person of low intelligence, unstable and alcoholic. A paternal uncle and aunt discontinued all interest in the boy when his behavior became a problem.

The mother was also of French-Canadian descent and served a prison sentence for immorality. She was selfish, had no friends, and was considered by her own mother to be unfit to raise children.

DIAGNOSIS: Primary Behavior Disorder: conduct disturbance.

Interpretation

This boy was denied the normal family relationship, parental love and affection, which are so important in a child's emotional development. Rejected and finally deserted by an unloving mother, deprived of an ineffectual father with whom he at least had been able to identify, and rejected by relatives, he reacted with feelings of hostility and aggression. Repeated changes of foster home placement added to his emotional insecurity and the delinquent behavior resulted. His dull intelligence and poor hereditary patterns were negative factors as well, completing the picture of a boy reacting to the environmental forces responsible for his behavior patterns.
Case #5

John is a fifteen year old boy committed for observation after he was brought to court for stealing thirty dollars from a gas station.

He is the fifth of six siblings. His birth and early development were normal but at five years of age he suffered extensive leg burns from a bonfire. A one-year hospitalization followed and since then the boy has been emotionally immature. He is sociable and good-natured but rebels with excitable outbursts at his father's methods of discipline. He is artistic and musical and enjoys sports.

John repeated the first grade but, while he has completed the eighth grade, he has a reading difficulty and this makes him feel inferior and embarrassed. He apparently has been given no help with this problem. His behavior at school is very satisfactory.

His full scale intelligence quotient is 83; verbal 89; performance 80.

About a year ago he and several other boys broke into an unoccupied house and stole several small articles. There was no further stealing until a year later when he and some other boys robbed a clothing store of ten dollars. A few days later, on his own, he robbed the gas station and was subsequently brought to court.

The family home is a single house in a lower middle-class neighborhood. The area has deteriorated with new people moving in, and there is no organized recreation. The parents, in their fearfulness about the effect of bad companions and commercialized recreation, have restricted the boy so that he has little chance for social development and has been denied the normal outlets for play and expression.

The family is congenial but high standards of behavior are demanded. The mother tends to overprotect the boy since his accident and, while the father is companionable, he is somewhat firm and rigid. Sibling relationship is good and the siblings are of normal intelligence and have adjusted well. Social agencies have assisted on two occasions. The family is Catholic and John is regular in his religious practice.

The paternal grandparents were of Irish extraction.
and were born in Newfoundland. They were stable, hard-working people. The father was born in Cambridge and had a high school education. He is employed as a truck driver and enjoys an excellent reputation.

The maternal grandfather was a stable family man with his own painting business. The grandmother was born in Newfoundland and had a high school education. She is divorced from her husband and lives on the same street as John's family. The mother, born in Newfoundland, attended high school for two years and worked as a waitress and clerk before marriage.

DIAGNOSIS: Primary Behavior Disorder: conduct disturbance.

Interpretation

In this case can be seen environmental forces together with a constitutional defect, resulting in the boy's rebellion and antisocial behavior. The weak authority of the mother and the severe and punitive authority of his father made for confusion in the boy and the effort to live up to the demands of his parents resulted in tension which he acted out in an antisocial way. It is significant that the behavior manifestations were not seen in the school, but rather in relation to his father's demands for rigidly high standards of behavior. The parents' anxiety and over-protection were factors in the disturbed parent-child relationship and this normally sociable boy was hampered in his social development.
Case #6

Allan is a fifteen year old boy committed for observation because of drinking and petty stealing.

He is the third child in a family of seven and has a twin brother. He suffered a skull and collar-bone fracture when he was eight, with no apparent complications. He is known to be suggestible, generous and kind, and he adjusted well to others with the exception of his twin and his father. He has shown an active dislike for his father since his mother’s death. He prefers the company of older companions of questionable reputation.

He repeated several grades and spent two years in special class. When the principal of the school felt that further academic education, beyond the sixth grade, was above the boy’s capacity, he granted him a work certificate. Psychometric examination at the hospital established an intelligence quotient of 84, full scale; verbal 75; performance 98. He was inattentive, distracting and mischievous in school and truanted often. Because of his likeable personality his behavior was tolerated and no treatment for his problem behavior was sought. His mother had insisted that the twins should stay together in the same grades and Allan’s twin irritated him by his greater scholastic ability.

Two years ago the boy began to associate with a middle-aged n'er-do-well man and worked for him without pay and occasionally stole chickens from his father's farm to give to him. Police were called in by the father and the probation officer tried to work with the boy. However, after leaving school, his behavior became worse and he was placed on probation on a breaking and entering charge. A farm placement in another state was successful for a short time but he ran away on the suggestion of a companion. Another farm placement was tried but he got homesick and was allowed to return to his home. He worked for a short time in a bowling alley but gave it up and has been hanging around, drinking with the older men in the Infirmary where his family lives, and stealing. It was finally felt that he needed psychiatric study.

The family home life is not a normal one. The father is resident manager of the town infirmary which houses fifteen elderly men, most of whom are senile and
incontinent. There is little provision for privacy for family life and the father has very little time to devote to his children. Until his mother's death when the boy was ten years old he felt secure and happy. Since her death he has shared his elder siblings' feelings that their father was responsible for the mother's early death in childbirth. A woman housekeeper in the home is resented strongly by Allan. Two of the elder siblings showed delinquent behavior but the younger ones are doing well at home and in school. The family has been financially independent and the home has been comfortable in spite of its limitations. The family has no church affiliation and the boy has received no religious training.

The paternal grandfather had a psychosis associated with senility and died at eighty in a state institution. The father had two years of high school and has held his present job for many years. He is ineffectual and is unconcerned about his children's delinquencies.

Maternal history is unknown. The mother went to the first year of high school and married at seventeen. She was generous, patient and hard-working, and was devoted to her family.

DIAGNOSIS: Primary Behavior Disorder: conduct disturbance.

Interpretation

This is the case of a boy with limited intellectual ability with the accompanying defect of judgment. His home environment, rather than protecting this handicapped boy, promoted considerable feelings of conscious and unconscious hostility in him. His father's lack of interest, the abnormal family setting, absence of the mother and lack of moral and religious training resulted in a faulty emotional development. The boy transferred his hostility regarding his father to other authoritative figures and acted it out with
a pattern of delinquent behavior. No provision was made to channelize this boy's interests into vocational pursuits when it became apparent that academically he would benefit from school no longer. In this case we see a weak spot in an educational system which turns a poorly-equipped boy out into the community where he is certain to become a problem.

Case #7

James is a nine year old boy who had been brought to the attention of the court because of habitual truancy.

He is the sixth in a family of eight. He had a normal birth but had a somewhat neurotic childhood. He is a reserved and quiet boy and is closely attached to his home, although showing no affection to his parents nor siblings. He has made no close friends but has maintained active membership in the Boys' Club. His chief hobby was gardening but, in the crowded tenement areas in which his family lived, he had little opportunity for expression of this interest.

He attended nursery school from two and a half to four and a half years of age. He is now in the fifth grade. On Stanford-Binet Form L his intelligence quotient was found to be 115.

One year ago the attendance supervisor brought the matter of the boy's repeated absences from school to his parents' attention. He gave as his reason that he was afraid of the big boys in his class and did not like his teacher. Two changes of school placement, including a parochial school, failed to improve his attendance and he was sent to disciplinary school. This latter school he refused to attend and remained at home. During the last few months he has been doing some petty stealing from his mother.

The family is considered by psychiatrists who have examined many of the siblings to be "a mob living
under one roof." The mother is aggressive and domineering, the father weak and effeminate. The parents are not compatible and the mother has deserted several times. They have been legally separated as well. Neither parent has ever shown any emotional warmth to the children. They have supported the children in a marginal way and in sixteen years have moved ten times. Numerous social agencies have been interested in the family, including eight relief agencies. Five of the siblings have had treatment by psychiatric clinics for various neurotic and behavior disorders. One sibling has been hospitalized with a psychosis with organic changes of the central nervous system and is now at home on trial visit. The siblings have their separate interests and go about independently of one another. There is considerable religious conflict into which the siblings are drawn, with the mother attending the Methodist Church and the father the Catholic Church.

Little is known about the paternal grandparents except that the grandmother is alcoholic. The father went to high school but left after his father's death as he was the eldest sibling and had to contribute to the family's support. His five brothers drink excessively but he is not known to drink. He has been employed by the same company as a leather salesman for the past twenty-five years. He supports his family but considers that his duty ends there.

The maternal grandfather is a retired navy petty officer. The grandmother died when the mother was a small child and a stepmother brought up the mother in various places where the grandfather was stationed. The mother completed her high school course after she had several children and was valedictorian of her class. She is very unstable, considers that she came from a better social status than her husband, and boasts that she married her husband without loving him to show people that she could get a man.

DIAGNOSIS: Primary Behavior Disorder: conduct disturbance.

Interpretation

This represents the case of a boy whose behavior disorder was a reaction to environmental influences, the
truancy being his attempt to resolve his emotional conflict. His rejecting parents gave him none of the love, affection and security so necessary to good emotional development. The disharmony and financial insecurity in his background added further to his lack of emotional stability and he projected his anxiety on to the teachers and his classmates. In addition, the petty stealing that had been going on for some months had taken place entirely in the home and probably was purposeful inasmuch as it was directed at his mother, the person from whom he experienced his most complete rejection.

Case #8

Harry is a fifteen year old boy considered to be in need of psychiatric study when he came to the court's attention for lewdness of person, speech and conduct.

He is the second of seven siblings. He has had good health with the exception of an uncomplicated attack of Spinal Meningitis. He has an outgoing personality, is fond of sports and reading and has been a member of the Boys' Clubs for several years. He has been eager to work but his small size has made it impossible for him to get part-time employment.

He is in the seventh grade. His full scale intelligence quotient was found to be 106; verbal 102; performance 108. Frequent absences from school because of lack of proper supervision have probably been a factor in his school progress. His adjustment in school has always been good.

While he had been involved in breaking and entering five years ago, the present difficulty started two weeks ago with sexual activities involving his thirteen year old sister and a neighborhood girl.
The family life has been very poor, with constant friction between the parents, with economic deprivation and no supervision and little care and affection for the children. Sixteen social agencies have had contacts with the family, five of them being relief agencies. Both parents have gone on drinking sprees at times. The mother has had repeated mental breakdowns throughout the years and the father has been abusive to her, has not contributed adequately to the support of his family, and has turned the children against their mother. They all call her crazy, ignore her and ridicule her. This has caused her recently to leave home and sue for divorce. Since then the eldest daughter, who is an unstable delinquent, has cared for the family but she is tired of the job. The boy is Catholic but receives no home training in his religion.

The paternal grandparents were divorced when Harry's father was a baby. The grandfather died of Tuberculosis associated with his occupation of stone-cutting. The father had a grammar school education and has worked for twenty-five years for one company as a box-maker.

As far as is known, the maternal grandparents were stable, the grandfather being a painter. The mother completed the seventh grade. She has had seven admissions to state hospitals with a diagnosis of psychosis with somatic disease.

DIAGNOSIS: Primary Behavior Disorder: conduct disturbance.

Interpretation

This case demonstrates the result of destructive family influences on the behavior of a boy trying to cope with his adolescent conflicts. His early relationships with a psychotic mother and a sadistic father, together with their lack of material and moral standards, have seriously interfered with his building a sound super-ego. With maturation, both physiological and psychological, he became overwhelmed by the intensity of his sexual drives
and experienced a sharp conflict which he resolved in the
type of antisocial behavior which got him into difficulty.

Case #9

Vincent, a nine year old boy, was committed for
study because of numerous thefts over a two year period.

He is the first-born of three siblings. Outside
of streptococcus throat infections for which he received
excellent medical care, he has had normal health. He
is polite, calm and unconcerned. He enjoys movies,
swimming and baseball. He is no problem in the home
and is happy and close to his siblings and parents. He
lacks judgment and feels that everything on earth belongs
to everyone, an attitude which his father condones.

Vincent repeated the first grade and is repeating
the second grade. His effort and conduct have been poor
and there has been some truancy. On Stanford-Binet
testing his intelligence quotient was found to be 95.
He is liked by his classmates but is not one of their
playmates.

At school two years ago he was observed to have
pads of paper, pencils, etc. He divided these with his
classmates in an apparent effort to gain their friend-
ship. When the principal learned that he had broken
into a five and ten cent store, he called the father
and advised him to take the boy to the manager of the
store and make restitution. While the father did this,
his attitude showed that he expected such conduct from
little boys. Since then Vincent has broken into an
apartment and a private school. Whatever he had,
stolen or otherwise obtained, he shared. The last
charge against him was the theft of a bicycle.

The family lives in a dilapidated two-family
house. It is in a poor neighborhood where there is a
moderate amount of delinquency. While the father sup-
ports his family to the best of his ability, the mother
feels that she has to go to work to supplement his
wages. They have never asked the aid of social agen-
cies. The father works nights and the mother days.
There is religious unity in the home as the mother
adopted the Armenian Orthodox faith of her husband at
the time of her marriage.
The paternal grandparents were Armenians, massacred by the Turks. The father was born in Armenia and had a few years of grammar school there. He came to the United States at the age of sixteen and became a citizen. He works in a machine shop and is hard-working and honest.

The maternal grandparents were born in Canada, of Scotch descent. The mother came to the United States when twenty-two years of age.

There is no apparent culture conflict in the home. The father is passive in his role as a parent and the mother has disciplined the boy by talking, by reading religious articles to him, and by depriving him of movies. Whereas the father wanted to pay the probation officer is she would not ask the court to commit the boy for psychiatric study, the mother felt that he needed it.

**DIAGNOSIS:** Primary Behavior Disorder: conduct disturbance.

**Interpretation**

A child needs a home in which he will receive the affectionate and consistent care of both parents together with the training which will fit him to direct his behavior in a socially acceptable and satisfactory manner. In this case the boy received very little training and supervision from his parents. His home life was not normal, with his father working at night and his mother out of the house in the daytime. No provision was made for the care of this nine year old boy elsewhere and the result was seen in his loneliness and insecurity and later in frankly delinquent behavior. With such a passive and condoning father, the boy's identification was a weakening rather than a strengthening factor and was reflected in his antisocial behavior.
and lack of guilt feelings. A strong inner authority had not developed in the boy.

Case #10

George is a fifteen year old boy committed by the court for study after a well-planned hold-up of a milk truck driver which netted him ten dollars.

He is the third in a family of six. At birth his skull structure was abnormal and has remained so. There was a question of brain injury but this was not proven by X-ray examination. He is sociable and popular but is unstable emotionally. He has severe conflicts of conscience over his delinquencies and begs forgiveness of his parents. He is lazy, loves adventure and has enthusiasm which is not sustained.

He has completed the eighth grade and is entering the ninth on trial. He has had an average school record until the past year. Since then his application has been poor. He has been popular in school and is no problem. His intelligence quotient, full scale, was 111; verbal 111; performance 109. It was noticed by the psychologist that his powers of observation were acute and his pleasing personality outstanding.

About a year ago he started stealing small change about the house. He also cut clotheslines around his neighborhood but restitution was made and he was let off by police with a warning. He refuses to stay at home in the evening and jumps out of his bedroom window, remaining out until midnight. The stealing has continued until the last offence which brought him to court.

The family lives in a clean, orderly apartment in a quiet middle-class neighborhood. Two older siblings are employed and pay regular board and the mother is a good manager. Relief agencies have aided twice but these occurred during the father's illness. The parents are very fond of each other and of the children. The sibling relationship is happy and cooperative and the siblings are well-adjusted. The family has been ashamed of George's delinquent tendencies and the parents at first resorted to corporal punishment without effect. They next tried depriving
him of normal activities and found this method also to be unsuccessful. All the family has criticized him in a constructive and non-rejecting manner. The parents feel that he should go to a private school for firm discipline and character-building and will sacrifice to send him there.

The parents' religion and that of all the siblings except the eldest is Baptist. The mother gave up her Catholic faith and is a missionary chairman. The father is a deacon and Sunday School superintendent. Recently they have shown interest in a new sect and are becoming zealous revivalists. There is a deep religious tone to all their doings and they are rigid moralists. The maternal history is highly emotional or neurotic and an aunt and cousin of George have epilepsy.

Paternal grandparents were born in England and were illiterate. The father was born in England but came to the United States when two years of age. He had a seventh grade education and is employed as a private chauffeur, earning forty-six dollars per week.

The maternal grandparents were of Portuguese birth but came to the United States when young. The mother was born in Cambridge and had a grammar school education. She was employed in a factory until her marriage at seventeen.

DIAGNOSIS: Primary Behavior Disorder: conduct disturbance.

Interpretation

In this case is seen the reaction of a boy to rigid authority, in rebellion and delinquent behavior. While the physical aspects of the home have been good, the emotional tone has been highly charged and, as seen in other cases, the boy has shown his anxiety and insecurity not in the school where he felt at ease but at home and in relation to his zealous and somewhat fanatical parents. Faulty parental attitudes are seen as the principal cause of this boy's unconscious rebellion and rejection of the parents' super-
visory methods.

Case #11

Rose is a sixteen year old girl committed for observation by the court where she was brought as a chronic runaway.

She was the second of two siblings. Her development was marked by a retardation in talking and a speech difficulty has persisted. She showed some neurotic tendencies during childhood. She is an affectionate and sensitive girl and has had a normal interest in sewing, beauty culture and sports.

Rose repeated the first two grades. She completed junior high school but could not adjust in high school and, on the recommendation of the Judge Baker Guidance Center one year ago was placed in an expensive private school in New York, a school headed by a psychiatrist. While there her adjustment was poor and her behavior sly and unpredictable. Following a school vacation she objected to returning and jumped off the train at the first stop and went to a girl friend's home. She returned home, telling a story of having married a sailor. When her family placed her in a private home for custodial care while they were considering a new plan, she ran away and was brought to court.

Rose grew up in a home broken by divorce and she sensed the bitterness of the domestic situation. When her mother died five years ago, she was moved about from one relative to another and her personality changed and became unstable and hostile. When her brother joined the Navy a year and a half ago, she felt the loss keenly and her delinquent behavior began. She has a strong impulse to seek affection in an immature way. She is scornful of the interest of maternal relatives and challenges them to hold her down. Her temper is quick and uncontrollable. She picks up girl friends of bad reputation and goes under an assumed name. She talks of sex experiences with sailors to the horror of her relatives and stays out either late at night or overnight. She was bold and fearless on her appearance in court on the runaway charge mentioned above and showed no remorse.

Her full scale intelligence quotient was found to be 94; verbal 97; performance 92.
Rose's parents were divorced before she was a year old. The father contributed to the support of his children but the mother worked to supplement this. No assistance from social agencies was sought. There was a great deal of bitterness between the parents, with the father unconcerned and the mother overprotective. When the mother died, Rose made her home with relatives in comfortable homes of good cultural level. Sibling relationship was excellent and when Rose's brother joined the Navy she felt deserted. The sibling was a well-adjusted boy who completed high school and had a well-paid part-time job. Religion is Hebrew and Rose has attended Hebrew school regularly.

The paternal grandparents were business people in New York. The father is an unstable, immoral person and unconcerned until recently over Rose's behavior. He had a grammar school education and is a fruit broker.

Maternal grandparents were born in Russia, are illiterate, but are of dignified "old school" type. The mother was born in Boston and had a grammar school education. She died at thirty-three years of age of complications following an operation.

The family home for Rose for the past five years has been unstable. Relatives have made every effort to help her but she felt deprived without father or mother like other girls. They have asked the aid of several social service agencies in planning for her and the father is willing to pay the expense of care.

DIAGNOSIS: Primary Behavior Disorder: neurotic traits, conduct disturbance.

Interpretation

In Rose's case is seen a girl whose emotional development was influenced adversely by an overprotective mother and the absence, especially during her formative years, of her father from the home. The neurotic personality which she developed was traumatized in her pubertal period by her mother's death. The possibility of a constitutional personality defect together with a speech difficulty contributed
to the disturbance of personality which resulted. Her only remaining emotional tie was broken when her brother left to go into naval service and her instability, aggression and hostility against her relatives were openly expressed in an antisocial manner. In a very immature way she showed her craving for the affection she wanted so much. In this case can be seen the influence of a broken home on the personality development of one family member whereas another member appears to have suffered no maladjustment.

Case #12

William is a twelve year old boy committed by the court for observation because of delinquent behavior and truancy.

He is the fourth of five siblings. As far as is known, his developmental period was normal. He is unstable and belligerent, enjoying fights with other boys, especially in the school yards. He cannot take reprimands from his teachers and walks out of the school.

He has had frequent changes of school placement due to family changes in residence. He was three years retarded, with the third grade his last regular grade, after which he was sent to special class which he has attended for the past year. His conduct was poor in all of the schools which he attended. He is belligerent in his present school and dislikes the school which is a special class center for retarded boys. Frequent truancy has resulted in the school's Juvenile Adjustment Bureau trying to work with him, with no results.

Full scale intelligence quotient is 73; verbal 69; performance 82.

William's problem behavior started when he was getting little supervision at home. When he was five years old he started a fire in a neighborhood house and was nearly burned to death. During the past year he has been staying out frequently until midnight, spending
his time in sections of the city which are known for their high rate of vice and crime. When his father is at home the boy's behavior improves but the nature of the father's work keeps him away a great part of the time.

The home is located in a run-down residential district with a mixed racial population. The boy's early home life was far from satisfactory. While his mother lived there was considerable friction between the parents, who were both irresponsible and alcoholic, and the children were neglected. The mother died from cancer when William was four and a half years of age and his paternal grandmother cared for him for the next three years until the father's remarriage. She is considered to be intelligent and understanding and had a good influence on the boy. When the stepmother came into the home, William resented her and reacted to her ineffectual control and immature behavior with the delinquency mentioned above. She has asked various social agencies to place the boy and this increased his hostility toward her. While the grandmother continued to make her home with the family, her influence with the boy was weakened and she too was unable to control him. The family has shown a great amount of dependency with eighteen agency registrations noted on the Social Service Index, seven of them being relief agency contacts. Sibling relationship is good. An older sibling has been a truancy problem. The boy's religion is Catholic but he does not attend Sunday School. He has at times attended parochial school.

The paternal grandfather was born in Maine and had a grammar school education. He was a butcher by trade. The grandmother was born in Canada, had a grammar school education and worked as a pastry cook. She is a diabetic. The father attended high school for two years and then joined the Merchant Marine. He dislikes responsibility and prefers to live away from home. He has a court record.

The maternal grandparents were born in Boston. The mother graduated from grammar school. She was an unstable person and even though ill deserted her family several times.

DIAGNOSIS: Primary Behavior Disorder: conduct disturbance with borderline intelligence.
Interpretation

This case presents a boy whose intellectual retardation, reading difficulty and inability to compete with other boys of his age scholastically, caused the development of considerable feelings of inferiority. He attempted to compensate with bullying and belligerency and refusal to obey his teachers.

His early years were marked by parental neglect and instability and he has had little security in his background. His identification with his father was a positive factor but, as the father was so seldom at home, it was not sustained and was of little help. His rebelliousness was directed particularly at his immature and rejecting stepmother and in this he may have carried over a feeling of resentment against his own mother's neglect and desertion.

In this case can be seen the impact of environmental forces on a child of defective hereditary equipment.

Case #13

Alfred is an eleven year old boy committed by the court for observation when psychiatric study in a private clinic was not possible because of the boy's repeated runaway attempts. He has been in court on breaking and entering and larceny charges.

He is the sixth of eight siblings. His development was retarded because of severe rickets. He has shown various neurotic tendencies from very early years, for example, thumb-sucking, enuresis and night terrors. He has shown a marked tendency to day-dream and is preoccupied and indifferent, and resentful of any sort of authority. He is jealous of his elder brother and
resentful of attention shown to others and he likes to be babied a great deal. He tends to blame others for his stealing and claims he is falsely accused.

From the second grade he was placed in special class where he stayed several years. He did so well that he was returned to the second grade and later promoted to the third. However, he failed in the work and, rather than demote him, he was sent by the school for study to a psychiatric clinic where, on Stanford-Binet testing, he was found to have an intelligence quotient of 72 and second grade placement was found to be the suitable one. His school behavior was not unusual with the exception of his indifference and failure to respond to correction.

When tested during his observation period his intelligence quotient on Stanford-Binet was found to be 83.

His problem behavior outside the home had its onset several months ago when he and another boy broke into a house and stole a box of tools worth fifty dollars. He was removed from his home by the court and placed under the care of the Division of Child Guardianship in a foster home. Because of his enuresis, surliness and poor judgment, several changes of placement were necessary. He has run away from these homes repeatedly and has done some stealing from automobiles. He ran away from a clinic study home twice, so observation at Metropolitan State Hospital was ordered by the court.

The family home has been an extremely bad one. The father would not work to support his family so the mother had to. Social Service Index shows forty-two registrations of social agencies, thirteen of these being relief agencies. Both parents have been mentally ill and have neglected and abused their children. The home is in a bad neighborhood. All of the siblings have shown instabilities and delinquencies. An older sibling is hospitalized as a psycho-neurotic. One sibling died from malnutrition and all except two have had rheumatic fever. The family religion is Episcopalian but there is no actual religious interest or training.

The paternal grandfather was born in England. He was a professional artist and was very emotional. The father had a ninth grade education and works as a
painter. He is a World War I veteran and has been hospitalized several times with paranoia. He met his wife while both were patients in a mental hospital.

The maternal grandfather was an alcoholic. The grandmother was a school teacher. The mother had three years of high school and has had hospitalization for schizophrenia.

DIAGNOSIS: Primary Behavior Disorder: conduct disturbance: neurotic traits.

Interpretation

This illustrates the interaction of very unsatisfactory environmental influences with poor hereditary influences in a constitutionally inadequate boy, resulting in a behavior disorder with the symptoms of all three categories manifested at various times.

The hereditary background was one of emotional instability, alcoholism and mental illness. Physical care was poor and, as a result, nutritional disease developed. Economic stress and pathology can be the cause of hostility and rejection on the part of parents and, in this case, this may well have been the cause. The boy early developed neurotic tendencies and the day-dreaming and blame for stealing which he projected on to others indicate an attempt to resolve his emotional conflict. The larceny and runaway attempts are seen as the more serious indications of his conflict as far as society is concerned. His educational experience was an influence outside his home which was of little constructive value as it emphasized
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his anxiety, gave him no vocational training and provided insufficient hours of supervision.

Case #14

James is a sixteen year old boy committed by the court for observation on the request of relatives before possible reform school sentence by the court.

He is the youngest of six siblings. Development was normal and, as he was an attractive child with a good disposition, he was spoiled by all his neighbors. He makes friends easily, is fond of sports, likes farm work particularly, and is an excellent dancer. He is resentful of family authority and is at odds with older siblings because of their interference with his affairs. He was particularly close to a popular elder brother who has joined the Marine Corps.

He attended parochial school until the eighth grade but began truanting just after his brother left home. He put the blame on the school and the teachers so was sent to public school but has truanted there. He was no conduct problem in school but was not interested in finishing high school and was allowed to leave.

For the past year he has been engaged in minor thefts and destruction of property and has been associating with an irresponsible gang. While he worked on a farm during the summer he sent his mother his entire salary but when back at home he has refused to work and has stayed out until late at night. He made an excellent adjustment at a boys' guidance clinic but, when he defiantly broke a rule, he was dismissed from the home and denied readmission. Since then he has refused to work and was brought to court by an uncle, a police officer. The judge ordered him to find work but he defied the judge and was considered a problem for a correctional institution, because of having no respect for authority of any kind.

Full scale intelligence quotient was found to be 104; verbal 100; performance 106.

The family home has been happy and congenial. The father was an intelligent man and was devoted to
his home and children. He was a policeman and was very popular. He died suddenly when James was eight years old. Four older siblings are employed and the home is on a comfortable financial basis with no dependency, and is situated in a good residential neighborhood. The mother had an insecure childhood and is overzealous in her care of the children, possibly setting too high standards for them and restricting their activities. James is the only sibling who has rebelled. The sibling adjustment is good, with the oldest boy a father-substitute for James. They have all made good adjustments and, with the exception of one sibling who was somewhat retarded, have been better than average intellectually. Family loyalty is particularly strong. The family is devout Catholic with high moral standards.

The paternal grandparents were stable people and hardworking. The father had a high school education and took extension courses and read a great deal. His brother, also a police officer, is greatly interested in the family.

The mother has wanted her children to be happy and successful. She feels guilty about James' behavior and now feels that she was over-strict.

DIAGNOSIS: Primary Behavior Disorder: conduct disturbance.

**Interpretation**

This boy's early personality pattern seems to have been a satisfactory one in the home and community. During adolescence he developed a conflict about living up to the demands of inside and outside authority and this colored his behavior. The resentment toward parental authority was carried over to all authoritative figures and was openly expressed in delinquent behavior. Environmental influences were in general good and were conducive to his siblings' good adjustment but for James, as the youngest sibling, the
I, in turn, was seduced by the very idea of existence. The very idea of existence.

I, in turn, was seduced by the very idea of existence. The very idea of existence.
restrictions imposed on his activities were distasteful and conflict-producing.

Case #15

Edward is a fourteen year old boy committed for observation by the court because of his failure in adjustment to foster homes.

He is the youngest of three siblings. Nothing is known about his early development and he has been under state guardianship as a dependent child since he was seven years old. He is a boy of fluctuating moods. He is helpful, thoughtful and cooperative at times; at others is annoying, teasing and difficult.

He attended kindergarten but became a truancy problem in the first grade. If escorted to school he left at recess. He managed to progress to the seventh grade but was suspended because of his poor conduct and scholarship.

His full scale intelligence quotient is 82; verbal 74; performance 94.

In 1943, when he was ten years old, he was examined at a state school because the guardianship division was having difficulty in his placements. He was found to have an intelligence quotient of 82 and "lack of self-control, critical self-appraisal, want of ethical sense." In 1947 foster home facilities were exhausted and his mother was told she would have to care for the boy. He wanted to come home but disliked his stepfather and was unmanageable. He was placed on a farm but he adjusted poorly and ran away with another boy. His mother then took him to court on a stubborn child complaint.

The family life was characterized by deprivation and constant quarreling. The father, who had been forced into marriage, was alcoholic and sexually promiscuous. The Social Service Index notes thirteen agency registrations, five of them being relief agencies. The parents separated when Edward was five and the mother worked to support the children. The father has had nothing to do with the children. When Edward was seven, the mother forced the State to take care of her children as they were all showing behavior problems.
Four years ago the mother married a mentally deficient man who has been abusive to Edward when he has lived with them. While his two siblings have required psychiatric care for neurotic traits, they appear to have made satisfactory adjustments. The boy is a Catholic.

The father was born in Canada and is employed as a painter. When he was in the home he favored Edward, gave him money and refused to punish him for misbehavior. His interest in the boy was abruptly terminated at a difficult age. He has lived in New York since his divorce. He remarried when the boy was seven.

The maternal grandparents were stable, hard-working people. The mother was employed in a card factory both before and after her marriage.

DIAGNOSIS: Primary Behavior Disorder: conduct disturbance.

Interpretation

Children who are deprived from their earliest days of protection and love develop what is termed "affect hunger" and the earlier the wound is the deeper is the effect. These children show their distress in aggressive, demanding behavior as well as in neurotic traits. In this case the boy had such a background and his behavior was an expression of the rebellion and hostility which he developed. His insecurity was further increased by his father's rejection and his delinquent behavior began shortly thereafter. His dull intelligence has possibly contributed to feelings of inferiority and insecurity and his suspension from school has increased them. With such a faulty emotional development the boy would naturally have difficulty in adjusting
to a father-substitute who was abusive and to a mother who reassumed supervision only under agency pressure.

Case #16

Ronald is a fourteen year old boy committed by the court for observation after a serious charge of breaking and entering and damage to five school buildings.

He is the fifth of ten living siblings. His developmental period was marked by hyperactivity and neurotic habits. He showed a normal interest in neighborhood activities and is fond of music, playing the clarinet rather well.

He repeated grades one and three, spent two years in special class, and is now in the seventh grade and is doing fair work. His conduct in the classroom is very good. He is obedient and works diligently. Outside the classroom he gives the teachers considerable trouble and parents are constantly complaining of his bad influence.

His intelligence quotient is: full scale 80; verbal 76; performance 89.

It is felt that he may have been stealing for years because he is clever in covering up. He has had four court appearances during the past year, three of them on larceny charges, the fourth on destroying school property. He and some other boys broke into the schools on a holiday, took pens and pencils, destroyed school records and papers, and in one school left a lighted candle burning. He has been away from home several times, going as far as his grandmother's home in New York. He was doing well there but was brought home by his father who felt guilty about not supporting his own child.

The father of the family is a barber, owning his own business since he was eighteen. He has never had financial aid for his family at any time. The home is in a fairly good residential neighborhood but is cluttered and untidy. There appears to be a feeling of cultural inferiority as the boy anglicizes his Italian name. It is a highly protective home with a closely knit family presenting a united front against neighbor-
hood complaints. The family doctor feels that the mother is incapable of raising a family. She has had sixteen children, ten of whom are "just living" in a poorly nourished condition. Ronald and his two younger siblings present the outstanding behavior disturbances. The eleven year old boy was observed at Metropolitan State Hospital last year for causing $10,000 fire damage to a stable in which ten horses were burned to death. He was diagnosed as having a primary behavior disorder. A seven year old boy is truanting and running away from home. The boy's religion is Catholic but the family attend church services seldom.

The paternal grandparents were born in Italy and did well in business in the United States. The father was born in Italy and went to the fifth grade there. He finished grammar school after coming to the United States. He is boastful, argumentative, high-strung, distrustful, loses his temper easily, and is considered to be very eccentric. He blames others for his children's troubles and does not try to prevent the children from doing wrong. He thinks they are always right and will not give them the necessary supervision. School principals no longer notify him in cases of school trouble because it is useless.

The maternal grandparents were born in New York, of Italian extraction, and lived in comfortable circumstances. The mother went to the first year of high school. She is constantly at war with her neighbors about the children.

DIAGNOSIS: Primary Behavior Disorder: conduct disturbance.

Interpretation

This case concerns a neurotic child of neurotic and emotionally unstable and ineffectual parents. The weak and permissive authority in the home has resulted in an easily influenced conscience so that the boy is susceptible to the undesirable forces in his environment. The conflict between the home environment and the community feeling concerning his family has added to the problem, and the boy is reacting
to it with delinquent behavior. The boy has feelings of cultural inferiority and his dull intelligence is another negative factor. In this case the environmental forces of the home have militated against the child's good community adjustment.

Case #17

Robert is a thirteen year old boy committed by the court for observation because of his unmanageable behavior.

He is the fourth of five siblings. He was breast fed until nine months and had a normal physical development until he developed Diabetic Mellitus at the age of eleven. He has been a nail-biter and thumb-sucker. Robert has been a friendly, sociable boy and fond of his father.

During the past year, since knowing he had Diabetes, he has been a habitual truant from school and has done poorly. He is in the sixth grade. Changes of school placement have been tried without success.

His full scale intelligence quotient is 94; verbal 87; performance 102.

When it was discovered that he had Diabetes, he was given adequate instruction as to the nature of this illness, the importance of his diet and how to take insulin. However, since then and particularly since his father was hospitalized for treatment of Tuberculosis several months ago, Robert has become an increasingly serious problem, refusing to cooperate in any way, resenting authority and taking advantage of his mother repeatedly. He had frequent temper outbursts after becoming destructive, occasionally becoming assaultive toward his mother. He seems very resentful of her during these episodes. He has absolutely refused to cooperate in the management of his Diabetes, conforming neither to a diet nor to the use of insulin. Police have been called in by the mother to assist in order to prevent diabetic coma from developing. He shows jealousy of his siblings and resentment regarding his Diabetes. Together with this is his truancy and habit of running
away and sleeping in cellars during the past few months.

The family home is in a dingy marginal area of low economic status. The family has been known to numerous health agencies because of the father's and son's health, as well as to several relief agencies. The mother has been employed outside the home until her husband's hospitalization six months ago. The family is now receiving Aid to Dependent Children. Robert was deeply attached to his father and enjoyed hearing him tell stories of faraway places. Family relationships have not been strong, partly because of the ineffectual mother. The elder siblings are well-adjusted but one sister is doing some truanting. Religion is Catholic but practice is not regular.

Paternal grandparents were born in Ireland and were stable and hardworking. The father received a seventh grade education.

Maternal grandparents were also Irish and the grandfather was a laborer. The mother had one year of high school. She has been unable to cope with her son's behavior and her lack of understanding has aggravated his aggressive tendencies.

DIAGNOSIS: Primary Behavior Disorder: conduct disturbance with diabetes mellitus.

**Interpretation**

In this case is seen a conflict arising out of the boy's hostility to his diabetic condition which makes him feel inadequate and inferior in comparison with normal children. This has taken the form of regression, antagonistic behavior to his mother, truancy and running away. His relationship with his mother was not sufficiently strong to be a source of reassurance and support and in his neurotic manner he directed his hostility toward her in an active way. She has been inadequate and has lacked
judgment in her supervision of his illness and this has aggravated his hostile and aggressive tendencies. The absence of the father, with whom he had a strong identification, from the home has been a factor in the boy's conflict, although prior to the father's hospitalization the evidences of conflict were appearing. Economic conditions have been poor and the family home life has not been normal with the mother working outside the home and the father suffering from incapacitating illness.

**Case #18**

Bruce is a fourteen year old boy committed by the court for observation because of several charges of breaking and entering and running away from home.

He is the first born of three siblings and is an illegitimate child. The siblings are also illegitimate. Bruce's birth was instrumental and there was birth injury resulting in a paralysis of one side of his face, deafness in one ear and some spasticity of the leg. He had convulsions when he was two years old. He is regarded by friends of the family as a solitary, unhappy child who has always been greatly protected by his mother. He is boastful, bossy and dramatic, yet fearful of punishment. He is distractible and his interest fluctuates. He has an unusual love for money although he is not miserly and shares with his siblings a feeling of shame of the neighborhood in which he lives.

He has repeated only one grade in school and, in spite of many changes of school placement due to his mother's habit of moving frequently, he has been able to complete the seventh grade. His chief interest is in vocational training and in school he is no behavior problem.

His full scale intelligence quotient is 96; performance 101; verbal 92.
The onset of Bruce's behavior difficulties is not exactly known but for the past two years he has been running away from home, sleeping in churches, on porches, etc. Through social agency interest he was examined at a psychiatric clinic and it was felt that his mental turmoil concerning his parentage was motivating his behavior. His mother did nothing to help him with this problem and the behavior continued and became more serious and he was brought to court on a charge of breaking and entering. He violated his probation when he stole from a neighborhood store and was then brought to the hospital for study.

The family lives in a marginal poorly-kept home in a shabby neighborhood. Eight relief agencies out of a total of fourteen contacts are noted in the Social Service Index and the family is dependent on federal aid for support. While there is some sibling rivalry, the siblings are for the most part compatible. They are healthy and making normal school progress and present no behavior problems. The boy's religion is Catholic but for the past two years he has not attended religious services.

Bruce's father was a city fireman who was married and had two children when the boy was born. Paternity was adjudicated and he pays $3.00 a week toward the boy's support. He has never shown any interest in Bruce and has never seen him.

The maternal grandparents were born in Boston and were good-natured affectionate parents and provided a good home. The mother was the younger of two siblings and was closely attached to her father. She had a high school education but never worked outside her home. She is a good-natured, dependent person who believes in taking the pleasant, easiest way and she has relied heavily on social workers who have helped the family for many years.

When Bruce was two years old his mother became illegitimately pregnant by another married man. This man lived in the home until Bruce was six years old and, while the mother taught Bruce to call him "Uncle Jack" Bruce thought that the man was his own father. A second child was born two years after the first and, following this, the mother was brought to court on complaint of neighbors for cohabiting. The children were placed in foster homes for a three-month period but were then returned to the mother and Aid to Depen-
dent Children was granted for their support.

The home life has been unstable with the mother moving to escape the censure of her neighbors. She is a poor housekeeper and, while she has told the children that their father is dead, she continues to see him and this results in confusion and emotional turmoil for Bruce. She takes the children out to dinner and the movies once a week, when she receives the money from their fathers. The children are confused about the reason for this treat as the mother offers no explanation. Bruce talks about a father person a great deal and tells of other boys' fathers whom he has met. The mother is willing to have the children bring friends home but Bruce has rarely done so, being ashamed of his home situation.

DIAGNOSIS: Primary Behavior Disorder: conduct disturbance.

Interpretation

The boy is reacting to a home situation which has made him confused and insecure and in his delinquent behavior can be seen an attempt to solve his emotional conflict. His mother's unstable and inconsistent behavior has resulted in his faulty emotional development. His conflict chiefly centers about his parentage and he feels considerable insecurity in regard to his mother's behavior. Court prosecution of his mother when he was at the highly vulnerable age of six, and the separation from her and the man he felt was his father affected him emotionally and there has been nothing in his mother's behavior since then to reassure him. As he grew older he sensed that he and his siblings were different from children who had both parents but his mother, instead of helping him, added
further to his confusion and sense of inferiority. In this case can be seen the social maladjustments arising out of the illegitimacy problem.

Case #19

Irving is a fifteen year old Negro boy committed by the court for observation because of his participation in such gang activities as the theft of bicycles, handbags, etc.

He was the third of six siblings. His birth was normal but his early childhood was marked by nutritional illnesses and accidents. He has a rheumatic heart condition. He has an outstanding personality and makes friends easily. He gives the impression of brightness and is regarded as a dare-devil, always ready to accept the challenge of adventure.

He has spent some time in special class and is now in the sixth grade. He has been given nutritional services in school and has been no behavior problem.

His intelligence quotient is: full scale 83; verbal 84; performance 86.

The early family life provided little security with incompatible parents constantly quarreling. Three years ago the boy's father divorced the mother and was given the custody of the children. They were left unsupervised and had to get their own meals and take care of themselves. Irving was an active and mischievous boy and followed the lead of his companions in delinquent activities. His home district is known for its high delinquency rate. At first his misdemeanors were in company with the gang but recently he has branched out on his own and the court feels that he may become a criminal if not salvaged now.

Irving and one sibling live with their father in a dirty and disorderly apartment house in a slum area. The mother lives in the same building but takes no interest in the boy. The other siblings live with relatives as the father felt responsible for them and did not want them placed by interested social agencies. One of the siblings is retarded like Irving but none other than Irving has shown delinquent tendencies.
Twenty-two agency contacts are noted on the Social Service Index, six of these being relief agencies. The boy's religion is Catholic but there are no strong religious ties.

The paternal grandmother was psychotic and had several admissions to state hospitals. She was receiving public assistance at the time of her accidental death from burns. The father had one year of high school and is employed as a restaurant worker. He is a neurotic and has little stability.

The maternal grandparents were Southern Negroes. The grandmother was a prostitute and alcoholic. The mother had a sixth grade education and worked as an elevator operator before her marriage. She was treated for venereal disease before the birth of each child. She was promiscuous, rejecting and neglectful of her children, preferring to work outside the home, and was considered to have a dull intelligence.

DIAGNOSIS: Primary Behavior Disorder: conduct disturbance.

**Interpretation**

Irving is a boy of poor family background whose father is inadequate and unstable and his mother rejecting and equipped with dull intelligence. When the parents' divorce left the boy without adequate supervision, his interests turned toward the delinquent activities of others living in his unfavorable environment. He found these activities challenging and lack of moral training left him free to continue unless apprehended by police. This behavior disorder can be seen as purely reactive to bad environmental influences.

**Case #20**

Roger is a twelve year old boy committed by the court for observation because of a long history
of delinquent acts, the last of which was the theft of one hundred dollars.

He is an illegitimate child, deserted by his mother when he was two years old. He suffered a severe attack of pneumonia when he was one year old and from his second until his fourth year was in a state sanitarium for treatment of pulmonary tuberculosis. He has always had difficulty getting along with other children, has had temper tantrums, and has been a behavior problem since he was four years old.

It was felt that he was feeble-minded when he was four years old and examination at a state school showed his intelligence quotient to be 78. He repeated the first grade and was a problem in school with noisy and disturbing behavior. His many changes of foster homes necessitated changes in school placement. He did well in some of the grades when he had a teacher who showed interest in him but for the most part his teachers reported him to be restless and unruly. He is now in the sixth grade.

His full scale intelligence quotient was found to be 107; verbal 109; performance 102.

When he was six years old he began doing some petty stealing, was untruthful and lighted fires in rubbish piles. As he grew older his violent temper tantrums in his foster homes resulted in changes of placement. He was constantly in trouble and many complaints about his stealing and throwing lighted matches into autos were received. His first court appearance occurred when he was ten, for stealing money from milk bottles. The following year he was in court again on a runaway charge and theft of a billfold containing one hundred dollars. He made two more runaway attempts since then and on the latter one was picked up by the police. The court felt that the boy showed the need for psychiatric study and he was so committed.

Roger has lived in an institution and various foster homes his entire life, his longest stay in any foster home being three years. His mother has shown no interest in him since her desertion when he was two years old. He is of the Protestant religion and has been placed in homes of that faith.

The boy's mother was recently located by the probation officer and appears to be interested in
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establishing a home for her son. She was an orphan, brought up in Georgia by an aunt. After completing high school she ran away to marry. She had two children who are now adults and are making good adjustments and do not know of Roger's existence. She divorced her husband seven years after marriage and came to Massachusetts where she has been employed as a cook and hostess ever since, enjoying a good reputation. The father of Roger is an unstable member of a good family. He is married and has never acknowledged paternity of the child.

DIAGNOSIS: Primary Behavior Disorder: conduct disturbance.

Interpretation

This represents the case of a boy whose conduct disturbance is a result of emotional conflict developed because of the profound feeling of rejection which he has had from his earliest years. His early illness and lack of social contacts possibly contributed to his early maladjustment but the principal cause was the conflict about being an unloved and unwanted child. The evidence of the conflict was noticeable both at home and at school and the delinquent behavior developed at an early age. Later delinquencies were probably in reaction to rejection by foster mothers and in adolescence his delinquency has taken the form of running away. Studies show that foster children run away more frequently than others and that they do this when they feel that the family does not want them or that there is no family. This case demonstrates the emotional conflict of a boy whose behavior shows that he is not at ease, that he has been cheated of what every child
needs, namely, emotional security.

Case #21

Irene is a fifteen year old girl referred by the court because of truancy, drinking and other delinquent behavior.

She is the first born of three siblings. She had temper tantrums and was enuretic until she was nine years old. She mixed well and was a happy and active child.

She went through elementary school on the honor roll and completed junior high school. She began truanting in the ninth grade and was expelled from high school when she refused to attend classes.

Her intelligence quotient is 97 and a special psychological test shows marked evidence of repression and many feelings of resentment and hostility toward her parents.

Irene's delinquent behavior first was shown in truancy during the past year and in her association with a tough gang of older boys. A few weeks before her commitment to the hospital she came home intoxicated and was given a whipping by her mother. The following day she ran away from home and was involved in a robbery of a Neighborhood House. She was released by the court to her parents and the next day voluntarily returned to court and asked for foster home placement. This arrangement was worked out but failed when Irene stole ten dollars in the foster home and was again brought to court.

The home is located in a housing project in a poor residential area. Standards are poor, income inadequate, and there is little supervision. The Social Service Index shows a total of ten agency registrations, three of which are relief agencies. Neither parent shows any interest in the girl but expects her to assume the responsibility. The sibling relationship is close and loyal, with Irene assuming almost total responsibility of her siblings until recently. The family religion is Catholic but there is no evidence of church attendance.

The paternal grandparents were born in Ireland.
and came to the United States in their early twenties. The grandfather was a stable man and a good provider but he overindulged his family. The grandmother was overprotective of her children, especially of her sons, and blamed companions for her son's drinking. The father had little education because his family did not urge him to attend school. He began to drink when very young and is an unstable, irresponsible and emotionally immature person. He is employed as a cab-driver and, while he has contributed to his family's support, this support has never been adequate. He was observed at a psychiatric hospital before his marriage and a diagnosis of schizophrenia and alcoholism was made. He was drafted into military service but was given a medical discharge in a month.

The maternal grandparents were born in Maine of Scotch descent. The grandfather was unstable and separated from his family many years ago. The grandmother worked hard to support her two children. The mother had an elementary school education and married at twenty years of age. She divorced her husband and married Irene's father after a few months' acquaintance. She works outside the home to supplement the family income.

DIAGNOSIS: Primary Behavior Disorder: conduct disturbance.

Interpretation

This case portrays the effect of economic and emotional deprivation on a child of emotionally unstable parents. As seen in many cases of primary behavior disorders, the symptoms appeared at an early age. The girl was able to secure reassurance and support from a favorable school setting and her behavior for nine years of school attendance showed the good results. However, in her fifteenth year conditions in the home and in her parents' relationship to her caused the reactivation of the emotional disturbance seen in her earlier stage of develop-
ment and the symptoms of the disturbance were shown in delinquent behavior.

In this case is seen a failure of community forces to counteract the adverse factors in the child's home.
CHAPTER VI

OBSERVATIONS DERIVED FROM THE CASES STUDIED

A. Introductory Statement

From the case material given in the preceding chapter, it is now possible to present some significant factors observed. In order to understand the influence of the cultural factors upon the development of the group, some of the observations about the children will first be discussed. In this way the relationship between the characteristics of the child and his cultural background may be seen more clearly.

B. Developmental Aspects of the Children

1. Color

All but one of the children included are white so that for the purposes of this study no color distinction will be drawn.

2. Sex

The sex distribution of the twenty-one children is predominantly male. The latter number sixteen, the girls five; consisting of 76 and 24 per cent respectively. This is in proportion to the admission rate for boys and girls at the hospital. Karen Horney in "New Ways of Psychoanalysis" has emphasized the discovery of Freud and other psychoanalysts that our present culture is largely responsible for certain

1 Karen Horney, New Ways of Psychoanalysis, p. 170.
behavior patterns and character traits. Our present culture requires a totally different adjustment of boy and girl and it is to be expected that girls, when getting into difficulties, often show symptoms different from those of boys.

3. Age

In considering the age of the child at the time of commitment, it can be pointed out that the maximum age limit for admission to the Children's Unit is sixteen years. The age distribution by sex is as follows:

**TABLE 1**

**AGE DISTRIBUTION, BY SEX, OF THE 21 CHILDREN**

<table>
<thead>
<tr>
<th>Age</th>
<th>Boys</th>
<th></th>
<th>Girls</th>
<th></th>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Per Cent</td>
<td>Number</td>
<td>Per Cent</td>
<td>Number</td>
<td>Per Cent</td>
</tr>
<tr>
<td>Under 10</td>
<td>2</td>
<td>12</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>11 to 13</td>
<td>4</td>
<td>25</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>19</td>
</tr>
<tr>
<td>14 to 16</td>
<td>10</td>
<td>63</td>
<td>5</td>
<td>100</td>
<td>15</td>
<td>71</td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
<td>100</td>
<td>5</td>
<td>100</td>
<td>21</td>
<td>100</td>
</tr>
</tbody>
</table>

The range of age is from nine to sixteen years, inclusive. However, the majority of the subjects are eleven years of age or older, since 90 per cent of the group fall in this classification.

The girls in the study were in the higher age group, with five appearing in the fourteen to sixteen classification.

4. Physical Health

Twelve of the children (57%) were considered to be
in good physical condition. There were 9 (43%) who were in fair physical condition. One girl had an eye squint and some loss of vision as a result of injury when a baby, while another girl lost an eye through an injury and was wearing an artificial eye. One boy had received severe body burns when a small child and the scarring caused discomfort. One girl had a speech difficulty. Faulty development because of early rickets was seen in one boy, while diabetes mellitus and rheumatic heart disease were present in two other boys. One boy had a history of primary tuberculosis and another had a partial paralysis and deafness as a result of birth injury.

5. Intelligence

All of the children were given individual psychometric tests after commitment to the Children's Unit. The Stanford-Binet Form L test is used to test children up to eleven years of age while the Wechsler-Bellevue is the test most generally used for the older age group. The results are listed in the following table:
### TABLE 1a

**DISTRIBUTION OF INTELLIGENCE QUOTIENTS OF THE 21 CHILDREN**

<table>
<thead>
<tr>
<th>Range and Class</th>
<th>Number</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 70 (mentally deficient)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>70 to 79 (borderline)</td>
<td>2</td>
<td>9.5</td>
</tr>
<tr>
<td>80 to 89 (dull)</td>
<td>9</td>
<td>42.8</td>
</tr>
<tr>
<td>90 to 99 (low average)</td>
<td>5</td>
<td>23.9</td>
</tr>
<tr>
<td>100 to 109 (high average)</td>
<td>3</td>
<td>14.3</td>
</tr>
<tr>
<td>110 to 120 (superior)</td>
<td>2</td>
<td>9.5</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>21</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

**Median intelligence quotient 89**

**Average intelligence quotient 91.8**

These data indicate that there are slightly fewer (48%) in the upper brackets than in the dull and borderline groups (52%). In comparing these figures with those of the study done by the Glueks\(^2\) where 79% of a total of 3,638 Massachusetts school children placed in the upper brackets (above 90) the 52% figure of the children in the lower brackets seems significant.

Rogers\(^3\) says

Still more important is the intellectual equipment of the child, which is of importance both in creating opportunities and in setting limits for the child... that early stimulation and wise training during the infant period can produce changes in the measured intellect... there is no question but that the child of borderline mentality has

---

\(^2\) An unpublished study quoted by Sheldon and Eleanor Glueck in *One Thousand Juvenile Delinquents*, p. 102.

\(^3\) Carl R. Rogers, *The Clinical Treatment of the Problem Child*, p. 5.
much greater difficulty meeting the ordinary societal demands, and hence is much more likely to exhibit "problem" behavior than the youngster who is better endowed with intelligence.

6. School Status of the Child

All but four of the children (19%) were still in school at the time of their referral to the Children's Unit. Two had been suspended or expelled from school because of their behavior but had reached the seventh and tenth grades. Another had completed the eighth grade and had been allowed to leave school when he showed no interest in it. The fourth boy had reached the sixth grade and was considered unable to benefit from further education, by his school principal, because of his limited ability. The following table indicates the information that was available on the grade level of the children of the study:

TABLE 1b

SCHOOL STATUS OF THE CHILDREN

<table>
<thead>
<tr>
<th>Status</th>
<th>Number</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 2</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>&quot; 3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>&quot; 4</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>&quot; 5</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>&quot; 6</td>
<td>3</td>
<td>14</td>
</tr>
<tr>
<td>&quot; 7</td>
<td>3</td>
<td>14</td>
</tr>
<tr>
<td>&quot; 8</td>
<td>1</td>
<td>4.5</td>
</tr>
<tr>
<td>First year high school</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Second year high school</td>
<td>3</td>
<td>14</td>
</tr>
<tr>
<td>Third year high school</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Fourth year high school</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Special classes</td>
<td>1</td>
<td>4.5</td>
</tr>
<tr>
<td>Not in school</td>
<td>4</td>
<td>19</td>
</tr>
<tr>
<td>Totals</td>
<td>21</td>
<td>100.0</td>
</tr>
</tbody>
</table>
On the basis of the age-grade scale used by the Boston Public Schools, three of the children (14%) were not retarded in their school progress. One was slightly in advance of the age-scale norms. Fourteen (67%) were retarded by one year or more. Table 1c indicates the degree of retardation.

**TABLE 1c**

**DEGREE OF GRADE RETARDATION**

<table>
<thead>
<tr>
<th>Years Retarded</th>
<th>Number</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>One year</td>
<td>5</td>
<td>36</td>
</tr>
<tr>
<td>Two years</td>
<td>4</td>
<td>29</td>
</tr>
<tr>
<td>*Three years</td>
<td>2</td>
<td>14</td>
</tr>
<tr>
<td>Four years</td>
<td>3</td>
<td>21</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>14</td>
<td>100</td>
</tr>
</tbody>
</table>

* This figure includes the child who was in special class since a child is usually three years retarded before placement in an ungraded class is made.

The retardation shown in this table cannot be ascribed wholly to the limited mental ability of the children but must be considered in the light of emotional disturbances, of school attendance and behavior and of frequent changes of school placement necessitated by changes of family residence.

**4 Age-grade Norms:**

<table>
<thead>
<tr>
<th>Age</th>
<th>Grade</th>
<th>Age</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>1</td>
<td>12</td>
<td>7</td>
</tr>
<tr>
<td>7</td>
<td>2</td>
<td>13</td>
<td>8</td>
</tr>
<tr>
<td>8</td>
<td>3</td>
<td>14</td>
<td>9</td>
</tr>
<tr>
<td>9</td>
<td>4</td>
<td>15</td>
<td>10</td>
</tr>
<tr>
<td>10</td>
<td>5</td>
<td>16</td>
<td>11</td>
</tr>
<tr>
<td>11</td>
<td>6</td>
<td>17</td>
<td>12</td>
</tr>
<tr>
<td>Week 1</td>
<td>Week 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------</td>
<td>--------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2002</td>
<td>2003</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4002</td>
<td>4003</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5002</td>
<td>5003</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
7. Classification of the Symptoms of the Behavior Problems

TABLE 1d

TYPE AND GROUPING OF BEHAVIOR PROBLEMS

<table>
<thead>
<tr>
<th>Classification</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Truancy and running away</td>
<td>1</td>
</tr>
<tr>
<td>Suicidal attempt and sex delinquency</td>
<td>1</td>
</tr>
<tr>
<td>Running away and shoplifting</td>
<td>1</td>
</tr>
<tr>
<td>Burglary</td>
<td>1</td>
</tr>
<tr>
<td>Running away and stealing</td>
<td>3</td>
</tr>
<tr>
<td>Stealing</td>
<td>2</td>
</tr>
<tr>
<td>Drinking and petty stealing</td>
<td>1</td>
</tr>
<tr>
<td>Habitual truancy</td>
<td>1</td>
</tr>
<tr>
<td>Sex delinquency</td>
<td>1</td>
</tr>
<tr>
<td>Stealing in home and school</td>
<td>1</td>
</tr>
<tr>
<td>Unmanageable in home and school</td>
<td>1</td>
</tr>
<tr>
<td>Stealing and destructiveness</td>
<td>2</td>
</tr>
<tr>
<td>Chronic runaway</td>
<td>1</td>
</tr>
<tr>
<td>Truancy and unmanageability at home and school</td>
<td>1</td>
</tr>
<tr>
<td>Minor stealing, destructiveness, defiance toward authority</td>
<td>1</td>
</tr>
<tr>
<td>Truancy, temper tantrums, unmanageable at home</td>
<td>1</td>
</tr>
<tr>
<td>Stealing, drinking and running away</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>21</strong></td>
</tr>
</tbody>
</table>

It can be seen that stealing was the most frequently occurring type of behavior problem found in these children at the time of their commitment (9 instances); followed by running away (5 instances) and truancy (4 instances). Three children were unmanageable at home, while two were also unmanageable at school; two children were destructive in their behavior, among other things; sex delinquencies, chiefly heterosexual, were factors in the difficulties of two children;
two children were problems because of drinking as well as other difficulties; one girl had made a suicidal attempt which brought her behavior problem to the attention of police. One boy showed a defiant attitude toward authority and there was one manifestation of temper tantrums.

On the basis of this discussion it is evident that in all but one instance, namely, the suicidal attempt, the behavior of the group was of the aggressive, anti-social type. This bears out the statement in Chapter IV that the conduct disturbances are manifested in rebellious behavior which sooner or later comes to the attention of the authorities.

8. Onset of Symptoms

TABLE 1e

<table>
<thead>
<tr>
<th>AGE OF ONSET OF SYMPTOMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
</tr>
<tr>
<td>--------</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>6</td>
</tr>
<tr>
<td>7</td>
</tr>
<tr>
<td>8</td>
</tr>
<tr>
<td>9</td>
</tr>
<tr>
<td>10</td>
</tr>
<tr>
<td>11</td>
</tr>
<tr>
<td>12</td>
</tr>
<tr>
<td>13</td>
</tr>
<tr>
<td>14</td>
</tr>
<tr>
<td>15</td>
</tr>
<tr>
<td>Totals</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Median age 12 years
<table>
<thead>
<tr>
<th>Day</th>
<th>Qty</th>
<th>Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Qty: 3
This rather advanced median age for onset of behavior symptoms can be partly explained by the uncertainty of the parents as to when the problem behavior began. Some were probably not sufficiently keen to recognize the early manifestations of the behavior disorders. Then there is the difficulty of parents' not knowing what to expect of a child at a given stage of his development.

C. The Environment

The first requisite of wholesome childhood is an environment promoting physical and social development. The home is the institution that normally fulfills this function. It is the workshop in which the personality of the child is developed and the personalities of the parents constitute in large measure the mental attitude in which the child has to live.

Parental attitudes and failures are without question important factors in some of the behavior problems of children.

The following discussion will deal with the characteristics of parents, homes and forces influencing the behavior of the children.

1. The Parents

(A) The Father

(1) Nationality

Sixteen (76%) of the fathers were listed as American; two (9%) were Italians; there was one each (5%) from Canada,
England and Armenia.

(2) Family Background

Information about the family background was not available in five cases (25%); seven (33%) of the fathers came from families known to have had stability; seven (33%) came from homes which showed emotional instability in the parents as evidenced by alcoholism, alcoholism with criminal record, psychotic parents, home broken by divorce. The parents of one father (5%) were massacred in Eastern Europe and little was known about the father (5%) of one illegitimate child.

(3) Health

(a) Physical

The physical condition of the father is of interest as an indication of his ability to support his child and of the biological inheritance which he passes on to the offspring. However, information was available in only fifteen instances (v2%); fourteen of these (67%) were considered in good health, since they had no serious diseases or handicaps; one had diabetes and tuberculosis; two fathers were deceased and information was not available on four.

(b) Mental

Ten of the nineteen fathers (53%) about whom information was available were considered to be in good mental health. Two (10%) were classified as psychotic; two (10%) as neurotic. Five fathers were very unstable and immature
persons, although not classed as neurotic. These figures indicate that at least 20 per cent, if not more, of the fathers were not mentally well suited for the rearing of children.

(4) Intelligence

Information concerning this factor was not available in the records. Only one social worker expressed an opinion of a father's mental ability and in this instance it was considered to be in the dull group (I.Q. 80 to 89).

(5) Education

In all except four (19%) of the cases, information was secured about the fathers' educational equipment. The following table indicates the fathers' education achievements as far as known:

TABLE 2
EDUCATIONAL LEVEL ACHIEVED

<table>
<thead>
<tr>
<th>Grades Completed</th>
<th>Number</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 4</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>&quot; 5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>&quot; 6</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>&quot; 7</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>&quot; 8</td>
<td>5</td>
<td>24</td>
</tr>
<tr>
<td>&quot; 9</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>&quot; 10</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>&quot; 11</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>&quot; 12</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Totals</td>
<td>17</td>
<td>81</td>
</tr>
</tbody>
</table>

Five of the fathers (24%) had not completed the eighth
grade, while twelve (57% of the group and 70% of the sample) had finished the eighth grade and of this number seven (33%) had completed at least one year of high school. Only two fathers were high school graduates. It would appear that the group was not too well equipped educationally for the task of rearing children, with 24 per cent of the fathers not having completed the eighth grade and showing no higher educational achievement than the fourth grade.

(6) Religion

Fourteen (67%) of the fathers were Catholic in their religious faith; two (10%) were Protestant; one (5%) was Armenian Orthodox; one (5%) was of the Hebrew faith; the religious faith of three was unknown. This preponderance of Catholics may be due to the fact that a large percentage of the population of the area from which the children come is Catholic.

(7) Occupation

The occupation of two of the fathers was unknown and is not significant because in both cases the fathers were living apart from the children because of divorce and unadjudicated paternity; two of the fathers were deceased at the time of the children's commitment. One (5%) was a semi-professional worker; two (9%) were proprietors; one (5%) was a skilled worker; three (14%) were semi-skilled; eight (38%) were unskilled workers; one (5%) was in the Merchant Marine and one (5%) was not gainfully employed.
Table 2a indicates the individual occupations as grouped above:

<table>
<thead>
<tr>
<th>Classification of Fathers' Occupations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Semi-professional - county farm superintendent</td>
</tr>
<tr>
<td>2. Proprietor - one barber, one fruit broker</td>
</tr>
<tr>
<td>3. Skilled - one fireman</td>
</tr>
<tr>
<td>4. Semi-skilled - one leather salesman, one boxmaker, one machinist</td>
</tr>
<tr>
<td>5. Unskilled - three chauffeurs, one restaurant worker, three painters, one shipper</td>
</tr>
<tr>
<td>6. Merchant Marine - one</td>
</tr>
<tr>
<td>7. Not gainfully employed - one hospitalized</td>
</tr>
</tbody>
</table>

Total 17 (81%)  

(8) Morality

Twelve (57%) of the fathers were considered good morally; two (9%) drank to excess; two (9%) were irregular in their sexual conduct and also used alcohol to excess; one (5%) had a court record and was alcoholic; there was no information concerning four of the fathers.

(9) Attitude of Father Toward Mother

In analyzing the basic influences in a child's adjustment, deep-seated friction between the parents is found to be a part of the problem. An investigation of the attitudes shown by the fathers toward the mothers might be of significance at this point.

5 Rogers, op. cit., p. 181.
Seven (33%) of the fathers were considered to be compatible; three (14%) were quarrelsome and incompatible; two (10%) were abusive and one of these ridiculed the mother in front of the children; two (10%) were immature and indifferent in their attitudes; two (10%) had been divorced by their wives for neglect and one (5%) had divorced his wife because of immorality and neglect; of the remaining number, two fathers were not living with the children's mothers and two fathers were deceased.

(10) Attitude of Father Toward the Child

The most important contributory factor in the child's development is parent-child relationship. Parents carry over into parenthood unsolved problems from their own childhood which strongly determine their attitudes and reactions to their children. Excessive strictness and overindulgence and their harmful influences on children had their origin in the personality problems of the parents themselves.

The attitude of five (24%) of the fathers was considered to be wholesome; of these, however, two had very rigid standards and one was somewhat ineffectual; three (14%) were irresponsible and three (14%) were indifferent to their children; one (5%) was highly protective toward his son; seven (33%) were rejecting through lack of interest, brutality, no

affection, loss of interest after divorce, no interest in illegitimate child; two (10%) of the fathers were deceased.

(B) The Mother

(1) Nationality

Seventeen (80%) of the mothers were American; two (10%) were Canadian of French (one) and Scotch (one) descent; one (5%) was British, from Newfoundland; the nationality of one (5%) was unknown.

(2) Family Background

Information about the family background was not available in five cases (24%); seven (33%) of the mothers came from families which were said to have been stable; four (19%) were from unstable homes; two (9%) had parents who were divorced or who deserted when the mother was very young; one (5%) each had parents who were alcoholic, psychotic or sexually promiscuous.

(3) Health

(a) Physical

The physical condition of the mother is of great importance since it affects the child before birth and during infancy and upon it depends in great measure the mother's ability to supervise the child's development. Fourteen (67%) were considered to be in good health, in the absence of any recorded defect; two (10%) were in poor condition, one being malnourished and one having somatic disease together with a psychosis; one (5%) had a venereal infection. Information
EXHIBIT 11

The financial statements of A Company for the fiscal year ended December 31, 2023, are presented below:

- Income Statement
- Balance Sheet
- Cash Flow Statement

Additionally, the notes to the financial statements are provided for a more detailed understanding of the company's financial position and performance.
about two mothers was not obtainable and two mothers were deceased.

(b) Mental

Ten of the twenty-one mothers (48%) were considered to be in good mental health; five (24%) were unstable in the opinion of doctors and social workers; two (10%) were classified as psychotic. Information about two mothers was not known and two of the mothers were dead.

(4) Intelligence

As there was no indication that any of the mothers were ever given intelligence tests, the only information available was the opinion of relatives and social workers. Of the sixteen mothers on whom information was obtained, twelve (57%) were considered to have average intelligence and one (5%) was superior; one (5%) was known to be dull and the intellectual capacity of the two psychotic mothers was not evaluated. The intelligence of three mothers was unknown and two of the mothers were deceased.

(5) Education

Information on four (19%) of the mothers' educational equipment was not available. The following table indicates the education achievement of the remainder (81%) as far as known:
TABLE 3
EDUCATIONAL LEVEL ACHIEVED

<table>
<thead>
<tr>
<th>Grades Completed</th>
<th>Number</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 6</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>&quot; 7</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>&quot; 8</td>
<td>5</td>
<td>24</td>
</tr>
<tr>
<td>&quot; 9</td>
<td>4</td>
<td>19</td>
</tr>
<tr>
<td>&quot; 10</td>
<td>3</td>
<td>14</td>
</tr>
<tr>
<td>&quot; 11</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>&quot; 12</td>
<td>3</td>
<td>14</td>
</tr>
<tr>
<td>Totals</td>
<td>17</td>
<td>81</td>
</tr>
</tbody>
</table>

Two of the mothers (10%) had not completed the eighth grade, while fifteen (71% of the group and 88% of the sample) had finished the eighth grade; of this number nine (47%) had completed at least one year of high school, six (28%) had completed two years of high school and three (14%) were high school graduates. For purposes of accuracy it may be pointed out that where the information was given as "elementary school education" it was assumed that the eighth grade had been completed. In the absence of information to contradict this assumption, the reader may accept this figure (71%) or consider that the more accurate figure lies somewhere under 71 per cent.

(6) Religion

Ten (48% of the mothers were Catholic in their religious faith; five (24%) were Protestant; one (5%) was Armenian Orthodox by adoption of her husband's faith; one (5%) was
Hebrew: the faith of the others was unknown. As in the case of the fathers, the predominance of those of the Catholic faith is probably due to the large Catholic population of the area in which the families reside.

(7) Occupation

Three (14%) of the mothers were employed outside the home at the time of the child's commitment but information regarding their occupation is not available.

(8) Morality

In order to present wholesome ideals and training to children, mothers must have sound moral standards themselves. In the group of mothers studied, twelve (57%) were considered good, in that they had not been involved in delinquency and had not demonstrated unwholesome ideals. The seven remaining mothers about whom information was available were considered to have poor moral standards. Five (24%) were immoral sexually, one being a prostitute; one had served a jail sentence for immorality; two (9%) of the mothers drank heavily.

(9) Attitude of Mother Toward Fatner

Successful marriage necessarily implies a mature relationship, a mutual give and take, concessions on both sides. If parents have not been able to digest life's experiences or conquer their own problems, they will be unable to guide their children properly.

From the following classification the reader may be able to evaluate the maturity of attitude shown by the mothers
in their marital relationship.

Six (29%) were considered to be compatible; three (14%) had divorced their husbands and two of them had remarried; one had divorced her husband before becoming illegitimately pregnant; one (5%) had deserted; one (5%) was suing for divorce because of incompatibility; five (24%) were known to be incompatible; of this number, two were defiant toward their husbands in regard to their wishes to work outside their homes; one was alcoholic as well; mental illness was possibly a factor in another's attitude, and one was completely indifferent to her husband. Two of the mothers were unmarried and two were dead.

(10) Attitude of Mother Toward the Child

Dr. Orgel says that the best training in the world is likely to prove ineffective if it is not associated with or permeated by a healthy interplay of emotions between the parent and the child. When the growing child is rebuffed by indifference or open rejection from those with whom he is attempting to establish an emotional relationship, he is apt to remain essentially a self-loving individual because he consistently meets discouragements in his efforts to be otherwise.

What were the mothers' attitudes as seen by the social

worker in these twenty-one cases? Three (14%) were accepting and affectionate; four (19%) were highly protective and, of these, one nagged, one refused to give the boy any supervision in the community, while two were fearful of wrongdoing and set rigidly high standards. Five (25%) were rejecting, showing no love nor warmth, while one forced the State Division of Child Guardianship to accept the child for care. Two (9%) deserted when the children were two and five years of age and one (5%) deserted her child several times before her death. This child now has an immature stepmother who has asked for agency placement of the boy. Two (9%) showed no interest in their children, while three (14%) were ineffectual. In this latter group, one had a history of mental illness; one was an immature dependent unmarried mother; another resorted to police help when the boy refused to take medication for his diabetic condition. Two of the mothers were deceased at the time of the children's commitment.

2. The Home

(A) Economic Status

<table>
<thead>
<tr>
<th>Status</th>
<th>Number of Families</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependent</td>
<td>9</td>
<td>43</td>
</tr>
<tr>
<td>Marginal</td>
<td>6</td>
<td>28</td>
</tr>
<tr>
<td>Comfortable</td>
<td>4</td>
<td>19</td>
</tr>
<tr>
<td>Unknown</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Totals</td>
<td>21</td>
<td>100</td>
</tr>
</tbody>
</table>

TABLE 4

ECONOMIC STATUS OF THE FAMILIES
In this table the families considered "dependent" were those families receiving aid at the time of the child's commitment or who had been aided substantially in the recent past; "marginal" were those families who were living on daily earnings and caring for necessities only; "comfortable" families were those showing no financial strain.

The Social Service Index was consulted in every case and, while all but four families had registrations with health or welfare agencies, the writer took into consideration the fact that many of the earlier contacts were made during the years of severe economic depression and that the families later showed less dependence on social agencies.

Economic pressure is a factor in social breakdown and it is often the cause of depriving families of social associations.

The percentage of 71 per cent of families with marginal income or less is a significant one.

(B) The Type of Home and Neighborhood

TABLE 4a

THE TYPE OF HOME

<table>
<thead>
<tr>
<th>Home</th>
<th>Families</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comfortable</td>
<td>5</td>
<td>24</td>
</tr>
<tr>
<td>Fair standards</td>
<td>5</td>
<td>24</td>
</tr>
<tr>
<td>Poor standards</td>
<td>9</td>
<td>43</td>
</tr>
<tr>
<td>Unknown</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Totals</td>
<td>21</td>
<td>100</td>
</tr>
</tbody>
</table>
In this table "comfortable" denotes a home adequately supported; "fair" denotes a home with somewhat less than adequate standards; "poor" signifies a home lacking in necessities and, in general, with unwholesome standards. Twenty-four per cent of the families were in the "comfortable" group while 67 per cent showed deprivation of some sort or other.

TABLE 4b

THE TYPE OF NEIGHBORHOOD

<table>
<thead>
<tr>
<th>Neighborhood</th>
<th>Families</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Favorable</td>
<td>5</td>
<td>24</td>
</tr>
<tr>
<td>Unfavorable</td>
<td>16</td>
<td>66</td>
</tr>
<tr>
<td>Unknown</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>21</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

In this classification, "favorable" refers to regions in which there is opportunity for wholesome recreation through playgrounds, parks, etc.; "unfavorable" refers to congested, sub-standard slum or high delinquency areas. Only 24 per cent of the families lived in a "favorable" neighborhood, while 77 per cent lived in the "less privileged" areas.

The two children living in foster homes had been replaced so frequently that no evaluation of their home or neighborhood could be made.

(C) Religious Training

An exploration of the cultural factors which influence child behavior should include a study of the child's religious
"milieu" to ascertain what the strength of this factor was in the child's development. The following table indicates the religious standards and interest of the families of the children in the group:

TABLE 4c

RELIGIOUS STANDARDS AND INTEREST

<table>
<thead>
<tr>
<th>Degree</th>
<th>Number</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active membership</td>
<td>6</td>
<td>28</td>
</tr>
<tr>
<td>Nominal membership</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>No religious interest</td>
<td>8</td>
<td>38</td>
</tr>
<tr>
<td>No religious affiliation</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Conflict between religious faiths</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Unknown</td>
<td>3</td>
<td>14</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>21</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

In this classification, six (28%) families were active church members; two (10%) of the families were non-active members; eight (38%) showed no religious interest although they had a professed religion; one family (5%) attended no church; in one family there was a religious conflict and the religious training received by three children was unknown.

These figures lead to the assumption that in only 28 to 38 per cent of the cases was the child receiving any ethical or religious training outside the home, and in at least 43 per cent of the families no religious instruction was being given in the home.
<table>
<thead>
<tr>
<th>p</th>
<th>f</th>
<th>p</th>
<th>f</th>
<th>p</th>
<th>f</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

The table above shows the values of p and f for different points. The values are calculated using the following formula:

\[ p = \frac{2}{f^2} \]

where p is the pressure and f is the frequency. The values are then used to plot the graph below.

The graph illustrates the relationship between pressure and frequency, showing that as the frequency increases, the pressure decreases. This is due to the inverse relationship between the two variables, as described by the formula above.
3. Sibling Adjustment

**TABLE V**

**ADJUSTMENT OF CHILD TO SIBLINGS**

<table>
<thead>
<tr>
<th>Measure of Adjustment</th>
<th>Number of Cases</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>16</td>
<td>76</td>
</tr>
<tr>
<td>Indifferent</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Jealous</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Quarrelsome</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Unknown</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>21</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

This table shows that 19 per cent of the children showed inability to adjust to siblings. When it is realized that the child's first associations with the exception of his parents are those with his siblings and that in this relationship the pattern of all future relationships is laid down, then the degree of the child's compatibility with his siblings is important.

In Table 5 the adjustment of the child to his siblings is shown. In order to complete the picture of the sibling relationship it is necessary to show how the siblings adjusted to the community. The following table will give some indication of this factor:
### Table

<table>
<thead>
<tr>
<th>Column 1</th>
<th>Column 2</th>
<th>Column 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Row 1</td>
<td>Row 2</td>
<td>Row 3</td>
</tr>
</tbody>
</table>

...
### TABLE 5a
ADJUSTMENT OF SIBLINGS TO COMMUNITY

<table>
<thead>
<tr>
<th>Measure of Adjustment</th>
<th>Number of Cases</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>12</td>
<td>57</td>
</tr>
<tr>
<td>Fair</td>
<td>3</td>
<td>14</td>
</tr>
<tr>
<td>Poor</td>
<td>5</td>
<td>24</td>
</tr>
<tr>
<td>Unknown</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Totals</td>
<td>21</td>
<td>100</td>
</tr>
</tbody>
</table>

In this table "good" signifies those siblings who, as far as is known, are well-adjusted; "fair" denotes those who, while they have shown minor difficulties are, on the whole, considered well-adjusted; "poor" adjustment applies to those who have shown disorders of conduct, delinquencies or criminal tendencies. The percentage (38%) of poorly adjusted siblings appears significant.
CHAPTER VII
SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

From the study of twenty-one case records of children committed to the Metropolitan State Hospital between July 1, 1947 and December 31, 1947, it has been the writer's purpose to present as much material as was noted in the cases on the backgrounds of these children, on the physical, mental and emotional equipment of the children themselves and on the families of which these children were members, in order to reach some conclusions as to the importance of the sociological factors in the causation of the primary behavior disorders as well as to offer recommendations for prevention of the disorders.

Primary behavior disorders occur in reaction to destructive forces in the child's environment, and constitute the attempt of the child to solve emotional conflicts engendered in him by the action of those forces.

The results of the study show the extent to which the hereditary and environmental forces interacted to produce the emotional conflicts which were acted out at a comparatively late age in antisocial behavior.

The hereditary factors are of particular significance inasmuch as heredity is potentiality made actual within an environment. Children inherit emotional patterns as well as physical and mental endowment from their parents. The study
reveals the high percentage of psychoses, neuroses, alcoholism, and emotional instability in the ancestry of the children. Myerson and others have established that certain psychoses and neurotic states have a tendency to reappear in the descendants and that a tendency toward instability may be inherited. The prevalence of neurotic traits in the case studies seems to show that a correlation existed between the emotional patterns of parents and their children.

The constitutional makeup of the children did not fit them for competition with their more privileged companions when the reader considers that 51 per cent were of dull or borderline intelligence and that only 23 per cent had intelligence quotients in the high average or superior groups. It seemed significant, in studying the intelligence quotients of these eleven children, that eight of them showed higher performance intelligence quotients, varying from two to fourteen points. In all these cases the children's behavior in school was poor, ranging from indifference to belligerency. This leads one to make the conclusion that, when poor adjustment in school becomes evident, a psychological test should be promptly given and a suitable program arranged for the child, providing for the development of any manual skills which he may possess. This would presuppose the ability of the school staff to recognize the earliest indications of later potentially antisocial conduct. In this way, the constructive community forces of the school can be effective either in sup-
plementing the effort of the family to help the child or in taking the initiative in interpreting the needs of the child to parents directly or through social service agencies.

The physical health of nine children in the study was seen as a contributing cause of the emotional conflict which developed. When physical impairment, deformity or illness is present, the child's reactions are compensatory in nature, together with feelings of inadequacy and inferiority, as were seen in the study. When the environment fails to provide for the socially acceptable and satisfying means of compensation, the child turns to asocial and delinquent behavior in his confusion.

The immediate environment of the home is seen as the greatest sociological factor in the formative influence on the child's life. The children in the study were for the most part seriously deprived by their parents of the wholesome and satisfying home life so necessary for their good development. The tables have shown that the economic status of the home was in most of the cases dependent or marginal. This would account for the type of behavior which the children developed, as Levy has shown that children of lower economic status tend toward delinquency to a greater extent than those of well-to-do families. Linked with the economic status of the home is the intelligence level. While the case histories had no information as to the measurement of the intelligence
of the parents, the educational level achieved might be accepted as an indication of the intellectual capacity, leaving room for some exceptions.

The fathers of the children were for the most part limited in education, with 15 per cent showing no higher than fourth grade education. The mothers were somewhat more advanced but in general the parents' educational preparation was inadequate.

The amount of disharmony in the parental group was high and was seen to have a direct bearing on the behavior of the children. Constant quarreling between parents results in insecurity and fear in the children. Homes broken by divorce and desertion were shown to affect the security of the children involved. Illegitimacy was the social factor affecting one child's behavior and in two cases the death of the mother was an important, if not precipitating factor in the child's emotional disturbance.

The attitude of the parents toward their children bore out the statement in the discussion of the etiology of the disorders to the effect that parental rejection is found so often in cases of primary behavior disorder that doctors hesitate to diagnose it as such without the rejection being present. Taking the parents separately, two fathers only in the group had wholesome attitudes toward their children and three of the mothers were considered by social workers to be accepting and affectionate. It can therefore be concluded
that in 88 per cent of the cases this factor of rejection was of extreme importance in the development of the cause of the behavior disorder in the children.

The cultural level of the home is subject to the occupational status of the breadwinner. The majority of the fathers were laborers in unskilled or semi-skilled occupations. However, in all but three of the homes, the destructive forces already mentioned, for example, incompatibility, alcoholism, indifference, etc., operated in such a way that the cultural pattern of the homes had a deleterious effect on the personality development of the children. The impression of such standards on young children is of great importance in the type of behavior patterns which they develop.

Closely associated with the type of home is the type of neighborhood in which the child grows up. Studies have shown that the influence of the neighborhood is of little constructive value if the home fails to provide a satisfactory setting for the growing child. The high percentage of unfavorable neighborhoods in the study group showed that these children were doubly handicapped in developing good behavior patterns.

These seriously disadvantaged children had little religious or ethical training either in or out of the home. They showed the results in the development of a weak set of ethical values and also lost the benefit of association with more stable members of society.
Sibling relationship showed a favorable percentage of congeniality but the considerable number of siblings who also showed poor community adjustment points to the fact that the children in the study were to a large extent imitating the delinquent behavior of older siblings.

When one considers that the child with a behavior disorder is the potential delinquent, criminal or neurotic of tomorrow, the fact that the children in the study group had a median age of twelve is of significance. The failure of the parents to recognize the symptoms of the emotional conflict, their ignorance of the implications of the symptoms, or their lack of interest in the children, are to be considered. When children reach adolescence before exhibiting delinquent tendencies, the matter of prognosis is less favorable because the behavior problem may be deeper and less amenable to treatment. Therefore it can be seen that the primary behavior disorders are a challenge to the community and early recognition of the symptoms are as important as is care of physical illness. Not only is the welfare of the child of concern, but the protection of the community is a factor of importance.

Recommendations

The emphasis should be placed on prevention of these behavior disorders, in the same degree as prevention of physical disorders is stressed by public health officials. In order to prevent the behavior disorders, the early
symptoms will have to be recognized and treatment given promptly. Parents and teachers should be acquainted with the early manifestations of the disorders through an organized program by the Mental Hygiene Committee and public interest should be invited.

Psychiatric clinic treatment should be made available in the same proportion as child welfare and health clinic service in the community and preferably in conjunction with them. If such clinics were made possible, social workers and teachers would be aided in securing the parents' acceptance of psychiatric care more readily than in referring the child to a hospital clinic at some distance from the community.

Social workers can do a great deal in working with families in recognizing the early manifestations of behavior disorders and in securing treatment for the child, as well as aiding his adjustment through environmental manipulation.

The destructive sociological and environmental forces which are responsible for so many of the cases of the primary behavior disorders are not easily converted into constructive forces, so it is with this in mind that the above recommendations are made for the prevention or early care of the primary behavior disorder.

Approved,

Richard K. Conant
Dean
SCHEDULE

An Outline for Study of Twenty-one Cases Studied at Metropolitan State Hospital for Thirty-five Days During the Period from July 1 to December 31, 1947

1. Case number
2. Name of child
3. Age of child
4. Reason for court commitment
5. Personal history
   (a) Number of siblings
   (b) Birth and development
   (c) Medical history: more serious diseases, operations, injuries
   (d) Personality traits
6. Educational history
   (a) Progress in school
   (b) Present grade
   (c) Behavior
7. Intelligence quotient
8. Onset of behavior symptoms
   (a) Chronological steps in development
9. Family status
   (a) Economic
   (b) Cultural if known
   (c) Relationships of parents with children
   (d) Emotional tone of the home
   (e) Amount of dependency; social service index registrations
   (f) Sibling relationship
   (g) Emotional stability and general intelligence of siblings
   (h) Religious affiliation and interests
10. Hereditary factors
    (a) Native born or immigrant grandparents
    (b) Personality and emotional stability
    (c) Education if known
    (d) Economic status
    (e) Relationship with children
    (f) Birthplace of parents
    (g) Personality, health and emotional stability
    (h) Education if known
    (i) History of familial disease
11. Diagnosis after psychiatric observation
12. Interpretation of case
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