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A study of twenty-five cases of children having pre-delinquent symptoms referred to the Habit Clinic

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Boston University
A STUDY OF TWENTY-FIVE CASES OF CHILDREN HAVING PRE-DELINQUENT SYMPTOMS REFERRED TO THE HABIT CLINIC

A Thesis
Submitted by
Margaret L. Cassidy
(B.E., University of Vermont, 1943)
In Partial Fulfillment of Requirements for the Degree of Master of Science in Social Service
1948
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CHAPTER I
PURPOSE AND SCOPE OF THE THESIS

Juvenile delinquency has been the subject of increased public discussion during the last quarter century and many studies have been made showing the conditions surrounding boys and girls who have been found delinquent. Some progress has been made in dealing with the problem as the realization has been reached that delinquency results from a variety of interrelated factors rather than from one predominant cause. To be more explicit, several years ago social workers ascribed this behavior to one immediate and obvious circumstance; such as "falling in love with a man who betrayed her," "a step-mother," or "low wages."¹

In 1927 a study was made of "Chief Causes of Delinquency as far as Could Be Ascertained in 785 Cases,"² and it was reported that some of the reasons for delinquent behavior were as follows, "Unfortunate Home Conditions," "Runaways to Engage in Vaudeville," and "Evil


Companions." As time went on other studies were made and the environmental conditions were classified in various ways setting up the home conditions as the source of the evil. During the past few years this has been modified and the causes which were presented were more on a psychological basis. One of the better known studies of this type was titled, "New Light on Delinquency" which was done by Dr. Augusta Bronner and Dr. William Healy. Their report emphasized that delinquent behavior was due to unhappy childhood, characterized by feelings of rejection, inadequacy and guilt, and by lack of affection.

In looking over these studies as a whole abnormal behavior in children is attributed to many and varied causes. Some people believed that it was due to heredity; that is, that the child was born bad and there was nothing that could be done about it; others thought that it was due to the example set by the parents, to bad neighborhood environment, or to feeblemindedness, insanity, lack of religious training, and to many other causes too numerous to mention.

There is no doubt that each of these factors has an influence on the child's behavior but we abound in generalizations and are still in need of a considerable body of factual material showing the causes of
delinquencies in specific concrete instances. Only by gaining more knowledge on the subject can we obtain a better and truer perspective of the problem and learn what is the immediate incentive to misbehavior and what can be done to bring about a satisfactory social adjustment for people with these traits.

In the past most of the studies on the subject of delinquency have been concerned with the adult criminal, adolescent delinquents, and infantile behavior disorders, and all too little emphasis has been placed on the study of the children in the latency period who presented behavior disorders. If it can be assumed that delinquency started in this age continues on into later life, obviously every effort should be made to begin corrective procedures at this early period in order to prevent later delinquency.

With the above thought in mind this study was made in an effort to gain more knowledge and specific information from actual case material in relation to children between the ages of four and ten who presented these delinquent symptoms but who were not considered delinquent as yet in the eyes of the law.

An attempt was made to find out what delinquent symptoms were found most frequently in this age group and to what extent these children transferred the traits
into new situations as they presented themselves or if they confined them to just a certain area. The cases were examined further to see if there was any indication that delinquency was related to the influence of other companions and gangs or to older children in the family.

Special emphasis was placed on finding out what seemed to be the most outstanding problem in the home which had a bearing on the disorderly behavior of these children. These observations were grouped according to "Parental Attitudes," "Other Influences of the Home," and "Other Environmental Aspects," and case summaries illustrating these were cited with some interpretation given as to their possible connection with the delinquency.

The twenty-five cases used have been selected from the files of the Habit Clinic for Child Guidance which were active there between 1940 and 1947. The aggregate number of cases concerning children with one or more delinquent symptoms was twenty-nine. However, four of these were eliminated in as much as they were referred merely for diagnostic study and the information in the record was very meager.

Only children who were referred for one or more delinquent symptoms such as stealing, lying, truanting, fire-setting, abnormal sex play, excessive disobedience
and destructiveness, or asocial behavior were chosen. In the research the cases were confined to children who were physically healthy and had average intelligence or an I. Q. of ninety or over, in order to rule out the possibility of delinquent behavior being due to obvious physical or mental handicaps.
CHAPTER II
HISTORY OF THE HABIT CLINIC

Origin

The founding of the Habit Clinic for Child Guidance took place in 1921 and has developed unimpeded during the past quarter of a century. Boston was not the only city to sponsor the clinic idea. The Child Guidance movement spread quickly to nearly every large city in the country. It was evident to social workers and doctors dealing with families and children that many problems of behavior and health were connected with the state of the child's mind. Simultaneously psychiatrists in their work with adolescents and young adults recognized the fact that emotional problems emanated in childhood. It was with this idea in mind that Miss Esther Barrows, who for a long time had been affiliated with the South End Settlement House, arranged for a conference with Dr. Richard M. Smith, Dr. C. Macfie Campbell, and Dr. Douglas A. Thom. They were keenly aware of the importance of the mental mechanisms underlying physical behavior manifestations. Being already convinced of the importance of childhood experiences in the formation of the adult personality, they initiated a study of the origins of some of the common forms of adult maladjustment. Consequently, from this conference
emerged the Habit Clinic devoted exclusively to the study and treatment of the emotional problems of the preschool child.

Many societies viz. The Boston Psychopathic Hospital, The Wayne County Clinic for Child Study, The Judge Baker Foundation, St. Elizabeth's Hospital in Washington, D.C., and The Pennsylvania Hospital in Philadelphia were interested in child guidance several years previous to the conference instigated by Miss Barrows. However, the Habit Clinic idea of 1921 differed from all other previous attempts in that its scope was to be essentially the pre-school age; its method was to be habit training; and its aim was to be of service to the largest possible number at the lowest possible cost.

**Purpose and Scope**

At first the Habit Clinic was little understood or appreciated. To counteract this apathy a detailed educational program was launched for the express purpose of explaining to parents that their children's temper tantrums, jealousies, and erratic feeding habits were problems as important as skin rash, stomach upset, or rickets. As the first step in presenting the clinic idea to the parents, it began its operation in collaboration with the Baby Hygiene clinics established at the South End House and without support of any voluntary
committee or Board of Directors. The work proved so interesting and the therapeutic results seemed so satisfactory that Dr. Thom was urged to present the Habit Clinic idea before the meeting of the American Psychological Association held in Quebec May 30, 1922. At this meeting such well known American psychiatrists as Dr. Thomas A. Salmon, Dr. V. V. Anderson, Dr. Barnard Glueck, and Dr. Frankwood E. Williams sanctioned the project. This at once gave further impetus not only to continuing the work, but also to organizing it in such a way and with such standards as might enable the clinic to make some contributions to the field of psychopathology of the child of pre-school age.

It was at this time that the clinic was given further recognition by Miss Grace Abbott, Chief of the U. S. Children's Bureau. Miss Abbott suggested that Dr. Thom prepare for the Department of Labor a pamphlet outlining the organization's techniques and methods employed in dealing with undesirable habits, personality deviations, and delinquent aberrations in children of pre-school age.

The sum of five thousand dollars which was realized from the publication of this pamphlet, "Habit Clinics for the Child of Pre-School Age"\(^1\) was utilized by

\(^1\) Douglas A. Thom, M. D., Habit Clinics for Child Guidance, p. 4.
Dr. Thom in acquiring a professional staff for the clinic. Consequently it was then enabled to operate not only in a consulting and therapeutic capacity but in compiling research data in the field of psychopathology of the pre-school child. In 1923 The Commonwealth of Massachusetts recognized the significance of the Habit Clinic program and extended its operation on a state-wide basis under the newly created Division of Mental Health naming Dr. Douglas A. Thom as the Director.

It is interesting to note the changes in types of cases which have been treated during the past quarter century. In the beginning years of the Habit Clinic, the children's problems encountered were those that caused annoyance and inconvenience to the parents, i.e., enuresis, feeding difficulties, masturbation, violent outbursts of temper, and truancy. The next decade, 1931-1941, the majority of cases referred for treatment related to personality disorders, such as jealousy, cruelty, shyness, night terrors, hyper-aggressiveness, and a wide variety of unusual behavior aberrations, some of which bordered on the abnormal. Many of the cases referred during the past seven years 1941-1948 have been situations induced by war time disruptions of the home, and a serious lack of parental supervision.

In view of the fact that seminars and short courses
have been a part of the curricula in both medical and nursing schools, these groups have become much more alert to the importance of mental health problems during the pre-school years. Therefore, the simpler problems are now being treated wisely in the home under the direction of the family doctor or nurse and accordingly are no longer referred to the clinic.²

That the war years should seriously affect the operation of the clinics was inevitable. The enlistment into military service of trained personnel in many cases virtually depleted the professional facilities. Due to the unprecedented number of behavior problems in children due directly or indirectly to the world conflict, clinics were taxed far beyond their resources and consequently long waiting lists of patients resulted. A classic example of the pressure on the clinics at this time is the fact that the Habit Clinic for Child Guidance during the last full year of operation accepted 264 children. It was a generally conceded fact that this heavy case load with respect to the limited size of the professional staff, precluded as intensive treatment as was desired. However, an all out effort was made to meet the needs created by war conditions.

² The Habit Clinic for Child Guidance, Inc., Twenty-Fifth Anniversary, p. 7.
Perhaps one of the most serious consequences of World War II is the problem of juvenile delinquency and unless curbed is a major threat to our democracy. The reasons for its ever increasing advances are legion, e.g., the duration of World War II, the greater number of homes temporarily disorganized by parents in war industries, the abrupt change in the economic situation of thousands of young adolescents.

Unlimited freedom and lack of supervision, especially during the war years, were thrust upon thousands of American children without any notice whatsoever. Time and experience were absolute essentials in allowing these youngsters the opportunity of acquiring the maturity to meet the demands of an adult world. Maturity cannot be legislated into being, or suddenly created by the demands of a social situation. Like physical development its rising process requires time.

Nor were the younger children unaffected by these unnatural conditions. The increased demands upon the Habit Clinic since 1941 is adequate proof that the younger children also have suffered from war disrupted homes. The National Committee for Mental Hygiene, being cognizant of the crisis, states in its 1945 annual report: "Clearly an emergency exists and energetic action is needed." The Habit Clinic is now conducting a research
project of one year for the purpose of studying children with delinquent symptoms and to ascertain what the treatment proves.

**Personnel**

The present staff of the Habit Clinic indicates the rapid growth of the clinic since its inception in 1921. Today there is a social service director with three psychiatric social workers and three students, the director and five part-time psychiatrists, a part-time psychologist, a research worker, and four secretaries.

**Procedure**

Intake applications come from other community agencies, schools, doctors, and the mothers themselves. There is stress laid on having the mother call the clinic herself to arrange for an appointment. This direct participation is felt to be of therapeutic aid because it places some of the responsibility for referral with the mother. This feeling of responsibility can then more easily be carried over to the treatment situation.

The general routine is for the social worker to make an appointment for the mother to come into the clinic without the child to explain to the social worker
the nature of the problem and to give the social history material. The case is then discussed with the director, and if accepted, is assigned to a therapist. Psychologicals are done routinely and special tests upon request.

Since a reorganization in 1944 the psychiatrists in general carry on therapy with child, seeing the mother only occasionally, if at all. The social worker carries on therapy with the mother in most instances. However, there is no set rule that this must be followed in every case and an attempt is made to arrange treatment for the greatest benefit of the child and to meet the needs of the individual situation.

Interviews, for the most part, are held weekly, and are arranged so that both mother and child are seen at the same time.

There is close teamwork among the social worker, psychiatrist, and psychologist. Numerous informal discussions of the case take place with an exchange of material as well as formal case presentations at staff conferences.

There is, in addition, some purely diagnostic work carried on at the clinic on a much smaller scale than the regular treatment work.3

3 The Habit Clinic for Child Guidance, Inc., Twenty-Fifth Anniversary.
CHAPTER III
THEORY OF DELINQUENCY IN CHILDREN

One of the most outstanding groups of cases referred to child guidance clinics is that of childhood behavior disorders and pre-delinquency. Anti-social behavior is now recognized as a biological, psychological and sociological problem and its solution must be sought through cooperation in all these fields with emphasis on its evolutionary development from childhood.

Anti-social behavior can be classed into four types: infantile misbehavior, childhood behavior disorders, delinquency and crime. All have the common feature of a failure to meet the prescribed behavior generally required for social living at the age period in question. They differ only in variations of complexity, corresponding to the age involved and the relative degree of experience, sophistication and responsibility.¹

Work in a child guidance clinic proceeds on the theory that a child's problems are interrelated with his environment and social relationships. Usually inner and outer stresses are intermingled and react on each other so continuously that the individual and his environment

must be recognized as an indivisible entity which may be defined in its totality.

The normal child helped by secure parents learns to accept himself and the reality of other persons, builds up constructive defense mechanisms against the crude expression of the aggressive and also sublimates these through the ordinary achievements and satisfactions of growing up. In normal super-ego development the child's aggression is turned against his own censored impulses and acts. Under favorable circumstances, the child makes his adjustment to the fact that the parents belong to one another as well as to him and passes comfortably to another stage of development. In the deviations the child who has had an unsatisfactory parental experience does not resolve his problems. To avoid anxiety he regresses or he partially resolves his problem by throwing up a defensive structure bound with anxiety. Thus he is enabled to function as long as the defenses hold.²

Primary behavior disorders are always reactions to environmental influences. Both habit and conduct disorders arising in the pre-oedipal stages of development may persist in later life with or without marked oedipal

involvement. Anxiety culminating during the oedipal period may be either acted out in conflict with society or internalized in psychoneurosis.

Considerable attention has been given in recent years to delinquent children and guidance clinics have had numerous referrals of children with behavior problems which might be described either as neurotic or neurotic delinquent. The neurotic child is usually regarded as one whose repressed emotional conflict is revealed in fears, anxieties, conversion symptoms and the like. The neurotic delinquent in contrast "acts out" his conflict; instead of having the usual neurotic symptoms he engages in irrational, anti-social behavior that serves the same purpose.

Many of the neurotic delinquents are what Freud called "criminal out of a sense of guilt." To them carrying out a forbidden act brings mental relief. The guilt comes from the unconscious forbidden wishes that the conscience condemns more severely than the crime. If such individuals are punished for their crime, they feel no need to bring to consciousness the real causes of their feeling of guilt. Other neurotic delinquents break in the face of success; they contrive to bring about situations for which they pay dearly. Others appear to sexualize punishment in a masochistic manner
and seem compelled repeatedly to put themselves in situations demanding census in spite of an intelligence which should preclude this repetition of events.

In both types of persons, the symptoms indicate inner conflict - the one, however, has found a socially innocuous way to express what the other acts out in anti-social behavior.

Several explanations have been offered why similar emotional conflict may find expression in one person in neurotic symptoms and in another delinquent behavior. Alexander and Healy concluded from a study of neurotic delinquents that the deciding factor is the economic situation. "If every emotional dissatisfaction in the family situation is confined with social dissatisfactions, anti-social behavior rather than neurotic symptom formation is likely to result." When actual motives of need coincide with parallel emotional conflict situations, there is greater likelihood of criminal behavior than neurosis, because rational needs can hardly be satisfied by the symbolic gratifications which the neurotic symptoms supply.

This explanation does not account for all cases. There are children who "act out" neurotic conflicts

3 Alexander and Healy, New Light on Delinquency and Its Treatment, p. 9.
who have no reason for social discontent and there are others who develop neuroses in socially handicapping situations that could give them ample reason to transform their inner conflicts into an external conflict with society. To account for these cases, Alexander suggests that certain constitutional factors must be operating in order that similar emotional conflicts may result either in criminality or in neuroses depending upon the make-up of an individual. 4

In summary, the child misbehaves because he is unhappy, and he has discovered this means of maintaining his emotional balance. Abnormal though it is, it becomes his way of obtaining satisfaction and asserting himself. The painful price of punishment seems to him worth the gain. At least he gets some attention and is retaliating at a seemingly unjust world. The outside world has failed for him. But despite the apparent arrogance and lack of guilt within himself he actually feels weak, fearful, deserted, anxious - all his feelings being magnified tenfold by his immature and fantastic imagination. Misbehavior in a child is thus a plea for help and a signal of distress. Relief must be given as soon as possible, before the pattern becomes

habitual and fixed, and the child progresses from childhood behavior disorder to adolescent delinquency, to adult crime.\textsuperscript{5}

\textsuperscript{5} Abram Blau, "Childhood Behavior Disorders and Delinquency," \textit{Mental Hygiene}, April, 1943, p. 266.
CHAPTER IV
DESCRIPTION OF GROUP OF CHILDREN STUDIED

The following tables and facts have been compiled in order to present an adequate picture of the children studied. The writer considers this information relevant to the research because it gives a graphic outline of the trends in the study.

In regard to the sex distribution, there were eighteen boys as compared with seven girls presenting the delinquent symptoms. The ages of the children ranged from four to ten with children at the age of four and at the age of nine being referred most frequently which is shown in Table I. The greatest number of children referred were of the Catholic religion with Jewish and Protestant denominations following in the order mentioned. (See Table II). In studying the intelligence quotients of the children the median of the group appeared as 101 which indicates average normal intelligence for the majority of the group as illustrated in Table III. With the exception of two children all were of the white race and the number of siblings ranged from one to five.

Since the maturity of the parents is usually a prime factor in analyzing the behavior of children, the writer observed the ages of the parents. It was
interesting to note that the mother's age ranged from twenty-six to forty-one with age thirty-two appearing most frequently. The father's age extended from thirty to forty-five. It was interesting also to learn that with the exception of four cases where the parents were the same age, the fathers were older than the mothers.

As the study has been concerned with the sociological aspects in particular, it follows that the home status is significant to the problem. Out of the twenty-five cases selected there were only five instances where the father was out of the home. A detailed explanation of the homes is included with Table IV.

Attention was given to the personality traits of the parents and an attempt was made to classify them as is shown in Table V. On the whole very few of the parents exhibited normal mental health patterns.

The income of the greater number of these families was adequate to provide a decent living in the parents' own estimation as is evident in Table VI.

Age Distribution

The ages of the children are given in Table No. I.
TABLE NO. I

<table>
<thead>
<tr>
<th>Age</th>
<th>Number</th>
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<tbody>
<tr>
<td>Under 5 but not less than 4 yrs.</td>
<td>6</td>
</tr>
<tr>
<td>&quot; 6 &quot; &quot; &quot; &quot; &quot; &quot; 5 &quot; &quot;</td>
<td>2</td>
</tr>
<tr>
<td>&quot; 7 &quot; &quot; &quot; &quot; &quot; 6 &quot; &quot;</td>
<td>6</td>
</tr>
<tr>
<td>&quot; 8 &quot; &quot; &quot; &quot; &quot; 7 &quot; &quot;</td>
<td>3</td>
</tr>
<tr>
<td>&quot; 9 &quot; &quot; &quot; &quot; &quot; 8 &quot; &quot;</td>
<td>2</td>
</tr>
<tr>
<td>&quot; 10 &quot; &quot; &quot; &quot; &quot; 9 &quot; &quot;</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>25</strong></td>
</tr>
</tbody>
</table>

Religion

Representation of various religious faiths is shown in Table II.

TABLE NO. II

<table>
<thead>
<tr>
<th>Catholics</th>
<th>Jewish</th>
<th>Protestant</th>
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</thead>
<tbody>
<tr>
<td>12</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

Intelligence Quotients

The median intelligence quotient of the group is 101 and the following chart shows the distribution.

TABLE NO. III

<table>
<thead>
<tr>
<th>Intelligence Quotients</th>
<th>Number</th>
</tr>
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<tbody>
<tr>
<td>90 - 99.9</td>
<td>10</td>
</tr>
<tr>
<td>100 - 109.9</td>
<td>8</td>
</tr>
<tr>
<td>110 - 119.9</td>
<td>3</td>
</tr>
<tr>
<td>120 - 129.9</td>
<td>2</td>
</tr>
<tr>
<td>Over 130</td>
<td></td>
</tr>
<tr>
<td>Not stated</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>25</strong></td>
</tr>
</tbody>
</table>
Home Status

In the twenty-five cases studied there were only five cases where the father was out of the home, either because of divorce, separation, death, or service in the armed forces.

The type of home has been classified according to the following interpretations.

Normal: A home wherein parents were living together.

Broken: A home wherein parents were either divorced or separated.

Compound: A home wherein one or both natural parents lived plus other relatives.

Other: Those homes not following in these categories, i.e., an adoptive or foster home.

The following table describes the status of homes from which these children came.

TABLE NO. IV.

HOME STATUS OF THE PARENTS OF TWENTY-FIVE CHILDREN STUDIED

<table>
<thead>
<tr>
<th>Status</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>18</td>
</tr>
<tr>
<td>Broken</td>
<td>4</td>
</tr>
<tr>
<td>Compound</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>25</td>
</tr>
</tbody>
</table>
Personality Traits of Parents

To give a picture of the personality of the parents of these children referred to the Clinic, an attempt has been made to classify various personality traits discovered. The validity of such a picture is to be questioned as it is difficult to obtain a degree of objectivity on the part of both the writer and social worker writing the record. On the whole, however, it was found that very few parents exhibited normal mental health patterns. By this is meant they carried undue worries and did not make an adequate adjustment in their various relationships. The parents who were uninterested but were also emotionally unstable were classed as uninterested. It is felt that the other classifications are quite obvious.

TABLE NO. V

PERSONALITY TRAITS OF PARENTS OF TWENTY-FIVE CHILDREN STUDIED

<table>
<thead>
<tr>
<th>Personality Trait</th>
<th>Mother</th>
<th>Father</th>
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<tbody>
<tr>
<td>Mental Health Normal</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td>Emotional Instability</td>
<td>12</td>
<td>2</td>
</tr>
<tr>
<td>Alcoholism</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Immorality</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Irritability and Anxiety</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>Uninterested</td>
<td>1</td>
<td>4</td>
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<tr>
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Total                              | 25     | 25     |
Economic Status

Because a worker's own subjective judgment enters into most classifications of economic status, especially when classified into certain groups, the writer in this study tried to classify from the point of view of the parents themselves. For example, "Marginal" would mean that the family could barely manage on their income even though the father was earning nearly fifty dollars a week but due to a large family and perhaps medical expense the amount was not really adequate. "Inconsistent" refers to an uneven income with the father supporting adequately one week and not at all another and families having been on assistance at one time, though self-supporting at present. "Steady" may be defined as a moderate regular amount of money received by the family each week. If the income was steady and high, it was classed as superior. The "Public Assistance" classification is obvious.

The greater majority of the cases fell into the "Steady" class.

TABLE NO. VI

ECONOMIC STATUS OF TWENTY-FIVE FAMILIES STUDIED

<table>
<thead>
<tr>
<th>Classification</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Superior</td>
<td>3</td>
</tr>
<tr>
<td>Steady</td>
<td>11</td>
</tr>
<tr>
<td>Inconsistent</td>
<td>8</td>
</tr>
<tr>
<td>Marginal</td>
<td>2</td>
</tr>
<tr>
<td>Public Assistance</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>25</strong></td>
</tr>
</tbody>
</table>
CHAPTER V

EXTENT AND FREQUENCY OF DELINQUENT TRAITS FOUND IN CASES STUDIED

One of the objects of this study was to find the relative frequency in which the delinquent traits appeared in these cases and if possible what ones were found together.

Stealing was found to be the chief complaint in fifteen cases with lying occurring an equal number of times. Fire-setting was found in ten cases and excessive destructiveness was seen in nine. Truanting and running away were grouped together because both imply escape. This was noted in eight instances. Deliberate disobedience occurred in eleven cases and was associated with destructiveness mostly.

In six cases anti-social acts were the chief complaint. These included children being physically abusive to other children in a serious way. For example, one child had to be expelled from school because of his continually biting the other pupils. In another case the child besides fighting with other children had no sense of fear and would take any kind of chance or dare that was prohibited.

In eighteen of the twenty-five cases some other neurotic symptom was reported, such as thumb-sucking
and nail-biting which were found most frequently. Enuresis, facial tics, hair twirling, eating difficulties, chewing clothes, hyper-activity and excessive sex play were also noted among the complaints.

The delinquent behavior in these children was found to be confined to the home alone in two instances; the school only in one case; the home and school in only seven case studies; the home and outside, but not in the school in five; and in the home, school, and elsewhere in ten cases. This is a fair indication that children transfer their behavior traits to each new situation as it presents itself. In the cases where the delinquency was found to be confined to the home, it was due to the ages of the children because both were four years old.

It might be valuable to state at this point that in seventeen cases the parents became anxious about their child's behavior when it began outside of the home even though abnormal traits had been noticed by them previously in the home. For example, one father became very upset and worried when his son began stealing from a relative's home but had ignored completely the child's frequent temper tantrums.

Only eight cases were referred by the parents for delinquency behavior disorders in the home. However,
complaints in these cases were serious and threatening enough so that the parents felt they had to do something to prevent any possibility of it going further.
CHAPTER VI

PARENTAL ATTITUDES FOUND HAVING SOME BEARING ON DELINQUENT BEHAVIOR

The parental attitudes in these twenty-five cases were examined to find if there was any common element present that might be accountable in part for the child's behavior disorders. In spite of the fact that no parent will deliberately or knowingly put obstacles in the way of the healthy development of his child, every parent brings into the parental situation more or less deeply engraved attitudes relating to his own past, his own childhood, and to his own relations to his parents which interfere with the conscious, deliberate exercise of such wisdom as he may have concerning the child-parent relationship. A concern with parental attitudes as conditioning influences in child life is indispensible because these external elements very soon influence the child's character. The parents frequently blame the child for their rejecting attitude and they often do not realize that the child's misbehavior is the effect rather than the cause of their failure to give him adequate attention.

Lack of patience, intolerance, a tendency to be easily hurt or offended by the behavior of one's own children are all characteristics which play a major
role in the maladjustments of the child-parent relationship. These are manifestations of a sensitivity that is peculiar to one's own subjective feelings.

In twenty of the cases the mother showed emotional instability but only in six cases did it seem to be the determinant stressed for the child's delinquent tendency.

The three following cases were selected to illustrate this.

Case No. 1

John, age six and a half years, was brought to the clinic by his mother at the suggestion of a worker from a maternity home. The problems presented then were masturbation, stealing, and some fire-setting, but as treatment went on, it was found that he was a behavior problem, as were other children in the family. He had a bad reputation in the neighborhood and was not doing well in school.

John had begun masturbating excessively when he was four years old and had started stealing from stores and running away from home shortly before the referral.

Besides John, the family consisted of the mother, father and a younger brother and sister. The home situation did not seem to be particularly desirable because of the great anxiety shown by the mother. The psychiatrist felt that she was somehow emotionally involved in John's behavior problems. She was an over-emotional sort of woman who worried continually and was extremely over-weight. She smoked excessively and was always on the defensive about herself. During the interviews, she brought out that her own childhood had been very unhappy and she always felt unwanted at home. At the age of twenty she became illegitimately pregnant and although she had given this baby away for adoption, she still felt guilty about it and had been unable to resolve her conflicts. She expressed a great deal of gratitude toward her husband for marrying her in spite of her having this child previously,
but she also gave evidence that her relationship with him was not running too smoothly and she seemed to be repressing a great many hostile feelings toward him.

Since the mother had been determined not to have anymore children after this first illegitimate child, she was rejecting of John. She expressed her guilt feelings over this by being very indulgent and over-protective at times but was harsh and punitive in most situations. She could not seem to let John break away from her and be independent yet she rejected him and stated she could no longer "put up with him." For example she insisted that he be sent away to camp for the summer and after plans were made and he was well-placed, the mother constantly wrote passionate love letters to him telling how much she missed him and wanted him with her.

The father was mentioned only slightly in the record stating that he was a steady worker and had good habits but that his social background was much lower than the mother's.

John was seen six times by the psychiatrist and he recognized that the mother was handling John's problems very badly because of her own anxiety and recommended that the mother be referred for treatment also.

The effect of the mother's own conflicts in her relationship with her child is seen in this case. It is quite evident that the mother never had resolved her own problems over having become illegitimately pregnant and possibly was transferring some of her hostile attitudes toward the illegitimate child onto John since he was the oldest. The mother's ambivalence toward him is seen because she was over-indulgent and over-protective at one time and punitive and harsh at other times. The mother had become very much attached to him and in spite
of her strong rejecting attitude, somehow she could not seem to let him be independent of her. John, on the other hand sensed this anxiety and rejection and acted out his insecurity through his delinquent behavior.

Many mothers are disturbed persons and have used their children as outlets for deprivations and frustrations in other areas of their lives. Some of the mothers, too, are over-burdened by their maternal responsibilities and are unable to meet the situations which arise adequately because of their own needs.

A similar type of case where the mother's emotional attitude seemed to have a significant bearing on the child's behavior is summarized below.

**Case No. 2**

Russell, age five, was brought to the clinic at the suggestion of the family physician because of problems of aggression, stealing, running away and facial tics. He had been caught stealing out of a parked automobile only recently and began running away from home several months before this referral. His aggression and facial tic had been observed for some time and also his extreme urge to play with matches.

Russell had made a particularly poor school adjustment and had been expelled from kindergarten. Psychological tests given at the clinic revealed him to have normal intelligence but the psychologist thought he might rate higher later since he seemed to have superior ability.

Besides Russell, the family consisted of the parents, maternal grandmother, and a brother two years old, who was becoming aggressive also. The parents were both neurotic people and an oddly mated pair. The father, a native New Englander, was previously married and divorced. He seemed to be intelligent but gave the impression of lacking confidence and initiative.

The mother was Greek-born and worked in a candy factory most of her life. She was unhappy, discouraged, sullen, and considered herself "nervous"
and incapable of caring for her children. She claimed going to work gave her "peace of mind" but in general she appeared immature, demanding and expected others to take all the responsibility. She lacked emotional stability and left the entire maternal responsibility to the maternal grandmother who had strong feelings of rejection for Russell. The mother was rather upset over not being able to show any affection to Russell and admitted that she had not wanted him and was fearful from his birth of doing damage to him. Her main drive was to work and earn money which she had done throughout her life leaving the rearing of the children in the hands of a temperamental and neurotic grandmother. The mother also allowed the grandmother to dominate her even to the extent of telling her when she could go out and when she should stay at home.

The mother's lack of affection for this child is brought out in this case and it is related to some extent to her resistance in accepting her maternal responsibilities. She thinks that earning money for the home compensates for her actions but yet expresses her conflict over not being able to show any affection toward her child. She traces this feeling back to the time of his birth and perhaps there is a very deep reason for it. However, it is involved in her relationship with him and its bearing on the child's behavior is significant. Russell seems to be making a bid for his mother's love through his aggressive behavior and is not being successful. Therefore he may be making up for this by stealing and getting some satisfaction through it. It does indicate that he is extremely sensitive to the lack of affection from his mother and her indifference toward him.
In still another case the mother's anxiety over her unhappy adjustment in marriage entered into her attitude toward the child and was one of the causes for his acting in a delinquent way.

Case No. 2

Donald, age seven years, was referred to the clinic by his father because of lying, stealing, fire-setting, disobedience, over-activity, excitability, cruelty to animals, temper-tantrums and teasing his siblings. He had been difficult to care for from the time he began to walk and his behavior continued to become worse.

Besides his parents the family consisted of three other younger children, two brothers and a sister. The physical features of the home were suitable and the income superior.

The father was a serious hard-working young man and proud of his hard won education. He assumed the major responsibilities of the home and was eager to help Donald all he could.

The mother was a frail woman who had been "on the verge of a breakdown" several times. She was obviously a very tense person who had a great sense of failure regarding her maternal role and was unduly sensitive to criticism from relatives and neighbors. The mother had very little self-control, could not stand Donald's behavior and constantly let him irritate her. She complained of being "tied down" and expressed a great desire to be single again. She was convinced that all her troubles began with marriage and claimed she never really enjoyed her home or her family. She was extremely anxious about birth control measures because of the conflict with her Catholic religion and she also had a number of other fears.

Psychological tests showed that Donald was of low average intelligence and had poor work habits but gifted in motor coordination. He was seen only three times by the psychiatrist and he recommended that the mother be given an opportunity to express her hostility in regard to her marriage.
This case indicates that the child was rejected from birth and was showing his resentment from the age of two by being aggressive, destructive and developing other anti-social habits. In school he was troublesome, lacked power of concentration and application and gave into attention getting behavior. The mother states that she did not enjoy her home or her children and gave evidence that it was due greatly to her conflicts over her marital situation. It is possible that she cannot accept the child for this reason and therefore anything he does irritates her.

In three of the cases studied the child's delinquent behavior seemed to be due to the lack of a good father or father figure with whom he could identify.

This is seen in the following two cases.

Case No. 4

George was six and a half years old when he was brought to the clinic by his mother because he had been stealing useless toys and school supplies since he started first grade six months ago. In the past two years he had spells of lighting matches, smoking when he had the opportunity, and had an obsession for taking anything rubber and sucking his thumb while patting it. He also told silly lies, teased his sister and acted immature.

Besides George the family consisted of the parents and two younger sisters. The home was comfortable and the income steady and sufficient to meet their needs.

The mother was upset about George's behavior because she felt she was being blamed for it by her relatives and neighbors. She was quite a nervous person,
worried continually and was in poor health.

During the interviews at the clinic it was revealed that the father showed very little interest in the home and in fact was "bored with it." He owned a dry-cleaning business and "that was his life." He was home only for meals and never enjoyed any recreation with his family. The father provided the material things for his children and in that sense was devoted to them, but left the entire responsibility of "bringing up" the children to the mother.

The mother resented the attitude taken by the father and was upset about being blamed for George's misbehavior.

Recognizing the possibility of an intense rivalry situation in the home and also the evidence of a "disturbed mother," the added indifference of the father is significant and seems to be the factor emphasized by the mother in the interviews. This boy at his age craves attention from his father and wants to pattern himself after him. He seems to be expressing his dissatisfaction through his delinquent behavior.

**Case No. 5**

David, age ten, was referred to the clinic at the suggestion of a physician because of a long list of difficulties including stealing worthless articles, lying, soiling in the daytime, wetting at night from age six, disobedience, masturbating and food finickiness. David complained that his mother didn't really want him and his mother admitted that in the early years of his life, this was probably true.

The parents were divorced when David was two years old because his father was seriously delinquent and the mother really never cared for him. A year previous to clinic contact the mother married a man who then immediately went into the Army.
The mother was an intelligent attractive woman with some neurotic fears of her own. She had become so worried about herself during an illness that she had asked the maternal grandparents to adopt David. Later the stepfather adopted him which meant that David had already three changes in name.

The mother spoke in flowing unrealistic terms about the step-father and was anxious to have David "straightened out" before he arrived home from service.

The family was living with the maternal grandparents while the step-father was away and there was also a maternal aunt living there who took an active part in giving advice to the mother. The environment appeared dominated by women and it was evident that the grandfather took no part in the family life except to provide for them very well financially.

On the psychological tests David showed an I. Q. of one hundred twenty-two and seemed self-sufficient and self-contained. When the psychiatrist first interviewed him, David was trying hard to make an impression and appeared unwilling to discuss problems about which he was ashamed. He admitted having arguments with his mother and expressed a great desire for more men in the house. Despite the severity of his symptoms the psychiatrist did not consider David to be seriously disturbed and was of the opinion that his difficulties were protests against living with the mother and so many other women. David also phantasied about his step-father's return and emphasized how well they got along together. The need for more masculine identification was stressed by the psychiatrist.

The lack of male influence was emphasized in this case and was observed to be the reason for David's asocial behavior. There is no question that the mother was transferring some of her attitudes towards David's father onto him and this added to the anxiety in the home, but his own admission about wanting more men
around and his phantasying about his step-father's return seemed to be the main cause for his misbehavior.

Parental disagreement in regard to bringing up the children was seen as the main reason for the delinquent behavior in two of the groups studied.

It is quite obvious that constant bickering between the mother and father over disciplining the children is not helpful and increases their tension and insecurity. Throughout the cases studied the inconsistencies of the parents in their manner of disciplining the children was seen. On one occasion they would be lenient and understanding while at another time they would be rigid and strict leaving the child caught in mid-stream and never certain of what to expect.

The two cases studied where the disagreement of the parents in regard to discipline had a great influence on the child's behavior are summarized below.

**Case No. 6**

Arnold, age eight, was referred to the clinic by his mother because of lighting fires, continual disobedience both at school and at home, chewing his clothing and enuresis.

These traits had been noticed in Arnold since he was five years old and although the mother was worried about him, she did not think of them as being serious until he began to misbehave in school too. There was another younger brother whom Arnold was fond of and who was his confidant.

The parents were young, well-educated people and financially able to give their children every advantage of life. The mother was a cold, demanding person with no sympathy at all for Arnold's behavior and was very strict with him. As a rule
she would make minor happenings very important and overlook things that she should be severe in. She had firm convictions of her own and disagreed with the father on any suggestions he made on discipline.

The father was a tense, domineering person who had little time to spend with the children and was inclined to "baby" Arnold whenever he was at home. He felt the mother was over-critical of the child but the mother argued that the father was not with the child all day and that was the reason for him having this opinion. Both mother and father debated in Arnold's presence about how they should handle him and criticized each other constantly. This kept the home in continual turmoil and was upsetting to Arnold.

The friction in this home over disciplining Arnold seemed to play a part in his disorderly behavior and increased his difficulty in adjusting to society. The mother seemed to resent any suggestions from the father on how to discipline Arnold and considered them as blame rather than assistance with his behavior problems.

Case No. 7
Norman, at the age of seven and a half was referred to the clinic at the suggestion of the family physician because of excessive sex play with little girls, disobedience, destructiveness and night wetting. He also had some gastric difficulties with symptoms of diarrhea.

The parents were college educated and were able to live comfortably on their income. The mother was inclined to be quite high strung and extremely depressed over Norman's sexual behavior, while the father, on the other hand, was more cordial and relaxed, and was able to get more cooperation and obedience from him. The mother was resentful over this and it brought on a good deal of friction between them.

The father disagreed with the mother's methods of training Norman and accused her of depriving him of too many things. For example the mother had a habit of depriving Norman of food as a method of
punishment. The father was of the opinion that Norman was suffering too much from this while the mother thought that it simply wasn't sufficient to be effective. Also the mother felt that the father was too strict with Norman at times and would then defend him. This bickering seemed to go on continually and the mother would not concede to the fact that Norman had much greater respect for his father rather than for her.

Norman showed average intelligence on his tests at the clinic and the psychiatrist did not think he was particularly disturbed emotionally.

It was concluded in this case by the psychiatrist that the child was merely reacting to the friction between his mother and father over their relationship with him. The mother was envious of Norman for showing so much affection towards his father and possibly this was the reason for her being so depriving of him. In this instance the factor of parental disagreement seemed to counteract the stabilizing influence of education and financial security of the home.
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CHAPTER VII
OTHER INFLUENCES OF THE HOME ON THE DELINQUENT BEHAVIOR

In the twenty-five cases studied several outstanding problems in the home were observed. In this chapter the author wishes to point out other factors contributing to delinquent behavior which were self-evident, namely: (1) incompatibility, (2) separation, (3) parental delinquency, (4) economic insecurity, and (5) influence of other children in the family.

The case illustrations in this chapter have been selected because they are representative of the problems being discussed.

The problem of incompatibility between the parents was seen in several cases but only four homes in the group were actually broken up. Although the mother's or the father's anxiety and conflicts basically may be the reason for this friction, the immediate cause for the delinquent behavior of the child seemed to be focused on the separation of the parents.

Two of the cases studied where children came from broken homes follow.

Case No. 1

Maurice, a six and a half year old boy, was referred by the Children's Hospital for refusal to cooperate and a speech difficulty. Problems of aggressive, restless, and destructive behavior, lack of responsiveness, stealing and poor school adjustment were
also present.

The family consisted of sisters, ages nine and five, who were making a good adjustment and the mother, recently divorced from the father, who now took care of a rooming house and worked very hard.

On the psychological test, Maurice showed average intelligence at the lower range of normal, and in general gave a disorganized and untrained performance. A Rorschach test revealed general retardation in that he was in an over-protected environment with a complete lack of insight to his emotions.

Maurice began stealing at the age of six and the mother was not able to discipline him. She was inconsistent in this and her insistence on obedience depended entirely on the amount of time she had.

The parents separated about nine months before the referral and the mother received the divorce on cruel and abusive treatment. Up until this time there had been continuous friction in the home with the mother and father quarreling. The father was an alcoholic and contributed very little money to the support of his family. This increased the mother's bitterness towards her family and she kept expressing the desire to place the children in foster homes so she too would be free again and have a much needed rest.

The father was given permission by the court to visit the children weekly but this only aroused more anxiety in the home. Maurice was extremely fond of his father and obeyed him much better than he did the mother. The father thought that the mother nagged at Maurice too much, left him "tied down" and should be more lenient. The mother was quite ambivalent toward Maurice, being very punishing at one time and yet making him very dependent and attached to her. Maurice was noticeably unhappy without his father in the home and seemed unable to understand the situation.

The above summary brings out how sensitive a child is to the home situation and how he is unable to accept the loss of his father's companionship and love. The mother's bitterness about her marriage is reflected in
her attitude towards this child and some of her ambivalence might be attributed to Maurice's strong ties to his father. Maurice's delinquent behavior seems to be due to some extent to his lack of understanding of the reason for his parent's separation and to his insecure feelings. Evidence is given of other factors which might also be related to his misbehavior for instance the inadequate income and poor housing.

**Case No. 2**

Pauline was referred to the clinic at the age of six and a half years because of her lying, swearing, fears, stubbornness and being unmanageable. The mother became concerned over Pauline's behavior when she started school and refused to adhere to class regulations.

A psychological test given at the clinic showed her to have an I. Q. of ninety-five and good normal intelligence. The family consisted of the mother and one sister, age four and a half who was also beginning to show signs of disorderly behavior. The parents had separated about three months before the clinic referral and home conditions were poor up until then, due to the continual friction. The father had a habit of deserting the family and had been out of the home for two or three month periods many times. He drank heavily and only noticed the children when he was intoxicated. He would get the children out of bed at any hour of the night then and insist on playing with them as long as he wished. Outside of doing this he did not take any responsibility for the children and they had no respect whatever for him. Pauline was especially defiant of him and expressed her hatred for him in the interviews.

The mother had always had to work out to support the family and was in quite a neurotic state. She was overburdened with the entire responsibility of supporting and taking care of the children and wanted to be free from it. Aside from this she
had gone through an unhappy childhood and was in need of psychiatric treatment.

The effect of a broken home is again seen in this case and although Pauline showed no attachment for her father in any way, she seemed to be reacting to the tenseness in the home and was rebelling against society. There were many other factors in this home which certainly entered into her behavior pattern but the mother's anxiety over being left alone to support the children and to bring them up alone was the factor stressed in the record.

In fifteen of these cases there was some history of delinquency found in the family. Three cases gave evidence of the mother being delinquent. There was delinquency noted in the father's history or some of his family history in nine cases and one case showed both mother and father to be delinquent in a legal sense. These numbers may not give an accurate account of these cases because of the lack of information given at the clinic and perhaps more would have been found if the clients were interviewed with only this in mind.

This delinquency in the parents did seem to stand out as a main problem in the home and have an adverse effect on the child's behavior influenced either by the insecurity it provided or the deprivation of parental support.
A summary of the one case in which it seemed to be the main problem and where both parents were found delinquent is given below.

Case No. 2

Harold was four years and seven months old when he was referred to the clinic by his kindergarten teacher because of his uncontrollable hyper-active undisciplined behavior. His destructiveness in school forced the principal to expel him and only at this time did the mother show any concern about it.

In going into the history of the child to find out what might be the cause of his behavior disorder, it was found that the father was born illegitimately, had little education and was never able to keep a job. He was cruel and abusive to Harold's mother until she finally separated from him. He had been arrested several times. He served two sentences on Deer Island, one for beating up the landlord and the other for carrying on unnatural acts. The father never supported Harold in any way and paid no attention to him.

The mother's childhood had been very depriving because she was an orphan and had been placed in several foster homes by the Department of Child Guidance. Her reputation was always questionable and various men frequented her home and were reported to be abusing Harold. The mother was very matter of fact about his behavior and considered bringing him to the clinic fulfilled her duty toward him. She appeared very high strung, nervous and unable to control herself. She was not satisfied with the Aid to Dependent Children grant and wanted to go out to work but could not be relieved of the responsibility of caring for Harold.

Harold was treated at the clinic for more than two years and several therapists attempted to work with his obvious aggression and underlying anxieties. The social worker found it extremely futile to try to give the mother any understanding or any idea of tolerance. However, it was barely possible that she carried out a few "very practical suggestions" regarding home routines and social
planning. The school officials were very cooperative in working with the clinic and made every possible school adjustment to help the child.

The possibility of Harold making an adjustment in this home are slight. Both parents in the case are shown to be seriously delinquent and have not given him adequate parental supervision. Of course the unfortunate childhood of both parents must be taken into consideration in rating them and it would increase their difficulty in adjusting to marriage. Harold seems to be following the same pattern as his parents and has been unable to make an adjustment at home or in school and is unable to control his aggressive drives.

The financial status of any home is a matter of great concern and in two of the cases studied it was difficult for the parents to meet their expenses. This, of course, aroused their anxiety and perhaps helped to foster any psychological conflicts which were already present in the home.

One of the cases which illustrates this is given below.

Case No. 4

Eddie was five and a half years old when he was referred to the clinic by his kindergarten teacher for being sulky, subject to day-dreaming, disobedient and secretive. Also he was continually in trouble, was reported for setting fires and was apt to take things belonging to others. He had no sense of fear and at one time placed his head in the furnace and was burned.
Eddie was the youngest of three children but the other two, a brother age ten and a half and a sister age eight and a half, had never exemplified any of these traits. Eddie began taking useless articles from a settlement house at the age of five and continued to steal things anywhere he went.

The home situation was not too desirable. The family lived on the third floor in a large tenement house and could not afford anything better. The father was earning only thirty-five dollars a week which was all he was capable of doing and the mother was trying to manage without running up bills. However, the father was not particularly interested in the family and left all the responsibility of the home to the mother.

The mother was quite an inadequate and unintelligent person who complained of her own ills at all times and was discouraged with the home conditions. She was not getting along well with the father which was due largely to the financial strife.

Eddie was seen at the clinic during a period of two and a half years and on the Binet tests given he showed varied results from normal to dull intelligence. His continued restlessness and aggression made his conduct at school quite unacceptable so the clinic had to work in close cooperation with school officials as well as with the Family Welfare Association who assisted with financial and other family problems.

There are many factors in this case other than the financial problem which are related to the child's delinquent behavior. However, if the family did have an adequate income so that they could have had a comfortable place to live and the ordinary necessities of life, these things might have substituted partially for the inadequacies found in the parents. The mother was attempting to meet the expenses on her income and perhaps
if it could have been supplemented in some way, it might have relieved her of enough anxiety so she could be more composed with the children.

Upon investigation only two cases gave evidence of any delinquent trait in any of the other siblings but a few showed neurotic symptoms. This, of course, means very little because the parents may not have mentioned these children specifically in their interviews at the clinic and might also have withheld this information. Delinquency patterns have frequently been found in families but only in these two instances did the younger child imitate the older's behavior and become the chief concern of the parents.

**Case No. 5**

Virginia, a nine and a half year old girl, was brought to the clinic by her mother with problems of stealing and a facial tic. She began stealing from her father's pockets at age eight and soon started taking money from the teacher's desk at school.

Since her sister, age eleven, had become involved in quite serious trouble with her anti-social behavior, the mother became very much alarmed when Virginia began showing any of these symptoms. There were two other younger children who the mother was afraid would follow the same pattern and she felt very inadequate in finding a solution to prevent this further behavior.

The mother had been a trained nurse before marriage and although she was an intelligent and self-sufficient person, she was full of doubts about her actual ability in bringing up the children, and this tended to make her more rigid and punishing in her manner with them. She was also a
perfectionist about her home and was very attached to her own family. She was depressed about not being able to be with her parents and worked day and night to overcome her feelings of being lonely and left out.

The father was a boat builder and worked long hours letting his customers absorb most of his time. He was not concerned about Virginia's behavior and in fact never cared to take much part in any of the family life. The father had been married previously and divorced and was rather a repressed aloof person.

On the psychological test given at the clinic, Virginia showed normal intelligence with an unusually good auditory and visual memory. Although most of the contact at the clinic was with the mother due to the crowded schedules of the doctors, Virginia was seen three times. The psychiatrist was of the opinion that the child's stealing was on the basis that she felt something was being taken from her and that she did not get enough love and consideration. In consequence she reacted with hostility and attempted to get satisfaction by taking things. The psychiatrist thought that the mother should not make such a great issue of the stealing as she had been doing and help this middle child to receive more status in the family.

It was also considered a possibility that since the older sister was receiving treatment at one of the clinics and seemed to get a great deal of enjoyment out of the interviews, Virginia was doing this stealing in order to get the same opportunity as her sister was getting.

Again in this family the mother seems to have many conflicts within herself but along with this the influence of the older sister, Virginia, cannot be denied. Evidence points to the fact that this stealing was being done for an emotional reason and since the sister received satisfaction and attention through her asocial act, Virginia might also be attempting to gain
gratification though this method.
CHAPTER VIII

OTHER ENVIRONMENTAL FACTORS WHICH HAD MARKED BEARING ON THE DELINQUENT BEHAVIOR OF THE CHILDREN

Since the importance of the environmental factors have been stressed in relation to the causes of delinquency, the cases in this study were examined in an attempt to find out if they had any particular influence on the behavior of the delinquent child. It was found that in three cases the crowded housing condition increased or intensified the discord in the home. Favorable home atmosphere of course, does not always exist solely where the physical conditions are satisfactory but nevertheless a poor home does tax the intelligence and wisdom of parents in the effort to offset these undesirable influences. The child who grows up in a crowded home and in a neighborhood that is unwholesome has a great deal more to contend with than the child who has more advantageous surroundings.¹

In studying these cases it was surprising to note that only three gave any evidence of the delinquency being related to companions outside of the home. One of these was a girl who indulged in sex play, another was a boy who lighted fires with other boys in the

¹ Dr. Douglas Thom and Johnston, Environmental Factors and Their Relation to Social Adjustment, p. 9.
neighborhood and the last was a boy who had to steal in order to be, "one of the fellows" in the neighborhood gang.

A summary of one of the cases studied in which poor housing conditions is seen follows.

Case No. 1

Freddie, a nine year old colored boy, was referred to the clinic by the Social Service Department of the City Hospital because of pilfering at home and doing poor school work.

He began stealing at home at age eight and had been placed in several schools because of his inability to make an adjustment.

Freddie was the only child of well-educated intelligent parents. His father was a college graduate and at the time of referral was studying for a science degree at M.I.T. and working part-time as a chemist. He seemed to be very thoughtful and pleasant, and was obviously concerned over Freddie's problem. He found being a parent was quite a responsibility and was greatly in need of some education in regard to a normal boy's activity and some reassurance as to the seriousness of Freddie's problem.

The mother was a normal school graduate and had taught in the South until she moved up to Boston. She preferred working out rather than keeping house and was employed as a waitress at that time. She did not seem to be very close to Freddie except to express her shame at his stealing.

The home situation was extremely poor because the family was forced to live in two rooms in a run-down rooming house section of mixed colored and white families. The district was naturally adapted to asocial groups and provided an unhealthy atmosphere for Freddie, especially when he was unsupervised all day long. There was no accessible playground or settlement house that could be utilized and, therefore, Freddie had to make the best of what was available.
In the interview the psychiatrist recommended that plans be made for Freddie to join some supervised group activities and these be used as a substitute for the environment.

The housing situation again looms up in this case and it seems quite tragic that these people had to resort to this environment. The mother might have been satisfied to stay home if she had been provided with a suitable place and since the income was sufficient and the prospects of the father's salary becoming higher were good, the only hinderance was to find an available place. Fortunately, however, it was possible to make some provision for this child to prevent further delinquency by way of group activities and summer camp.

Wholesome recreation is now generally recognized as a need of children and in this study it was clearly indicated in two cases. During the war period between 1942 and 1945 special emphasis was put on it for people in our armed forces and gradually it spread further and further until some action was taken to provide recreation for a number of civilian groups. Settlement houses and other recreational facilities were expanded and with the rate of delinquency increasing steadily the benefits of supervised activities were spotlighted as one of the ways to curb the trend. At the moment supervised recreation has been incorporated in the "American Way of Life" as a vital part and as essential
as education.

One of the cases studied where more recreational facilities might have been advantageous is summarized below.

**Case No. 2**

John was referred to the clinic for the first time when he was four and a half years old. The worker from the Community Housing Association complained of his being overactive, retarded, destructive and throwing things at other children.

John was the third of five children. The family lived in a six room apartment in a defense worker's housing project but they were greatly dissatisfied in this home as there was no adequate play space or any organized recreation for the children. The mother thought that this difficulty affected John especially and also his three year old brother who was copying his behavior.

Psychological tests showed that John had normal intelligence and placement in a nursery school was recommended but none was available.

The father, a steam-fitter, was a steady worker and interested in his home. He took an active part in training John but his methods were punitive and unreasonable. He believed in keeping John at home or away from other children at all times in order to keep him out of trouble. The mother, was not too well, was inclined to overwork and worried continually about John.

The psychiatrist recommended that John be given more opportunities for active play outdoors and a chance to join clubs away from his own neighborhood if possible.

Available recreational facilities outside of the home might have materially lessened the child's need to express himself in this way. Perhaps eliminating some of the factors which created the tension to which he was
responding with delinquent behavior might also have been helpful to him.
CHAPTER IX
SUMMARY AND CONCLUSIONS

This thesis has attempted to study the cases of twenty-five children between the ages of four and ten who had been referred for clinic treatment because of their pre-delinquent symptoms. An effort was made to find out the frequency that each of these symptoms occurred in these cases and the extent to which they were transferred to new experiences as the child grew older. Examination was made to find if these delinquent traits during this age could be traced to companions outside of the home, the influence of older children in the home or if they were confined to a certain area.

In each of these cases the outstanding problem in the home which appeared largely responsible for the child's disorderly behavior was observed and grouped according to "Parental Attitudes," "Other Influences of the Home," and "Environmental Aspects." Case summaries were given to illustrate these along with some interpretation of their actual bearing on each child's situation. No effort was made to evaluate the treatment since it was not intended to discuss the outcome of the cases, but only to call attention to some of the common problems which were present in the cases of these children.

Stealing was found most frequently in the cases
studied, with lying fire-setting, excessive destructiveness and truanting following in sequence. Most of the children carried these delinquent trends to all new situations. The delinquent behavior was found to be confined to the home alone in two instances, the school in seven case studies, the home and outside but not in the school in five cases, and in the home, school, and elsewhere in ten cases.

The parents in seventeen of the cases did not become alarmed until the child became involved in trouble outside of the home.

In only three cases did there seem to be a relationship between the companions outside of the home and the delinquent behavior. Only two children were noticeably influenced by an older sibling.

Since no more than twenty-five cases were studied, it is too small a group to make any valid conclusions. However, it can be said that the disorderly behavior in children is due largely to an emotional disturbance and it is a way in which the child tries to make up for the lack of satisfaction he receives in his life experiences.1 The previous statement is supported by the fact

1 Abram Blau, "Childhood Behavior Disorders and Delinquency," Mental Hygiene, April, 1943, p. 31.
that seventeen of these children displayed some neurotic complaint along with their delinquent symptoms.

This study showed that in three cases the lack of a good father figure tended to cause boys in this age group to react with asocial behavior in an effort to give vent to their resentment toward their home environment.

It might also be concluded that financial circumstances do not necessarily bring on delinquent behavior but nevertheless, it was found that in two cases this unfortunate home situation adversely agitated the behavior pattern if it wasn't the direct cause of it. It was also a barrier in trying to help the child or modify the psychological elements inherent in the parents. The economic insecurity seemed to intensify the mother's anxiety and no doubt fostered it to a great extent.

Lack of recreational facilities for these children was seen as an outstanding problem in only two cases. However, it was also noted that in only four cases was it stated in the records that a supervised playground or settlement house was available and adequate play space referred to the street or a yard in most instances.

In six cases the determinant stressed for the child's delinquent tendencies was the mother's emotional instability. Parental disagreement in regard to the
rearing of the children was cited as a major problem in two cases.

Incompatibility between the parents was noted in four cases. Delinquency in both parents was evident in only one case. In three of the cases crowded housing conditions increased or intensified the discord in the home.

In summary, it may be said that the hereditary factors such as the mother's emotional instability, marital incompatibility, and the lack of a good father figure, as well as the environmental factors such as the economic status, the housing situation, and the recreational facilities must all be taken into consideration when studying delinquent behavior in children.

Approved,

Richard K. Conant
Dean


PERIODICAL LITERATURE


Blau, Abram, "Childhood Behavior Disorders and Delinquency", Mental Hygiene, April, 1943.


Taggart, Alice, "Some Basic Concepts Regarding Field Work Training for Psychiatric Social Work", Newsletter, A.A.P.S.W., 3:1-5, July, 1933. (See also American Journal of Orthopsychiatry, 4:365-373.)


____, "Behind the Scenes with a Juvenile Delinquent", Understanding the Child, 12:1-29, April, 1943.


COMMITTEE OR GOVERNMENT REPORTS


The Habit Clinic for Child Guidance, Twenty-fifth Anniversary.
APPENDIX
APPENDIX
I.

SCHEDULE USED FOR GATHERING MATERIAL FROM THE HABIT RECORDS

CASE STUDY NO.____

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>I.Q.</th>
<th>Residence</th>
<th>Race</th>
<th>Religion</th>
<th>Length of Treatment</th>
<th>Delinquent Symptoms Found</th>
</tr>
</thead>
</table>

Age Pre-delinquent Symptoms
First Manifested Themselves
Home
School
Elsewhere

Parental Attitudes Toward Delinquency

Parental Attitudes and Personality
Mother
Father

Extent of Delinquency

Factors Encouraging Delinquency

History of Delinquency in Parents
Mother
Father

Delinquency in Siblings
Marital Status of Family

Financial Status of Family

Type of Home Environment

Case Abstract