over-protected to a greater degree than a child with a number of siblings. Lack of companionship in twelve cases can easily be understood; the mother desired to keep the child near at hand. The same is true in the six cases of marked dependence on the parents. The dependence became so noticeable, however, that it was a source of annoyance to others, or was present to such a degree that it caused many other problems.

In three cases the mother-son tie was so strong that there was question of an Oedipus situation. The term Oedipus complex, or Oedipus situation arises from the old Greek Myth in which Oedipus unwittingly murders his father. The Oedipus situation is an extreme one in which the ultimate nature of the tendency toward love of the parent of the opposite sex is openly and powerfully revealed. Flugel says that "tendencies like those revealed in the Oedipus myth would seem to show by their universality and tenacity that their origins lie deeply imbedded in the very foundations of human life and character; and this view of their importance is corroborated by the very significant place which they are found to occupy as etiological factors in the production of neuroses." 1. Although in the three instances of strong mother-son ties found the situation was by no means as extreme as the above description, elements such as extreme over-protection, in which the sole emotional satisfaction

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1. Flugel, J. C. op. cit. p. 15.
of the mother comes from the child and in which the child fails to transfer from a fixation on the mother, sow seeds for such a situation.

Lack of effective discipline was found in twenty cases. Cyril Burt found in his study of one hundred and ninety-seven juvenile offenders in London that defective discipline was a cause of the delinquency in the highest percentage (61%) of the cases. He found also that in 68% of the cases defective family relationships were the cause. 1. This correlates very closely with the fifteen cases of very unstable home and the eight of broken homes, which could both be classed as defective family relationships. Ernest Groves says in this connection that "the child to be healthy minded and well-prepared to do his part in the world needs the affectionate security of both father and mother in order that his untoward traits may be recognized and discouraged and his favorable traits accentuated. Every child needs both parents, the child that does not have an active father and an active mother is robbed of half of his birthright." 2.

Constant moves in childhood which resulted in feelings of insecurity were found as causes in eight of the cases and lack of affection, which also brings about feelings of insecurity, in seven. Lack of adequate sex knowledge and unfortunate sex experiences were each

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found in four cases and that of prolonged childhood, due to dependence and over-protection, in three. There were only three cases of an unwanted or rejected child. In such case the child may be thwarting the mother's desires and ambitions, or the child may be unwanted because it was conceived out of wedlock, and thereby endangers the mother's prestige. In one of these cases the mother was a doctor and in another a business woman.

Poor physical condition was a cause in nine cases. This included undiscovered eye-defects, endocrine disturbances, sinus trouble, and bad hearing. The physical condition of the parents affected the child in eight cases. This embraced three cases of neuropathic stock in the family, a hypochondriacal mother whose child was imitating her ways, one case of hyperthyroidism in the father and two cases in which the fathers were chronic neurotics. Poor intellectual endowment complicated the situation in four cases. In all cases the children were attempting to compete with those intellectually superior, were constantly being urged and nagged by the parents to excel where it was impossible for them to do so.

Very few causes were listed as being school responsibilities. In five cases there was unwise discipline; in four misplacement and in three constant changes which led to retardation and lack of interest. This leads us to conclude, therefore, that the underlying causes in
the problems of the only children studied were mainly in the home situation.

After a study of causes and backgrounds has been made, treatment procedures as such begin. It is extremely difficult to make any formal presentation of treatment since it varies with every individual case. Treatment plans, however, fell roughly into four main classifications; the first of which was those treated by the psychiatrist.

The children treated by the psychiatrist were those in whom more serious problems appeared, for whom understanding of the deeper human relationships and of the more subtle problems of human nature was necessary; those in whom the fundamental therapeutic measure was the changing of attitudes of both parents and patient, and those in whom all the causes had not been ascertained or were not fully explained at the time of the staff conference on the patient. It is understood, of course, that even in these cases the social worker had to make the contacts and see that the cases being treated came to the clinic where the psychiatric treatment was carried on. One case in which this type of treatment was used will be briefly reviewed.

"Mary" was a ten-year-old girl referred to the Children's Memorial Clinic by the school nurse. Mary's teacher said that, in spite of her apparent superior ability, she was not progressing in school and that
she had odd and peculiar habits which were impossible to describe.

Both Mary's parents were well-educated and had more than the average intelligence. The father was a clear-thinking, capable person, a former university professor who, at the time of the Clinic Study, was working in a large chemical company. He had few social contacts, spending all his spare time in a private workshop, which he had rigged up in his home. He was very exacting and allowed slight things to disturb him.

The mother was a thin, tense, person, manifesting several nervous mannerisms, and, although she took an objective attitude toward Mary, seemed embarrassed when discussing her family. The mother, however, did not recognize the importance of giving Mary duties which would develop a sense of responsibility in her, since the family was in a comfortable economic status and could afford servants. The parents had endeavored not to spoil her and the family lived together in a very harmonious, happy home. The family was definitely in-grown in its own interests and lacked outside contacts.

Mary was a dark-eyed vivacious creature whose birth had been difficult. She slept with her mother, was a very restless sleeper and fussy about food. She was in the 5-L grade at the time of the Clinic study but in class she was always in a dreamy state, often talked to herself, and made queer grimaces,
unconscious that anyone saw her. Her work was untidy and she was thoughtless and undependable. Her particular interest was poetry and prose-writing, and she wrote exceptionally well. She needed outside coaching to help her pass her work.

Mary had few companions of her own age, but she played normally with other children and would probably have enjoyed more companions had there not been a scarcity of children in the neighborhood. She was an introspective person who lived in a world of her own, most of the time. She discussed topics with her father which would hardly have interested other children of her age.

Her physical examination showed her to be essentially normal and her psychological examination revealed an Intelligence Quotient of one-hundred and twenty, which placed her in the intellectually superior group. She showed, however, some unusual reactions in her intellectual processes which indicated that her group adjustment would be rather difficult.

During the psychiatric interview she was very restless. She told the psychiatrist that animals and flowers were her best friends and the revelation of her dreams showed an unusually active imagination.

The Clinic Study showed the following factors as causes of Mary's behavior and personality difficulties. Her school training was not in accord with her mental ability and interest. Her family was introverted, lacking contacts outside the home. Mary was an only child and was considered a genius by her mother who assigned her no home responsi-
bilities. She had insufficient companionship with children of her own age, which had aided her natural trend toward self-
clusiveness and day-dreaming.

The plan of treatment included periodic psychiatric interviews with the parents and with Mary. The parents, in this case were intelligent people who could be depended upon to carry out the suggestions of the psychiatrist without the aid of the social worker. The psychiatrist interpreted the findings to the parents, suggested more social contacts for the whole family, and camp, Scout work, and private school placement with emphasis on concrete problems for Mary. The suggestions were accepted by the parents and carried out with good results.

Mary made a satisfactory adjustment in the new school. Although some of her mannerisms were still present, it was felt at the time of closing that the case had improved and that treatment could be left to the parents.

The second grouping included those in which treatment was carried out by the social worker mainly. Her work was sometimes concerned with changing attitudes in parents and patients and sometimes with manipulating the environment, that is, in changing the physical surrounding or to see that they were changed so as to produce a better adjustment. Her work was done mainly in the homes and she was the leader in arranging for more play outside the home, and for readjustments in school, when no one else could be depended upon to take the initiative. The following case presents a typical picture of treatment carried on by the social worker.
"Lucy" was a fourteen year old girl referred to the Children's Memorial Clinic because of "moodiness, bragging and inability to make friends."

Lucy was born shortly after the forced marriage of her father and mother, whose marriage was a very unhappy one and terminated at the end of six months. The divorce was not granted until Lucy was six years old and the mother received the custody of the child. The father moved to the West, remarried and continued to be an iron-worker, making good wages.

Often Lucy and her mother lived for a while with the maternal grandfather who supported them, they also made their home with the maternal aunt, Mrs. Lee. Once while the aunt was away, the mother, who had always been moody and unstable, threatened to commit suicide and the aunt was forced home immediately only to find Lucy's mother in jail on an insanity charge. Since the mental condition was diagnosed as chronic and the prognosis indefinite, the mother was committed to the State Hospital for mentally ill.

Lucy had since her birth been a restless, irritable, emotional child. Once in kindergarten she was sent home by the teacher who said she was too "nervous" to remain in school. Consequently she was not sent to school again until she was seven years old. For two weeks she told Mrs. Lee the school was all right because she slept all day. Finally the teacher suggested that the child be taken to a doctor. After a tonsillectomy she did not return to school again that year. Since that time her schooling has been very irregular.
She spent five terms in five different schools, one full year in one school and one term in a city junior high school.

Lucy's aunt, after the death of her husband, whose job as travelling salesman had necessitated constant travel, supplemented her pension by renting a large house and keeping roomers, the income from which was adequate for her needs. Lucy slept with her aunt who said that her sleep was restless. Lucy was an unusually modest and innocent girl, whom the older girls considered "green" and with whom they refused to play. Her extensive travels had limited the number of her friends. She talked quite frequently about boys, but had no friends of that sex. Practically her only recreation was reading.

Lucy was extremely religious. She attended Church and Sunday School regularly. At home she was sullen at times and reticent about her personal affairs. Mrs. Lee was worried about Lucy because of her resemblance to her mother. Her moodiness, fits of depression, and elation were quite like those her mother had shown at her age.

The psychological examination revealed an intelligence quotient of one-hundred. The interpretation was that the child had normal intelligence, but possessed little ability to evaluate a situation.

During the psychiatric interview she was obviously ill at ease, and talked very little at first. Every time something nice was said about her she replied with a very
formal "thank you." She was defensive about her friends, insisting that she had the normal supply, but admitting that she had no close friends. During the conversation several interesting things came out. In the first place, it was quite evident that she felt a lack of affection at home. Although she was not unduly sensitive about her mother being in the State Hospital, it was definite that there was a feeling of dependency on the aunt because the aunt had talked about sacrificing to buy Lucy's clothes. Although Lucy offered to pay back all Mrs. Lee had spent on her, the offer was refused. She had no allowance and felt that she had a nasty disposition, was mean and lost her temper. The impression from the interview was that Lucy was a girl in whom the desire for affection and praise at home had led to extreme sensitiveness and rather odd efforts to be extremely correct. The feeling was accentuated by the dependency upon her aunt.

The diagnosis was a beginning withdrawal, ideas of personal unworthiness, moodiness, temper outbursts and formal, stiff behavior at times. The possibility of early dementia praecox was mentioned.

The causative factors were a very unstable home for many years, constant moving, hereditary factors, "sensitiveness" manifested early, no opportunity to acquire friends, poor handling by mother, lack of normal affection, dependency on aunt with associated ideas of inferiority.
The general plan of treatment was to build up affection, security, satisfaction, and chances of success for the girl. After the psychiatrist had a few preliminary interviews with the aunt to interpret the findings and to secure her cooperation in giving an allowance and in increasing her friends, the social worker carried out the treatment which was summarized in the record as follows:

Lucy was taken to the Recreation Association where she entered some of the activities of the Community Theatre and was thought by the directors there to have rare dramatic ability.

An interview was held at the Clinic with Lucy's homeroom teacher in an attempt to enlist the interest of the school authorities in drawing Lucy out and in giving her more group life.

An interview was held with the school nurse to explain Lucy's personality as she had been in contact with the girl through the school dispensary.

Lucy was invited to attend the opera in order to give her a taste of the cultural things she loved.

Mrs. Lee was persuaded to allow Lucy to have a swimming course at the Y. W. C. A.

As Lucy had expressed an interest in Catholicism a member of the staff took her to the Cathedral.

To give her more security in her own age group, she was given some specific sex instruction which she accepted nicely.
The Catholic Charities was asked to find some suitable school placement for Lucy.

The Children's Aid Society was asked to find a temporary boarding home. This was done but the aunt preferred to keep Lucy at home.

Both Lucy and her aunt had frequent contacts with the Clinic over a long period of time in an attempt to effect an adjustment of their different personalities and a better understanding between them.

During the treatment period both Lucy and her Aunt were vacillating in their attitudes toward each other. At the time of closing they appeared to understand each other better and many of Lucy's problems had entirely disappeared, so that the case was closed as improved.

The third grouping included those which were turned over to the school for treatment. In most of these cases the Visiting Teacher had made a previous contact, or had a good relationship basis with the patient and was the logical one to carry out the treatment plans. In many cases the problems were connected primarily with the school. The Visiting Teacher, of course, kept in touch with the Clinic and in every case the Clinic itself was finally responsible for the treatment while the Visiting Teacher acted as a go-between. The next case, given very briefly, illustrates this type of treatment.
"Fred" was a sixteen year old boy who was referred to the school for failure in his work and "nervousness." Although he tried hard in school his work was poor and when called on to recite he would become excited and begin to stutter.

Fred’s father and mother were married when the father was only nineteen. The mother stated that the father "practically raised her" and that he was always fatherly, thoughtful, and considerate of both her and Fred. He instilled in Fred a considerable degree of self-reliance and taught him to be courteous and thoughtful to his mother.

After the father’s death, the mother assumed the responsibility for the wallpaper business and was most successful. Although she was an efficient business woman and a good manager, she was emotional about Fred and depended upon him for all her affection. She did not spoil him, however, and gave him a good home in which the atmosphere was harmonious. Fred was helpful at home and earned money outside. He was in the Cadet Corps in high school and because of his self-restraint, manly personality, his teachers were lenient with his poor work.

In his psychiatric interview a great deal of determination and ambition were revealed, although in his psychological examination he reached an I. Q. of only eighty-nine, which placed him in the upper level of the dull normal or low average. The psychologist commented: "He is able on this basis to do the work of the first year high school
and has a probable educational prediction of a final scholastic limit of first year high school. . . During the examination he was persistent and interested, but showed little ability to learn by experience, and poor apperception.

It was evident from these findings that Fred's determination helped him reach the second year high school, in which he was placed at the time of referral, but that his limited intellectual endowment hampered his further progress. It was evident also that he was trying to take the father's place in the home.

A strong affectional bond between Fred and his mother had caused an arrest in his emotional development also.

The treatment was transferred to the Visiting Teacher in the school which he attended, with the recommendations that she give him further psychological tests and arrange to enroll him in the Citizens' Military Training Camp, for the summer since his achievement and his interest lay primarily in military things.

Fred was appreciative of the interest which the Visiting Teacher took in him. His ambition was to go to college and become a civil engineer, but when he failed again in school, he realized that he had better stop and go to work in the business with his mother. The Visiting Teacher and the psychiatrist were successful in leading him to see without too much of a shock that he was not college material. When this was accomplished, and he stopped
school, practically all the problems cleared up and the case was closed as improved.

The last type of treatment was physical. Although the Children's Memorial Clinic maintains a pediatric department, it does not attempt physical treatment primarily. But often problems such as a speech defect or an endocrine disturbance are so closely linked with behavior difficulties and are so hard to differentiate from them, that treatment must necessarily be physical. Although the trouble has affected the patient's emotional life so that behavior or personality problems are the ultimate results, the physiologist is at the base and must be corrected before the other problems can be expected to clear up. These are cases in which diagnosis is made by specialists but in which the treatment is carried on by the Clinic staff. The following case illustrates this type of treatment.

"Mickey" was a small child almost six years old who was referred to the Clinic by a private physician for a cleft palate. A New York doctor had told the mother that the palate was higher arched than normal and that it would be hard for him to talk than other children, although he would outgrow the defect. His pronunciation of words was very attractive, but he had been laughed at so much for "the baby talk" that his mother was afraid of ill effects and consulted a physician.

Mickey's parents had been separated for three years. The father was alleged to be unfaithful and the mother knew of one instance when he spent the week-end in a drunken
detached in the company of men and women. Consequently she refused to live with him, although she stated she loved him more than any man she had ever known. Since the separation she had been working demonstrating cosmetics in drug stores.

Mickey's mother was very over-solicitous of him, keeping him always close to her, even sleeping with him. Although he had normal interests in books, toys and other children, he was without sufficient play- outlets. He was of normal intelligence and showed no other problems than the speech defect.

The cause for the problems was apparently physical and the mother was advised to consult a specialist in this line. Although the mother was told to find the proper outside companionship for the boy, and tentative aids were given her in the form of written assignments whereby she and Mickey practiced formulating words together, the treatment rested upon the diagnosis by the specialist.

Shortly after these suggestions were made, the family moved away from the city so that the status of the patient at closing was undetermined.

The number of cases in which the above treatment plans were used varied. Psychiatric treatment was used in eleven cases, treatment by the social worker in twenty-two, by the school in seven, and treatment was transferred to a physician in mainly physical in five, making a total of forty-five cases. The treatment plans were not recorded in four of the early records of the Clinic.
The length of time these children were treated at the Clinic varied from one month in three cases to four years in one case, with the median falling at ten months. There were six more cases closed as improved when the treatment had been carried on less than ten months, then when treatment was for a longer period of time. This may be partially explained by noting that those treated under ten months were the less complicated cases and that they were the ones in which the parents were cooperative and responded well to treatment and in which the patient responded well also.

The reasons for closing are listed in the following table.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Number</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advisory Service only</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td>Moved from City</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td>Parents uncooperative</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td>Treatment Completed</td>
<td>7</td>
<td>15</td>
</tr>
<tr>
<td>Parents felt no further need</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Problem adjusted</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Fair Adjustment</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Aversion to Clinic</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Referred private hospital</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Placed with relatives away</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>from city</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left with another Agency</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Diagnostic Study incomplete</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
The eight cases which were given advisory service only were cases from other agencies who sought advice, cases in which a physical problem was imminent, or cases in which parents asked only for advice. Eight families moved away from the city and eight were uncooperative. In all seven cases where treatment was completed, there was improvement. In five cases the parents felt no further need and in five the problems were satisfactorily adjusted. In one case the child had an aversion to the Clinic, and in another the patient, who was showing paranoid tendencies, was placed in a private sanatorium. One child was sent to relatives outside the city, another was left with another Agency. In the last case the diagnostic study was incomplete.

The following table shows the status of the patient at closing.

<table>
<thead>
<tr>
<th>Status</th>
<th>Number</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved</td>
<td>21</td>
<td>45%</td>
</tr>
<tr>
<td>Partially Improved</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>Unimproved</td>
<td>11</td>
<td>22</td>
</tr>
<tr>
<td>Undetermined</td>
<td>7</td>
<td>13</td>
</tr>
</tbody>
</table>
"By improved is meant that the problems for which the child was referred has entirely disappeared; by partially improved is meant that the problem still exists but definite change for the better has been made and by failure (or unimproved) is meant that the problem still exists in its original form." 1.

Twenty-one cases or 45% were closed as improved, ten or 20% as partially improved, making a total of 65% showing response to treatment. Eleven or 22% were unimproved and seven or 13% were undetermined.

1. Young, Beattie "A Follow-Up Study of Thirty-Five Full Study Cases Which Have Been Closed as Improved in Children's Memorial Clinic." P. 33.
In the analysis of forty-nine only children referred to the Children's Hos-orial Clinic it was found that only children formed a very small percentage of the total group. This fact would lead us to conclude either that only children do not manifest problems to any greater degree than children with siblings, provided the environments were fairly comparable, or that parents of only children do not bring them so freely to the Clinic.

That there was only one Negro in the entire group indicates either that the only child is a phenomenon of the White race, or else that Negroes do not refer their children even though Clinic service includes members of that race.

Since two-thirds of the children in the group studied belong to families financially independent and since 48% of the families are in the professional and trade groups of occupations, it is evident that only children belong mainly to families of good social status.

That 56% of the parents were married and living together in a positive factor in treatment plans and that the children from homes with normal paternal and maternal relationships manifest the less serious problems strengthens the contention that normal family life is probably the greatest asset in the life of a child.
Forty-one per cent, the largest per cent of any age group of the children, were referred between the ages of eleven and fourteen. These referrals were for the more serious conduct problems while the referrals in earlier years were for annoying personality disturbances.

Since 81% of the study group belong to the normal and superior intelligence groups, leaving only 19% in the dull normal and borderline groups, the conclusion is drawn that only children rank higher intellectually.

This is explained by their coming from superior homes, by their being stimulated by adult association and by the greater intensity of their parental education.

While 81% ranked high intellectually, the 19% were also in poor physical condition, showing either minor defects or severe handicaps. This may be explained by the upbringing which the only child often received which leads him to complain of slight disorders, by the physical condition of the mother at the time of birth and by the neglect of some of the parents.

In summarizing the problems we find that personality difficulties were most prominent and in the group day-dreaming led in number, being present in nineteen cases. Marked day-dreaming is a manifestation of the introverted, introspective child cited by the theorists as one type of only child. In the conduct problems which came second in importance disobedience led, with temper tantrums following
in close proximity and lying and stealing taking third and fourth place. In a comparison of the ages at which these four quite different problems appeared, it was found that disobedience was scattered throughout the age group and was used as a means of severing cramping home ties, that temper tantrums were problems of the young children, while lying and stealing appeared primarily after eleven years and were problems of children in the worst environmental circumstances. The school problems, which came third, were usually outward manifestations of more deep-seated trouble, or were mechanisms used to regain the attention freely given at home. The habit problems, taking last place, were continued infantile practices used as attention-getting devices.

In a comparison of the only child group with a group of thirty-five intellectually superior children and a group of thirty-five children whose cases had been closed as improved, the only child was found not to manifest any particular kind of problem to any greater degree than the other groups, but it was found to manifest more problems, since 57% of the total problems belonged to the only child group. The explanation is that the only child in a difficult situation has the brunt of the difficulty to bear, whereas the other groups have siblings to share the hardships.

The adverse factors affecting the only child were not thought to be more hazardous than those of other children, except that difficulties are more severe when their full weight falls upon one child. The most outstanding situation
was that of a child in too sheltered home surroundings who was trying to assert his own independence.

The only child group responded well to treatment. Sixty-five per cent of the cases showed improvement, while only 22% were unimproved and 13% undetermined.

That this study is by no means conclusive is well understood, but the general impression gained from an examination of the forty-nine records is that the only child needs undue consideration and understanding by both parents and by outside groups because of his peculiar familial position.