A DESCRIPTIVE STUDY OF
ADOLESCENT CHILDREN

A STUDY OF TWENTY PROBLEM
ADOLESCENT CHILDREN REFERRED TO THE CHILDREN’S
MEMORIAL CLINIC, RICHMOND, VIRGINIA.

By

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CHAPTER I

The purpose of this study is to give a description of children whose problems seemed serious enough to be referred to a child guidance clinic for full clinic study. The study is not statistical nor is its aim to classify certain types of problems with applied treatment or to draw conclusions in regard to the general age group which we shall present. The purpose is rather to show the causes of referral of these problems both symptomatic and underlying, and the results of clinic study on a group which we shall call adolescents. A brief description of the individual children will be given.

By adolescence we mean, in this study, children between the ages of twelve and eighteen. These years are named because a definite period must be assigned for purposes of investigation. Although in all cases this age range covers the general period of adolescence, it is recognized that the period of actual adolescence varies in different cases. Likewise scores of authorities have discussed adolescence not all of whom have agreed upon the exact beginning or end of the adolescent period.

Dr. Leta Hollingworth says that "adolescence lies between childhood and adulthood. . . . Common observation recognizes

2.

Adolescence is not a matter of age, and in him the later acquisitions of the race slowly become potent. Developments that these are transitional years, when the boy or girl can no longer be treated as a child, although not yet full grown. Approximately, adolescence is a period of "the teens" covering thus about seven years of a person's immaturity. The child grows by imperceptible degrees into the adolescent and the adolescent turns by gradual degrees into the adult. The extreme gradualness of the change makes it hard for the parents to realize it is taking, or has taken, place, and this failure to perceive the transition from childhood brings many problems of adjustment into the life of the youth and his parents as well."

At the present time there is much being said and written on the subject of adolescence. We are beginning to realize that it is a renaissance in the growth and development of personality. Like all changes, especially that which precipitates growth, there appears along with it variations in behavior and attitudes. These variations are not necessarily alarming, they may be, on the other hand, the result of a so-called normal reaction against what Dr. G. Stanley Hall calls preadolescent years. That authority says, "Adolescence is a new birth, for the higher and more completely human traits are now born. The qualities of body and soul which now emerge are far newer.....the
adolescent is neo-atavistic, and in him the later acquisitions of the race slowly become prepotent. Development is less gradual and more saltatory, suggestive of some ancient period of storm and stress where old moorings were broken and a higher level attained....The momentum of heredity often seems insufficient to enable the child to achieve this great revolution and come to complete maturity, so that every step of the upward way is strewn with wreckage of body, mind, and morals. He is more objective than subjective and only if his lust to know nature and life is starved, does his mind trouble him by ingrowing. There are new repulsions felt toward school and home, and truancy and runaways abound. The social instincts undergo sudden unfoldment and the new life of love awakens. It is the age of sentiment and of religion, of rapid fluctuation of mood, and the world seems strange and new....The whole future of life depends on how the new powers now given suddenly and in profusion are husbanded and directed....Self feeling and ambition are increased, and every trait and faculty is liable to exaggeration and excess".

The cases which are included in this study have been selected from the files of the Children's Memorial Clinic, Richmond, Virginia. They are of the "full study" cases which had been under clinic care a period of one year.
or longer and which had been closed at the time of this study. As stated before, this study is concerned only with children between the ages of twelve and eighteen years, the general period of adolescence. The entire number of such cases from the beginning of the Clinic in 1924 to December, 1931 was found to be twenty-two cases.

By full study we mean those cases which were given what the Clinic calls "full study". This includes a thorough physical examination by the pediatrician followed by psychological tests which aim to measure the special abilities or disabilities of the child. The psychiatrist then holds an interview to attempt to get at "those psyche facts that appear once in a lifetime... may never rise above the threshold, but manifest themselves only in automatism, acts, behavior, things neglected, trivial and incidental, such as Darwin says are often most vital."

Meanwhile the social worker obtains a full social study. When all of this is accomplished, a staff meeting is held which includes the psychiatrist, the pediatrician, the psychologists, and the social workers. The case is discussed, causative factors are analyzed so far as is possible, and some plan of treatment is drawn up which

#Hall, G. Stanley: ADOLESCENCE, preface VII.
usually involves further interviews with the psychiatrist and more contact with the psychiatric social worker.

"The Children's Memorial Clinic is primarily an organization for the study and treatment of children who show undesirable traits and behavior. Its purpose is to deal with those problems in such a way that delinquency and mental disorders may be prevented and healthier and happier adaptation be made to life by the individual.

"The staff consists of a psychiatrist, a pediatrician, two psychologists, a nurse, three psychiatric social workers, a laboratory technician, a secretary, and two clerical assistants.

"The clinic accepts for study children under eighteen from the City of Richmond and County of Henrico, referred by public, private, and parochial schools, the thirty-nine social agencies of the Richmond Community Fund, the Juvenile Court, and private physicians".

When the clinic was first established, referrals were accepted from parents, but it no longer accepts such referrals; all referrals must now come from sources listed above.

A description of the clinic would be incomplete without an explanation of the Therapeutic Work Shop which plays such a large part in the treatment plans for a large number of children referred to the clinic. The Commonwealth Fund News in March 1927 carried the first account of the Junior League

"Coghill, Harvie DeJ., M.D., pamphlet, "CLINICAL APPROACH TO THE PROBLEM CHILD"."
Therapeutic Work Shop." The purpose was stated as, "A
joint experimental venture of a group of educators, vol-
unteers, and psychiatric social workers to aid in the
Clinic work by means of a shop which is to be used as a
laboratory in which to study the emotional reactions and
group adjustments of certain children, to provide, by in-
formal means, for more frequent contacts in the treatment
of children with behavior disorders and personality defects".
A large room above a garage on the Clinic premises has been
fitted up with wood working tables, tools, some wet boxes,
to hold damp models, and various materials at the expense
of several hundred dollars.... The social workers mingling
with teachers and assistants, may make contact with ten to
fifteen children, get reports of school progress and home
conditions, and sense changes in attitudes.

In this group there are fourteen boys or seventy per cent
of the total number studied; the remaining eight or thirty
per cent are girls. This difference corresponds with the-
sen rates of the entire group of full study cases at the
Children's Memorial Clinic.

Nineteen of the children studied belong to white American
stock, while only three were born to immigrant parents. Al-
though the clinic gives service to colored children, none
happened to be in this group.

Most of the children studied belong to protestant
denominations, three to the Jewish faith, and one to the
Catholic church. This is probably fairly representative
of the religious faith of the community.
CHAPTER II.

Analysis of Group.

The analysis of the group does not include the actual case presentations. It is a brief delineation of the cases as a whole in order to give the reader a general impression of the children whose cases will be seen in the following chapter. The cases represent the work done by many staff workers over a period of five years beginning in January 1925, with the establishment of the clinic and ending December 1930.

The ages, as have been already noted, range from twelve to eighteen. The arithmetic average age of the girls is fourteen years, six months; that of the boys, thirteen years.

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Eighteen of the children studied belong to Protestant denominations, three to the Jewish faith, and one to the Catholic church. This is probably fairly representative of the religious faith of the community.
The intelligence quotients of the children studied range from 72 to 116. The Stanford Revision of the Binet-Simon tests was used in all cases. Sixteen years was considered the average level of adult intelligence. It is now recognized that this test is not entirely satisfactory for children of this age and also that 14 years rather than 16 is more nearly the average adult level. We assume by the tests and standards now used in the Clinic that the children might show higher ratings in some instances. The arithmetic average of intelligence quotients for the boys studied in this group is 91; for the girls, 94. The tests showed that three in the group studied are of border line intelligence; seven dull normal; seven of average intelligence or normal intelligence; five of superior intelligence.

The group presents no major physical defects, or outstanding effects of illness. Most of the children show a history of the early childhood diseases such as mumps, measles, and whooping cough. There are several minor defects or malnutrition, vision, obesity and hygienic habits. The homes from which the children were referred are considered to be moderately comfortable with the exception of two cases.

The ordinal position of the child in the home is as follows: the youngest child, two; the middle child six; the oldest, four. In the remaining five cases, two are
only children by a previous marriage but at the time of referral there were other children in the home; two are next to the youngest, one is the fourth child in a family of six children.

In the twenty-two cases studied, fifteen children were referred by the school nurse; one by the school principal; one by the visiting teacher; one by the Instructive Visiting Nurses' Association; one by a private physician; one by the Juvenile Court; one by the State Department of Public Welfare; one by the mother.

In this study we have divided the problems at referral into four groups: 1. personality problems; 2. behavior problems; 3. school problems; 4. habit problems. We are not attempting to draw arbitrarily a line of demarkation between personality and behavior problems, for instance, but for the purpose of this study we have selected certain problems and classified them according to what seems to be the outstanding problem at the time of referral. It will be seen that frequently there is found in a case presumably referred for behavior difficulties, poor progress in school or a marked timidity or some other so called personality or habit problem. Therefore our classification merely serves as a convenient grouping rather than an attempted diagnostic differentiation.

1. PERSONALITY PROBLEMS. By personality problems we mean listless, "nervous", apathetic, timid, withdrawn, egotistical, fearful, moody. In the group studied there
are seven referrals which are classified under this grouping.

"By disturbances of personality we mean those variations from the normal organization of traits, which interfere with individuals' actual or potential effectiveness of adjustment. Slight variations need to be of no special significance, since the "normal" is not a well defined point. Slight variations should be observed however, since they may become serious disturbing factors later on."

The opinion is held by some authorities that adolescence is the most trying period of life because of the difficulty in determining what desires and impulses should be inherited or which ones should be developed.

"But it is in adolescence that the ability of the individual to adjust himself is, as a rule, most severely tried....he has, owing to the new appetites and desires that now awakening, to make one of the most radical adjustments required of him at any period of his life, and in his efforts to make these adjustments he is severely handicapped by his ignorance and inexperience. He has to deal with great emotional forces of great strength, but of the nature and significance of those forces he knows very little. He does not know whether they are good or bad, whether he should yield

#Brooks, F. W.: PSYCHOLOGY OF ADOLESCENCE
Page 455
to them or hold them in check; so he is carried along by a blind impulse seeking some means of emotional outlet, some source of satisfaction. So he gropes his way, seeking more or less blindly some adjustment that will satisfy his needs, and in this blind groping there is great danger that he may fall into unwholesome or undesirable habits of thought or conduct.....In some the failure to adjust shows itself merely in an emotional disturbance which may not swing beyond the limits of what we are accustomed to regard as normal. In others, however, it results in unwholesome habits of thought and conduct, in bad sexual practices or antisocial acts, and in certain cases it manifests itself in types of mental reaction which we are accustomed to regard as manifestations of mental diseases"

2. **Behavior Problems**. By behavior problems we mean truancy, temper tantrums, forgery, stealing, sex delinquency. This group makes up six of the referral problems. The problem of behavior disorders is not new. Shakespeare long ago described the cryptic conviction of a parent:

"O! Had it been a stranger not my child, To smooth his faults I should have been more mild".

Educators and parents are familiar with conduct and behavior problems but according to Mr. Brooks in his *Psychology of Adolescence*, these problems are better understood by educators than by parents.

"Waiting until the child shows some very pronounced aberration in behavior is much less effective than the positive anticipation and avoidance of it. Only by constant checking on the development of specific traits can guidance and control be united to the individual need". F.W. Brooks

Grace Elliott in *Understanding the Adolescent Girl* points out that acts of behavior are only symptomatic and that it is necessary to go behind the forces which underlie the acts. She says in regard to disciplining these acts of behavior that it "...is effective only when it (discipline) is related to the purpose and achievement of the individual in such a way that it affords a reasonable amount of immediate satisfaction; and self denial only as it is related to a commitment to a more desired end".

It is the opinion of Grace Elliott that adolescent behavior "is the result of some need or desire....Domination and aggression are but a protection from a fear of failure which must somehow be covered...They will give these up (crutches of over assertion and domination) not because they try to but as they learn confidence and assurance through real achievement".2

3. **School Problems**, such as inattention and unsatisfactory work in school, poor school progress and utter dislike for school constitute six of the referral problems. Although authorities tell us that the school problem is closely interwoven with other problems, it is reasonable to suspect that some major maladjustment identified with school existed in some of the cases studied.

Graham R. Taylor says in his chapter in *The Problem Child in School* that many factors may contribute to the school problem:

**#1** Elliott, Grace: *Understanding the Adolescent Girl*. Page 96.
**#2** Elliott, Grace: *Understanding the Adolescent Girl*.
Pages 86 and 87.
"It is often found that the problems (school) are due to unsuspected factors for which the home, the school, the neighborhood influences rather than the child himself is responsible. Ways are being sought and followed, in the light of this understanding, to give early attention to the difficulties with which children struggle and to prevent serious problems of scholarship and conduct from developing. An increasingly important role in the modern system of public education is being assigned to this new specialist (visiting teacher) who is not merely familiar with educational processes but has been trained in a technique of social service which owes much to modern psychology and psychiatry.""\textsuperscript{1}

Elizabeth R. Irwin and Louis A. Marks in \textit{Fitting the School to the Child} point out that the "restless boy in the third grade, the boy who steals in the fourth grade, plays truant in the fifth grade, and becomes a general nuisance in the sixth grade is not primarily in need of punishment but of help. That help which springs not only from good will and kind intention but which also has its source in scientific knowledge of human motives and behavior""\textsuperscript{2}.

Mr. Howard W. Nudd in discussing the visiting teacher's work says that since the use of intellectual and ability measurement tests have been introduced into the school system, it is natural that other factors in the personality of the child should present new problems for the school to grapple with.

"This explains to a considerable degree the new interest which is generally apparent in the problems of behavior and character. Intellectual accomplishments and physical fitness while recognized as of fundamental importance no longer monopolize the educational

\textsuperscript{1}Sayles, Mary B: \textit{Problem Child in School}, Page 10.
\textsuperscript{2}Irwin and Marks: \textit{Fitting the School to the Child}, Page 65.
light. The school is coming to see that one may know the truth but that the truth can not make one free unless transplanted to appropriate action and that a 'sound mind in a sound body' is not the end, but a means to the real end of education which is sound behavior. It is becoming increasingly recognized that the emotional reaction of the child to his experience in school and the world outside its walls play a vital part in the school’s main purpose to train children for right living and wholesome citizenship”.

4. HABIT PROBLEMS. In this study only three referrals are in this group. All of these were cases of stammering. There are various causes which have been assigned for stammering. McCormack in 1829 declared that stammering was due to defective breathing; Bluemel held that "the stammerers' difficulty is transient auditory amnesia". Present day authorities differ from these opinions. Munsterberg holds that abnormal fear is the essential factor in most cases of stammering. Habel Oswald is of the opinion that stammering is not a physical defect but depends upon a psyche cause. If this thesis is taken, it follows that effective treatment must include a study of the environmental surroundings, in order to determine, if possible, the nature of the psyche cause.

"It is of comparative little use to undertake treatment of a stammerer......without ascertaining as much as possible of the family history and of the health, mental and physical, of the patient......Details of the child's health and nervous condition,

#Boome and Richardson: NATURE AND TREATMENT OF STAMMERING. Page 15.

#2. Ibid, Page 14.
#3. Ibid, Page 86.
#4. Ibid, Page 87.
*- Sayes, Mary B: THE PROBLEM CHILD AT SCHOOL, Page 85.
his general behavior and characteristics, etc., should be ascertained

The recommendations for these four groups of problems vary because there is no known blanket prescription to be given adolescents' problems. All recommendations in each of the four groups include contact between the psychiatrist and child, and between the child and psychiatric social worker. The social worker also works with the family and others who may come in contact with or influence the child in any way.

I. In the personality group, more recreation, such as camp, Scouts, Therapeutic Work Shop at the clinic, etc., was recommended in six instances. Direct working with the school was recommended in four cases while in only one case was it suggested to work with the Juvenile Court.

II. In the behavior group, it was recommended in five instances that the psychiatrist interview the parents. In three instances it was recommended that the child be sent away to boarding school. In four instances it was recommended that the child be handled through the school. In two instances more recreational outlets were recommended.

III. In the school group, working with parents led the number of recommendations with three. In two instances it was recommended that more recreation be had outside of school. In one instance correlation of outside interests and school was recommended.

IV. In the habit group, the recommendation that the school and clinic work together was given twice; exercises in breathing, working with parents, and need for more recreation was recommended once.

*Boone and Richardson: NATURE AND TREATMENT OF STammering, Page 88.*
In discussing the various problems and adjustments which the adolescent faces and must solve in some way, Dr. H. Crichton Miller says that there are three principal adjustments. The first is the adjustment to society which involves "the passing from self-centered isolation of infancy to full communion with his creature." The second adjustment, according to Dr. Miller concerns the adaption to the potential mate; the third has to do with his conception of the infinite. "The adolescent is far from maturity if he does not know himself well enough to realize that he has to settle in his own mind his own view of the infinite and to adjust himself to it." 2.

Dr. Williams differs somewhat from Dr. Miller in that he gives only two adjustments which the adolescent must make before he is to mature. The first is the necessity of emancipating himself from the home; the second is the establishment of heterosexualty. 3. Mary E. Bayles says that in visiting teacher work, adolescent boys constitute a very small number of children with recorded sex delinquencies. In this study the only one referred was a 15 year old boy. In regard to sex education and instructions we again quote Dr. Miller: 4.

"Sex education can not begin too early.... there must be no hushing up, no suggestion

#1 Williams, Frankwood, M. D. ADOLESCENCE Page 14.
#2 Ibid Page 14
#3 Ibid Page 102.
that the child is naughty, silly, or even gauche to such questions. Dr. William A. White says that the reason for recognizing sex is because of the mere fact of its existence as an instinct in the child.

"This involves a dignification of sex to the same level of importance as other functions of the individual, bodily or mental, with the object of attaining to that emotionally calm consideration of sex problems which will insure the bringing of the sex instinct into line to the individual and the race under the direction of conscious ideals guided by the intelligence."  

Our study shows that out of the twenty two cases studied, nine were closed because the treatment seemed successful. The original cause of referral and the problems revealed in the social history were cleared up, and the child had made a satisfactory adjustment, so that the clinic felt that its services were no longer needed. In seven cases the result of treatment was doubtful. In one instance the school problem had cleared up but the home problem which was the probable root of the difficulties was of such a nature that the clinic could not help. In the second instance the case was referred by the Juvenile Court which assumed further control of the case. The closing entry of the third doubtful treatment case, which was undertaken before the clinic had a full staff, was marked "fair adjustment, some improvement". In the fourth case, which was also undertaken early in the history of the clinic, the only treatment which the clinic

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felt could be made was offering suggestions to the parents who it was felt, were the sole ones who could most effectively correct the problem. They were invited to return to the clinic if they felt the need of it. Since they did not return, we can not say whether the clinic recommendations were followed, and whether they were effective or not. In the last three of this group, the cases were closed because of removal from the city.

In six of the cases treatment did not appear to be effective in clearing up the original problem or the problems revealed in the social history and study. In two instances the children stopped school and went to work; in another the girl was returned to a correctional institution in another state; in the third, the girl resisted efforts made by psychiatrist or worker in attempting to analyze her problems. In two instances the parents were unwilling to cooperate in any way with the clinic so that the clinic felt justified in closing the case.
CHAPTER III

Case Studies

The histories of the twenty two children studied will be given in brief form. They show a variety of factors of causal significance in the origin of the problems common of adolescence. They also show how the clinic attempted to clear up these problems. They will enable the reader to get a graphic picture of the kind of children who make up the study group.

The histories will be grouped by the type of problem for which referred, namely 1. - personality problems, 2. - behavior problems, 3. - school problems, 4. - habit problems. The number of cases falling in any one group is not sufficiently large to be of significance in drawing conclusions. A few comments at the end of each of the groups are made to draw the reader's attention to the problems found in some of the cases; to the possible effect of the clinic study in the others; and to the general opinion held by authorities regarding the treatment of certain trends found during the period of adolescence.
I. Children Referred for Personality Difficulties.

Case 1. "Adelaide".

Adelaide was an apathetic, slovenly looking girl of 16 years who was having difficulty with her school work. She was said to be unable to think after the first class in the morning. She was a senior in high school but was not graduating with her class because of her school failure to which she was apparently indifferent. The school nurse who referred the case described Adelaide as being timid and generous but argumentative and disobedient.

In the social history both paternal and maternal heredity indicated neurotic tendencies although there was no overt mental disturbances on either side. The mother idealized the family situation, saying that it was a very happy and well ordered household, but according to later information the home was found to be untidy and without routine or much management. There was constant friction between Adelaide and the younger sister. The mother, although there was an older sister, depended upon Adelaide in the matter of sharing the financial difficulties of the home. The stocks which the father had invested before his death had become practically worthless. The mother shrank from budgeting her money so that it devolved on Adelaide to assume this responsibility. The mother seemed to be closer to Adelaide than to either of the other two children,
and referred to her as "an apron string baby", saying that without her she "wouldn't know what to do". As the mother believed that Adelaide was the least healthy of the three children she gave her less actual housework to do. The mother believed that she had trained her children "scientifically" and was greatly distressed about Adelaide’s school failure.

The physical examination showed that Adelaide was 15% underweight for her height and that her daily regime was very poor. It was recommended that she get plenty of fresh air and sunshine and a well balanced diet.

On the psychological tests she scored above the average on every test, indicating that she belonged to the superior group intellectually.

During the first part of the psychiatric interview she was tense but quickly became at ease, cooperative and responsive. She was spontaneous and frank about the financial stress and strain in the home. She seemed to have a resistance against sex, saying that she would never marry. Her wishes were for happiness, love, and prosperity.

The psychiatrist recommended that Adelaide have frequent interviews with him and that if possible she should go to a girls' camp for a part of the summer.

Before any treatment was carried out, a staff meeting was held. The psychiatrist gave as some of the causative factors the neuropathic stock of both parents and the lowering of the standard of living after the father's death. He interpreted Adelaide's poor group adjustment as the result of an "ingrown" family and of dependence on the mother who had prolonged the
period of infancy. It was felt that the mother had set the patterns for untidiness by her slack methods of home keeping.

The social worker discussed the matter of budgeting with the mother, who asked the worker to help her make out a budget. It was found that the income was not sufficient to meet the needs of the family. After a great deal of discussion with the worker the mother applied to a family agency for budget assistance. Adelaide managed the budget, keeping an account of the income and expenditures and going over a family visitor the entire income and outgo at the end of every month. In discussing the family situation with the psychiatrist she said that she had never known a normal home and that she felt she had missed something by not having the constant companionship of a father.

Adelaide confided to the social worker that she would "give anything to be able to drop Latin". The mother was terribly upset when this was discussed with her but eventually said that if worker approved she would consent. At the end of three months, Adelaide seemed less reserved, more alert and independent than formerly. The mother seemed to be deteriorating mentally, becoming more inaccurate and imaginative. She seemed to have ideas of grandeur of a compensatory character.

At this time a treatment conference was held. It was felt that the mother, since she was showing signs of rather rapidly developing neurotic traits if not frankly psychotic
should see a neurologist. The mother agreed to this. When the social worker told the children the mother was ill and that the physician thought it would be necessary for her to stay in the hospital for some time, Adelaide was the only one to verbalize about it. Since the mother did not improve as rapidly as the neurologist had at first expected, Adelaide and the other children were put into a boarding home in which Adelaide did not adjust satisfactorily.

After three months of hospitalization the neurologist recommended commitment of the mother to a state institution. Adelaide was very upset about this, she had frequent night terrors and in general, seemed thoroughly unhappy. Just at this time a relative of the mother suddenly appeared in the city and took the three children to live with him in a distant state, thus necessitating the close of the case. Later reports indicate that Adelaide is happy and attending college.
Case 2—"Ralph."

Ralph was a friendly self-possessed boy, 13 years old, an only child, in the first year of high school. His mother referred him to the clinic saying that he was easily excited and always seemed to be under tension. He complained of not feeling well in the morning but the mother was at a loss to account for this since he seemed to be perfectly well later in the day. Ralph "despised" to go to school and had to be forced to study.

Ralph's background as revealed in the social history was not interpreted as being a significant factor in his difficulties. Both father and mother were fairly well educated, were in good health and seemed to be compatible. The father left all matters of discipline to the mother on whom Ralph was quite dependent. The mother, so the social worker believed was flattered by this reliance and interpreted it as a wholesome attachment, although she recognized it as marked dependence.

At the staff conference the pediatrician reported that Ralph was in good general health. The psychologist reported that according to the tests, he was of superior intelligence. On special abilities tests given him he showed an exceptional mechanical ability for his age. On the Porteus Maze test he fell down considerably. The psychologist suggested that this might indicate somewhat of an emotional instability and lack of ability to concentrate and to work his way out of a situation.
The psychiatrist reported that Ralph talked freely and without tension about his dislike for school. He said that his parents never interfered with his attempts to solve his own problems which he believes he can adequately handle. The psychiatrist recommended that the parents come in for an interview and that the social worker visit the school.

When the father talked to the psychiatrist he said that Ralph lacked interest in school and was not willing to put forth any effort. The psychiatrist explained the factors to the father which probably entered into this problem and the way the father could help in the solution of it. The father responded immediately. In the second interview, however, he seemed rather severe in his attitude toward the boy's failure in school, pointing out that he could do the work if he would only apply himself. The psychiatrist discussed with him the value of praise rather than censure to which the father responded rather well.

When the mother came to talk with the psychiatrist she said that Ralph had every encouragement to study but that he used any and everything for an excuse to keep him from studying.

The social worker saw Ralph's teacher who said that he simply exerted no effort. One of his teachers described him as being inattentive and a daydreamer.

A treatment conference was held by the staff. It was suggested that Ralph go to a summer camp. It was also recommended that it would be well to place responsibility on him since he felt capable of solving his own problems and to give a few suggestions to the parents who were intelligent and had enough insight into the situation to apply the suggestions.
The general plan recommended was to build up a sense of responsibility and to help him to face situations in a more adult way. This was to be done gradually beginning with little things such as attending to the furnace, having a regular allowance and in general allowing Ralph to find out for himself what pays and what does not pay.

These suggestions were discussed with the parents who were told that since Ralph seemed adequate in meeting his own problems and since the clinic felt the situation could be most effectively handled through the parents, the case would be closed. They were invited to return if they felt the need of further assistance.
Case 3. "Frances."

Frances, reserved and timid, was referred to the clinic by the school nurse because she seemed given to daydreaming. She was in the 6th grade, 13 years of age, and the youngest of three children. She heartily disliked school, and for no apparent reason stayed at home and refused to go to school. She claimed to be ill frequently although the medical examinations made at school showed her to be in good general health.

There were indications of a possible hereditary taint in the family and of a tendency to "nervousness" as indicated by the older brother and sister. The mother, so the social history brought out, saw little advantage in clinic study but did not object to it. She had no control over the home situation and seemed to the social worker to be very ineffectual in handling the children. There was little regularity in the home regime. Both the mother and sister talked continuously before Frances about illnesses through which they claimed to have passed.

The physical examination showed Frances to be in good condition. The pediatrician made no recommendations.

The psychological tests showed that Frances was correctly placed in school with a probable educational ability to do high school work. During the interview she was self-conscious and ill at ease. She saw mistakes as soon as they were made but could not plan ahead.

The first psychiatric interview revealed that Frances
obtained her desires by crying, quarreling, and pretending to be ill. She told the psychiatrist that she deliberately ate sweets at night because her mother told her they would make her ill. The psychiatrist recommended at the staff conference that the clinic work with the parents showing them what was taking place in Frances, using the older children as examples and attempting to make them see clearly the danger of continued careless training. It was also recommended that Frances should be given adequate recreational outlet which she was not getting, self-assurance and opportunities for satisfaction. It was felt that the social worker should see the family physician and the school teachers.

Frances broke the first appointment with the psychiatrist. When she did come to the clinic, she was a half an hour late and complained of being sick saying that she didn't want to return to school. The worker called on the physician who characterized the mother as being ineffectual and together with the father as the cause of Frances' behavior. During the period of her menopause, according to the physician the mother had a mental breakdown but did not receive sanatorium care. He believed that there was little hope of success in working with the mother. He also thought that one reason for the home situation was strained financial circumstances.

The social worker discussed the school problem with the principal of the school who agreed to transfer Frances to another school and promote her to the 7th grade. According
to the teacher at the "new" school, Frances seemed interested and appeared to enjoy school experience. Frances voluntarily told the worker that she felt she "was doing something in school and that she liked the girls at the school." The second month of school she broke her arm and stayed away from school four days although the physician assured her that she could go back the second day.

The mother cooperated with the clinic efforts to encourage Frances to go to school. When she missed a day, the mother always called the worker to tell her the reason for her absence. One morning she telephoned saying that Frances refused to go to school, offering first one excuse, then another. The worker arranged for her to come in immediately to interview the psychiatrist. When she came, she had little to say and seemed to be a bit resentful. According to the psychiatrist the most striking part of the interview was Frances' shallowness in reacting and in her ability to produce satisfactory ideas or descriptions of what she did. She admitted, however, that she could "get around her mother" and do as she pleased. The psychiatrist gave her a definite outline of procedure which he called a "prescription".

1. To be in school at 8:45 every morning.
2. Mother to call clinic every morning to report.
3. Mother not to excuse Frances from school for sickness.
4. If Frances is sick, she is to go to school and be excused there.
5. If Frances is at home she is to be:
   1. In bed all day.
   2. Given one quart of milk, nothing else.
   3. To have no books, toys, or pictures.
   4. To have windows open.
   5. No one to come into room to talk or amuse her.
6. If she stays at home against orders some one is to come for her."

The following month Frances was really sick with a cold which necessitated her absence from school for a week. The same month she was caught cheating on a Geography examination and given a zero. By special permission she was allowed to stand the examination again. The social worker at this time invited Frances to the clay modeling class at the clinic but she attended very seldom.

Frances withdrew from school one month after reaching her fourteenth year. The social worker called at home to discuss further plans and found that Frances wanted to work in a ten cent store. The mother said that she could not be worried with Frances' school attendance as she was last year. The worker offered any assistance in helping Frances or the parents in any way the clinic could serve. Since Frances was no longer in school, the case was closed with the understanding that Frances and the parents return to the clinic whenever they felt it necessary.
Case 4. "Lucile"

Lucile was referred to the clinic by a private physician for being moody and "nervous". She was 12 years old at the time of referral and in the 7th grade. She lived with her aunt who assumed responsibility for her at the age of four, at which time her mother was committed to a state hospital. The physician had told the aunt that the mother's mental condition was chronic - she was in a deep depression at the time of Lucile's referral, according to the physician. The marriage of the parents had been a forced one and had proved to be very unhappy. After six months, the parents separated but did not obtain a divorce until Lucile was 6 years of age. Lucile did not remember anything about her father since she had been given by the court to the mother.

At the time of referral, Lucile and her aunt had been living in Richmond for a comparatively short time. The uncle who had died a year before had been in the secret service, which necessitated frequent moves. Thus Lucile had been given little opportunity for making friends. According to the social history, the aunt apparently had little understanding of Lucile, she rarely praised her and seldom was there any expression of affection. The aunt spoke of dependency of Lucile on her, reminded her that since her father was divorced and perhaps remarried, and since the mother was adjudged insane, Lucile was thus dependent upon her for support. The uncle had left a small income which the mother supplemented by keeping roomers.
The physical examination proved to be essentially negative.

The psychological tests showed Lucile to be of average intelligence with the educational prediction of completing the high school course.

The first psychiatric interview showed an ill at ease little girl who was very polite and formal but appreciative of compliments. She showed a marked feeling of dependency and unworthiness, and sensitiveness to lack of affection. She had no outside interests. The psychiatrist's impression was that of a girl in whom the desire for affection and praise, unfulfilled at home, had led to extreme sensitiveness and rather odd efforts to be extremely polite and correct. This feeling, he believed, was accentuated by ideas of dependency.

It was recommended at the staff conference that a general plan be made to build up affection, security and satisfaction, and chances for her success. The psychiatrist was to interview the aunt and the social worker was to make contacts with the school and other agencies with the view of using all available methods for developing outside interests. It was also felt that Lucile should be given regular psychiatric treatment at the clinic.

Lucile became interested in dramatics at the Community Recreation Association. She displayed some ability in acting which was recognized by the director who praised and encouraged her in continuing it. The social worker encouraged this interest by taking her to see "Hansel & Gretel".

The aunt told the worker that she felt there was a breach between her and Lucile but that she was at a loss to know how
to cope with it. Lucile, according to the aunt, would become indifferent to her and would treat her very-formally. The aunt was also distressed because Lucile would not enter into a group of young people and did not seem at ease with girls and boys her own age. In an interview with the psychiatrist, Lucile said that her friends were older than she and that she did not enjoy them because they were not interested in the things which she enjoyed. She expressed a desire to go to a boarding school where she could be companionable with girls who liked to read, play basketball and tennis. The aunt told the social worker that although she felt that Lucile should not remain with her because they "couldn't get along", she could not afford to send Lucile to a boarding school. The worker wrote several "free" schools in regard to taking Lucile but none could accept her.

After some months of clinic contact during which time Lucile was attending the Community Recreation Association, taking violin lessons and coming to the clinic, the aunt became discouraged about Lucile. She complained that Lucile was careless about picking up her clothes and in keeping her room in order and that she had to be told to do everything she did although she never refused to do anything she was asked to do. The worker attempted to explain that since Lucile had spent so much of her life in hotels where she had servants to care for her room, it was not surprising that she acted as she did now. The aunt believed that Lucile was showing the same signs of mental illness which the mother did and that she was not appreciative of what was done for her, yet at the same
time she did not want to be independent. The worker suggested that this might be a reaction against her desire to be independent. The aunt told the psychiatrist that Lucile had no real affection for anybody, that it was impossible to show her any affection because they were so different, but that she really loved the child and would not give her up.

The aunt was suddenly called to a distant state on account of some property which she owned. She left Lucile with a friend who after a few days, felt that she could not assume further responsibility for Lucile since she would not mix with her own children but stayed out at night, frequently until eleven o'clock. The worker discussed this with Lucile and as she had received no sex instructions gave her Mary Ware Bennett's *Sex Side of Life* to read. She said that it contained nothing new but that it gave her a new viewpoint.

When the aunt returned she told the worker that she could keep Lucile no longer and that as soon as possible she wanted her placed elsewhere. Lucile was quite willing for the separation. The Children's Aid Society accepted her in the Receiving Home as a helper while the aunt was again on a visit to and her state. When she returned she found that Lucile had left the Home, and was living alone in the aunt's apartment. She secured a job at a ten cent store. The social worker visited her there several times. She was delighted with her work and was evidently making good. She was again living with her aunt who said that if Lucile wanted to stop work and continue school in the February term she would allow her to do so.

The closing entry of the case indicated that Lucile was
continuing her interest in dramatics and violin and seemed to be better friends with her aunt, who was more lenient to her. She went back to school in February and was making satisfactory progress there.

As referred by the school nurse as being listless, yet easily excited and given to a great deal of her dreaming in school. He was 13 years old and in the 7th grade. The social history brought out that he had no feeling of competition for his father and seemed to feel like a sib for his mother as he told every alone things he had to depend on her, talked over things with her and went to her for protection and understanding. He presented as behavior problems in school, where he was failing, but apparently indifferent to it.

Both the father and mother worked away from home. The social history showed that the father seemed to be the dominant personality in the home. He had violent outbreaks of temper and would beat the pillows, jump up and down, and then apparently lose consciousness. According to the author, the personal godfather was subject to such outbreaks. The father seemed to be financially able and basically a distrust in the mother's ability in handling money, although the mother repeatedly this distrust she does not agree with. She and the father frequently talk over Nick's problems to the mother, the mother seeming to be protective. The father was very anxious that Nick succeed in school and continually pressed his studies as he was failing. The mother and father separated for a period of eight or nine years but have been together since that time.

A slight defect in vision was the only relative physical
Case 5. "Dick".

Dick was a nice looking, mature boy for his age, an only child who was referred by the school nurse as being listless, yet easily agitated and given to a great deal of day dreaming in school. He was 13 years old, and in the 7th grade. The social history brought out that he had no feeling of comradeship for his father and seemed shy toward him, while for his mother he felt a very close tie, seemed to depend on her, talked over things with her and went to her for protection and understanding. He presented no behavior problems in school, where he was failing but apparently indifferent to it.

Both the father and mother worked away from home. The social history showed that the father seemed to be the dominant personality in the home. He had violent outbursts of temper when he would beat the pillows, jump up and down, and then apparently lose consciousness. According to the mother, the paternal grandmother was subject to such outbursts. The father appeared to be financially close and seemed to distrust the mother's ability in handling money. Although the mother represents this distrust she does not cross him. She and the father frequently talk over Dick's problems together, the mother seeming to be protective; the father was very anxious that Dick succeed in school and continually nagged him because he was failing. The mother and father separated for a period of eight or nine months but have been together since that time.

A slight defect in vision was the only positive physical.
finding. The pediatrician recommended that glasses be fitted to correct this, which was done.

The psychological tests showed good planning ability and that Dick was able on the basis of his mental age to do satisfactory work in school in his present grade.

The first psychiatric interview showed that Dick had some emotional instability on a basis of sex tension, according to the psychiatrist. He told the psychiatrist of an experience with a man who was definitely a pervert. Before this revelation Dick was nervous and fidgety but during and after the discussion he became still and at ease. No implications were seen as to the sex experience, it was considered by the psychiatrist as a single incident. There seemed to be inconsistency in the administration of discipline in the home.

At the staff conference it was felt that there was much more family tension than had been revealed. The psychiatrist was to see the father and attempt to point out the disadvantages of nagging Dick about his school work. Dick was to continue his art and music lessons as he manifested much interest in these studies.

The psychiatrist said the father who spoke of his wife's inability to handle money and of his fear that Dick would develop a like tendency. A plan to allow Dick to handle his own money and be responsible for the use of it was worked out much to the father's satisfaction. The psychiatrist pointed out to the father that it was probably best to give no attention to the boy's failing in school but that praise for any success and encouragement would be desirable. The psychiatrist talked to the mother and explained the plan which he and the father had
discussed about Dick's management of his own money. The mother agreed to this plan.

Dick failed on all subjects except one at the end of the term. The parents agreed to send Dick to camp for nine weeks but wanted him to be tutored while he was there. The psychiatrist felt that Dick should be free from school work at camp since he might consider the tutoring as an escape from working at school. It was finally decided that Dick should spend the summer at camp without taking any school work.

The closing entry on this case was marked "fair adjustment" and "some improvement".

...
Ruth was a 13 year old girl in the 5th grade, referred by the Instructive Visiting Nurse's Association for having "periodic attacks of falling out in which she is conscious but voluntary muscles do not respond." The referral also stated that Ruth was afraid of people and "things" following her. The social history recorded nothing unusual in Ruth's attitude toward her parents or school. She was planning to finish high school and received a great deal of encouragement from the mother who herself had little education but seemed very anxious that her children finish high school. Neither parent was able to understand the problem, according to social history, but neither parent was antagonistic toward the clinic study, in fact both appeared anxious for the study. Ruth was the 5th of 6 children in a home which, according to the social history, gave evidence of great financial strain. It was located in an unattractive neighborhood which was in close proximity to factories and railroad tracks.

The physical examination showed no causes for "falling out" spells. The pediatrician recommended for a slightly underweight condition that Ruth have a definite rest period following dinner each day and that she have adequately nourishing food.

The psychological examination showed that Ruth was a girl of low average intelligence with an educational prediction of junior high school work.

During the first interview with the psychiatrist, Ruth was embarrassed and tense. She was on the defensive about having fears and "attacks" (the "falling out" spells). At
first she denied having any such "spells" then admitted having them but said that she never lost consciousness.

At the staff conference, the recommendations were to have Ruth return to see the psychiatrist and also to have a neurological examination at a dispensary. It was felt that since the mother had not given sex instruction to Ruth this should be done. The psychiatrist felt that possibly her fear of people and "things" might be due to sex conflicts. He also felt that Ruth was disgusted with her environment and was seeking escape by day dreaming and possibly through the attacks.

The social worker discussed with the mother economic and household standards. She responded with as much enthusiasm as she seemed able to give. An appointment was made for Ruth to have the neurological examination but she forgot to keep it due to her brother's losing his week's pay check. In the meantime Ruth was taking two blind girls to work each morning and calling for them on her way back from school. She appeared very interested in this so that the worker felt the examination could wait until later. Some few months later the worker called at the home. The mother told her that Ruth's "spells" had ceased and that both she and the family attributed this to the establishment of the menses. The family felt no further need of the clinic now that Ruth "had become a woman". The worker invited Ruth and the mother to return to the Clinic whenever they felt it could be of service.
Case 7: "Thelma"

Thelma was an attractive looking, immaculately dressed girl of 18 years. She was a senior in high school, had always done splendid work and had been a happy fun loving girl who was tremendously interested in athletics. At the time of the referral by the family physician she was "nervous" critical in her attitudes and seemed to be growing more timid and reserved. The social history showed that Thelma seemed devoted to the parents and siblings until about a year before the referral. She constantly nagged her younger sisters about the way they dressed, she complained about the food, the way the table was set, and about the way in which the sisters kept their rooms. In short the mother stated that Thelma went into hysterics over such things as finding a wrinkle in the bed linen or a speck of dust on the furniture. According to the social history, Thelma changed from a jolly, happy-go-lucky tomboy to a morose, depressed, withdrawn girl.

Thelma was the fourth of six children in what appeared to be a wholesome, well adjusted, happy family. The father left matters of discipline to the mother who seemed to be very open minded and liberal toward adolescent behavior. Thelma was a recognized problem in the home; the whole family attempted to please her and to accept her nagging without retaliating.

The physical examination showed the presence of an abdominal mass and also revealed that the hymen was ruptured. The pediatrician recommended surgical consultation for the abdominal mass and more expert opinion regarding the ruptured hymen.
The psychological tests showed Thelma to be of superior intelligence. On the Healey Picture Completion Test which shows judgment "common sense" and reasoning ability she scored 20 years average.

During the interview with the psychiatrist, Thelma was self-conscious and had a troubled look. She said that she made friends easily but that she did not have the time to run around with them. She also told the psychiatrist that her mind was not so good as it used to be and that she had trouble studying.

It was felt at the staff conference that Thelma should go to camp for the summer instead of going to summer school as she had planned. The psychiatrist was to continue his contact with Thelma and to point out to the family the advisability of paying less attention to Thelma's weeping and hysterics.

When the social worker saw Thelma at the clinic she was not at all withdrawn or reserved. She said that she wanted to go to summer school so that her work would be lighter during the winter term. The mother told the social worker that Thelma was growing worse, that the crying spells had increased. The worker suggested the withdrawing of attention, which the mother claimed to have done but which seemed to aggravate the condition. During the summer school Thelma came to see the social worker but refused to see the psychiatrist. She was always spontaneous and talkative, and she said she was less tense than when she first came to the clinic. The worker could not determine whether or not this meant that Thelma was recovering from what may have been a temporary situation or whether she was pushing psyche factors into the background.

Since there was a change of psychiatrists at the clinic,
Thelma consented to see the "new" one. She seemed, according to his interpretation, to identify herself with her father whom she seemed to admire more than anyone else. The ad her reported at this time that the crying spells had ceased but that she "fussed all the time about everything in the house". During this time she had been treated by the family physician and was apparently in good physical health. After fourteen months of clinic care she came to see the psychiatrist again. She said that she felt better physically and that she believed she was well adjusted. She did not admit that she was the source of any discomfort at home. She volunteered nothing of importance nor did anything of significance come out of the interview.

The clinic felt that due to Thelma's resistance to both the psychiatrists and the social worker in attempting to analyze her problems, these did not clear up. It seemed impossible to establish rapport with Thelma. The case was closed with the understanding that it would reopen upon request of Thelma or the parent.
It is obvious that the seven children whose histories we have just given present a variety of problems caused by a multitude of factors, each one differing from the other. The line is so fine between what is commonly called behavior and personality problems that it is futile to attempt a comparative analysis on that basis. We shall draw no final conclusions from the seven cases. It may be seen however, that Lucile and Dick were the "only" children, that Ralph and Dick were according to the psychiatrist, overprotected by the mother and that a feeling of comradeship between the two or the three of them and the father was entirely missing. Adelaide, the oldest child in a family of three, seemed to be overprotected by the mother on the one hand, yet responsible and independent when treated as an adult. In all of the cases some mention of nervousness was made. According to the physical and psychiatric examinations this was probably due to some psyche factor rather than a physical basis with the possible exception of Thelma. The success of the treatment is difficult to evaluate but on the whole although all problems as referred or as later revealed were not cleared up, there was some degree of help given to both parents and child. In Adelaide's case for instance, the mother repeatedly thanked the worker for listening to her. Ruth was probably helped to overcome her fears by the mere talking them over with the psychiatrist. Frances was permitted to change schools thereby enjoying for a brief period the school experience and friends made after the change.

It is seen that although these seven children do not show
serious signs of personality problems, it may be fortunate that they were referred to a child guidance clinic before more serious problems developed. Many psychologists feel that dementia praecox has its beginning in early adolescence and as we know the symptoms are "withdrawnness", day dreaming to excess, "nervousness", timidity, tension, fears, etc. These tendencies may lead to schizophrenia which is considered one of the most serious psychoses with a poor prognosis, therefore we are almost more concerned with extreme behavior of this group than in the more anti-social group.
II. Children Referred for Behavior Problems.

Case 8. "Stuart."

Stuart was a well-developed boy who was referred by the school nurse for truancy and sex play with girls. He was fifteen years old and in the eighth grade. According to the information brought out in the social history, the mother appeared to be over-solicitous, although Stuart was the oldest of two children. There seemed to be a conflict in the home over authority, with irregular methods of discipline which were at times harsh and at other times lax and ineffective.

The physical examination showed no positive findings.

The psychological tests showed Stuart to be of normal or average intelligence. According to the Porteus Maze test he had fair ability to meet concrete situations satisfactorily.

The psychiatric interview showed that Stuart had very good interests and expressed good opinions and ambitions. He was very interested in airplanes and in travel. He gave evidence of considerable experience along sex lines. He appeared to be very frank and truthful to the psychiatrist.

It was brought out at the staff conference that since the parents were willing to send Stuart to a military school, it would seem wise to encourage such a move, due to the need for wise discipline and a change of environment.

Stuart went to a summer camp. When he returned, the mother told the worker that due to his marked improvement, she saw no reason for sending him away from home. The psychiatrist interviewed Stuart who said that he liked school and that he did not
have time for girls any more. Within the next two or three weeks, Stuart falsified about his age and joined the army.
Case 2. "Carter".

Carter was a youngster twelve years of age, the fourth of eight children. He was referred by the Juvenile Court where he was charged with having stolen a bicycle and with running away from home. His behavior at school was considered good, according to the referral sheet, but at home he was domineering; threatening violence to members of the family which he never carried out. According to the social history, he felt that his father disliked him and was unfair to him. He liked his mother better than his father but ran away to avoid her teasing and talking to him. He thoroughly despised his brothers and sisters with the exception of his oldest sister.

The mother and father had no effective method of disciplining the children in any regular manner; the father whipped those "who needed it" when he came from work. The mother was fretful and yelled at the children but did not take time to see that his instructions were carried out. The siblings undertook to discipline each other. According to the social history, the father had little understanding of Carter's difficulties and the effects of the home situation in general, but seemed genuinely concerned about Carter. Likewise the mother felt badly about Carter's conduct but apparently did not know what to do about it.

The physical study of Carter showed that he had acute pharyngitis for which it was recommended that he go to the
Dispensary.

The psychological study showed unusual mechanical aptitude. He had difficulty in understanding and carrying out the directions but he had considerable ability in figuring out situations when he was given time to consider them.

The psychiatric study seemed to indicate that Carter's main problem was that he was not liked at home. He showed no indication of having any particular sex difficulties but his associates were obviously undesirable, according to the psychiatric interview.

All treatment was done in conjunction with the Juvenile Court. The court consulted the State Board of Public Welfare in regard to placing him in another home. But since that agency was overburdened, it was thought that it would be better for Carter to remain in his own home under supervision of the case worker from the Juvenile Court who was invited to come back to the clinic for further consultation if she felt that the psychiatrist or the social worker could be of further service.
Case 10. "Margaret."

Margaret was referred by the State Board of Public Welfare for advice as to her mental condition and further plans for the girl. She was eighteen years old, an only child by a former marriage. The father had remarried and had two daughters and one son by this marriage. At the time of referral, Margaret had recently returned from a corrective institution in another state and was finding it impossible to adjust in the home. She was working at the time of referral. Her own story given in the social history was as follows. Her father and step-mother continually wrote her letters insisting that she return home, and promising never to nag her about her former conduct. This centered about the fact that she accused her father of rape of which he was acquitted, but which involved the expenditure of a good bit of money. Since that time she was repeatedly told that she was responsible for the precarious financial situation in the home. The half-sisters aggravated the situation because Margaret believed that they were allowed more privileges than she. They and the father formed a quartet in which Margaret took no part. Since the step-mother had been in the home, Margaret was constantly reminded of the step-mother's goodness and kindness to her. She stayed at home until she was thirteen, then ran away. Such was the gist of her own story.

To go back to the social history to get a clearer picture of the home situation we find that the father was an excitable, volatile man, justifying himself at every
point regarding his treatment of Margaret. He believed that she was willfully stubborn and disobedient but that the majority of her problems were an outgrowth of institutional care. He insisted that he gave Margaret every opportunity for pleasant companionship provided he approved of the companions. It was found that the step-mother insisted upon strict obedience and that frequently she and Margaret struck at each other. The half sisters were held up as models of behavior and conduct which infuriated Margaret.

The physical examination showed that Margaret was in need of dental work and treatment for pediculosis.

The psychological tests showed that Margaret belonged to the dull normal group.

The neuro-psychiatric study showed that Margaret had fair memory both immediate and remote with sustained attention and individual associations. There were no hallucinations but Margaret was fanciful which led the psychiatrist to question whether the rape story regarding her father was a fascination, a delusion, or a truth. The psychiatrist recommended at the staff meeting that she be kept under observation and continue to live with her parents pending further investigation.

The psychiatrist, the worker from the State Board of Public Welfare, and the clinic worker arrived at the following conclusions. Margaret was a moron who had never had anything but most unsatisfactory training at home. There was no institution in the state in which she could be adequately cared for and trained. An attempt must therefore be made to adjust her in the community in some type of foster-home. This must be done in a home where she could continue
to work and pay her own way as she had been doing. The matter of supervision by the State Board of Public Welfare must be carefully carried out in order not to embarrass Margaret and at the same time to exercise sufficient supervision over her so that she will get into neither financial or sexual difficulties.

While this study was being conducted, Margaret threatened to marry a man much older than herself who appeared to be wholly unsuited for her. If she remained in Richmond it would be impossible to prevent her from seeing him, and if she was removed from Richmond, aside from the danger of his following her there was the matter of finding employment for her. It was finally agreed by all concerned including Margaret that the best thing to do was for her to return to the same institution which she had left some eighteen months before.
Case 11. "Lote."

Lote was a 13 year old boy in the sixth grade referred by the school principal for forging his father's name to some school papers. He was the only child by the first marriage. There were four children by the present marriage, two of whom were at home. The social history showed that Lote had always succeeded in school until recently. The step-mother told the social worker that Lote had a poor start in life because his own mother was always "nervous" and sick, consequently he was carried about from one relative to another during the early part of his life. It seemed to the worker that Lote followed a strict regime at home. According to the step-mother, the father did not allow Lote sufficient time to play. The father whipped Lote because he brought home poor school marks but the step-mother had asked him to discontinue this punishment although she herself whipped him for disobedience. So far as was recorded, there appeared to be no conflict between Lote and his half brothers and sisters.

The physical examination revealed a systolic heart murmur of questionable significance. The pediatrician recommended that more fresh vegetables and milk be included in Lote's diet and that he have plenty of sleep.

The psychological examination indicated that Lote belonged to the dull normal group and was probably placed too high in school.

The first psychiatric interview brought out the fact
that Lote was afraid of his father and that he was afraid to tell him of his school failure. He seemed to have no emotional dislike for his step-mother, according to the psychiatrist, although he said that she might be stricter on him than his own mother. In regard to his school problem he said that he forgot during the summer all that he learned in the winter. He was afraid to take tests for fear of not passing them because he said he was afraid of being punished at home if he failed.

At the staff conference it was recommended that no punishment be inflicted on Lote at home, that he be permitted to join the Boy Scouts and that he be given an allowance. The step-mother was cooperative with the pediatrician regarding his suggestions about diet and cessation of punishment for poor school work but, due to the financial conditions in the home, said that she could not give him an allowance. The worker saw the father about Lote's joining a Boy Scout troop to which the father agreed. It was also arranged for Lote to come to the Work Shop at the clinic. He became very much interested in making a smoking stand and a bridge lamp which were both well done. Because of continued school failure it was felt that a change of school might be beneficial. Accordingly Lote was sent to a special vocational school where he made a good adjustment. There was an improvement in marks at school and in behavior at home. He secured an afternoon job and seemed quite happy in the school and home. Since the original problem had cleared up and Lote seemed adjusted in school and at home, the case was closed.
Case 12. "Mack".

Mack was of Scottish extraction, 12 years old, in the sixth grade and was referred by the school nurse for being mischievous and restless in school. The social history brought out the fact that the mother was the dominant force in the home, managing all of the finances. There appeared to the worker to be some inconsistency and conflict in the managing of the home. The worker described the home as very attractive and well kept. Mack was the only child for five years and at the time of the social study the mother continued to "baby" him, refusing to allow him to play out of her sight or to go to a summer camp. She seemed to have no realization of her own part in Mack's difficulties. The father also seemed to pet and spoil Mack but apparently had much better understanding of the boy's problems than the mother had.

It appeared to the worker that the father had little of the apprehension which the mother showed concerning activities which Mack wanted to enjoy, such as swimming.

The physical examination showed Mack to be in good health.

The psychological examination showed Mack to be of average intelligence with special abilities along lines of handicraft. He had a probable educational ability of high school work.

The psychiatric study revealed that Mack told the psychiatrist that he loved his father very much, but
in choosing the people whom he would take were he to go on an island like Robinson Crusoe's, he omitted the name of his mother. He said that he hated school because he didn't have any friends there. He showed evidence of an arrest in emotional development. He might be classified with the isolation group of unsocial personalities. Apparently he did not know how to make an adequate group adjustment, yet he seemed to long for the approval of the group. Since the mother had great resistance to the clinic study, it was felt at the staff meeting that the pediatrician could make the best approach, after which further recommendations could be made.

The mother refused to come to the clinic to see the pediatrician. The worker suggested to the mother that since the father was planning to send the boy to a summer camp it possibly would be better for her to see the pediatrician after the summer vacation. One month later when the worker called at the home she was not invited in. The mother rather curtly told her that she had not permitted Mack to go to camp or to visit his relatives because she could not stand to be separated from him for that period of time. Later the mother refused to come to the clinic, saying that Mack had no problems, then finally admitted that he had some but that she knew what was wrong with him. After much persuasion the mother allowed Mack to come to the Shop. He said that he liked to come there but he continually attended to other children's work to the neglect of his own.

The worker, who called at the school, discussed Mack's school attitude with the principal. He said that Mack had more petty and annoying offenses against him than any other
boy in school. The nature of these offenses seemed to the worker to be attempts at "show off" behavior.

After Mack had been coming to the Work Shop for about six months, the worker again called on the mother who received her more cordially. She told the social worker that she had an unhappy childhood and wanted to spare Mack that. The worker, without censoring her, attempted to show that her method was defeating her aim. Soon after this the worker made an evening call to talk to the father and mother. The father believed that it would be a good thing for Mack to go into the Y.M.C.A. swimming pool but the mother did not want him to learn to swim. The worker then suggested that he attend other activities at the Y.M.C.A. but the mother was afraid that he would not come directly home. The worker suggested that membership be called a privilege to be taken away if abused. This was agreed to and the first morning Mack went he stayed until five o'clock selling papers on the streets. Due to this, the mother said she did not want Mack to return to the Y.M.C.A., but finally and reluctantly consented.

In an interview with the psychiatrist, about this time, Mack stated that things were improving at home but that "they won't let me ride my wheel as much as I want to". A few days after this interview Mack left his books at the Work Shop. He could not recall where he had last had them, so he went to look for them. He stayed out until ten that night. The mother punished him by keeping him away from the Y.M.C.A. When the books were found at the
clinic, the mother refused to allow Mack to come for them.

Some weeks after this incident, the mother told the social worker that she felt the clinic had not demonstrated her methods of handling him were wrong, and that she intended to revert to them again.

At a treatment conference the psychiatrist felt that since the mother had very much wanted a girl before the birth of Mack, she probably had guilt feelings which gave rise to her over protective attitude.

Once when the worker visited the home the mother said that Mack was "getting along fine at home and at school". She would not promise to allow Mack to come to the Shop picnic. The worker telephoned the mother for an appointment but was told that she wished the clinic would drop the case as she felt Mack was getting along very well. The father, who had adopted an attitude similar to the mother's, telephoned the worker. He said that they planned to keep Mack close at home during the next year and that they would probably stop him from attending the clinic Work Shop or the X.M.C.A. Since the parents refused at this time to cooperate with the clinic in any way, the case was closed and they were invited to return to the clinic if they ever felt it could be of service.
Case 12. "Phil".

Phil was a 13 year old boy in the sixth grade referred by the school nurse for truancy. The social history showed that Phil, the youngest of three children, was living with his older sister. The mother was in a tuberculosis sanatorium and the father was working in another state, coming home for occasional week-end visits. The sister complained that he would not obey her and that he did not play well with other children who were about the same age.

The physical examination showed that he was 15% under weight and had a history of sick headaches (migraine).

The psychological test indicated that the boy was of average intelligence.

The psychiatric study showed that Phil had feelings of insecurity because of the broken home situation. He felt that the sister "picked" on him. The psychiatrist felt that he had feelings of inferiority because of headaches which interfered with his athletic interests. He seemed to have good interests, day dreamed very little, knew little about sex, admitted considerable sex ideation and some stimulation. He evidenced some show of emotion when talking about his mother.

At the staff conference the pediatrician reported that it was probable that the headaches would continue but that they would not prevent Phil from leading a normal life if he observed certain rules in regard to his habits. He advised the boy to eat slowly, chew thoroughly, and to include plenty of fresh fruit and vegetables in his diet, keep his bowels open, and to get as much fresh air and sunshine as possible. It was recommended that the psychiatrist talk to Phil again.
and also to the sister. It was felt that if another home could be found for Phil it might be advisable for him to spend the summer away from the present home placement.

Phil and the sister came in to see the psychiatrist about summer plans. The sister spoke of another sister living in Philadelphia but she believed that Phil would enjoy a camp more than the sister's home during the summer vacation. Some time after this the worker called to ask about Phil. The sister said that she had no complaint to make of his conduct after school was out. She said that the Philadelphia relatives had invited him to spend the summer with them and that as he seemed enthusiastic about going, he would do so.

After the vacation Phil returned home and to school. The mother, who had returned from the sanatorium, stated that Phil had given no trouble in the home. Some time after this, he was suspended from school for disobedience and was transferred to a school for boys with special school behavior problems. He seemed to find it rather difficult to adjust there but did fairly well in his work. Just as soon as Phil was fourteen he secured a job but continued to go to school at night. The case was therefore closed with the understanding that the clinic would be glad to serve him whenever he wished to return.
The six children whose histories we have seen in this group are not given as illustrations of criminal behavior or of "abnormal" behavior but, to use the words of Dr. Healy, the "determinants of delinquent careers are the conditions of youth". If untoward conduct and antisocial behavior can be detected in its beginning, authorities hold that the number of criminals would be essentially smaller. For instance, the fact that Loe forged his father's name to school papers was not in itself necessarily a criminal act, but it was symptomatic of what might later develop into criminal tendencies. It can be seen from these histories that it would be impossible to make a positive statement regarding the differentiation of the so-called normal and abnormal type of behavior. To quote Dr. Healy again, "The line of demarcation between the normal and the aberrational during the adolescent period is very difficult to maintain. There is hardly a symptom which the psychiatrist names...... but is to be met with as a temporary condition in many adolescents...In our study of causative factors of delinquency, we have time and again seen every reason to put down adolescent instability as a cause of misconduct...The new grown physical or mental conditions are not nearly as important in themselves for the individual as are the correlated newly felt needs of social adjustment. The outcome of this adjustment colors all the rest of life".

If it is true then that the way behavior adjustments are made influence the rest of the adolescent's life, how important it is that early detection is made and treatment given to the

"Healy, William: "The Individual Delinquent."

adolescent. Again we quote Dr. Healy: "The best treatment for adolescent troubles is preventive...the irregularities, compulsions, and emotions of this period (adolescence) are all to be considered in their true light...only too often do we hear character tendencies of adolescents interpreted as being the permanent traits of the individual."
III. Children Referred for School Difficulties.

Case 14. "Shelley"

Shelley was a courteous sandy looking boy of sixteen years who was in the ninth grade. The visiting teacher referred him because of falling in school. The father was dead and the mother was successfully carrying on the business. The social history showed a very pleasant home situation. Shelley seemed devoted to his mother, discussed parties which he attended and told the mother about girls whom he liked. The mother apparently adored Shelley and depended on him for affection.

The physical study showed slight traces of malnutrition and a slight speech defect.

The psychological tests showed Shelley to be in the low average group intellectually. He was able on this basis to do first year high school work and was overplaced in school, according to the tests.

The psychiatric study showed a boy apparently perfectly normal whose only drawback was his low intellectual endowment. His associations were rather sparse and, due to this, he did not seem able to retain information regarding school subjects. He told the psychiatrist that he wanted very much to go to college and study civil engineering.

It was brought out in the staff conference that there seemed to exist a very wholesome relation between Shelley and his mother. Although there did exist a strong emotional tie between them, he led a normal recreational life and the mother did not appear to be over protective. It was recommended that the psychologist give him the Army Alpha test and that the psychiatrist see him again.
shelley came in for his Army Alpha test. He said that he was assisting the golf professional at the Country Club during the summer and was having a delightful vacation. The psychiatrist discussed Shelley's grades with him and the differences between people's ability -- how some are book-smart, etc. -- that education did not mean book learning and especially classical learning; that in educating business men different methods are used. The psychiatrist pointed out that some of the biggest business men in the country had stopped school with less book learning than Shelley now had and that it was no stigma to stop school and go to work.

Shelley said that if he did not pass the fall term he intended to stop school and go to work.

At a treatment conference it was felt that since Shelley had himself realized that he was having undue difficulty in school and since he had volunteered the information that he could quit school and go to work if he failed to pass the semester's work, the clinic had nothing more to offer him. The clinic's main point was to get him to see without too much shock, the fact that he was not college material and had better quit school. Since this was done, the case was closed with the understanding that if Shelley wanted to discuss the matter of vocational guidance he was to return to the clinic at any time.
Case 15. "Sarah"

Sarah, a boyish looking fourteen year old girl was referred to the clinic by the school nurse for inattention in school and lack of concentration. The social history showed a Jewish family in comfortable circumstances. Both parents worked, the children, the oldest of whom was Sarah, were left in charge of the colored maid. The mother stated that she and the father were in the home very little with the children and as a consequence the children observed very little regularity about their meals and in their routine in general. The mother seemed to be more distressed about Sarah than the father, although both were greatly concerned about her school failure. The mother told the worker that for the first six years of Sarah’s life the family lived in New York City and that until the birth of the second child, she was not allowed to play with other children. The social history brought that Sarah refused to go with girls her own age giving as a reason that they want something from her. The mother states that she will not eat unless coaxed to do so and that she acts babyish and wants the mother to treat her as if she were a baby. According to the information in the social history she despised school and disliked her teachers, yet she wished to finish high school and study chemistry. The father was averse to the clinic study but the mother seemed anxious for it. Neither of the
parents seemed to have any understanding of Sarah's problem.

The physical study showed a slight grade of malnutrition, a moderate anemia, and some scoliosis.

The psychological tests indicated that Sarah belonged to the normal or average group intellectually. There was no indication of any special disability that would explain poor progress in school.

The first psychiatric interview seemed to show that her memory was poor in recalling recent happenings but good in recalling remote things. She was able to remember mystery stories but could not remember school work which she learned last week. She had a great deal of sex ideation, asking many questions about the book, *SEX SLIDE OF LIFE*. Sarah said that the mother had taught her that sex was a beautiful thing and that she believed so too. She asked many questions relative to spiritualism... "when I go into the room at night sometimes just before I turn off the light I can see white things, like smoke balls darting across the doorway and sometimes when I have a flash light and am walking alone, I can see a shadow ahead of me that looks like the devil with big horns and ears. I'm sure I see these things but there's no use asking my mother to look at them because she can't see them". This phenomena and unexplained questions which she has asked the mother seemed to be the basis, according to the psychiatrist, for much of her day dreaming.

It was recommended at the staff conference that Sarah's reading be directed along more wholesome lines and that her scout interest be renewed. The worker was to ask the school nurse to interest the school dietician in supervising Sarah's
diet. The mother and father were to be seen by the
psychiatrist.

The disadvantages of coaxing the child to eat was ex-
plained to the mother who said that she "wouldn't eat at all
unless I treat her like a baby." The father came to the
clinic but seemed much more concerned, according to the
psychiatrist, about his business than about Sarah's difficulties.
Apparently neither of the parents have any insight into
Sarah's problems. They appear to be more taken up with busi-
ness than with their home. Sarah changed schools, did well
for a time, then fell back into a slump. She told the psychi-
atriesthat she had not seen any more "visions" which the
psychiatrist interpreted as either repression or a clearing
up of that problem by discussing it.

Sarah refused to go to camp during the summer and in-
sisted on reading instead of taking any outdoor exercise.
The mother told the social worker that she was not able to
manage her but that she could not afford to send her to a
boarding school. When the worker attempted to give the mother
some insight into parents' share of the problem she met every
statement with a decided negative reply.

The case was discussed at a treatment conference.
Sarah's original symptoms had cleared up although it was frank-
ly felt that their disappearance was a suppression of them. She
had made no better adjustment, the home situation had not im-
proved and under the existing circumstances little could be
done to change these conditions. Therefore, the case was
closed until the parents desired to reopen it.
Case 16. "Joel."

Joel, twelve years old and in the fourth grade, was referred by the school nurse for poor school progress. He was rather mischievous in school, according to the referral sheet but since he had been moved up to the front seat he was doing better. The social history showed that the father was dead, the mother had remarried and there seemed to be considerable conflict between Joel and his step-father. The stepfather, who was out of work at the time of the referral, was a tuberculosis suspect. The mother to whom the boy was apparently devoted, was under treatment at a dispensary. The family was under care of a family agency which described the home conditions as being very poor and depressing.

The physical study showed Joel to be $\frac{3}{4}$ underweight, to have three carious teeth and large and ragged toenails.

The psychological study indicated that Joel belonged to the duller division of the normal group of children intellectually. According to this classification he is just able to do fourth grade work.

When the psychiatrist first interviewed Joel he was uncommunicative, with no spontaneity. He appeared rather stupid, answering all questions in monosyllables. It was apparent that he disliked his step-father because he believed that he was too strict with him. His ideals were few, he seemed to have very little self-respect and to be greatly withdrawn.

At the staff conference it was brought out that there seemed to be unfavorable home conditions reacting on Joel which might influence his general behavior. The worker was to plan with the family visitor ways and means of improving the
family situation by securing the father a job, by moving the family into a more desirable locality and to offer Joel recreational facilities. It was recommended that Joel return to see the psychiatrist and that he have his tonsils and adenoids removed.

The latter recommendation was carried out immediately. The worker invited Joel to come to the Work Shop and also arranged for him and his brother (Joel was the second of four children) to go to a community house. He was faithful and industrious in the Work Shop at the clinic and was planning to join the scouts at the community house. The two boys went to summer camp but returned before it was over due to lack of the mother’s cooperation.

The step-father came to the clinic to discuss Joel’s problem. He told the psychiatrist that he felt Joel would lie out of situations and that although he was whipped, he would not admit the truth. The step-father seemed to have very little understanding of Joel’s difficulties but assured the psychiatrist that he would act in accordance with the clinic’s plans. The mother seemed to the psychiatrist to be over protective of Joel, ready to excuse him, and having very little insight into his problem.

After approximately eighteen months of contact, the step-father secured a job and the family moved to a better locality. About this time Joel appeared at the clinic wearing his first long trousers. He had gained in weight, in self-confidence, poise, and in general appearance. The family visitor reported that the step-father was working regularly and that the general conditions and situations in the home had greatly cleared up. She said that she would visit the family occasionally and bring Joel to the clinic if she felt Joel needed further
Case II. "Jack."

Jack was referred to the clinic by the school nurse for truculent, and for complete lack of interest in school work. He was 14 years old, and in the third grade. The maternal grandmother lived in the home, she petted and spoiled Jack who seemed to resent her favoritism. He was the second of three children. The family came from an old stock of rather high intellectual attainment. The father, according to the social history, seemed to expect very little from the boy but continually nagged him about his school failure. The mother seemed distressed about Jack but did not nag him.

The physical study showed that Jack was small for his age but that his physical condition was good.

The psychological study indicated that he belonged to the dull normal group. His present school placement was hard enough for him.

The psychiatric study showed that Jack was underconsiderable strain at home due to the parents’ considerable educational drive for him. Jack told the psychiatrist that he felt his father disdained against him and that he nagged him too much. He said that he wished to please the mother by passing his work but in so doing he would also please the father, hence he gets even with his father by not passing.

It was recommended at the staff conference that the psychologist give Jack supplementary tests. An attempt was to be made to bring about a change of attitude at home by working through the school and if necessary to attempt to interest the parents in sending Jack to boarding school. The psychiatrist will see Jack for more interviews and will also see the father.
to attempt to interpret Jack's behavior to him.

Jack returned to the clinic for the supplementary tests. On the Stanquist Test he succeeded in putting eight and ten tests together correctly. The work was carefully done, and he seemed to derive a great deal of ego satisfaction out of it. On the Ferguson Formboards he did poor work, using the trial and error method which was clumsy and consistently inferior throughout. There was no indication of any special mechanical ability. The memory was slightly defective and learning ability defective, according to tests.

An unsuccessful effort was made to interest Jack in the shop. In an interview with the psychiatrist he admitted some masturbation. The psychiatrist gave him a therapeutic talk on sex. The worker frequently saw the parents and attempted to show them the advantages of sending Jack to a boarding school. The parents saw the wisdom in this but said that they could not afford it. They seemed to have a keen sense of failure in regard to Jack. It appeared that Jack showed an extremely negativistic attitude to the whole family with the exception of the older brother whom he admired very much. After much concentrated effort, Jack was placed in a military academy. During vacation from military school Jack visited the clinic and showed tremendous improvement in all lines—personal habits, care of clothes, appreciation of home, better relationship with school mates and real scholastic success and deportment grades.
Robert came to the clinic because he was making unsatisfactory progress in school. The school nurse referred him at the suggestion of his father who was a physician. Robert was a very polite youngster of twelve years, in the seventh grade, he was the seventh of eight children, all of whom had done very well in school. The father expected, according to the social history, all of his children to be above the average. The mother and father compared his failings with the successes of the other children. The mother helped Robert with the school work at home.

The physical study showed that Robert was above the average height for his age and 10% over weight for his height.

According to the psychological tests, Robert was above the average intellectually. He seemed to work under the idea of expected failure.

During the psychiatric interview Robert was not spontaneous. He indicated to the psychiatrist that he was inferior in school and seemed a bit defensive about it. There seemed to be an expectancy of failure as reflected in his attitude. "I ain't done so good all along. I think I don't hardly know anything!" He told the psychiatrist that he was doing worse in school than any of his brothers or sisters.

At the staff conference it was recommended that the psychiatrist see the father and interpret the need of the boy for encouragement and praise and at the same time that the father stop helping him with his school work, being careful not to mix in any suggestions of inferiority.

The interview with the father was unsuccessful, according to the psychiatrist. He seemed ill at ease and would not discuss
his methods of handling Robert. A school report was obtained which showed failure in all subjects for that term. The principal told the worker that Robert was going as fast as he could for his ability.

After something over a year's contact with the clinic, Robert suddenly commenced to lose weight and have a temperature. He was sent to a sanitorium where he was apparently very happy. The worker assured the family of the clinic's continued interest and that the psychiatrist would be glad to see him when he returned to Richmond, if this is desired.
Tom was a 13 year old boy referred to the clinic by the school nurse for making poor school progress. The referral sheet stated that Tom was in the fifth grade but that he did not appear to be interested in his work, often going to sleep over it. The social history stated that he was an only child living with his widowed mother who was running a cheap boarding house for a living. The mother stated that Tom was born after the death of his father. He lived with his maternal grandmother until he was 12 years of age, then lived with a friend until the mother remarried. The step-father died 13 months after the marriage. The mother told the social worker that she had been with Tom so little that she felt that she didn't know his very well but that she was anxious to help him. She said that he was very helpful to her in assisting with chores around the house.

The physical study showed that Tom was ten pounds underweight. There was distinct malnutrition, a slight visual disturbance, and a history of rather poor hygienic type of life with too little outdoor play and too little sleep at night.

The psychological tests placed him in the normal average group. He was able on the basis of his mental age to do the work of the junior high school with probable educational prediction of high school work. There was no indication, according to the tests, of any special defect in work nor of special ability in any one field.

When Tom talked with the psychiatrist he seemed rather sleepy, shy, and reticent. He expressed only one wish which was "to be friendly and helpful."

At the staff conference it was recommended that the psychi-
strict continue his contact and that the worker discuss the
question of Tom's carrying too great a sense of responsibility
regarding the home.

The worker talked with the school teacher who felt that
Tom did not receive enough rest. She said that he did not
singe with the other children on the playground. He made
his grade at the end of the term and was placed in a junior
high school where he did quite satisfactory work.

The worker talked to the mother who said that she realised
she was taking Tom into her problems and responsibilities.
The worker arranged for Tom to go to camp for two wee's which
he seemed to enjoy very much.

The clinic felt that in closing the case, the problem
for which Tom had been referred was cleared up and that he
had made a good adjustment.
The histories of the six children whose referral problems fell into the school problem group show that with one exception (Shelley) the school problem was bound up with other problems. It appeared that Sarah's problem was not primarily a school difficulty but rather a problem which seemed to have originated in the home. Then Jack's family moved into a better neighborhood, when the financial strain in the home was lessened, there was a noticeable improvement in his general behavior. In Jack's case a change of school and of environment was highly beneficial in adjusting him to his school work. In two cases health may have been a determining factor. Robert was sent to a sanitorium while Ted's problem seemed to be one of too much work outside school hours with not sufficient rest which probably took so much of his strength and energy that he had little or none left for his school work.

Although it was seen that the school problems were only one of the contributing factors which caused the children to have difficulties in school, it seems that the school may act in such a capacity as to help in clearing up the situation rather than in aggravating it. In this connection Dr. Jessie Taft says, "It remains only for the educational process to provide the suitable environment, the material on which to work, and the guidance that prevents the acquiring of tools and technique from being an insuperable or over discouraging obstacle. Children thus educated to an objective use of their powers have the best chance of acquiring balance and control, the confidence and freedom, the capacity for dealing with the environment in terms of fact which are fundamental to social adjustment."
Case 20. "Leon."

Leon was referred to the clinic by the school nurse because he stammered. He was twelve years old and in the seventh grade. He was an "honor roll" student and very much interested in the school orchestra and other activities. He was the oldest child of a Russian Jewish family. The father was the dominant personality in the home. He seemed, according to the social history, to be very strict with Leon and there appeared to be some conflict between the two. The mother stated that the father once severely beat Leon for stammering but that he no longer made the stammering a matter to be disciplined.

The physical study showed that Leon was 41/2 over weight and had a speech defect, otherwise the examination was normal.

The psychological tests placed him in the normal or average group. There was no indication of special ability or defect in his work. He showed a good grasp of new material and a fairly good quality of response.

During the psychiatric interview he told the psychiatrist that he stammered only when he was "nervous". He said that these were three things which made him nervous; (1) when his father quarreled with him, (2) seeing shooting and knife throwing, (3) accidents and fires. He said that his dreams weren't scary.

At the staff conference the pediatrician recommended that his diet be regulated and that he take exercise in the open. It was felt that Leon should come once a week to the psychiatrist for exercises in breathing and instruction in lip and tongue movement.
Leon came regularly once a week to the psychiatrist for speech training. He recited novels or stories which he had read. The psychiatrist recommended to him the practice of talking, breathing, etc. before a mirror. Leon responded well to the suggestions, the greatest difficulty was in getting him to speak slowly. It was also found that when Leon spoke of his father, he stammered to a greater degree. When he was free from self-consciousness he rarely stammered.

In discussing the home with the psychiatrist, the boy said that he was afraid to ask a boy's sex in the home and that he didn't know the difference between girls and boys but he thought about it sometimes. The psychiatrist gave Leon sex instructions to which he reacted very favorably, according to the psychiatrist. Leon complained to the psychiatrist that his father would not allow him to direct his own activities such as joining the Scouts or belonging to a Boy's Club. He asked the psychiatrist to explain the Boy Scout organization to the father so that he could join a troop.

The worker saw the father about Leon's joining the Boy's Club in order that he might play basketball. The father agreed to this which pleased Leon who seemed to enjoy the Club thoroughly. The father came to the clinic to discuss with the psychiatrist the matter of Leon's joining the Scouts. The father explained that he opposed the Scouts on the grounds that it was a military organization. The psychiatrist explained the organization to him. From this point the father asked about the Boy's Club camp. Circulars were shown him, he became interested in it and promised to allow Leon to go.

After Leon came back from camp he told the psychiatrist that his father was "getting on his nerves". About the same time
the father voluntarily came to see the psychiatrist because Leon would not tell him where he went or what he did on all occasions. The psychiatrist pointed out that it might not be wise to follow Leon too closely. The adolescent's desire for freedom and new experience was discussed with the father. The psychiatrist attempted to show the father that in thwarting these desires parents sometimes found that the child would rebel to such an extent that they could never win him back again.

Leon told the psychiatrist of his fears when the latter was discussing the etiology of speech defect. He said that he was scared when he was about seven years old. He was distributing circulars for his uncle one day. "I went up to a house. Something came up to me. It looked like a human being but it also looked like a devil or something. It scared me so that I couldn't talk for a long time. It scared me so because I didn't know what it was. I didn't know whether it was somebody trying to scare me or whether it was something that wasn't human but looked that way. Sometimes at night it comes to my mind, I think of it and get the shivers. It still comes to my mind every night about six times in the week."

Later when the psychiatrist asked about his fears, he said that since he had discussed them with him, he rarely thought of them. He said that his father was much more sympathetic with his and that he allowed him to join the High School Cadet Corp.

The psychiatrist felt doubtful as to whether there was yet any real improvement in his speech defect. The father put him into a special class which was organized in the city for children with speech defects. Leon was well adjusted in high school so it seemed unnecessary to further carry the case as it is felt that Leon would return voluntarily if there was any difficulty.
Case 21.  "Helen".

Helen was an apathetic looking little girl who was referred by the County Welfare Association nurse for a speech defect. She was 13 years old, small for her age, in the fifth grade. The family lived in the county in a community whose standards of living were rather low. There were no significant family relations recorded. The father had little to say, the mother had an aversion to hospitals and clinics. According to the social study, the mother was unaware of any problem which Helen had.

The physical study showed that Helen was slightly underweight, that her tonsils were enlarged, and that there was a marked right lateral scoliosis.

The psychological examination was not satisfactory. The general test was lower than the twelve year level.

The psychiatric examination showed a girl who had a dreamy look-like look and who sat in a pose resembling that of pictures of old Egyptians on tombs, according to the psychiatrist. "I don't know" was the reply to most of the questions asked her. The only spontaneity shown was in regard to her desire for a "beau". In regard to sex she herself made the application to babies from animal analogy. Some disturbance was noticed during the interview. There were no delusions or hallucinations apparent but the question of beginning psychosis was ruled out. The psychiatrist questioned whether Helen had a schizoid personality or isolation type of personality due to environmental influences.

At the staff conference the pediatrician recommended that Helen attend the orthopedic clinic at the dispensary relative to a spinal curvature and that she return to the clinic for
a repetition of a Wassermann test. She was to return to see the psychiatrist in six months. The worker was to visit the community and interpret to the mother the need of all the children for outside interests. It was felt that it would be well to find out Helen's interest in reading and to suggest books which were not conducive to day dreaming and phantasy.

The mother took Helen to the dispensary to have a brace fitted. The worker visited the community and arranged through one of the local teachers a plan for recreational activities during the summer. The teacher said that Helen tried very hard to make friends and that she played very well with children on the playground. Some months later it was found that Helen was making satisfactory progress in school and in her social relations.

At a conference it was felt that theoretically it would be well to follow up the case, but practically it was difficult as Helen lived some miles from the City. The case was closed at the clinic and left in the hands of the nurse who has been asked to return Helen to the clinic if she feels that at any time things are not going well.
Case 22. "Jacob".

Jacob was a happy looking youngster thirteen years old, in the sixth grade at school. He came to the clinic at the suggestion of the school nurse because he stammered. He attended a Hebrew school until he was confirmed at the age of twelve, he liked school, was a "honor roll" student and got along well with other children. He was the second of three children in a Jewish home which, according to the social history, was a very comfortable one and apparently a very close-knit one. The mother spoke Yiddish but the children usually answered her in English. There seemed to be divided discipline in the home. The father was stricter with the children than the mother. Both were very anxious for Jacob to overcome his stammering and it seemed from the social history that the father brought a good bit of pressure to Jacob by constantly reminding him to talk slower.

The physical examination showed Jacob to be in good physical condition.

In the psychological examination he showed a marked desire to excel and a definite drive to achieve. The tests placed him in the group of borderline cases intellectually.

It seemed evident to the psychiatrist during the interview that the stammering was due to an emotional basis. Jacob said that he received sex instructions from boys when he was about ten years old. He had phantasies about going through the sex act with girls, although, according to Jacob, he had never had any sexual experiences. He seemed to the psychiatrist to have had more sex ideation and stimulation than the majority of boys. Jacob said that when he was seven he fell head foremost into a shallow hole and had stammered ever since, he did not remember
the incident but parents have told him about it. He said that he had fears of being alone and was afraid that something might happen to his father and other members of the family. He was apparently devoted to his mother but seemed to be a little afraid of his father. He told the psychiatrist that he loved his little sister better than the rest. He added that he liked "little things". He said that the teacher rarely called on him. He seemed to realize that attention to his defect increased it.

At the treatment conference the psychologist recommended that he return to the clinic for further testing. It was felt that Jacob would profit from going to a summer camp and that it would be well for the family to drop criticism of Jacob and cease trying to correct and train him in speech difficulty. The psychiatrist was to see the father and continue his contact with Jacob.

Jacob returned to the clinic for further tests but would not stay until they were completed. Efforts to retest him were futile. He came to see the psychiatrist frequently and entered work shop which he seemed to enjoy thoroughly. He went to camp for the summer. It was evident that his speech defect had improved during the summer. The worker discussed Jacob's stammering with the teacher who was keen and alert to his problem. It was decided to call on him to recite occasionally as a matter of treatment and not as a compulsory matter. Later Jacob told the worker that he was reciting in all of his classes and that he liked it. The mother was delighted
that he was reciting in his classes but she said there was no improvement in his defect at home. Again Jacob went to camp for the summer, when he returned he ignored all invitations to come to Shop.

Since he was doing well in school and improving in his speech defect, and since he himself appreciates the fact that his speech is aggravated by attention from others, nervousness, and tension on his part, it was felt that the case could be closed. The school, the parents, and Jacob were invited to consult the clinic should it be necessary.
The three children whose referral problems fell in this group were referred for the same difficulty which was speech defect. As has already been brought out in this study, stammering is more and more being considered as a psycho and emotional problem rather than a physical one. In the three cases studied in this group, this theory seems to hold. In Leon's case, for instance, there was a doubt in the mind of the psychiatrist as to whether the stammering had entirely ceased but at any rate there was a noticeable improvement not only in his speech but also in his emotional adjustment in his home and outside activities. It was noted that when he spoke to the psychiatrist about his dreams and his fears there was a lessening of tension and, according to the boy himself, a cessation of his bad dreams. It is held by some authorities that dreams of stammerer's are indicators and that frequently if they are discussed they will soon cease. Such seemed to be the effect in Leon's case.

It was noticed that Jacob stammered more in discussing his father of whom he was a bit afraid. It was also noticed that his speech improved to the extent that he was able to recite in class but that there was no noticeable improvement in his speech at home. In Helen's case it seemed that the basis of her speech defect apparently lay in the cramped home situation and lack of outside interests which, when provided, helped to clear up the speech defect.
As has been previously pointed out the twenty-two children whose cases we have given, present various problems. There is a perceptible difference between the personality difficulties, behavior problems, school and habit problems as seen in this study. The treatment however seems to follow the same general trend: change of environment and the establishment of personal relationship between the child and the psychiatrist. As already indicated there were some children whose problems seem to have been cleared up; others where the success of the treatment was doubtful; still another group in which the treatment was felt to be unsuccessful. The therapeutic value of the clinic contact in the majority of cases probably lies in the fact that psychiatrist and the social worker were able to establish a feeling of confidence which lead to a satisfactory client worker relationship.

Dr. Jessie Taft in discussing what can be done in meeting the problems of adolescence says that the term "normal adolescence" implies a certain amount of conflict, a certain number of problems and difficulties but that these can be helped. "We can surround youth with encouragement. There need be no sneering superiority, no ridicule, no tyrannical authority, no dogmatic, overruling, nothing to undermine the confidence and assertion that are necessary to approach work and love on an adult basis. Parents and schools.....can so equip adolescence that it will not be left defenseless in the face if an adult world with only dreams to offer."
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