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A study of eight mentally retarded patients formerly institutionalized at the Walter E. Fernald State School.

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BOSTON UNIVERSITY
SCHOOL OF SOCIAL WORK

A STUDY OF EIGHT MENTALLY RETARDED
PATIENTS FORMERLY INSTITUTIONALIZED AT THE
WALTER E. FERNALD STATE SCHOOL

A Thesis

Submitted by

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(B. S., Tufts College, 1943)

In Partial Fulfillment of Requirements for
The Degree of Master of Science in Social Service

1953

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CHAPTER I
INTRODUCTION

The purpose of the writer is to make a qualitative study of the general life situation of those mentally retarded individuals who are on parole (after-care placement) in the community from the Walter E. Fernald State School. This study will include individual reactions in the following areas: in the School, in family interaction, in group meetings and in community living.

The writer is attempting to answer the following questions:

1. What response did these individuals make to group meetings?
2. What common character traits exist in this group and how are they reflected in their behavior?
3. Did the patients who seemed to adjust successfully in the School continue to do so in the community?

In selecting cases to be used in this study, the writer referred to the files in the Social Service Department at the Walter E. Fernald State School in order to identify all male patients with a common after-care placement.

For the purpose of this study three additional criteria were established: adequate background data, treatment in group and casework therapy, and the existence of adjustment problems requiring psychiatric attention.

Of the thirty-four individuals found to have a common after-care placement only eight met the three additional criteria stated above. The writer intends to comment briefly on the twenty-six remaining cases but the major emphasis in this report will be on this group of eight. All eight cases are still active. The records include a yearly summary of School and Social Service Contact with these cases, a report by the psychologist of the psychometric examination and such other tests as were warranted in the individual case.

The schedules to be used in the case studies (see appendix) were formulated in order to develop answers to the questions posed. The individual case record was studied in its relation to the purpose of this study, and the material was abstracted accordingly. The writer has studied also pertinent literature on mental retardation. He found only one report concerning group psychotherapy with the mentally retarded.¹

The criteria for selection limited the number of cases which could be used. The study is further limited by the use of case records which have been compiled for treatment purposes rather than research.

1 Milton Cotzin, "Group Psychotherapy With Mentally Defective Problem Boys," American Journal of Mental Deficiency, Vol. LIII, No. 2, October, 1948, p. 270.

CHAPTER II
HISTORY AND POLICIES OF THE
FERNALD SCHOOL

1. WALTER E. FERNALD

Prior to Dr. Fernald's prominence in the field of mental deficiency there is made mention of work by others that initiated interest as well as helped to promote the education of the mentally subnormal individual. Jean Marie Gaspard Itard's attempt to educate an idiot that he discovered in the forest of the Aveyron, Paris, France, although unsuccessful, marks a milestone in endeavor. It was only after five years of painstaking effort to educate and train this 'savage of Aveyron' that Itard, in 1806 closed this case as a hopeless idiot.

In America, although progress was slow, many mentally retarded children were receiving instruction and training with more or less success. These attempts were prior to 1839 where the treatment was carried on in institutions for the blind, deaf-mute, and the insane. Meanwhile in Europe, most notable success was achieved by Dr. Edouard Seguin whose general training methods were basically a physiological program. This program was two fold; to train the muscles and to train the senses. Seguin preferred the natural activities to more formal gymnastics. In addition to having studied

medicine and surgery under Itard, he also had been a pupil of the famous psychiatrist Esquirol who is credited with having formulated the first clear definition of idiocy.¹ Dr. Seguin's methods of training were acclaimed by his contemporaries as well as the Academy of Science of Paris. His "Treatise on Idiocy," published in 1846, is still considered a standard text. American educators invited Dr. Seguin to America where he was instrumental in establishing several schools for the mentally retarded. At this time, as early as 1850, institutions of this kind were on a purely experimental basis but gained legislative support due to the increasing need. With the passage of time and research, great strides were made toward developing more specific programs for the training and treatment of the various levels of subnormality.

Only individuals of the higher grade moron type were received for training during these years when very little was known about mental deficiency either from the standpoint of cause, or length of institutionalization and training. It was later realized that many would never be able to return to the community which created the problem of permanent custodial care. Previously it had been thought that custodial care would not be required, that the individual after a period of training could be returned to his family.

1 M. W. Barr, Mental Defectives: Their History Treatment and Training, p. 19.

In 1887, Walter E. Fernald, M. D., was elected the first resident superintendent of the Massachusetts State School for the Feebleminded which was formerly located in Boston. It was moved to Waverley after only a few short years of its existence. At this time, there were twenty-six such state schools in the country and the initiated interest in this field developed further the increasing need for more facilities and research.

The Walter E. Fernald State School, formerly called The Massachusetts State School for the Feebleminded, is the oldest State institution of its kind in the United States. The Walter E. Fernald State School has about twenty-one hundred patients; sixty per cent of whom are male and the other forty per cent are female. There are twenty-one units to house the twenty-one hundred patients which consist of twelve male units and nine female units.

Dr. Fernald's outstanding leadership in his thirty-seven years (1887-1924) as superintendent at Waverley gained world reknown. Dr. Fernald was the first to differentiate between the defective delinquent who was feebleminded and the non-defective delinquent. He was also the first to sponsor a law providing for the separate care of the defective delinquent. He was from the first a disciple of Seguin, whose methods of training he emphasized throughout his career.

He found, on the basis of many years of experimentation, that in order properly to analyze and evaluate each human problem, it was necessary to make studies of each case in ten different fields of inquiry as follows:

1. Physical examination.
2. Family history.
3. Personal and developmental history.
4. School progress.
5. Examination in school work.
6. Practical knowledge and general information.
7. Social history and reactions.
8. Economic efficiency.
9. Moral reactions.
10. Mental examination.²

The ten fold inquiry has proven by experience to be the best method available for correct diagnosis and serves as a guide for the director of the institution to map out an individualized program for each case best adapted to his particular needs. As a rule real evidence of mental retardation would be found in most of the ten fields of inquiry in the case of a definitely mentally retarded person; and even in so-called borderline cases, some indication of mental retardation would usually be found in nearly all of the fields.

The benefits of this great scientific contribution by Dr. Fernald are seen in the understanding and treatment of patients admitted to the institution and of those served in out-patient clinics. It also serves as a basis for checking

² W. E. Fernald, "Standardized Fields of Inquiry for Clinical Studies of Borderline Defectives," Mental Hygiene, 1:211-234, 1917.

up from time to time on the results obtained by the various measures employed in the training of the patient.

2. PAROLE

It was Dr. Fernald's suggestion in 1912 that led to the adoption of the parole system. Parole has certain requirements that include responsibility for the type of work expected of the parolee, his ability to travel alone without causing danger to himself or others, and his ability to adjust and live in harmony with his fellow workers. In addition, the individual attitudes of the parolee toward others not of his own level of mentality also play a determinant role, such as, his attitude toward the opposite sex, toward younger or older people, towards those brighter than himself as well as his ability to accept supervision from others. The final authority for parole rests in the superintendent of the School. Section 88A, Chapter 123, of the Massachusetts State laws dealing with mental defectives states:

Parole of Feebleminded Persons.--The superintendent of a State School for the feebleminded may permit any inmate of the school to leave the institution on parole for such lengths of time and on such conditions as he may determine and from time to time extend the period of parole or change the conditions upon which it is granted. He shall cause an investigation to be made prior to the granting of such parole as to the home into which such inmate is to go if paroled and other conditions and circumstances which may affect the inmate's welfare and behavior and shall provide such supervision of any paroled inmate as revocation of the permit and as to the return of the inmate to whom it has been granted as are provided by Law

for the return of insane and feebleminded persons to the institution from which they have been temporarily released. No length of absence on parole under this section from a state school for the feebleminded shall be construed as a discharge therefrom.

The School in Waverley has been regarded primarily as a training school although it receives all types of cases. At the School the social, as well as the educational training, receives careful attention; the children are taught also the simple principles of morality, correct habits of behavior, and observance of the ordinary amenities of life. This is a twenty-four hour day job that emphasizes steady routine, constant repetition, kindly discipline and ordered group life. By this means the mentally retarded, because he does less thinking for himself, relies on habit formation and if good habits are well enough established, he is not apt later to deviate from them.

3. SOCIAL SERVICE AND ITS FUNCTION

The Social Service Department of the Walter E. Fernald State School functions in the main handling cases of the mentally retarded individual, his or her parole, and follow-up care. Our present method of operation toward parole is to keep a list of patients referred by the medical staff, and a list of community opportunities which offer work and good surroundings. The social workers have direct contact with the patients and watch their progress in institutional

training. Records are studied, and physicians, teachers, matrons and supervisors of work are consulted for reports. Efforts of the patients themselves are noted, when they try in their own ways to prove eligible for parole. Patients returned from parole are also on the list, when a new trial seems warranted. Of course it is true that a patient with a goal in view, such as parole or discharge, may keep himself within the bounds of good behavior for a limited time, unless a disturbed emotional or mental condition is present. However, the patient can be helped to understand that he must be sincere in his efforts, and cooperative during his training, since parole is largely based on merit, plus progress. Members of the medical or teaching staff help him in this respect, and the social worker may have contact through psycho-therapeutic interviews in cooperation with a physician. If the patient's attitude and effort are fairly well maintained, a foundation is built for future placement and community supervision. Good rapport is also established with School authorities, which often continues in some form even after discharge. However, somewhere along the way, the patient must learn to stand on his own feet without too much dependence on those connected with the School. The importance of unlimited supervision of the patient seems to center upon the indeterminate length of adjustment to his new life, at his own rate of speed and level of mentality.

Day by day work involves counselling services and constant interpretation to parents and others of the purpose of the School, its actual physical set-up, and how to obtain or facilitate admission.

Supervision of patients on parole entails interviews with relatives and correspondence with them; plans for patient's recreation, companionship and vacations; handling of wages and suitable clothing; and other details of the patient's daily life.

When patients are considered ready for parole, that is, the School finds the individual capable of employment, capable of meeting the vicissitudes of community life to an appreciable degree, he is given the opportunity. After a period of time under conditions of parole if the patient proves himself capable, he is discharged. Discharge is more often effected when the parolee has been safely integrated into the community where some responsible person or persons are known to be positively influencing the individual's behavior and show themselves to have a sincere interest in him.

CHAPTER III

PRESENTATION OF BACKGROUND DATA WITH A
NOTE ON GROUP THERAPY AS A TREATMENT1. BACKGROUND DATA ON ALL PAROLEES
IN THE HOSPITAL PLACEMENT

Early in the field work placement for this year at the Walter E. Fernald State School, the writer learned of the various placement opportunities that were available to the patients, such as jobs in industry, farm employment, and general maintenance work. The supervisor, Miss Ruth Gegenheimer, revealed the fact that in some placements the parolees lived together in the same rooming house near to where they shared a common work placement. The X-Y hospital is such a placement with the parolees living within walking distance of their work.

The use of this placement was started experimentally during the last war when there was such a shortage of male help. At the time, the executive housekeeper was at first reluctant to accept for supervision patients from the School because it was felt that they would not be able to function adequately in this setting. Social Service interpreted the advantages that this placement would have, not only for the patient but also for the hospital, as well as what it would mean to the community. It was finally agreed upon to place one boy on trial in this placement. After a few months, the initial trial was proving successful; the parolee was doing

his work well at the hospital as a floorman and his behavior was in conformance with favorable adjustment. He was steady in his work, polite, obedient, and was habitually an early to bed, early to rise sort of young man. The hospital was very much pleased with these reports and began to ask for more parolees. From July 1943 to the present time there have been thirty-four such patients paroled to this placement.

Information was not available on four patients paroled and discharged from this placement. In the remaining thirty cases, twenty-one have been discharged, eight cases are still on parole, and one has been returned to the School to await a second trial later.

In addition to the discussion of the group as a whole and to a discussion of the eight selected cases, this chapter will present in table form, first, a summation of the findings of the thirty-four cases known to have been placed on parole in this placement and secondly a summation of the findings of the eight cases which were studied as a group in group therapy.

Of the thirty known cases, the chronological ages of the patients at the time of admission ranged from eight to nineteen years, the largest percentile being between eleven and thirteen years. Two were admitted at eight years; one at nine; five at ten years; four at eleven years; three at twelve

years; eight at thirteen years; one at fourteen years; three at fifteen years; two at sixteen years and one at nineteen years. This age classification is indicated in Table I.

TABLE I
PATIENT'S AGE AT ADMISSION

Age	No. of Patients
8	2
9	1
10	5
11	4
12	3
13	8
14	1
15	3
16	2
19	1
Total	30

There were two who had no siblings and in eleven cases the number of siblings was unknown. Four had one sibling; three had four siblings; seven had five siblings; four had six siblings; two had seven siblings; and one had twelve siblings. The number of children in the family is indicated in Table II.

TABLE II
NUMBER OF CHILDREN IN FAMILY

No. of Children in Family	No. of Cases
Unknown	11
None	2
1	4
4	3
5	7
6	4
7	2
12	1
Total	34

In all of the thirty known cases, referral was made through the Division of Child Guardianship. The main reason for referral was the child's inability to learn in school. Twelve were also behavior problems in school. In one case the patient had reached the eighth grade in the public school but was not able to keep up with the students in this class. Though it was difficult to determine how he could have gotten so far there is the suggestion that he was promoted more because of his over politeness and winning personality than for scholastic ability. A test at the Walter E. Fernald State School showed that he was not able to do sixth grade work.

TABLE III
GRADE LAST REACHED IN SCHOOL BY THE PATIENT

Grade Last Reached in School	No. of Cases
Unknown	4
No Schooling	3
1	7
2	6
3	8
4	3
5	2
6	0
7	0
8	1
Total	34

Of the thirty known cases, two were nineteen when given first parole; six were twenty years; twelve were twenty-one years; six were twenty-two years; one was twenty-three; two were twenty-five; and one was twenty-six.

In this group, fifteen were discharged after initial trial at parole with five still on parole in initial trial. Eight were returned to the School one time before being given second trial. Of this group; four were discharged after second trial; three are still on parole; one is still in School. Two were returned to the School twice before being discharged after third trial on parole.

TABLE IV
NUMBER OF TIMES PAROLED, NUMBER DISCHARGED
NUMBER ON PAROLE

No. of Times at Parole	No. of Cases	No. of Cases Discharged	No. of Cases Still on Parole	No. of Cases at School
1	20	15	5	
2	8	4	3	1
3	2	2		
Totals	30	21	8	1

Of the twenty-one patients discharged, three were twenty-two years; ten were twenty-three; seven were twenty-four; and one was twenty-seven.

TABLE V
AGE AT DISCHARGE

Age at Discharge	No. of Cases
22	3
23	10
24	7
27	1
Total	21

2. GROUP THERAPY AS A METHOD OF TREATMENT

The writer's initial contact with the boys at the X-Y hospital was in the form of an informal meeting at the hospital in the office of the executive housekeeper. At this time, October 1952, there were six boys in the group who were on parole working at the hospital. They were joined by two more, one in November and the other early in December of the same year. From the beginning the group expressed interest in forming a club for the expressed purpose of having someone who could arrange a basketball schedule and act as coach. The boys had all had some training in playing basketball but since they had been on parole it was difficult for them to organize or initiate a team playing program.

Since the inception of this interest group idea, originating as it did from the boys themselves, much has been observed and recorded by the writer who has been the leader of the group. The initial meetings revealed not only the varying personality patterns requisite for a balanced group but a consistent "need to belong" which Slavson believes is a necessity for successful participation in group therapy.

The worker, from reading related literature, recognized the problems and values of using group therapy in this instance. The dynamics of group interaction are still so little understood that no satisfactory methodology for group psychotherapy has yet been evolved. The basic problem involved

with this group was inadequate intellectual level complicated by aggression, withdrawal, rejection and/or mixed identification.

The group situation afforded an opportunity to relate oneself to others in order to help resolve wholly or in part some of these conflicts. Personal problems are lessened by the opportunity of evaluating the problems of others thereby gaining insight into one's own symptoms. Also when one feels that others have similiar problems it makes one feel less stigmatized. Cotzin believes that no other form of therapy deals as effectively with individuals suffering from undue sensitivity as does group therapy.¹

The claim is made also that one of the main values of the group lies in the fact that it accelerates the initial step in treatment; that problems are revealed at a considerably greater rate; that attitudes of distrust and hostility disappear, preoccupation and irritability diminish, infantilism and over-protection to more self-reliance and maturity. Other values of group therapy revealed; it may reduce guilt about hidden impulses of hate and feelings of worthlessness and may aid individual therapy since one will communicate more freely, become less self-protective and less suspicious

1 Milton Cotzin, "Group Psychotherapy With Mentally Defective Problem Boys," American Journal of Mental Deficiency, Vol. LIII, No. 2, October, 1948, p. 269.

of the caseworker or psychiatrist. And in such small groups the study of individual's psychopathology should prove of diagnostic value in the consideration of the bases of behavior problems. Observation within the group may lead to more specific knowledge for selection of cases needing more intensive therapy.

Although group psychotherapy with the mentally retarded has been extremely limited and neglected because of numerous reports that it would be a waste of time due to the individual's limited intellectual capacity, favorable reports of success in some degree have been offered by Slavson, Wiener and Scheidlinger. Their work was with a dull boy whose intelligence was so low that he was unable to learn in school and whose limited capacities handicapped adequate functioning in our culture. The psychiatrist was unable to help initially by individual psychotherapy because of the boy's low mental level. Group psychotherapy gave the boy an individual and group superego which helped him to emerge as a real person.²

Cotzin's study was of nine mentally defective adolescent boys who were institutionalized at the Southbury Training School, Southbury, Connecticut. These boys who were referred repeatedly to the Department of Psychological Services because they were creating problems in their classrooms had also been

² S. R. Slavson, H. Wiener and S. Scheidlinger, "Activity Group Therapy With A Delinquent Dull Boy of Eleven," Nervous Child, 4:274-290, 1945.

seen individually for psychotherapy. The objective was correction and improvement of personality and of social adjustment.

The results of this study although exploratory and suggestive are entirely encouraging. Cotzin says that many of the previous assumptions made about psychotherapy with mental defectives seem invalid in view of present findings; some values of group psychotherapy for mental defectives appear to be substantiated.³

3. BACKGROUND DATA ON THE EIGHT CASES STUDIED AS A GROUP

The study done by the writer with this group is another exploratory attempt to determine whether group psychotherapy in one form or another can be effective with mentally retarded boys.

The chronological ages of the eight cases studied in group therapy ranged from twenty years to twenty-eight years, the average age being approximately twenty-three. The I.Q.'s of the group ranged from 64-87; only one individual had an I. Q. above 80 and the average I. Q. was approximately 74. The length of time each had been institutionalized at the Walter E. Fernald State School varied from five years and seven months to fourteen years and eight months. The average length of time spent at the School was approximately nine years.

³ Milton Cotzin, "Group Psychotherapy With Mentally Defective Problem Boys," American Journal of Mental Deficiency, Vol. LIII, No. 2, October, 1948, p. 281.

TABLE VI

CHRONOLOGICAL AGE, I.Q., MENTAL AGE, AND LENGTH OF RESIDENCE AT THE SCHOOL OF THE EIGHT CASES ON PAROLE

NAME	C. A.	M.A.	I.Q.	LENGTH OF RESIDENCE
Harry	20	12 ⁸	79	5 ⁷
Peter	21	11 ¹⁰	74	11 ⁶
Wilfred	22	10 ³	64	9 ³
Edward	23	10 ⁶	66	5 ⁹
Donald	23	13 ¹¹	87	8 ⁴
Stephen	24	12 ²	79	6 ¹
Leon	26	11 ¹	69	13 ⁵
Larry	28	11 ⁴	71	14 ⁸

In the group of parolees the age at admission ranged from eight years and four months to sixteen years and two months. The average age being approximately twelve years and four months.

Two of the subjects had no siblings; two had one sibling; three had four siblings; and one had five siblings.

Of the eight cases studied two had no schooling prior to admission; three had gone as far as the third grade; one reached the fifth grade; and one had reportedly attained the eighth grade level.

At the School, the final grade reached by the individual members of this group did not exceed the sixth grade level. One reached the third grade; two were able to do fourth grade work; three did fifth grade work; and two attained the sixth grade level.

Five of the group are on parole for their first trial while the other three are having their second trial at parole.

TABLE VII

AGES AT ADMISSION, NUMBER OF SIBLINGS
GRADE REACHED AT WALTER E. FERNALD STATE SCHOOL
NUMBER OF TIMES PAROLED

Name	Age at Admission	No. of Siblings	Grade Last Reached In School	Grade Reached At W.E.F.S.S.	No. of Times Paroled
Harry	12 ⁸	4	3	5	1
Peter	8 ⁴	0	0	6	1
Wilfred	12 ⁸	1	3	4	1
Edward	16 ²	4	5	5	1
Donald	13 ⁶	0	1	5	1
Stephen	14 ⁷	4	8	6	2
Leon	10	5	0	3	2
Larry	11 ⁹	1	3	4	2

CHAPTER IV
CASE PRESENTATION

The writer's purpose in presenting these case analyses is to consider the case material on the individual's personality, and his life experiences as they effect and influence his type of behavior.

The eight cases were grouped into four classifications according to their predominant behavior characteristics; aggression, rejection, withdrawal and mixed identification.

In the comments following each case the writer will endeavor to point out the various factors which contribute to the difficulty with the hope that such material may impart to the better understanding of the dynamics of such problems.

CASE I

Harry, a twenty year old male was admitted to the School in May of 1946 at the age of thirteen years, four months. At that time he was found to have M.A. 10⁴ and I. Q. 77. He was the third of five pregnancies all of which were illegitimate and in each case by different men. Birth and early history unknown. Mother is a former State ward who was committed to the defective delinquent colony, Bridgewater, when he was five years old. The mother had been committed to the Division of Child Guardianship as a neglected child in 1916.

Patient was placed in charge of D.C.G. in 1937 at which time the first foster home placement was made. Foster parents liked the boy but reported that he was stubborn and emotionally unstable, lied protectively, was mischievous and thoughtless. He also has an early history of stealing. Foster mother was not strict with him and he became too headstrong. Foster father was a passive dependent type of individual who was unable to effect any discipline with the boy. Although overbearing with foster parents, Harry felt a strong attachment toward foster mother who in turn reciprocated with a warm motherly attitude.

In 1944 foster mother's failing vision and the lack of adequate supervision of the boy prompted a second placement. After a month the boy ran away and returned to first foster home where he had to remain for a month because the house was quarantined. He was allowed to remain until 1946 when he was committed to the Walter E. Fernald State School.

Patient had been in special classes since 1944 and prior to that time had repeated the first and third grades. Predisposing factors were his difficulty in learning and his erratic behavior which manifested itself mostly as a lack of judgement rather than viciousness.

In School, the patient was regularly visited by foster mother who took him home on visits and vacations throughout the five years and seven months that he spent here.

Early School history reveals that patient was very sneaky and sly, had mean habit of tripping boys and later denying it when questioned. He was not a good sport, was quarrelsome and antagonistic. He was an exciteable, boisterous, self-willed boy who needed firm discipline and close supervision.

At fifteen he began to improve in every way; his habits and attitudes toward people in general took a favorable turn. He began to win the acceptance of the other boys and although he still resented correction, he cooperated when he understood the reason. He developed and still possesses a friendly winning personality although he is still self-willed and opinionated.

In School, scholastic level was that of fifth grade in subjects except arithmetic which he did on fourth grade level. Although patient had ability to do better he was content to do no more than required. Patient was a good athlete and released much of past aggressiveness and hostility through sports activities.

A year before patient was paroled, he took a job with a lumber company while on summer vacation with foster mother. Patient saved \$188.44 and adjustment was said to be good by both foster mother and employer.

In January 1952, at nineteen years, patient was paroled to X-Y hospital at starting salary of \$33.00 per week. While on parole the supervisor reported that patient made a very good adjustment to work, with personnel and patients at the hospital. Patient was thrifty on parole and his social behavior has been favorable. Contrary to some of the other boys who liked to wear loud shirts and cowboy outfits, Harry dressed quite conservatively.

In group meetings, Harry directed his hostility toward the leader by challenging the leader's permissiveness; it was difficult for him to accept that true feelings of unrestrained expression would be met without some form of reprimand. It was only after much testing of the leader by noncommittal questions did he come to feel that he could release

some of his own feelings. He revealed that he did not place too much value on the educational training but admitted it was essential; he felt that he would have better vocational opportunities if the School gave more stress and attention to occupational training.

Under test conditions, the psychologist reports that Harry is a sober, mature young man who is serious and deliberate. He is persistent in the face of difficulty; shows critical judgment in his work and has a good grasp of the problems at hand.

Comments

As a child, Harry was very hostile and aggressive seemingly due to the indicated early deprivations and inadequate parental influence. The lack of any controlled behavior in the foster home helped to prevent the normal evolution of wholesome adjustments.

Habit formations and indoctrination in social amenities within the training program at the School modified the individual behavior so as to give him incentives for learning to control his formerly unrestrained impulses. Although his predominant behavior characteristic was his aggressiveness, Harry respected authority and had been obedient. These character traits as well as suggestibility were influencing factors in affecting proper behavior in the community.

We cannot say to what extent group interaction has helped him in arriving at emotional insight or adjustment yet there seems to have been initiated an awareness to more responsible behavior and interest. Recently he has sought the approbation and guidance of the leader in his endeavor to join the armed service. Clarification and interpretation in this area by the leader in group discussions has helped the patient.

CASE II

Stephen, a twenty-four year old male was admitted to the School in March 1944 at the age of fourteen years, seven months. At that time he was found to have M. A. 12⁷, I. Q. 79. D. C. G. made application; boy was a behavior problem in foster home and school. He came to D. C. G. at the age of six.

When Stephen was four his father died from cancer, nothing is known of father's background other than that he was alcoholic and a poor provider. Mother has been known to police and social agencies as an immoral person. Mother was given six months suspended sentence for neglect of her five children, at the time was living with a colored man. Patient was the third of five pregnancies. Stephen says that mother wanted to travel at that time and condones her behavior by saying, "She always liked to travel, that's all well and good, everyone has a right to live." He regards father as strong character who could have kept family together had he lived.

Stephen went as far as the eighth grade, did very poor work. Teachers were partial to him as he had an engaging personality; they did not feel he needed special class placement although he was failing and seemed to be unable to learn.

He was described as being overly polite, made friends easily but they tired of him quickly as he was loud, saucy, and given to boasting of imaginative exploits and prowess. Stephen is not a real liar but exaggerates and has alibis (careless with the truth).

In examination here, it was felt that there was no specific evidence of personality disorder and that he might benefit from methods used here for training of high level mental defectives.

In the six years that Stephen spent in training at the School his attitude did not change. He continued to be lacking in 'Push'. Stephen would spend more time in talking about what he wanted to accomplish rather than

accomplishing it. When not under direct supervision of someone he respected, he was saucy, quarrelsome, used obscene language, engaged in senseless brawls. He liked to boss other boys and tried same tactics with employees. He talked plausibly and reasonably, seemed willing and anxious to work but was so easily distracted into idle conversation that he could not be entrusted with any assignment. While at School he had a number of outbursts of temper that made him uncontrollable. He always expressed dissatisfaction with the way School was run; he criticized employees and institution affairs maliciously. His progress in School was satisfactory but always below mental age level.

Patient was awkward physically but enjoyed all types of athletics and took part actively and enthusiastically. He took pride in his appearance but if not supervised would wear a favorite garment until it was very much soiled. Stephen appeared in constant need of the help and approbation of those with whom he worked.

At eighteen years patient's vindictive attitude became more pronounced. Began to go through 'big shot' phase that has persisted (lording it over the other boys and assuming a superior attitude). At twenty, behavior and personality still the same. At twenty-one, since training was completed and further institutionalization was not indicated, patient was placed on parole.

Parole to X-Y hospital did not find the patient settling down in a satisfactory way. He continued to be erratic in his work and performance; he was unable to concentrate on important duties while "bending over backwards" to do little favors for others and he even offered to help out on overtime work. Stephen indulged himself in certain recreational activities such as roller skating, bicycle riding, etc.; then lost interest and tried to make a deal with someone to buy these and would go off on a new tangent.

He could do good work when he settled down to it and was rather likeable in spite of being a trial at times.

Stephen had no insight into his problem and continued to regard himself as being omnipotent. Patient appeared to the worker to be untiring and hypertensive. He had a ravenous appetite and was always hungry.

Patient, as a member of interest group tried to lead most of the discussions; suggesting, planning and considering as factual procedure any and all ideas that he could think of. The leader employed method of putting each suggestion before the group for discussion. Surprisingly to the patient, the majority of the group expressed contrary opinions and objected when they felt it necessary to do so. Patient was always the first to show up at each meeting; he always came alone whereas the others came as a group.

Comments

Worker feels that the patient is a compulsive person, due to his intrapsychic conflict which he externalizes by his aggressive and provocative behavior.

Stephen is in constant struggle with himself as to what he wants. He has no insight into his problem which seems to stem from a broken, neglected, maladjusted home environment where negative parental influences have left this young man vindictive and eager for revenge against this unknown injustice.

The worker feels that the patient is really a frightened, insecure person who continuously has to boast and use other defense mechanisms, such as "bending over backwards" to impress people and work untiringly (accomplishing little) in order to show everyone his true worth (not the offspring of inadequate parents). The worker feels that he is trying to tell all, "This is my problem, help me, love me." He needs the constant reassurance, recognition and empathy of supportive casework and the realization that he is not being punished (clarification of training at School and continued parole) because of his parents failure to rear him properly with love and affection as afforded other children.

The worker feels that lessening the tension within the environment might help to afford Stephen some degree of behavior modification. By this means patient would be able to slow down somewhat and to feel that he didn't have to fight the whole world all by himself.

CASE III

Leon was admitted to the Walter E. Fernald State School at ten years of age in November 1936. He had been committed to the D. C. G. in the same year due to courtaction of neglect brought against his parents by the township.

Father was mentally retarded and alcoholic. Paternal grandparents also mentally subnormal and reportedly arrested several times for drunkenness. Parents were separated; father lived with his mother, visiting his own family occasionally. Father was always in arrears in support of his family and absent from the home most of the time. When patient was born, father was thirty-four years old, mother was thirty years old. Mother was a patient here, M. A. 8, I. Q. 50. Medical history reveals mother to have had positive Wasserman.

Patient was the second of six pregnancies, other siblings also low grade mentally. Early developmental history unknown; family lived in very poor slum district, supported by town welfare and was a constant social and health problem to visiting health nurse.

Prior to admission, patient had not attended school; this was due to neglect and laxity of parents. In School Leon never attained scholastically higher than third grade level. From the age of ten to sixteen, patient proved to be a behavior problem at the School. Adjustment was poor and he always had a mean disposition; he was stubborn, defiant, saucy and lazy. His underhanded and troublesome ways were added traits that made him unaccepted by the other boys at the School. Patient had numerous temper tantrums and had to be put in seclusion (sent to building #22) as a reprimand for outbursts and other antisocial activities, such as picking on other boys to provoke a fist fight, sex perversion (not defined in record).

At the age of sixteen a marked improvement was noticed. He was for the most part pleasant and well mannered; although he would flare up when corrected, he could be reasoned with and would admit his fault. He learned slowly, became easily discouraged and disliked trying anything out of his routine. At sixteen he began to take pride in his personal appearance a trait which was formerly lacking.

Leon showed a gradual improvement in behavior and accomplishment at seventeen. He took part in all athletic activities but generally as a substitute rather than a first string player. Mother and patient visited each other at School occasionally; Leon identified with mother and looked to her for emotional support.

Patient's first placement at the age of twenty-one was as a dishwasher in Nursing home at \$5.00 per week, with board and room. Although he was slow at first, patient seemed to adjust well; he was a willing worker and had a good disposition.

First placement lasted a year and one month after which patient had to be returned to the School. Leon had become unmanageable and abusive of parole privileges. He refused to do his work, insisted on coming and going as he pleased, as well as having had moody spells that lasted for days. In this placement the patient was able to save \$138.70. On return to the School, patient showed good adjustment for next two years.

At twenty-three patient was given second placement in X-Y hospital. Patient was slow in his adjustment; however, he tried hard and gradually became more efficient. Community Supervisor reported that he tried to please and was thoughtful in doing little extras on his own initiative. He was accepted by the other parolee boys from the beginning. None of the patient's peculiarities had been in evidence but he remained uncommunicative. On parole patient had been helped to save \$300.00

In group meetings, Leon has been more prone to talk more than when seen alone. His remarks are defensive, usually sarcastic and flippantly directed toward School and unjust supervision. Much of Leon's projection of this sort is apparently associated to early feelings of rejection.

Patient's attitudes best expressed in group meetings as he seems to need support of the group. Although patient visits mother quite often it is difficult for him to express any definite feelings about her.

Comments

As a child Leon was very unhappy. His mean disposition, stubbornness and unpopularity are symptoms of a poor personality adjustment. In the home the father was a constant threat to the child. Repressed hostility due to early deprivations is apparent and verbally externalized in indirect remarks about parents in general. His flippant remarks were always negatively expressed.

Social Service did attempt to work with the mother and is helping her feel more secure herself so that she need not feel so tense with the patient or be so critical of him. As the mother gains self-confidence, she is more free to demonstrate affection to Leon who in turn has been favorably responding to treatment.

Leon's favorable adjustment on parole is evidenced by his amenability to habit formation which was established

in his School training. Leon agrees with the other boys in the group that the educational aspects of the School should be minimized in importance and emphasis placed on industrial training.

The leader's attempts to handle Leon's feelings of rejection within the group have been through discussion and sports activities. Continued reassurance, encouragement, reward and praise for goals attained, however small, by the worker have afforded Leon a sense of belonging and a seemingly secure attitude.

CASE IV

Peter was admitted to the School in March 1940 at chronological age of eight years and four months; M. A. 55, I. Q. 44. Although the patient was found to be mentally subnormal, it was decided at the time that foster home care should be continued.

Patient had been under care of D. C. G. since birth. Patient's birth illegitimate; alleged father was eighty years old at the time also he was the brother-in-law of maternal uncle. Mother was nineteen years old when Peter was born. She died of septicemia two weeks after delivery. Parents were both of Italian extraction.

Early developmental history indicated poor start in life; patient had many illnesses (convulsions at seven months but none since then, many intestinal upsets, pneumonia, also mastoid and enlarged bowel). He was a difficult feeding problem.

Foster home placement was reportedly satisfactory. Patient was considered to be a good boy, well behaved and well liked by foster parents and other children in the home.

Application for admission was made by D. C. G. when it was noticed that the child could not learn in public school.

In School patient had been a willing and capable worker. He had always been anxious to improve in scholastic and industrial work. He attained level of the sixth grade in all subjects except arithmetic and geography which he did on fifth grade level. School authorities considered him to be trustworthy and dependable in situations within his capacity. He was popular with most of the other patients and was liked by employees. He had a good sense of humor, very courteous, agreeable and cooperative. His interests were in music and the arts. He sang in the Glee Club, played harmonica and was

in the junior band group. Besides doing mimicry he took leading parts in dramatics. He was also an enthusiastic Boy Scout. Patient always wanted to be the center of attention but this trait was never obtrusively manifested.

In the eleven and a half years that the patient spent at the School his physical health was reportedly good. He developed into a pleasant appearing, short curly haired boy who always had a smile and gay attitude. During this time, he had had no visitors nor spent any vacations away from the School. Once in 1950, patient escaped for a few days. On return he said that he did not know what came over him, adding that he was very sorry. Peter was baptized a Catholic and confirmed at the School; he attended church regularly and continued to do so on parole.

Social Service was unable to find any trace of relatives. Patient expressed a great deal of interest about his background but accepted without question worker's word as final without trying to investigate or probe.

Peter was placed on parole to X-Y hospital as floorman in September 1951. At this time psychological testing which is done on every patient annually, as well as whenever patient is ready for parole, indicated C. A. 19¹¹, M. A. 11¹⁰, I. Q. 74. Under test condition patient was tense at first, impulsive and erratic. He became stable as test continued. His attention was excellent and he was anxious to please.

On parole, community supervisor reported that he was one of her best workers; always willing, cooperative and industrious. His behavior and adjustment never presented a problem. Patient continued to be popular at work with patients there and employees, as well as at the lodging home where other parolees lived.

In group meetings Peter was always polite and ever willing to oblige. He did release much concern about his parents. He felt that they had rejected him by giving him up to foster parents.

His social activities and interests were similar to normal adolescent group, such as, bowling, movies, roller skating and harmonica playing. Like so many of the other boys, patient liked going to hayloft jamborees where patrons wore cowboy outfits and mingled with the current celebrities of that group.

In the year and six months on parole, patient was thrifty; on take home pay of \$36.45 he saved \$650.00 in the bank and had a cash savings of \$70.00 for a new spring outfit.

Comments

Peter's behavior in the foster home and in School would indicate that adjustment was good. His feelings of rejection toward his own mother who is a stranger to him, as well as to foster mother were brought out in group discussions. He could not understand why his foster mother gave him up to the State. He was always under the impression that foster parents were his true parents. It was only when he was readied for parole that he learned through Social Service contact of the facts.

Leader attempted to handle this with the patient in group discussion as many of the members have expressed concern of their family background. Clarification and honest answers to individual questions posed seemed to satisfy the

patient's curiosity in this area. The patient's over-politeness, euphoria and hyperactivity are the apparent defenses of his emotional conflict. Peter, of late, is less erratic and seems more stable in group participation.

At first, the group's reactions to Peter's query about his parents were complete surprise and heckling with muffled laughter leading to individual expressions of hostility and even hate toward parents in general. Discussions in group meetings that followed focused on the situations that parents sometimes have to resort to in order to solve their own problems. It was generally felt by the members that some circumstances would warrant the placing of children in a State School. The individual members did not elaborate as to what these circumstances would be; they did agree that it was fortunate that there were such Schools. Individual release of feelings in this area was expressed by members, such as Harry, Stephen, Leon and Peter. Peter expressed wonderment and feelings of hurt and rejection as did Leon, while Harry and Stephen were uninhibited in expressing direct animosity toward their parents for their neglect.

In interviews with Peter, he never could express any negative feelings or attitudes toward the School; he always felt that there was not a single person that he did not like. He admitted that the only thing that bothered or annoyed him was the fact that he had been stigmatized by his association with the School.

Discussions about training were handled in group sessions directing focus at value of special training for individuals who needed this type of training; that they were members of thousands upon thousands of young people like themselves who were fortunate to be afforded this schooling just as other boys and girls who attend public schools.

The leader said that the individual feelings about training at a State School varied and that many were proud to give it as a reference in applying for industrial or hospital work.

CASE V

Donald was admitted to the School in January 1944 at the chronological age of thirteen years and six months with M. A. 10¹, I. Q. 74. Birth was illegitimate; alleged father was the husband of maternal aunt, mother was later admitted to mental institution with diagnosis of psychosis with mental deficiency.

Donald lived with his mother until he was eight years old, during which time she provided an abnormal atmosphere for the boy. Mother heard voices and tried to have him hear them too. Patient was made to sleep with mother. He told of scary dreams that would be filled with wild nightmares of people being killed. The only way Donald could allay such dreams was to sleep under the bed.

The only person with whom he had any social contact was an uncle whom he apparently idealized. The uncle did not give any reciprocal notice of the boy.

Mother failed to send boy to school, boy being eight years old at the time, mother was thirty-eight. Her reasons were that she was on public welfare and could not provide proper clothing for the boy. When agent attempted to get into the home, the mother bolted the door and shouted vile epithets at him from the window. Home was entered by issuance of truancy complaint. Home was found to be extremely dirty, patient was extremely nervous and panicky. Mother was adjudicated to be remanded to a psychopathic hospital for observation.

Donald was placed in foster home where favorable adjustment was very slow. Child was very sensitive, cried when teased by younger children in the home, liked to keep to himself most of the time.

Although it took a long period of time, the patient did learn to care for his room, work in the garden and in general be helpful in the house. Donald repeated the first grade and was in special classes for two years. He tried hard but had a poor memory. He was never a behavior problem in school and nothing unfavorable was reported in moral reactions.

At School Donald proved to be a polite, conscientious, likeable boy. He was a defective appearing boy, somewhat subdued, quiet, slow and listless. His results were only fair in School in all areas; namely, school, manual and gym. His effort was always excellent. In the eight years and four months that he spent at the School, patient was able to attain level of fifth grade work. He learned to make brushes and braid, weave rugs and attempted carpentry without much success. Outside of a few sulky spells patient was always agreeable and cooperative.

Donald, always inconspicuous, came and took part in group activities in such an unobtrusive manner that one hardly noticed his presence. His manner and actions were most ineffectual; his interests at sixteen years were those of the normal pre-adolescent. At this age he was very uncertain, often appeared bewildered and in need of reassurance although he seldom ever would ask for help.

The boys at the School seemed neither to like or dislike him. He was included in their activities rather because he was one of the class or ward than because he was himself, a true person that they could look to for specific attributes. He was often acutely uncomfortable when placed in the limelight but on the other hand took part in School entertainment and volunteered for special assignments.

It was not until Donald was nineteen that he showed improvement in participation and skills, he also became more interested in sports. His comprehension was better than his actual mechanical performance. He was cooperative and trustworthy. By employees he was considered a dependable worker. His main interest was in his work as an aide to the technician in the laboratory.

Donald sang in the Glee Club, was active in the Boy Scouts and played the drums in the School band. While at the School patient never had any visitors. Former foster mother had exchanged some correspondence with Donald since his parole and he had visited her occasionally.

At the age of twenty-two, Donald was paroled in June 1952 to the X-Y hospital to be employed as floorman at the starting salary of \$33.00 per week. Although a shy, reserved young man he was quick to comprehend instructions and adjusted well in his work. His salary was on same level as other boys in the group working at the hospital and he was helped to save \$250.00 in the bank, plus enough money for a spring outfit.

Donald's attitude toward work and life in general was one of complete content to let things continue as they were without expressing any feeling of dislike for present or past experiences. He expressed his feelings more easily within the security of the group than he did in interviews with the worker.

Comments

Donald has had a truly bizarre beginning in that he not only was deprived of a father figure in his early years but also his mother was psychotic. Her unwholesome attitude has had a marked influence on the patient as

shown in his present introverted, withdrawn personality which therapy heretofore has been unable to alleviate to any measureable degree.

In group sessions Donald remains uncommunicative, bland and completely removed. At times he shows mild participation but this has been solely in participation with the group as a whole. Up to the present time, patient has been unable to initiate suggestions or discussions. His ineffectualness within the group, as well as in individual interviews with the worker has prompted the worker to consider Donald for psychiatric study.

School psychiatrist felt that present group therapy would best meet the patient's need to break through his shell of withdrawal. Major factors involved are patience and time for the patient to feel greater security in and because of the group. At such time he would allow himself emotional release and become more fluid.

CASE VI

Edward was admitted to the School in March 1947 at chronological age of sixteen years and two months; M. A. 10¹, I. Q. 63. Edward had been committed to care of D. C. G. along with his three brothers in 1933 when his mother was given a suspended sentence for neglect of her children. Family had been known to Family Service Agency and S. P. C. C.

The family had reportedly been living in a shack on the outskirts of town. Edward and one brother were illegitimate. Facts concerning alleged father were unknown. Home condition was very bad and neighbors reported children greatly neglected.

Mother was said to be of low grade mentality, well known to police and social agencies as an immoral person.

Early developmental history was sparse. It was reported that Edward began to walk and talk at three and had all his teeth at that age. He had convulsions as a child but none ever since; convulsions were said to be from food. As a child, the patient was described as active but very slow. There was no evidence of sibling rivalry.

In foster home, Edward was difficult to understand; he was seclusive, slow, uncooperative, shy, and timid. Weight was always below normal and he was a difficult feeding problem. Mother continuously tried to interfere in his upbringing by foster parents to whom Edward found it difficult to relate.

In School, Edward was described as being a nervous, reserved boy; cooperative but not particularly friendly or responsive. Psychometric reports indicated that his comprehension and ability to reason seemed no better than level of mechanical skills acquired. His work was of fair quality. Edward was a colorless, ambitionless boy who was always obedient.

The patient was reportedly a quiet unassuming boy, so sensitive that he cried when criticized. He was somewhat sly and although well-behaved had several times been involved in mischief when he thought he was unobserved.

In the five years and nine months at the School, Edward had taken part in sports rather mechanically, did not exert himself or show much interest. By comparison on parole, Edward had taken the lead in basketball scoring and had taken initiative to join the Y. M. C. A.

Edward was paroled last December at the age of twenty-two and since that time had shown good work adjustment as to warrant community supervisor's favorable report. He had also been thrifty, saving over one hundred dollars in that short space of time.

In group meetings Edward was quiet and usually uncommunicative. After four or five sessions he began to feel more secure within the group. Although he expressed little verbal participation he always appeared interested and at times expressed his own feelings and opinions. Edward was eager mainly to impress the leader with the idea that he was happy at the School and knew that he would make good in the community.

Comments

Edward's chief problem along with his low mental level lies in his adjustment to his mother who was a confusing person to him, first neglecting and frustrating him, and then seemingly abandoning him to strangers. His mother's repeated interference with the foster parents program for Edward may have been an added factor contributing to his essential insecurity.

Prior to parole, Edward's mother sought to have him paroled to her. Investigation revealed that because of her unfavorable personal traits, as well as a negative environment, it was decided to parole Edward into group placement. Since parole the patient has visited his mother once after which he said that he never wanted to see her again. Edward did not elaborate only to say that he will do better on his own.

In group meetings, Edward is not likely to initiate a topic for discussion but participates when his opinion is sought. Although generally uncommunicative he tries to engage in group participation whenever other members direct their remarks to him.

Prior to parole, the worker prepared Edward for placement by the use of casework process. Within the interview setting, areas of apprehension and consternation were worked through with the patient in regard to his forthcoming community placement.

CASE VII

Larry was admitted to the School in November 1936 at C. A. 11⁹, with M. A. 8⁴ and I. Q. 71. Early history was unknown. Family history was sparse. It was reported that mother and father met and were married in poor farm. Mother was known to have had venereal disease. Mother's family background was considered as being of low grade mentally. Patient had been under care of D. C. G. since 1934 when charge of neglect was brought against parents. Parents were in constant conflict and patient was usually exposed to much abuse from both.

In foster home, Larry was reported to have adjusted well. He associated with the younger boys in this home, seldom with boys of his own age. He was considered to be a good boy with tidy habits and was well behaved. The patient who was reportedly backward from birth was for the most part in ungraded classes in school. Although he was well behaved in school, his work was poor and he was unable to learn.

Younger brother of the patient was admitted to the School on the same day. Both boys had been in same foster home. They related fairly well to each other and it was noticed at the School that Larry seemed happier when his brother was transferred to same dormitory as patient.

At School Larry adjusted quite readily to institutional life. He was always well behaved and not troublesome. Conduct and disposition was reported as excellent. With the passing of the years he became well developed and good looking. School work attained was of fourth grade level. He remained clean in his habits and appearance. Considered dependable, he was capable of doing his work at the infirmary without being supervised.

Larry never had any visitors but began to write to his mother at the age of seventeen. He heard from his mother occasionally but she did not show much interest toward patient. Mother was continuously in difficulty with the law for immoral behavior. When Larry was twenty-one, she had been at the defective delinquent colony at Bridgewater.

While at the School, patient took part in all sports activities. He did not excel in sports but enjoyed being a part of the group. He was always quiet and seemed to know how to take hold of work expected of him. Effort was always excellent.

Larry was given first trial at parole in May 1946 when he was twenty-one. Placement was in a nursing home where pay was \$5.00 per week with room and board. Although he was alone in this placement, he was said to have been well adjusted to the work. Employers said he was very helpful in doing extra work as well. His interests were centered in his work; his social life was nil and he was content to take occasional walks in the evening whenever interest at the nursing home seemed to lag. Attitude toward employers was friendly and cooperative.

In March of 1947 patient was returned to the School, charged with indecent exposure. Patient exposed himself in front of women on the streets at night; policeman testified also that he saw the patient doing this. Larry was ordered by the court to be sent to the Boston Psychopathic for observation.

Patient was returned to the School and ordered not allowed to leave the grounds through year of probation. Patient admitted that he was guilty of the charges but could not tell why he did it. He said that he had exposed himself on several occasions before being apprehended adding that he always felt like he wanted to be caught.

Larry did not show any signs of resentment at being returned to the School. He settled back into the routine of working as before; well behaved and seemingly well adjusted.

In May 1951 second trial placement to X-Y hospital was given. His starting salary was \$29.00 per week. Community supervisor reported that he was an excellent worker.

Comments

Larry's early history is not sufficiently well defined to allow a definite interpretation but the severe taboos that pervade in the patient's psychosexual development may be related to rigid undemonstrative parental relationships.

In group sessions, the leader soon learned of the acute lack of sexual education that the boys had, especially Larry and Wilfred. The leader followed group discussion in this area with lectures and question periods that most of the members seemed to enjoy. Intense interest was expressed by the group in relation to the description of the genital organs of both sexes.

The patient's repeated acts of exhibitionism which were committed during his first placement, free from the restrictions and punishments of family or School reprimand may be evidence of his confusion over his masculine role. Psychiatric consultation prompted discussions on sex to the group.

Larry participates quite readily in the group, affecting a worldly attitude yet being apprehensive about making definite assertions. Worker has been unable to get Larry to discuss any feelings associated with his exhibitionistic acts.

CASE VIII

Wilfred was admitted to School at the age of twelve years, eight months, M. A. 7⁸, I. Q. 61, Patient was the second of two pregnancies, both being mentally retarded. Early history revealed that patient was in foster homes since he was two years old.

Charge of neglect against mother, suspected of being mentally subnormal, and a father whose whereabouts were unknown, brought child under care of D. C. G. Suggestion of early deprivations reported in child's first foster home placement. At that time he was cranky, cried most of the time and was a difficult feeding and toilet training problem.

In later foster home placement child was said to be well liked by boys of his own age. Prior to admission Wilfred had been in two foster homes where foster parents agreed that he was a likeable child. Second foster home placement necessitated by broken home in first placement. Although patient remembered foster parents as being good to him, he was not anxious to renew contact with them.

In public schools, Wilfred spent one year in each of the first three grades. Then he was in special classes for two years. Child's retardation in school work was noticed at the age of nine but it was felt that he would begin to grasp the work as he got older.

He was reportedly not helpful at home, spent most of his time with neighborhood boys who were suspected of stealing and being destructive. He was easily influenced by other boys. He was considered very talkative but had poor practical knowledge. Although he was resentful of authority, he was not difficult to handle. He was described as being selfish, obedient, suggestible, and social.

At W. E. F. S. S., Wilfred never attained higher than fourth grade scholastic level, although he showed more interest in academic than manual work. His alert, well-groomed appearance made him seem brighter than he actually was. Patient worked well under encouragement but found it hard to master new work and sometimes refused to try new work he considered difficult. However he retained what he learned and magnified its importance in bossy attitude toward other boys. Wilfred was childishly argumentative and quarrelsome but generally was willing and cooperative.

Wilfred developed into an attractive immature looking young man who was always neat in appearance and pleasant in manner. Although he seemed somewhat effeminate, positive proof of any abnormal moral reactions was not evident.

During institutionalization, patient's mother was admitted to Danvers State Hospital and diagnosed as psychotic.

Patient did not have any visitors but had received mail from brother who wanted him to come and live with him in a distant state. Patient said that since he had been on parole his brother visited and tried to encourage him to take a job in construction with him where there was more money, where they could be together, etc. This whole problem was discussed at a group meeting from certain points of view; e. g., youth and inexperience, uncertainty of employment, lack of knowledge of living conditions etc.

After nine years Wilfred was paroled to X-Y hospital as floorman at starting salary of \$31.00. Although patient had been on parole since last November he had saved over one hundred dollars.

At first community supervisor reported Wilfred was very slow and tended to find ways of avoiding his work, even refusing to do so at times. The use of positive authoritative

attitude by community supervisor gave patient alternative of returning to School; patient apologized and had shown surprisingly much better adjustment.

He was readily accepted by the group, all of whom knew him when they were at School. He had been given a little more responsibility in work at the hospital but worked in limited area of keeping one floor clean with help of two other aides.

Comments

Predisposing factors that seem to suggest conflict of mixed identification are indicated in the patient's physical and emotional attributes. Wilfred's suggestible and submissive traits, coupled with his babyish appearance, made him easy prey for older boys who have exerted their influence upon Wilfred in childhood play activity and in School.

His interpersonal relationships with foster parents, as well as earlier deprivations by his own mother have left the patient inadequately prepared for succeeding levels in his psychosexual development.

Immature and always the follower in group sessions Wilfred has been mostly a good listener; his participation has consistently been one of hero worship toward a stronger male figure in the group or registering inappropriate complaints in order to gain attention. Worker attempted to initiate self expression within the parolee by offering him increased opportunity for group participation.

CHAPTER V
SUMMARY AND CONCLUSION

The purpose of the writer was to make a qualitative study of the general life situation of those mentally retarded individuals on parole in a common placement. It was further intended that this study would point up in what way their behavior is related to other factors in their environment and other areas of adjustment; the plan was also to study some of the individual reactions in the following areas: in the School, in relation to parental and sibling interaction, in group meetings. The purpose raised the following questions:

1. What response did these individuals make to group meetings?
2. What common character traits exist in this group and how are they reflected in their behavior?
3. Did the patients who seemed to adjust successfully in the School continue to do so in the community?

The attitudes expressed by the eight parolees in the group toward the School seem representative of the whole thirty-four cases. There is general agreement that the educational training was beneficial but greater value was placed on the manual and industrial training. It was felt

that practical training in manual arts should be stressed so as to prepare the parolee for trade opportunities within the community.

Character traits predominant within the group that affected their behavior were, suggestibility, respect of authority, obedience, and amenability to habit formation in School training.

Proper behavior and regular work and play habits are acquired and carried over into community adjustment as governing factors.

Most of the parolees came from broken homes, foster homes that failed to meet the needs of the individual's emotional and educational inadequacies, and/or homes where neglect was the main reason for the individual's referral.

Good adjustment within the institution seemed to prove true also in the community. In the three cases where the patient was returned to the institution, an emotional factor was involved. Also in two cases, the parolee was adjusting well for at least a year before difficulty within the placement warranted his return to the School.

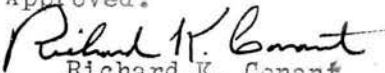
In one case where adjustment was poor within the School and in the community, emotional factor of aggression was present. It would be idle of the writer to say that his present favorable adjustment can be solely attributed to

group therapy as it is well known that the several factors influencing human behavior are always acting in the daily experiences of any individual.

Group therapy with this group has been an exploratory attempt and the results must be left to the reader's own interpretation as this experiment has not been long enough to see if there would be any lasting results coming out of the therapy employed. At present there is good adjustment possibly because the common interest of the group has been maintained. This interest in sports appears to be the unifying factor.

It would appear that when the question of treatment arises the emphasis must be put on treating the whole individual and his whole immediate situation rather than on treatment of one particular area of conflict.

Approved:


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Dean

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APPENDIX

SCHEDULE 1

Patient's name _____ Age _____ Date of Referral _____ Case No. _____

Sex _____ Referral Source _____ C. A. _____ M. A. _____ I. Q. _____

Description of the Patient _____

Problem Involved _____

School

Grade _____ Grades Repeated _____ Effort _____

Family

Father:

Occupation _____ Age _____ Religion _____ Health _____

Education _____ Personality _____

Mother:

Occupation _____ Age _____ Religion _____ Health _____

Education _____ Personality _____

Siblings

Name _____ Age _____ Grade _____ Sex _____

Environment

Description of Home _____

Family Relationships

Mother-Father Relationship _____

Mother-child _____

Father-child _____

SCHEDULE 2

Name _____

Addresses _____

Employments _____

Marital Status _____

Social Activities _____

Habits _____ Drink _____ Smoke _____ Others _____

Court Record _____

Present Attitudes Toward Parole _____

Present Attitudes Toward School _____

Wages _____ Savings _____ Bank Account _____