

https://dspace.org/

A descriptive study of delinquent boys who are socially isolated within the context of an approved school.

Kolvin, Israel

1965
http://hdl.handle.net/10539/22436

Downloaded from a DSpace repository. https://dspace.org/

A DESCRIPTIVE STUDY OF DELINQUENT BOYS WHO ARE SOCIALLY ISOLATED WITHIN THE CONTEXT OF AN APPROVED SCHOOL

A THESIS SUBMITTED FOR THE
DEGREE OF DOCTOR OF MEDICINE
IN THE UNIVERSITY OF WITWATERSRAND
JOHANNESBURG.

BY ISRAEL KOLVIN
B.A.(S.A.), M.B.B.CH.(RAND), DIP. PSYCH.(ED.).

C O N T E N T S

PART I: INTRODUCTION	Pg. 1
The Problem	" 2
A Preview	" 3
PART II: HISTORICAL REVIEW	" 7
Sociological Studies	" 8
Psychiatric and Some Psychological Aspects	" 10
Maternal Deprivation Studies	" 12
The Current Status of 'Deprivation-cum-Separation'	" 15
Some Recent Critiques of the Studies of Deprivation of Maternal Care	" 15
Methodology of Research Strategy in Deprivation Studies	" 21
i. Retrospective Case Studies	" 22
ii. Retrospective Follow-up Strategy	" 32
iii. Population Survey	" 38
iv. Experimental Studies	" 40
v. Current Studies	" 43
Hereditary Factors	" 47
PART III: BACKGROUND TO THE STUDY	" 49
(A) A Brief Description of the Approved School	" 50
(B) Types of Therapy	" 50
(C) Therapy at Lothians	" 51
PART IV: METHODOLOGY	" 53
The Present Study	" 54
Descriptive and Retrospective Study	" 55

PART IV: METHODOLOGY (contd.)

Clinical Material and Criteria of Selection Pg. 56

The Profiles " 58

A. The Boys (a) Psychiatric Assessment " 58

(b) Behavioural Items " 60

(c) Patterns of Offences " 61

(d) Psychological Testing " 61

B. Social and Parental Backgrounds " 63

Psychosocial Histories " 65

General Observations on Methodology " 67

PART V: CLASSIFICATION SYSTEMS USED IN THIS STUDY " 70B

Classification of Delinquents' Behaviour Patterns and Social and Family Behaviour Patterns " 71

Lewis' Modification of the Hewitt and Jenkins Classification " 72

PART VI: THE CASES " 76

Table A. Key to Matched Pairs

PART VII: THE RESULTS " 79

Incidence " 80

Delay in Recognition " 80

Distribution by Age " 81

Educational Attainments " 81

Geographical Location " 82

Denomination " 82

Social Class " 82

-do- table " 82

Distribution by intelligence " 83

-do- table " 84

PART VII: THE RESULTS (contd.)

Social and Family Background Pg. 86

a. Family Structure and Broken Homes " 86

-do- - Tables " 88 - 91

b. Parental Separation " 92

c. Quality of father child relationship prior to separation " 94

-do- Table " 94

d. Illegitimacy " 94

e. Stepfathers " 95

Other environmental and Family Factors " 96

-do- - Tables " 97 - 98

Adopted Children " 99

Possible Hereditary Factors " 99

-do- - Table " 99

Parental Patterns and Social Environment " 100

-do- - Table " 100

Behaviour Inventory " 102

-do- - Tables " 103 - 4

Earlier Social Attitudes " 112

Patterns of Offences " 113

Mental Pathology " 116

a. Classification according to main behavioural patterns " 116

-do- Table " 116

b. Descriptive Diagnosis " 118

-do- - Table " 118

PART VIIIA.: DISCUSSION " 119

PART VIII B: DISCUSSION

Generation of Hypotheses Pg. 124

Psychopathological Theories " 126

PART VIII C: [illegible]

Major Controversial Questions " 133

Comparison with Previous Studies " 140

PART IX: METHODOLOGY AND LOOKING FORWARD " 145

FUTURE RESEARCH AND THE TESTING OF HYPOTHESES " 150

PART X: SUMMARY " 154

PART XI: ACKNOWLEDGEMENTS " 164

PART XII A: ADDENDUM " 164

A Note on the McFarlane Scale " 168

Ryles Format based on McFarlane Scale " 170

PART XII B: ADDENDUM: THE CASE HISTORIES -

The Delinquent Isolates' " 174

PART XII C: ADDENDUM: THE CASE HISTORIES

The Controls " 248

PART XII D: ADDENDUM: SOME INCIDENTAL PSYCHOMETRIC FINDINGS " 311

Table - Comprehensive Cognitive Scores - Study Group " 315

Table - Comprehensive Cognitive Scores - Control " " 315

Table - Relationship of W.I.S.C. I.Q.s and Progressive Matrices ('38) " 317

Table - Comparison of W.I.S.C. Full Scale I.Q.s and Progressive Matrices Scores ('38) Converted to I.Q.s " 318

PART XII E: ADDENDUM: BIBLIOGRAPHY " 319

FIGURE AND TABLE INDEX

Table A.	Key to the Matched Pairs	Pg. 78
B.	Distribution by Age	" 81
C1.	Distribution by Intelligence - Progressive Ravens Matrices ('38)	" 84
C2.	Distribution by Intelligence - W.I.S.C.	" 84
D.	Social Class	" 82
H.	Known Possible Hereditary Factors in Parents	" 99
I.	Family Structure and Broken Homes	" 88
J1, J2, J3, J4, J5	Tables appropos 'Parental Separation'	" 89 to 91
J6.	Father Child Relationships prior to separation	" 94
	Histogram of Paternal Separation	" 93
KO.	Indices of gross environmental disturbances	" 97
K1.	Size of Family	" 97
K2.	Number of living children	" 98
K3.	Sibling Order	" 98
L.	Classification According to Main Social and Family behaviour Patterns	" 100
M.	Behaviour Inventory - Study Group	" 103
	- Control Group	" 104
N.	Classification according to delinquents main behavioural patterns	" 116

Tables in Addendum

Table C1.	Comprehensive Cognitive Scores	" 315, 316
C2, C3.	W.I.S.C. I.Q.s versus Progressive Matrices ('38) gradings	" 317, 318

PART I

INTRODUCTION

THE PROBLEM AND A PREVIEW

INTRODUCTION

THE PROBLEM

Some years ago, while working in an Approved School (Reform School) in a psychiatric advisory capacity, the author's attention was directed every now and then, to what can almost be considered an outcast from the general community. He was a solitary, lonely type of youth, who did not appear to have much capacity to relate in a meaningful manner to his associates or to the adults in his environment. In the Approved School environment, the outcast from the general community is usually thrown into sharp relief by either his non participation in, or his remaining on the fringe of any spontaneous unorganised group activity. This was invariably not the case with organised group activities. It was rather that when not actively drawn into group activities by the Approved School staff, the isolate would float or drift to and remain at the fringe. The author termed the condition "delinquent isolation", and the boys manifesting it "delinquent isolates".

At this stage it was not clear whether the 'isolates' were just slightly more introverted youths or whether 'isolation' was just one trait of an identifiable syndrome. The author's interest was aroused and he decided to study these isolated delinquent boys. For reasons discussed later these boys were not considered good material for a psychoanalytical type of enquiry. It seemed therefore, that the best way to go about this study was to gather two groups of boys - a group of 'isolates' and a control group, and then to try and draw a profile of the characteristics of these two groups of boys and their family and social backgrounds; and in this manner try and highlight salient similarities and differences between the two groups. An attempt was made to ascertain the isolates by the use of relatively objective criteria -

they were accepted for inclusion in the study on the basis of 'isolation' observed by the senior Approved School staff plus a subjective description by the boy in a psychiatric interview of a feeling of inability to make positive relations with others. The "internal" control group was obtained by matching on the basis of age alone 21 other boys from the same Approved School. These criteria of isolation do not imply that the 'lone wolf' delinquent 'isolates' never ever conversed with other boys, nor that they refused to join in any of the organised formal activities - this was indeed not so. It was rather that, when not actively drawn into group activities by the Approved School staff, the 'isolate' would drift to and remain on the fringe.

When the study was initiated in 1959 concepts of isolation were vague, imprecise and uncrystallised. Within three or four years there have emerged studies of social isolates in other spheres - it was almost as if in our present state of knowledge, different investigators were independently becoming conscious of overlapping research topics and problems needing elucidation. However, as far as the author is aware, this is the only study which has been undertaken of delinquent boys who are socially isolated within the context of an approved school. In addition the 'isolates' studied in other spheres are older than the subjects in this study.

A PREVIEW

This, then, is a descriptive study of delinquent boys who are socially 'isolated' within the context of an approved school (Reform School). The two main aims of the thesis are:-

(a) To discover whether the social 'isolates' were suffering from a circumscribed social attitude, i.e. a mild degree of introversion,

or whether isolation was just one trait or manifestation of a relatively consistent identifiable syndrome.

(b) To as accurately as possible draw a profile of the characteristics of these two groups of boys - of their behavioural and psychiatric state, of their social and family environment, both past and present; and in this manner try and highlight salient similarities and differences between the two groups.

The second aim is essentially supplementary to the first.

In the course of the study salient differences between the 'isolated' delinquents and the controls are highlighted; the consistent patterns that emerge suggest that delinquent 'isolation' is an identifiable syndrome. While the study and control groups fall together in respect of many minor items, and the two main items of intelligence and social class, the two groups of boys clearly fall apart in terms of:-

(a) Their behaviour as rated on a behavioural scale - where a significantly greater number of the 'isolates' were quoted as showing problematic behaviour in three main areas - problematic 'sensitivity' (more liable to hurt feelings than the average); problematic 'timidity' (tending to be more cautious than the average); and overall problematic 'sexual' behaviour.

(b) Their behaviour patterns were categorized in terms of the Hewitt and Jenkins' classification - the non-'isolate' tending in the main to fall into Hewitt's 'socialized' delinquent group and the 'isolates' tended to fall into Hewitt's 'over-inhibited neurotic' and/or 'aggressive' group. The author sees the delinquent 'isolate' syndrome as being composed of two major personality types ..... aggressive maladjusted boys and inhibited

(withdrawn) maladjusted boys.

(c) A significantly greater number of the control group committed their offences in the "gang or group situation".

(d) Finally the delinquent 'isolates' had very much more in the way of serious intra-psychic disturbances than the 'non-isolates'.

An examination of the social histories reveals quite a number of differences between the groups, but the only clear-cut differences occur in the following areas ..... (a) The social 'isolates' experienced more in the way of active pathologically distorted parental rearing patterns ('rejection' and 'repression'); the 'non-isolate' tended in the main to be 'neglected' and left by their parents mainly to rear themselves. (b) A significantly larger number of the 'isolates' had experienced a non-intact parental constellation prior to their admission to the Approved School - the absent parent was mainly the father. (c) A significantly larger number of the 'isolates' had also not known or had been separated for a prolonged period (six months or more) from their natural fathers during the early formative years.

Few of the 'isolates' saw their inability to make positive relations as a failure in themselves and mostly tended to project their inability to relate on to their environment. It was also found that the social 'isolate' handled provocative social situations poorly and by his excessive reactions tended to broadcast his particular vulnerability.

The incidence of isolation in Approved Schools is low (under 5%) and therefore it takes time to build up an adequate sample. In some 'isolates' there is a delay in recognition - the author suggests this is because the quiet

withdrawing 'isolate' may be missed and the aggressive 'isolate' needs to interact pathologically with his environment before he is eventually excluded or ignored by his peer groups.

The problem of deprivation-cum-separation is comprehensively discussed, especially with reference to the findings of the present study. Hypotheses are framed on the basis of these findings with the full realization that association does not imply causality - and even if we are right in assuming causal relations, it does not follow that it is necessarily mediated by the processes described in the psychopathological theories offered. Further, even if there is a causal relationship, it does not mean that it is necessarily going to account for the entire or even for the major part of the total causation.

The methodology of the research strategy is discussed at some length. Finally the problem of future research and the testing of hypotheses generated are discussed.

PART II

HISTORICAL REVIEW

With special reference to the development of concepts considered important in the understanding of the present study.

Over the last three decades, there has been a change in the climate of research in delinquency. During the first two decades, authorities from psychiatric and social disciplines tended to try and explain all delinquent behaviour in terms of their particular subject. In the process, delinquents were mainly studied as if they were a homogenous group by the different investigators.

SOCIOLOGICAL STUDIES

On the sociological side there have been many studies of crimonogenic areas and of specific factors of environment and culture. The types of theses evolving from these area studies are that a region of economic and cultural disorganisatio tends to have a crimonogenic effect on that particular area population; or that delinquency is mainly an aspect of the more general behaviour disturbance in the underprivileged quarters of large cities and this in turn is only one of several consequences of unfavourable ecology.

Ecological studies have shown that underprivileged areas are unfavourable for human development in all fields be it physical, intellectual or mental (e.g. the study of Anderson et al in 1950 showed that the incidence of anencephal rises consistently with the lowering of social conditions). Many studies have shown how conditions within these low culture areas are such as to predispose the young to insecurity, conflict and consequently breakdown.

It will be useful, at this stage, to note in brief, some of the specific theories advanced in the attempt to explain the sociological associations of juvenile delinquency:-

(a) "Tradition" - some assert the disorder is handed down from generation to generation.

(b) "Social disorganisation theories" - these maintain that delinquency flourishes in regions of economic and social disorganisation where the population is mobile and never achieves solidarity of community spirit.

(c) "The culture-transmission theory" - e.g. Shaw and McKay maintain

that delinquency is a subcultural tradition in areas of the city inhabited by the lower socio-economic classes.

(d) "The Culture conflict" theory.

On the other hand, many psychiatrists behaved as if all delinquents had problems that only psychiatrists could study and unravel. They were mainly interested in the individual and his intrapsychic disturbances.

Over the last decade, both research and clinical workers have recognised the need for a multidisciplinary approach and co-operation and so have indicated their recognition of the importance of etiological factors from sociological, ecological, psychiatric and anthropological fields. Bovet stressed that delinquency is a bio-psycho-social phenomenon. However, different workers in their different fields have still tended to stress their particular approaches. Jehcott and Carter in their Radby study said that "What we hope to show is that the bulk of delinquents come from certain localities and types of households which present traits which are conducive to delinquency which are social rather than psychological". In a recent paper Stott criticises this dichotomy and emphasises Bovet's concept when he says that "No complex of behavioural phenomena such as can be observed in a family or street can rightly be described as social or psychological". He goes on to point out that Cohen in advancing a sociological theory has to elaborate it in the psychological concepts of guilt feelings, shame and frustration. Stott also points out that it is only by psychological concepts that we can explain variations of behaviour within culturally homogenous groups as when only a proportion of the juvenile population of a "delinquent subculture" become delinquents. For Stott it is amply clear that the psychological and sociological approaches are complementary to one another.

Stott's own main thesis is that "delinquent breakdown is an escape from an emotional situation which for the particular individual with the various conditionings of his background, becomes at least temporarily unbearable".

Albert Cohen attempts a new view of the accounting of the delinquent subculture. He maintains that "Like the social disorganisation theory, the culture conflict theory is at best incomplete ..... It (the delinquent subculture) is itself a positive code with a definite if unconventional moral flavour, and it demands a positive explanation in its own right". Why is the delinquent subculture there in the first place, why is it located where it is, what purposes does it serve and how is it preserved and transmitted? His theory

in brief of a subculture's genesis is as follows:-

He suggests that being reared in a society with one set of standards and educated in schools with a different set of standards (middle class standards) must lead to status frustration and feelings of being inferior in relation to the wider community. Children with such conflicts tend to draw together in groups. Within the structure of these groups or gangs, the delinquent regains his status and finds a means of attacking and denying the values of the middle class status system.

Cohen, however, was appreciative of the need for the categorisation of delinquents etiologically dependant on whether they are the unconsciously determined individual delinquents or the "sociologic delinquent". He says "Although the 'delinquent subculture' is not a category of delinquency statistics there are a number of studies which distinguish group or gang delinquency from other delinquency. ..... These studies furnish us with an important kind of evidence about the distribution of the delinquent subculture for it is a hall-mark of subcultural delinquency that it is acquired and practised in groups rather than independently contrived by the individual as a solution to his privat problems". He did recognise that often a lone, deeply disturbed individual delinquent would gravitate to a gang in the sociological area.

PSYCHIATRIC STUDIES AND SOME NOSOLOGICAL ASPECTS

Psychiatrists have had to consider therefore the psychological and developmental factors causing breakdown within the social setting. They have had to take cognisance of the advances of the sociologist, the social psychologist, and the research and clinical psychologist. On the other hand they have their own clinical experience and from this they too have been simultaneously finding it increasingly useful to distinguish the broad categories of the "individual" and "sociologic delinquent" (Johnson), accepting of course, that in any nosological approach to the subject of human behaviour there is bound to be some overlaps. As indicated above not all workers will accept that there is aetiological validity in this concept.

Gibbens in his psychiatric studies of Borstal lads (as quoted in "Trends in Juvenile Delinquency") found that those who were regarded as mentally abnormal "were heavily concentrated among those who committed crimes alone or who had no

delinquent groups associations".

Many authorities have deprecated the tendency of non differentiation of the types of delinquents either as far as research, or treatment is concerned. Johnson points out that because of this "there are no reliable statistics of the ratio of the individual unconsciously sanctioned delinquent to the sociologic groups". Expressed in another way, scientific progress in this field has been hampered by the non-reduction of the numerous heterogenous problems through conceptualization. The more recent trend has been towards a more detailed differentiation of the behavioural types or syndromes of delinquency (Gibbens).

An important systematic psychiatrically orientated classification is that of Hewitt and Jenkins. A modification of this classification is being used in this study; and the author has described it in the section on methodology.

In a recent monograph, Grant reviews the need for a classification system for offenders in detail, but mainly with reference to the implications for treatment.

(a) Some of the "correctional" studies have been as well planned as "double-blind" clinical drug trials, e.g. the intensive counselling programme of Adams. Subjects of this trial were classified as amenable and non-amenable to treatment both groups were randomly assigned to treatment or non-treatment conditions. There was then a three year follow up of the parole performance of the four subgroups:-

i. The treated amenable group has a significantly better parole record than the non-treated amenable group.

ii. The treated non-amenable group has the poorest parole record of the four subgroups.

(b) Grant's own study with military delinquents showed that a psychodynamic orientated approach increases the success rates of high maturity delinquents, but also they were markedly detrimental to the success chances of the low maturity delinquents. Furthermore, custody orientated approaches had the reverse effect in this study. As Grant points out from these and other studies, the findings consistently show that "counselling or psychotherapy", which is beneficial to some subjects is actually detrimental to others; and

leaving certain kinds of delinquents alone is more beneficial than an individual approach.

Many eminent psycho-analytically orientated therapists have found somewhat similar limitations to their type of therapy which have the same implications as the above study:-

Johnson says that "many therapists have found that the analysis of unconscious neurotic conflicts before the fairly good establishment of a solid super-ego led to disaster. As long as the child has no guilt about acting out in some area, such as stealing, anxiety aroused by uncovering an unconscious guilt about sibling rivalry, for instance, only leads to further acting out". The above will be reiterated in section on therapy.

MATERNAL DEPRIVATION STUDIES

Much of the work on the emotional and social development of children has laid emphasis on the child's relationships to his mother. Investigators have studied:-

i. Overt and apparent mother love as against covert dislike and rejection.
ii. The proportion of children who have not lived securely in one home all their lives.
iii. Traumatic events in the early years of life which need to be assiduously sought.

During the last thirty years, the literature on the subject of maternal deprivation or separation has grown to sizeable proportions. Bowlby's 1952 classicial W.H.O. monograph [Maternal Care and Mental Health] and the later 1962 W.H.O. monograph [Deprivation of Maternal Care] reviews this field adequately. As this subject has proved so central to the theme of this study it will be covered in some detail. In covering this subject the author draws freely on the above two monographs.

Bowlby divided the evidence into three classes:-

a) Direct studies of the immediate effect of deprivation.
b) Retrospective studies.
c) Follow up studies.

DIRECT STUDIES

Bakwin, among other features, observed a "relative immobility, quietness,

unresponsiveness to stimuli like a smile or a coo". Spitz and Wolf have experimentally confirmed this failure of such babies to smile at the sight of a human face.

The clinical picture of the baby separated in the age range of six to twelve months has been intensively studied by Spitz and Wolf who have named it "anaclitic depression".

Many studies such as those of Spitz and Wolf have shown that there is a drop in the Developmental Quotient in the institutionalised child, most of the drop occurring in the first six months of life. Other studies showed a similar retardation in the second and later years, such as that of Goldfarb.

Bowlby comments that there are very many variations of reaction in this age group and not all children respond in the way described - "it seemed that those children who have had the most intimate and happy relationships with their mothers suffer most".

RETROSPECTIVE STUDIES

Numerous workers have undertaken retrospective studies. Starting with Levy (1937), Powdermaker etc. (1937), Lowrey (1940), Bender (1941 to 1946), Goldfarb (1943 to 1949), and Bowlby (1944). All of them pointed to the basic inability of the child to make meaningful relationships.

Levy - superficial relationships; no real feelings; no capacity to care for people or to make true friends; an inaccessibility.

Powdermaker - inability to make real transference; good contact but it invariably proved to be superficial.

Lowrey - inability to relate the self to others - the isolation factor.

Goldfarb - "limited capacity for affective relationships."

Bowlby's and Goldfarb's studies merit a more detailed description. Bowlby (1944) found that a significantly higher proportion of the delinquents had suffered prolonged separation from their mothers in the first five years of life. Also amongst these were some who showed a permanent incapacity to make a satisfactory relationship with other people - the so-called "affectionless character" and these had been separated from their mothers for more than six months in early childhood. On the basis of his study Bowlby offered the

hypothesis that a "break in the continuity of the mother/child relationship at a critical stage of the development of the child's social responses may result in more or less permanent inpairment of the ability to make relationships".

This hypothesis is based on the psychoanalytical hypothesis regarding personality development. These state that the development of a healthy adult personality is based on the ability to make stable and co-operative relationships with others, especially love objects, "and that the satisfactory development of this ability in adults is dependent on its healthy development in childhood, especially during the first three or five years of his life, when the child is making his first social relationships - those with his parents". He goes on to suggest "that the frustration engendered by the separation was likely to cause, on the one hand, increased libidinal and aggressive impulses and, on the other, a lack of the usual inhibitory super-ego function, the development of which is dependant on satisfactory relationships with love objects".

FOLLOW-UP STUDIES

Goldfarb (1943 - 1949) had studied two groups of children - the first had spent most of the first three years of their life in an institution and the second who had lived with foster families from their early months. The institutional children showed an incapacity for making relationships which Goldfarb attributed to the lack of opportunity for developing relationships with adults in their early years. They also showed aggressiveness, uncontrolled behaviour and in the test situation little capacity for sustained effort, a tendency to only undertake what was easy or else a tendency to give up easily when faced with any difficulties.

The later study of Bowlby et al (1956) on tuberculotic children who had been in a sanatorium compared with a control group resulted in Bowlby modifying his hypothesis. No difference reaching statistical significance was found in respect of I.Q. of the two groups. He states that outcome is immensely varied and of those damaged, only a small minority develop those serious disabilities of personality originally described by him. He also concluded that some workers in this sphere have tended to overstate their case --- including himself. [See also next section].

SOME RECENT CRITIQUES OF THE STUDIES OF DEPRIVATION OF MATERNAL CARE (W.H.O. 1962)

This W.H.O. monograph has been devoted to an attempt to clear up a certain amount of confusion about the present position of maternal deprivation. A re-assessment has been taken in light of the advances over the previous ten years. In this section the author has drawn freely on the monograph especially Ainsworth's contribution as he considers hers the most balanced and thorough review of the recent relevant researches.

She starts by pointing out that, after Bowlby's work, the major areas requiring investigation were the relationship between the age of the child, the duration and severity of deprivation and the resulting effects of deprivation. She adds that "although the damaging effects of severe, early and prolonged deprivation have been clearly established, the process through which deprivation worked its damage were not. A more adequate understanding was needed of the role played by early interpersonal interactions in shaping the subsequent development of the child".

Question Of Definition Of Maternal Deprivation

She then goes on to discuss the chief controversial questions. The first is the question of the definition of maternal deprivation. She points out three major sets of conditions have been explored in research - (a) Deprivation contingent on institutionalisation where there is no major substitute mother or an insufficiency of maternal care. (b) Deprivation that occurs when an infant lives with a mother figure from whom he receives insufficient care or with whom he has insufficient interaction and (c) deprivation dependent on the child's own inability to interact with a mother figure. "In all of these conditions the implicit definition of maternal deprivation is insufficiency of interaction between child and mother figure". She adds that a single separation experience need not be depriving - not if the child is offered a substitute figure with whom he can sufficiently interact. However, "a non-depriving separation experience can be distressing to a child old enough to discriminate his mother from other persons and to have formed an attachment to her, yet not old enough to maintain this attachment when parted from her".

She then goes on to describe two other components which can be subsumed

under the heading of Maternal Deprivation. Firstly, there is the discontinuity of relations brought about through separation - "it seems desirable to reserve the term mother/child separation for discontinuities in a relationship once formed rather than to apply it more widely to cover all instances of parting the child from his mother regardless of the age of the child or the nature of the attachment between them and its degree of maturity. - - A single separation experience, however, need not be depriving - not if the child is offered a major substitute figure with whom he can sufficiently interact. - - because of the distress they bring, discontinuities of attachments may have adverse effects on development, unless, as often happens, the separation leads to a deprivation experience." Secondly, there is distortion in the character of the interactions without respect to its quantity - - - "the term maternal deprivation has also been used to cover nearly every undesirable kind of interaction between mother and child - rejection, hostility, cruelty, over-indulgence, repressive control, lack of affection and the like" - - - it is also suggested that the term "distorted" be applied to social interactions of an adverse character, and thirdly that the term "depriving" be reserved for interactions of insufficient quantity, without reference to their character".

Ainsworth says that if confusion and controversy is to be avoided distinction should be maintained between the following (a) insufficiency of interaction implicit in deprivation (b) distortion of the character of the interaction without respect to its quantity and (c) the discontinuity of relations brought about through separation.

Ainsworth claims that Andry implies that Bowlby believes maternal deprivation to be limited to instances of separation and pays no heed to other aspects of maternal deprivation that may accompany the separation experience. Andry also considers that some unnecessary controversy stems from inadequate recognition that both "maternal deprivation" and "mother/child separation" are terms that cover many kinds of experiences ------ these experiences differing greatly in severity and that the effect of these depend on a multiplicity of variables, including the age of the child at onset of deprivation, the nature of his experiences before this onset and the duration and nature of his experiences after deprivation has been relieved.

The question Of "Multiple" Mothers

Mead implies that Bowlby believes that any dispersion of maternal care among a number of figures has an adverse effect. Ainsworth says that "to say that continuity is needed, however, does not imply that an exclusive mother/child pair relationship is essential if deprivation is to be avoided. Bowlby has acknowledged the desirability of supplementing the care given by the mother with care from other figures. Nevertheless, the notion that multiplicity of mother figures brings about deprivation has become both widespread and controversial."

Ainsworth also says that "while it is the mother who almost invariably interacts most with the child, and to whom the child usually displays his first attachment, the role of other figures, especially the father, is acknowledged to be significant." She points out that paternal deprivation has received scant attention. "Moreover, in many instances where the term "Maternal Deprivation" has been used - for example in an institutionalisation the term "parental deprivation" would have been more accurate for the child who has been parted from both parents and deprived of interaction with a father figure as well as a mother figure." She goes on to say that though the neglect of a father figure is to be deplored the emphasis in the review is on maternal deprivation but she hopes that further research will give more adequate attention to the influence of father-child interaction and the course of development.

The question of Variability in the Degree of Damage following Deprivation.

Ainsworth says that maternal deprivation in infancy and childhood has been found to result in a varying degree of impairment. She attributes some of the variation to (a) differences in the severity of the deprivation experiences themselves (b) some of the disparity is an artefact of the level of observation employed as not all damage is sufficiently gross to be obvious at "a crude level of observation" (c) even when careful appraisal is undertaken some deprived children are found to be more adversely affected than others and in fact some seem to escape unscathed - this has led to the questioning of the validity of the proposition that maternal deprivation is pathogenic. To explain this Ainsworth invokes either individual differences in vulnerability attributed to either differences in genetic constitution or differences in environmental

influences upon development prior to the onset of deprivation or to both. She goes on to say that "these differences, in themselves, do not constitute sufficient grounds either for judging an aetiological hypothesis to be invalid or for opposing preventive measures stemming from the hypothesis".

The Question of Specific versus General Effects of Deprivation.

Ainsworth says that the unjustified assumption that deprivation affects all processes to an equal degree has been a major source of misunderstanding and hence controversy.

The Question of Diversity in the Nature of Adverse Effects of Deprivation.

Ainsworth says that the effects of Maternal Deprivation have been found to be diverse in nature as well as in degree - and "the paradoxical nature of the diversity of outcomes has led some critics to be sceptical that they could stem from the same cause".

Permanence of the Effects of Deprivation.

Bowlby, Spitz and others have implied that severe early deprivation may have permanent effects. Many authorities are reluctant to accept that an early experience can lead to permanent residual impairment that cannot be eliminated through favourable influences later in life. Several factors have facilitated the controversy (a) "even a severely damaged child may improve to some extent if deprivation is relieved." (b) "Impairment of some processes seem to be more resistant to reversal than impairment of others." (c) "Some damage is more obvious and easily observable than other damage that may nevertheless be more resistant to reversal". (d) "It is likely that lasting effects are manifested overtly only under special circumstances perhaps much later in life - which reactivate pathological processes originally set in train by the early deprivation experience."

Ainsworth says that some controversy seems to be due to an erroneous belief that a single complex of experiences occurring in early childhood will have a uniform and lasting effect in all cases. She goes on to point out that the development of an individual organism is an unbroken process and deprivation experiences acts through its influence on-going processes and is interpreted in the light of previous experiences. These on-going processes are in turn a result

of the whole previous history of development that has taken place at the interaction of the organism and its genetically determined structure with environmental influences. She then says all of these influences are important in determining the eventual outcome. Indeed a vicious spiral exacerbating the effects of deprivation experiences is not uncommon "- with the processes set up by deprivation making it difficult for a child to respond adequately to the later advances of the mother figure; and the mother in turn tends to interact less with the child than she would have done with a more responsive child etc. -- Similarly, a child who has been damaged by deprivation experiences at home before admission to an institution may be more neglected in the institution than a more responsive child".

Question of Delinquency.

Bowlby used juvenile thieves as subjects and demonstrated an association between "the affectionless character" shown by some of these thieves and early, severely, depriving separation experiences. He suggested that separation experiences of this nature may be foremost among the causes of "delinquent character formation". This finding and also that of Bender and Yarnell who found a "psychopathic behaviour disorder" associated with early severe deprivation experiences has lead to the widely held belief that the hypothesis of maternal deprivation as pathogenic necessarily implies that deprivation causes delinquency. Actually delinquency has not been found to be a common outcome of maternal deprivation and early mother/child separation is not a consistent antecedent in a group of delinquents. These latter findings therefore seem to some critics to disprove the hypothesis of the pathogenicity of deprivation.

The question of 'Maternal' versus 'Environmental' Deprivation.

There is also the controversy about whether deprivation is attributable to the absence of a mother figure or to "environmental deprivation" contingent upon a relatively low level of stimulation in the institution setting.

Some other Controversial Questions.

There are a variety of other questions such as the importance of

defective genetic constitution contributing to retardation of young children in institutions or to the frequency of indiagnosed organic brain damage in cases of infants manifesting a "hospitalism".

METHODOLOGY OF RESEARCH STRATEGY IN DEPRIVATION STUDIES

Ainsworth points out that "once the hypothesis has been put forth that prolonged deprivation experiences in early childhood may have lasting adverse effects upon subsequent development, it is out of the question to expose young children experimentally to deprivation in order to test the hypothesis". In these circumstances research into the effects of maternal deprivation cannot avail itself of the advantages of the experimental methods of precise control of the conditions the effect of which is to be studied. It is therefore "impossible to arrange a depriving situation of a controlled nature and a degree of severity, into which a child may be introduced, at a given age and kept for a pre-determined time". Therefore since the depriving conditions cannot be controlled through manipulation they must be controlled through selection that is by choosing for study a deprived group who have experienced deprivation and to certain defined conditions. She also points out that in laboratory experiments the study is concerned with effects that immediately follow the experimental treatment and part of the excellence of control implicit in experiment is control throughout the whole period of the onset of the "treatment" to the final observation of "effect"; but aetiological research in the field of personality development covers a relatively long time span between antecedent and effect and through a period in which conditions are uncontrolled. Ainsworth says several important considerations follow - firstly, an antecedent experience must be profound to leave gross and obvious traces after the lapse of the years; and secondly significant effects may be present that are not easily observable. Therefore the most sensitive available methods should be used to assess the effects. She goes on to point out that because of a need to use careful methods to observe the variables and to assess the effects, research in the fields of maternal deprivation is time-consuming. She considers it is no field for rapid research in which large scale techniques can be used but that rather the nature of the appropriate techniques demands small rather than large samples; and the cause and effect picture can be built up only gradually through many such small samples, studied under different conditions.

Ainsworth and Bowlby have considered four major research strategies

that have been used in the field of maternal deprivation. In the W.H.O. Monograph Ainsworth discusses three of these.

I. RETROSPECTIVE CASE STUDIES - Ainsworth claims that this strategy is invaluable in aetiological research as a means of formulating hypothesis. This strategy is characterised by the identification of a syndrome, or a cluster of related symptoms or personality characteristics, and by exploration of the history of the patient or patients displaying the syndrome to discover likely antecedents that might account for the outcome.

'Deprivation' with and without Separation - Prugh and Harlow submits evidence in support of their hypothesis that "masked deprivation" in the absence of physical separation can be associated with outcomes as serious as those that follow severely depriving separation experiences. (Ainsworth describes this as "unsystematic case study evidence"). Prugh and Harlow distinguish two kinds of "masked deprivation" - (a) insufficient relatedness between the child and his parents, particularly the mother and (b) distorted relatedness. Ainsworth says that by implication Prugh and Harlow identify the three dimensions - insufficiency, distortion and discontinuity - which she has already advanced as a basis of classifying pathogenic mother/child interaction. Prugh and Harlow go on to despair of the possibility of identifying specific patterns of antecedent conditions that lead to specific outcomes.

Ainsworth points out that the "confounding of variables may occur in the individual case and may be difficult to sort out the effects of any one variable in isolation. This sorting out of associations between specific antecedents and specific effects can, however, be accomplished through studies in which different clusters of antecedents are represented in the sample cases, but sorting out can only be achieved if the distinctions between insufficiency, discontinuity and distortion are clearly kept in mind". Ainsworth goes on to say that "to imply that Bowlby hypothesised that early separation was a significant antecedent in all kinds of disturbances, that he ignored the fact that it is in combination with deprivation that separation is most pathogenic, and that he belittled distortions in parent/child relationships as antecedents of personality disturbances, are all serious misinterpretations

of his position and of his supporting evidence.

There is much evidence from a multiplicity of studies which suggest that the character and quantity of the interaction experiences in pre-separation relationships with parents is important in influencing either the state of the child at the time of separation or his subsequent development or both. Ainsworth quotes Clarke and Clarke's study as suggesting that pre-separation interaction may be so severely depriving or distorting that life in a good institution can represent considerable relief. They report that certified feeble-minded patients who made substantial gains in I. . over a period of years in an institution significantly more frequently had come from "exceptionally adverse homes" than those who made less substantial gains or none.

Ainsworth also quotes Lewis' study and points out that some of the children had had insufficient parent/child interaction, some distorted relations, some discontinuous relations because of earlier separation and others a combination of these conditions. Lewis found that lasting separations of the child from the mother before the age of two was one of the seven features of early parent/child relations that were significantly and positively related to a degree of maladjustment; the other features were lack of maternal affection, maternal over-indulgence, maternal mental illness, paternal neglect, paternal over-indulgence and prolonged public care.

Ainsworth therefore concludes that this study provides further evidence that deprivation, distortion or discontinuity in mother/child relations - singly or in combination - can all be antecedents of adverse outcomes and suggests that insufficiency of distortion in father/child interaction can also be pathogenic. She also goes on to say "although Clough and Harlow offer a counsel of despair about the likelihood of finding any specific personality configuration as an outcome of any specific antecedent condition Lewis's finding suggests a more hopeful prospect". Lewis's study also yielded some hypotheses about the specific antecedents of certain patterns of disturbed behaviour. Thus parental rejection seemed a significant antecedent to "unsocialised aggression" and neglect by parents tended to precede "socialised delinquency' while a repressive regime seems associated with later neurotic

adjustment. Lasting separation was not however an antecedent of any particular pattern of disturbance.

Wooton and others have interpreted Lewis's findings to demonstrate the insignificance of separation as a pathogenic factor. Ainsworth criticises the nature of Lewis's control group and points out that although the comparison was with non-separated controls, most of them undoubtedly could be characterised as having had insufficient or distorted parent/child relations. She also adds that though the histories stressed the quality of the disturbance of parent/child relations it did not assess its severity; and even with respect to separation it is not known for example how many children had had adequate substitute mothering. Ainsworth goes on to say that "the three variables - insufficiency, distortion and discontinuity - were so confounded in these cases that the study does not permit a conclusion to be drawn about the nature and degree of the antecedent experiences that led to the most pathological outcomes".

Factors Influencing degree of Impairment resulting from a Depriving Separation Experience

- Ainsworth goes on to discuss the question of identifying the antecedent conditions that influence the degree of damage. She describes Trasler's study of foster-home children - a comparison of a group of children successfully placed in a foster-home with a group of children unsuccessfully placed. Trasler explored both the antecedent histories and the present situations of each child relying upon formal reports and informal communications from the Case Workers responsible for the cases. He found that 50% of the failures in foster-homes were primarily or secondarily due to the effects on the child of separation from his parents - effects attributable to feelings of rejection (whether real or imagined) which generated tension, anxiety and inhibition of responsiveness to the foster-parents. Relatively few failures were attributable either to the intellectual retardation of the child or to inadequacies of the foster-parents. 30% of the failures were partially attributed to the inability of the children to respond to the overtures of the foster-parents. Prolonged institutional care during the earliest years of life occurring after separation from the parents and before placement with foster-parents was the antecedent conditions most significantly associated with subsequent failure in the foster home. The successful foster home placements tended to be those made before four years of

... a minimum of institutional care intervening between separation and placement. Trasler concluded that young children tend to interpret separation from their parents as a withdrawal of affection and this causes difficulty in subsequent adjustment to caretakers. He goes on to say that for the "child under 3 years of age, the disturbance attributable to separation can be mild and transitory if the child is provided with the opportunity of interaction with an individual mother-figure, but the disturbance tends to be more severe and lasting if he experiences insufficient interactions characteristic of institutional care."

Kellmer Pringle and Bossio selected from institutionalised children who had undergone prolonged separation from their parents before five years of age a group of 11 judged by all criteria to be severely maladjusted and a group of five judged notably stable. They used the retrospective case study approach to determine what antecedent conditions distinguished the groups from each other. The age of separation seemed important. Moreover the separations of the severely maladjusted group seemed to have been accompanied by lasting parental rejection; and these children had since lacked either the opportunity or the ability to establish any stable relationships with parent substitute. In contrast, the stable children, though separated had not been rejected by parents and maintained a lasting relationship with either parent or parent substitute.

Delinquency Psychiatric Disorders and Early Parental Loss

Some valuable reviews of the literature on this topic have appeared in the last few years. Though the subject matter is essentially the same these reviews touch on different aspects of it. These merit detailed discussion, because, as will later become apparent the subject is so central to this study. The first was by Gregory (1958) and the second by Bowlby (1961) in the Adolf Mayer Memorial Lecture where he covers in part some of the ground already covered by Gregory. The third is by Ainsworth in the 1962 W.H.O. Monograph.

Gregory points out some of the repeated errors in the statistical papers available to him - he says that "various selective factors, small samples, and lack of standardization in the recording of data render relatively few comparisons justifiable either with each other" or with data from controls. One of the selective factors which appears to be of considerable importance has in part

already been discussed in the introduction - this is the discarding of patients due to lack of information, since, as Gregory points out, the incidence of early parental separation in such cases is likely to be raised.

In fact, a practical dilemma has been obscured because the non-elimination of these cases will obviously be followed by the inclusion in the series of a number of cases in which there is possibly an insufficiency of information; and so too possibly the lack of a reliable source from whence the researcher can elicit a psychosocial history in a standardised form. This dilemma has already been faced in this study (see Methodology /Fieldwork Parts iii-iv). Some of the other pitfalls which he points out do not apply in the present study because of the use of "internal" controls; for example the fact that the rates of parental deprivation are related to the prevailing rates of mortality, divorce etc. and that these vary for locality, age, sex, socio-economic groups, declining death rates etc. is only of importance where rates in a selected sample are being compared with those of the general population - (but not where differences are being sought between two groups from the same population).

Some large scale retrospective cross-sectional studies which have carefully been carried out deserve mention at this stage.

a. Earle and Earle studied separation experiences in childhood which were of a prolonged nature. They found among 1423 psychiatric patients, 100 who had suffered mother-child separation for at least 6 months before the age of 6 years. This separated group included patients with various diagnosis who showed a significantly higher prevalence of sociopathic personality disturbances and childhood behaviour disorders than a control group of patients. Among the separated group the prevalence of sociopathic personality was 27% while the remaining was 2.9%. Thus although there was a diversity of outcome among the separated patients, nevertheless there seemed to be a special link between separation and sociopathic outcome. They found depressive illness to be more frequent in the control group than in the separated group but in the separated group itself depression was significantly more frequent among those who had lost their mothers through death than among those who separation h d other causes.

b. Barry: 1949

Sample - Approximately 1,700 patients under forty years admitted to a U.S. Mental Hospital: Sixty percent dementia praecox.

Control series - Derived from life insurance tables.

Findings - The loss of mother through death, either in the first 5 or second 5 years of life was significantly more frequent among mental hospital patients than in the general population. Probability of .01 Loss of father through death was also an antecedent significantly more frequent among mental hospital patients than in the general population; here it was felt, however, that the most important childhood period was from five to ten years. Probability in region of .05

c. Barry et al: 1960

Sample: nearly 1,000 psychoneurotic out-patients. Controls - derived from life insurance tables.

Findings - The loss of a mother through death before the age of five years was significantly more frequent among out-patients suffering from psychoneurotic or psychosomatic disorders than in a control group, whereas the loss of a mother at an older age or the loss of a father at any age was not more frequent in the patient group.

d. Glueeks: 1950

Sample - 500 persistently delinquent boys.

Controls - non delinquents matched for age, intelligence, national origin and neighbourhood.

Significant differences occur for parents as a group both in first and second five years. Probability is in the region of .01

e. Brown: 1961

Brown, studying depressive patients, found that the loss of mother through death through each of the periods from birth to 15 years of age was significantly more frequent among the depressive than in the general population; and the loss of father through death between the ages of 5 and 15 was also significantly more frequent among the depressives.

Other studies also point to the same feature: - Norton's series of psychoneurotics and schizophrenics showed an increased frequency of parental separation during childhood: Norton's neurotic series showed an increased frequency of paternal loss by death by the age of ten: Oltman's neurotic group showed an increased frequency of paternal separation from all causes by the age of nineteen. Earle and Earle's psychiatric out-patient group showed an

increased frequency of maternal separation under the age of six.

A more recent study is that of Craft and his colleagues who have recently reported on their study of "the relationship between severity of personality disorder and certain adverse childhood influences". In their paper they report the result of an investigation into the hypothesis that the frequency of certain early adverse childhood influences is related to the severity of the personality disturbance. In their study they ranked six groups of males in order of severity of behaviour disturbance as follows:-

1. Ordinary Secondary school boys.
2. Youth Club.
3. Intermediate Approved School (Reform School).
4. Junior Approved School (Reform School).
5. Mentally Disturbed Delinquents on Probation.
6. Mentally Disturbed Delinquents in a Special Unit.
7. Psychopathic Hospital Patients.

They then ranked the groups according to the frequency of the adverse factors found from case notes and personal examination. The rankings found were compared with the rankings predicted on the ground of severity of personality disorder. They find strong evidence of a connection between severity of delinquency and some combinations of parental deprivation, illegitimacy and brain damage.

They go on to say that although their study suggests a relationship between the severity of disorder and frequency of certain early adverse factors in particular of parental separation, it does not mean that such influences are aetiological factors in the development of psychopathic personalities. "It is quite possible that actual maternal and paternal absences are minor factors in aetiology, it being the adverse parental attitudes and material circumstances contingent upon prolonged absences which exert the important effect on the developing child".

Gregory goes on to point out that the evidence indicating a considerably increased frequency of parental separation is more substantial in adolescents or adults showing persistent delinquent or anti-social behaviour than in other

psychiatric syndromes. He further points out that following these studies (Bowlby and Glueck) there has been some unjustified specificity in deduction - he states that it is unjustifiable to conclude from the available data that the significant loss was that of the mother. Finally he points out the fallacy of assuming that observed association necessarily implies direct causation. (Post hoc ergo propter hoc). He goes on to argue that in these delinquent or anti-social behaviour cases the observed association could be equally compatible with some type of selection or with a hypothesis that anti-social behaviour is genetically determined - that an increased rate of parental separation is to be expected in parents with a similar type of personality.

Bowlby also correctly points out that even if we are right in claiming a causal relationships between say an early separation and a subsequent illness, it does not follow that it is necessary mediated by the psychopathological processes described in any specific hypothesis that is offered.

Ainsworth states that the link found by the earle study between separation and sociopathic disorders is reminiscent of the link found by Bowlby between early separation experiences and "affectionless" character formation. She goes on to state that studies by Glueck and Glueck and Wardle tend to support Bowlby's hypothesis while studies by Andry and Haess do not.

In Wardle's Child Guidance Clinic Study conduct disorders including stealing, occurred significantly more frequently among children from broken homes who had been separated from their mothers and among those whose parent or parents themselves had come from broken homes. Neurotic disorders were found more frequently among children from intact homes, among children who had not suffered mother-child separation and among those whose parents had come from intact homes. No significant differences were found, however, between those children from broken homes and who had been separated from their mothers than those who had not. Wardle suggested that the high incidence of conduct disorders in children whose parents had come from broken homes is a manifestation of a vicious cycle, starting with a home that may have been accidentally broken by death or illness, causing the child to have difficulty in interpersonal relations and thus making it difficult for the child in the future to provide an affectionate and secure environment for his own children, who consequently may emerge with conduct disorders.

Andry and Naess were both concerned with separation experiences less severe than those studied by the previous researches and found these to be no more frequent among delinquents than among non-delinquents. Ainsworth criticises Andry for his attempt to define separation in terms of "pure" separation "by excluding separation due to death, divorce or separation of the parents, and by confining himself to separations because of illness or evacuations, or because of the work of the parents, Andry therefore ruled out much of the very sort of deprivation experience which greatly contributed to Bowlby's original finding. Unlike Bowlby, Wardle and the Glueck's, moreover, Andry explored the separation history through a questionnaire, instead of availing himself of more reliable clinical history - taking methods and despite the fact that obtaining a reliable separation history requires special care. It seems unjustified, therefore, to conclude as Andry does --- that maternal deprivation is not a significant antecedent in delinquency, or that hypothesis derived from research into maternal deprivation lack "clearly defined empirical referents and are "not susceptible to empirical testing by a practical research method".

Naess compared the incidents of early mother/child separation in a group of 42 delinquents with that in a control group of non-delinquent siblings near in age. She chose this type of control group in an attempt to equate the influences of other adverse features of family background --- that might be expected to influence both siblings. Ainsworth says that "in choosing a delinquent group because of the availability of non-delinquent siblings as controls, Naess may well have ruled out some of the more severe depriving instances of separation which might be expected adversely to affect all siblings near to each other in age". In any event Naess found "a higher incidence of early mother/child separation in the control group than in the delinquent group, even with respect to longer separations of over six months in duration.

Of course, Bowlby himself stated that early maternal deprivation was foremost among the causes not of delinquency but of delinquent character formation. Ainsworth says that "it is widely accepted that only a proportion of criminal or delinquent acts result from this kind of character formation".

Ainsworth in her summary clearly points out that some delinquency seems attributable to character disorder, in which a prominent feature is impaired capacity for the formation of affectional ties. "Since early and severe maternal

deprivation --- is a significant antecedent of affectionless character formation, it is reasonable to find that deprivation is a significant antecedent in the proportion of delinquents who have this kind of disorder. Since not all who are affectionless become delinquent, however, there must be other antecedent conditions which singly or in combination are effective causes of the affectionless character becoming delinquent." She goes on to say Andry's chief contribution appears to be the evidence which he supports his hypothesis that insufficiencies or distortions will be one of the conditions which differentiates between the affectionless character who becomes delinquent and the one who does not. In the meantime studies of Andry and Naess strongly suggest that simple mother-child separation experiences without severe deprivation are not a significantly frequent antecedent of delinquency.

Bowlby is interested in the link between early bereavement and subsequent depressive reaction, because of the similarities observed between grief-mourning in the adult and the "despair" phase of response to separation in the young child. In a number of papers he develops the hypothesis that the defensive 'detachment' which succeeds 'despair', if the young child suffers a depriving separation for a prolonged period, precludes a healthy working through of grief and predisposes him to later depressive reactions. Ainsworth suggests that on the basis of the above a predisposition to the depressive illness may be one of the hidden effects of prolonged and severe separation experiences in early childhood, one which may well escape notice until some later precipitating situation touches off the latent pathology.

Specific Processes affected by Deprivation - Bender, in a study of children admitted to hospital for psychiatric observation and treatment identified a syndrome labelled "psychopathic behaviour disorder" and described the functions affected in such careful detail that she greatly facilitated the work of later investigators in testing her hypothesis. "She specified defects in language, abstract function and conceptualisation of time as part of the syndrome as well as impairment and capacity for close affectional ties. --- the antecedent condition was identified as severe early maternal deprivation, and it too was carefully delineated." Trasler's findings highlighted the specific vulnerability to deprivation of the processes through which the child is able to interact intimately and deeply with a parent figure. Williams

studied children whose foster, home placements had failed; they were aged between 5 and 11, had been removed because of unsatisfactory relations between the child and the foster parents; they were compared with a control group of a family reared children who had recently been separated from their parents for a temporary stay in a reception centre. She found that 80% of the "breakdown" group had first been separated from their mothers from the age of two years. She reported that the children's language function was specifically affected, since they had significantly lower verbal performance I.Q.'s on the W.I.S.C.; in contrast with the control group the deprived children tended at first to be inhibited and impulsive but by 11 years of age appeared to be defensive and limited; they tended to feel punished, rejected and deserted by parents, and lonely and confused.

How permanent are the Effect of Deprivation. Retrospective case studies have little light to throw upon the question of permanence versus reversibility of the effects of deprivation.

Questions Unanswered by Retrospective Case Study Strategy - One of the critical questions unanswered by the retrospective case study is why some children who have had similar experiences in childhood have not turned up in Child Guidance Clinics, Mental Hospital Institutions for Defectives, or Courts etc.

RETROSPECTIVE FOLLOW-UP STUDY STRATEGY

This is designed to answer questions about the proportion of people exposed in early formative years to specific kind and degree of deprivation who eventually end up with a "syndrome" that is hypothesised to result from the deprivation. In it a group of subjects are selected who have suffered deprivation experience in the past, defined with a fair degree of precision with respect to type and severity, and the examination of their present behaviour with a view to establishing the incidence of "effects" that had been hypothesised to result from the experience.

The early retrospective follow-up studies all strongly indicated that the hypothesis that early prolonged deprivation of maternal care associated with institutionalisation is significantly pathogenic. However, in all these studies the sample proved to be homogeneous and extreme - for instance Goldfarb's was

confined to children who had been admitted to a very depriving institution at a mean age of 4.5 months where they remained for three years before being placed in foster homes. Ainsworth comments - "in the light of subsequent studies, it seems likely that the degree of severity and homogeneity of the outcomes noted by Goldfarb was a function of the severity and homogeneity of the antecedent conditions of deprivation. He found the "institution" group to be significantly inferior to a control group of foster-home children with the respect of general intelligence, visual memory, concept formation, language function and school adjustment". 13 of the 15 institutional children were markedly detached, isolated and incapable of deep or lasting ties, whereas this was true of none of the foster-home children. Only one of the institutional children seemed "normal" in adjustment while 9 were severely maladjusted; in contrast 10 of the control were normal and only 2 severely disturbed. With respect to detailed personality characteristics and problem behaviour there were many significant differences in which the institution group was worse than the foster-home group; a few of these differences were:- lack of capacity for sustained effort, inability to concentrate, intellectual apathy, restlessness and promiscuous seeking for attention.

Recent Follow-up Studies Concerned with Deprivation.

Bowlby et al followed up a sample of 60 children admitted to a sanitorium for tuberculous patients some time during their first four years of life and who stayed there for varying lengths of time before returning home to their parents. There is much less homogeneity of deprivation in this sample than in Goldfarb's and Ainsworth therefore believes it is easy to understand, at least, in retrospect that the children's states at the time of follow-up were much more varied and in more instances much less disturbed than those found in the Goldfarb sample. The comparison between the sanitorium group and the 180 controls was limited to an intelligence test and ratings by teachers. Ainsworth reports that the latter turned out to be an unreliable estimate and Ainsworth criticises the whole programme as being"ill designed to detect the effects of deprivation." Nevertheless the sanitorium group was found to be more frequently inclined to withdrawal and apathy and towards roughness and tempers and less able to concentrate than the controls. Though there was no intellectual retardation it was found that the sanitorium group was less capable of task involvement than the controls.

A attached more importance to the intensive study of the sanitorium self - nearly two-thirds were found to be maladjusted enough to justify referral to a Child Guidance Clinic. The pattern of difficulty in interpersonal relations ranged from marked over-dependence to clear affectionless character formation.

Chambers studied a group of 28 deprived children selected on the basis of having had at least three different foster home placements in the first three years of life and compared these with a control group matached in age, intelligence and socio-economic level. He compared the groups only with respect to the ability to conceptualise time following a hypothesis originally formulated by Bender and using four of Piaget's experiments on time concepts. In three of the four experiments she found the deprived group significantly inferior to the controls.

Joyce Robertson studied deprivation in the absence of separation. She obtained her cases from a "well" baby clinic. Her study suggests that patterns of insufficient mothering may begin very early and the effects may both begin very early and persist despite later improvement in mother-child interactions.

Stott in his follow-up study selected his separated group from among 141 backward children. Of these 25 had suffered a substantial amount of separation during the first four years of life. Of the 25, 8 were classified as "well adjusted", 8 as "unforthcoming", 5 as "unsettled" and 4 as "maladjusted". Nearly all the children seemed to be anxious for their mother's and father's approval and were comparable in this respect to the large proportion of over-dependent children reported by Bowlby.

Ainsworth comments that both Bowlby with his tuberculatic study, and Stott found outcomes much more diverse in severity and quality than Goldfarb had found; and she considers that there seems little question that the diversity is due to the fact that both Bowlby's and Stott's groups were heterogeneous with respect to the variables believed to be significant in influencing the severity of a separation experience. In addition both of these used questionnaires rather than intensive clinical methods of assessment used by Goldfarb and neither of the studies used the special tests of language function and abstract ability used by Goldfarb and Chambers. She adds "both Bowlby's and Stott's studies the

methods of assessment were too superficial to yield a reliable evaluation of the adequacy of the processes of establishing and maintaining affectional ties". Neither study reported marked differences between the separated and control group and although Bowlby noted some affectionless or "superficial" children these were in the minority. Neither study reported any clear case of delinquency. She suggests that the high incidence of anxious attachment to the mother and over-dependence may have been significant consequences of separation experiences that are less severe than those observed as antecedents of the "affectionless" character. She wonders too how much of Stott's failure to find distinction between his separated and non-separated groups was due to their being all backward children.

The Question of Permanence of the Effects of Deprivation. Ainsworth considers that retrospective follow-ups study seem at first glance to be particularly suitable for an examination of the question of the permanence or the reversibility of the effects of deprivation. Goldfarb's studies provide the major evidence that damage done by severe and early deprivation is resistant to reversal by subsequent relief from deprivation. --- Stott's and Bowlby's studies do not throw direct light on reversibility, but it may be inferred that, since Bowlby's sanitorium children had normal intelligence that both samples include a number of seemingly well adjusted children that there had been a substantial improvement of functioning in at least some cases. Beres and Obers's follow-up study of young adults who had spent periods of their early childhood in the same institution reported by Goldfarb is often quoted to show that even severe impairment showed more reversibility than Goldfarb's work implied if the follow-up continues into adulthood. However, their sample was much more heterogeneous than Goldfarb's in respect to age and admission and length of stay.

The Question of "Multiple Mothers". One of the main sources of information about the influence of "multiple mothers" or "non-continuous mothering" upon subsequent development comes from follow-up studies. Gardiner et al studied the pattern of mothering provided in the "home management houses" in some American Universities. Here infants are given mothering by frequently shifting figures. They studies 29 children who had had this kind of experience in infancy but who had been adopted subsequently at a mean age of 12 months. They were followed up

and compared with a matched control group of school classmates. No significant differences were found between the groups. Ainsworth comments that "although these findings are in line with evidence from current studies that adoptive placements as late as 12 months of age may reverse retardation due to early institutional deprivation, as measured by the I.Q. or D.Q., there is no evidence with respect to specific intellectual functions believed to be most vulnerable to the influence of deprivation in infancy." Spiro and Rabin have separately reported on the Israeli Kibbutzim children, where the rearing of the young child is shared by the parents, one or more nurses in the infants' or the children's houses or later by nursery school teachers. The evidence suggests that the Kibbutzim children make close and meaningful attachments to their parents; and it also seems that children reared under these conditions make much stronger identifications with their group of age-peers than do family-reared children.

DIFFICULTIES IN THE RETROSPECTIVE FOLLOW-UP STRATEGIES

Ainsworth and Bowlby have discussed this elsewhere in detail and Ainsworth has summarised their discussion in the W.H.O. Monograph. The difficulties lie in the choice of a deprived group and attempting to tease out the relative contributions of various aspects of deprivation experience. Even when one thinks one has a reasonably homogeneous sample it is impossible to sort out the various sources of disturbances that are associated with each other - for instance, in Bowlby's tuberculous group the breach of the mother-child tie, the breach of other ties with home and family, deprivation attributable to lack of motherly care while in the institution, other deprivations associated with institutional life and illness. In addition it is difficult, if not impossible, to control pre-separation and post-separation variables by selection; because of this what is thought to be fairly homogeneous sample can turn out to be an extremely heterogeneous one.

Ainsworth points out that the assessment of the state of the individual at the time of follow-up presents difficulties also, except for the evaluation of cognitive processes, because there is a serious deficiency of adequate quantitative measures of personality function and especially of interpersonal relations. "Self-report inventories place the onus for reliable reporting on the subject himself, and the questionnaire technique places the onus on an informant

who is often an unskilled or biased witness as in the case of parents or teachers. The clinical diagnostic approach to personality assessment, including both interview and projective techniques, remains by and large the best basis of personality assessment now available, despite its well known drawbacks; but it is extremely time consuming and hence expensive to use". She goes on to say that it seems "wisest to accept the limitation that a number of variables are confounded in a homogeneous sample from any given setting and to rely upon contrast groups and comparisons with findings of other studies to sort out the influence of these variables ---".

POPULATION SURVEY

Ainsworth and Bowlby's position with respect to the population survey method is as follows:-

> "Although perhaps attractive at first sight, an examination shows such a project to be fraught with great difficulties. For instance, collection of the data would present the same problems as are met with in the follow-up approach, multiplied many times because of the larger scope of the project. Furthermore, such a survey, if done carefully with thorough clinical appraisals of personality, would be an undertaking of such magnitude as to lie outside the limit of feasibility. Whether it would be worth undertaking on a more superficial basis is doubtful."

Wooton considers the population survey method to be absolutely essential to the evaluation of the significance of mother-child separation. She considers it an unproven hypothesis that early and prolonged or repeated mother-child separation can lead to severe and lasting effects. In support of her position she quotes the Douglas and Blomfield and Rowntree study and Ainsworth claims that both of these studies and findings were inconclusive.

The Douglas and Blomfield study interviews were conducted by local authority health visitors and through these interviews it was found that half of the 4668 children had been separated at some time during the first 6 years of life, although in only 14% had the separation lasted for four weeks or more. This group was matched with non-separated children from the same population. She states that "the measures of emotional disturbance were crude, as they would have to be with such a large sample. They were based on answers to the questionnaire in regard to eating difficulties, thumb-sucking, nail biting, nose picking, night terrors and bed wetting. There was no significant differences between the separated and control groups except when separations from both mother and home were considered".

Rowntree in the same survey concentrated on children from broken families who had lost one parent before the age of four. 277 of these children were matched with children from unbroken homes. Of the signs of disturbance covered in the questionnaire only bed wetting was found to have a high incidence in

broken than unbroken families, and then only at the time of follow-up at four years of age, and not later, at six years of age. Ainsworth's criticism is that the mothers were in sole charge of over 80% of the children and that the relatively small group separated from their mothers was not studied separately and she therefore says that the study has very little light to throw on the effects of mother-child separation. She goes on to say that "it seems entirely likely that the negative findings offered by the studies are attributable to the very superficial criteria of emotional health employed rather than the absence of any differences between the groups". She considers that the small scale follow-up study is a more promising strategy.

EXPERIMENTAL STUDIES

Ainsworth considers "that most behavioural scientists since Darwin have considered findings from infra-human species of some possible relevance for the understanding of human behaviour, although it is generally acknowledged that inter-species differences make it impossible to extrapolate from one species to another without further careful research to check the applicability of the generalisation".

Harlow has studied the development of affectional patterns in infant monkeys. He was impressed by their intensity and persistence of the infant primate's monotropic attachment to the mother or mother surrogate. He has also reported that monkeys which had been separated from their mothers at birth and reared in the absence of any mother surrogate with only an inanimate cloth mother surrogate failed at maturity to show normal sexual behaviour. Despite this lack of sexual responsiveness, four females finally were mated but when their infants were born they showed a strikingly abnormal absence of maternal behaviour. Ainsworth considers that this report provides an instance of a "hidden" effect of an early deprivation experience that becomes overt only later.

Skeels et al experimentally tried to relieve or ameliorate deprivation in an orphanage by providing a group of preschool children with nursery school experience both morning and afternoon while matched control groups spent equivalent time in the very depriving and unstimulating condition of the orphanage. Both groups were re-tested at six monthly intervals and the experimental group maintained its initial mean I.Q. of 82 while the control group's mean gradually declined. In a later study this same author transferred a group of children under 2½ years of age to an institution of the feeble minded where they were placed in a ward with older girls. The mean I.Q. improved from 64 to 92 over a mean period of 19 months; and 7 of the children were then adopted and maintained at least average I.Q.'s. The I.Q.'s of a contrast group of children who remained in the orphanage declined by the end of the study from a mean I.Q. of 87 to 61. Skeels and Dyer attributed the improvement of the experimental group to the establishment of an attachment to one adult as each child had one older attendant who "adopted him" and who formed the major part of the mothering functions. The striking improvement in the I.Q. of the experimental orphanage group contrasts with the lack of improvement of the nursery school group; the nursery school experience seemed

helpful in arresting the decline attributable to the extreme deprivation of the orphanage but seemed unable to reverse it.

Prugh et al studied the reactions of hospitalised children between 2 and 12 years of age. They experimentally subjected one group to procedure aimed at minimising the traumatic impact of hospital experience and compared this with the control group cared for in the usual manner. They found the disturbance of the children both while in hospital and after returning home was less marked in the experimental than in the control group; although the experimental improvements in hospital procedure were less helpful to children under 4 years of age than to older children.

Rheingold gave intensive mothering to institution infants and during the same time a matched control group received the care typical of the institution, characterised by considerable mothering, but less in total amount than given to the experimental group and provided by a variety of figures. The experimental subjects became significantly more responsive socially than the controls especially to the experimenter who mothered them. Vocalizations especially in response to her increased while those of the control group decreased. No significant differenced were noted in developmental test scores, both groups remained throughout in the average range. Re-examined later, no lasting differences were noted except for a tendency among the experimental subjects to vocalise more than the controls.

David and Appell studied residential nursery children - they were allocated to a regime of "intensive individualised nursing care" and a group which received routine care characteristic of the nursery school. Most striking of all were the inferior quality and quantity of interaction between the nursing infant in the control group- the nurses were relatively unresponsive to the spontaneous behaviour of the child and consequently there is rarely a sequence of interactions between them.

Ainsworth comments that from an examination of Rheingold's and David's study it is possible to appreciate why the so-called "maternal deprivation theorists" recommend foster home care rather than institutional care for infants and very young children who must be parted from their mothers.

CURRENT STUDIES OF THE STATE OF THE CHILD DURING DEPRIVATION

The study of the state of infants and young children who are subjected to depriving separations have emphasised the effect of such separations in retarding development.

Roudinesco and Appell reported retardation in children admitted to and studied in a depriving institution between 1 and 4 years of age. The main D.Q. of children who had suffered different durations of separation declined progressively to 62.7 for children who had been separated for the maximum period of 4 months or more. They also found age differences in the course of retardation, with children above the age of 2 years and 10 months being more dramatically affects at the onset of separation but resisting subsequent retardation better than the younger children who declined slower but eventually more profoundly. A comparable study was undertaken several years later after some improvements had been made in the institution including the establishment of a nursery school; the decline of D.Q. was less but there was still a decline. Rheingold is among the few observers who has not reported a progressive decline in I.Q. with continued institutionalisation. The mothering given in that institution seemed superior to that given in other institutions although it was provided by a variety of different adults.

The specific aspects seriously affected by continuing deprivation have been found repeatedly to be language and social development. Skeels et al were the first to notice specific retardation in language among deprived children. Deficiency in language and abstract functioning were also stressed in Goldfarb's study of institutional children; and Kellmer Pringle and Bossio found that institutional children tested by a variety of measures of language development received mean scores that were markedly retarded.

CURRENT STUDIES OF THE STATE OF THE CHILD AFTER RELIEF FROM DEPRIVATION.

Skeels and Harms followed children with inferior social histories from their admission to a depriving orphanage and to subsequent adoption before the age of 2 years. Even those 87 children whose mothers had I.Q.'s below 75 were found to have a mean I.Q. of 106 when tested after adoptive placement. They followed 100 children who had been adopted in infancy from the same orphanage and found that their slightly above average mental development had been maintained into adolescence. This relief from severe deprivation produced beneficial effects and striking contrast to the progressive decline in I.Q. found in children who continued in the same orphanage.

Fisher also studied adoptive children and her findings were generally the same - that relief from deprivation through adoption in infancy thus seems to reverse general intellectual retardation, even when adoption is as late as the end of the first year of life. The provision of mothering by one figure seems more effective in reversing retardation even in an institutional environment, than other types of "environmental stimulation". A striking improvement may be obtained through intensive psychotherapy in the case of some children too detached and unresponsive to benefit from a mother surrogate (Lebry's Monique).

However, the above group of studies does not throw much light upon the possible reversal of impairment of those intellectual and personality processes that are known to be specifically vulnerable to disturbance through deprivation; indeed, there is some evidence that language for example may remain impaired. The conclusion that damage of early deprivation can be reversed completely by subsequent relief from deprivation is therefore not yet justified. Nevertheless, these studies give more grounds for optimism about at least partial reversibility of damage than did Spitz's report. As described previously his view was based upon a group of infants who suffered severe "anaclitic depression" when separated from their mothers at some time between 6 and 9 months of age. Spitz also quoted a known decline of 25 D.Q. points during separation of five months or more and a further decline of 4 points during the first 18 months after reunion with mother. He concluded that the retardation attributable to "depression" was no reversible if the depriving separation lasted longer than 5 months.

Ainsworth suggests that the discrepancy between Spitz's findings and the findings of the adoption studies may be attributable to the fact that Spitz's depressed infants had suffered severely depriving separation after having established a relationship with the mother whereas the adoption studies, the children had spent most of the first year of life in an institutional environment without the opportunity to establish a relationship with a mother figure. The suggestion is that a depriving experience in the first year of life may cause retardation that is less readily reversible if it is contingent upon a breach of the mother-child tie than if it is not.

CURRENT STUDIES OF THE PROCESSES OF RESPONSE TO SEPARATION AND REUNION

Ainsworth states that these studies,"which have focused on the sequence of responses of infants and young children to separation with concomitant deprivation and to subsequent relief from deprivation, have emphasised social responses. These social responses are sufficiently clear cut to be distinguishable, in the absence of formal measuring devices, by simple observational techniques."

Burlingam and Freud described the responses of infants and young children to separation from the mother and the subsequent adjustment to an institutional setting in which great efforts were made to avoid deprivation. They considered that obvious disturbances resulted from mother-child separation as early as the second half of the first year of life and this distress was often persistent in children of 2 or 3 years of age. "They also found that after the obvious distress had disappeared, the underlying disturbance of mother-child relations showed itself through the child's inability to relate normally to the mother during her visit, or, at least, initially upon returning home." When each child was provided with their own individual mother substitute they responded to this change by a sudden, spontaneous, intense and initially anxious attachment to this substitute mother and by an increase in social responsiveness and amenability to "educational influence".

Robertson observed children undergoing separation experiences between the ages of 1 and 4 years in more or less depriving institutional settings and paid particular attention to the effect of disruption of the relationship that had already been established between the child and his mother. He described three phases

of response to separation:

(a) protest - characterised by crying and acute distress at the loss of mother and by efforts to recapture her through the limited means at the child's disposal.

(b) despair - characterised by hopelessness, withdrawal and decreasing efforts to gain the mother for whom the child seemed to be mourning.

(c) detachment - (denial) characterised by "settling down" in the separation environment by accepting the care whatever substitute figures are available, with marked loss of attachment behaviour towards the mother.

On the basis of the above Bowlby undertook a reformulation of existing theory and developed a new theory stemming primarily from psycho-analysis but also influenced to a great degree by the work of the Ethologist such as Lorenz, Thorpe and Hinde. He presented his theoretical formulation in a series of papers. In these he proposed a relatively new view of the origins and developments of the child's tie to the mother, and a re-interpretation of separation anxiety, grief and mourning and the defences that follow loss, particularly as they occur in the child. This new formulation has been subject to criticism by his fellow psycho-analysts.

Robertson describes a vulnerability to separation anxiety even when the separation has been brief. In the latter set of circumstances anxiety tends to disappear relatively quickly but it could be readily mobilised again by a new threat of separation. He considers this vulnerability of separation anxiety to be one of the effects of separation that may remain hidden for long periods. If children had been separated from their mothers for short or long periods but had not reached the detached phase they responded to reunion with behaviour indicating separation anxiety - they clung to their mothers more than previously, followed them wherever they went and became very anxious when parted from them, however briefly. If, however, the child experienced a long separation in a hospital without substitute mothering and had become well entrenched in a detached phase, the child did not cling to his parents after reunion nor did he regain a normal degree of attachment. Though the outcome was variable Robertson found that all the children who had suffered prolonged, early and severe depriving separation experienced seemed to share a common impairment - namely an inability to form and maintain close and satisfying interpersonal ties - although the manifestation of this impairment differed from child to child.

Ainsworth in summing up on current studies says that the findings of these studies concerned with the sequence of response to separation and reunion have considerable pertinence to some of the controversy about the effects of maternal deprivation. First, the diversity among the after effects of separation experiences is related to the phase of response to separation itself which is in turn influenced by a variety of other factors already discussed. "It is significant that the two major patterns of behaviour reported in the follow-up study of separated and deprived children correspond to those reported in current studies; anxious over-dependence on the one hand and superficiality or "affectionlessness" on the other (follow-up studies); the anxious clinging response following reunion after relatively brief or mild separations on the one hand, and the detachment and failure to re-establish affectional relations after long and severe separations on the other (current studies) --- it is note-worthy that similar initial responses to separation and reunion were noted whether the separation involved an illness or not and whether the substitute mothering was available or not, at least for the child old enough to have established an attachment to her mother or substitute mother". It is clear from the present evidence that the breach of a tie once established is in itself disturbing, and there is a suggestion that reunion with parents may be disturbing even in instances where there has been fairly adequate substitute mothering during separation, perhaps in part because of the breach of the new tie with the substitute figure. Next, "it is clear that separation specifically influences the relations of the child to parent-figures, and it seems reasonable that either prolonged deprivation of interaction with a substitute mother during separation or repetitions of separations can bring about the impairment of interpersonal relations that seem to be the outstanding long term effects of severe separation-deprivation experiences."

With respect to reversibility, follow-through studies of children after reunion suggests that the overt disturbances after brief and less severe separation tend to diminish fairly rapidly, except in cases where the child-mother relation was originally distorted and provided that subsequent separation or deprivation experiences do not reinforce the processes activated by the separation in question. She goes on to say "that the overt disturbance disappears, however, does not mean that separation experiences have no lasting

effect; on the contrary, increased sensitivity to separation anxiety is at least one 'hidden' effect that is grossly observable where there is a new th-eat of separation".

Ainsworth believes that though current studies are time consuming the returns are more fruitful than the equally time consuming retrospective follow-up studies. Although the cross-sectional type of current study has yielded important data, it is the longitudinal study that seems to be most promising for filling in the gaps of our knowledge of the effects of maternal deprivation. Much of the contemporary prejudice against longitudinal studies is directed against long term longitudinal studies. These studies are expensive to undertake and have the major fault that the questions that are asked at the outset and the techniques used to explore these question- may be obsolete 20 or 25 years later although short term longitudinal studies on the other hand are undoubtedly feasible and the light they throw on developmental processes, supplemented by the information yielded by retrospective studies with respect to long term effect, make them an effective strategy.

HEREDITARY FACTORS

Transmission of Genetic and Cultural Characteristics

Vance, in his Milbank Memorial lecture "Cultural Dynamics And The Transmission Of The Social Heritage", points out that "neither heritage (cultural or biological) is ever realised in isolation from each other". While biological inheritance precedes the development of personality patterns the social milieu is already present when the individual arrives. Unfortunately we do not as yet have the means of working out to any degree of accuracy "the mechanisms by which these two heritages interact to produce the variations in achievement and cultural status that exists among all groups". The following are some of the mechanisms which could be operative in the transmission of a behavioural pattern..

1. Genetic transmissions.
2. Transmitted culturally or subculturally from generation to generation. Also, a new pattern may arise in a parent as a result of some psychological or other trauma and then be perpetuated in future generations of that family. (see later description of Liddel's mammalian behaviour studies)

The Search for Hereditary Factors

Workers have assiduously sought a possible hereditary basis for recidivism. The interest in these types of theories has waxed and waned over the last fifty years.

Lombroso (1911) from his morphological studies evolved the doctrine of "Atavism". Goring (1913) using a single dimension, found that he could not statistically confirm many of Lombroso's ideas. Healy in his follow-up study (1925) found no definite proof for a hereditary theory of recidivism.

More recent studies have again stressed constitutional aspects of delinquency and recidivism. Both the studies of Sheldon 1949 and Glueck 1950 showed that delinquent youths were mesomorphic (M f builds). Lange found that crime was highly species constant in his uniovular twins, but these results have not been subsequently confirmed by other workers, e.g. Stumpfl. Eliot Slater comments "The difference is not so great as to make one think that heredity plays any strongly preponderant role. The high concordance in dizygotic twins (approximately 40 in Stumpfl series) underlines the significance of early family background; and the 40% discordance in monozygotic twins supports the idea that special opportunities and temptations have to be regarded as important.

Rosanoff's findings in his twin studies of juvenile delinquents show high concordance rates (86% for monozygotic twins and 79% for the same-sexed dizygotic twins). Again Slater is of the opinion that environmental factors cannot be discounted.

PART III

BACKGROUND

TO THE STUDY

BACKGROUND TO THE STUDY

(A) A Brief escription of Approved Schools [Reform Schools]

Here only a very brief description is provided - those readers who require greater detail are referred to the 1956 reprint of the 1952 Scottish Education Department's report - "Pupils who are Maladjusted Because of Social Handicaps". The following are excerpts from the report.

"The Majority of the pupils in approved schools have broken the law ..... and the period of committal has been and should be regarded as a period for re-education". Juvenile Courts are highly reluctant to commit pupils to approved schools and usually do so only after all other methods have been tried and failed - the pupils have "at least in certain actions, proved themselves unable or unwilling to conform to standards of behaviour required by society".

"Courts should have fully informative reports on children before deciding on committal to an approved school is the appropriate method of treatment".

"No mentally defective child should be sent to an Approved School".

The schools are classified on the basis of age, sex and religion.

i. Separate schools are established for boys and girls.

ii. Schools are specially organized for Roman Catholic pupils.

iii. Schools are divided by age at entry as follows:-

a) Junior - usually under twelve years at entry.

b) Intermediate - usually twelve, thirteen, fourteen years at entry.

c) Senior - usually fifteen years at entry.

(B) Types of Therapy

Before discussing treatment in the Approved School setting a few words must be said about treatment of adolescents in general and delinquents in

particular.

In early adolescence there is a loosening of the personality structure as new feelings shake up established patterns of behaviour and necessitate new adjustments. These may result in further disruption of the personality or from them may emerge new and productive potentialities. One may expect from this that adolescence is a time for undertaking intensive psychotherapy, but this is not necessarily true for seriously maladjusted adolescents are inclined to be highly defensive towards adults, or sensitive, secretive and often insufficiently motivated towards individual therapy. During this period, too, the strength of the emotional drives may be such that the youngster cannot tolerate them without recourse to strong defences. Consequently a supportive rather than uncovering therapy is often indicated.

In addition most delinquents have what the psychoanalysts describe as "lacunae in their super-egos" from the point of view of society; and as Adelaide Johnson has pointed out "Many therapists found that analysis of unconscious neurotic conflicts before a fairly good establishment of a solid super-ego led to disaster. As long as a child has no guilt about acting out in some area such as stealing, anxiety aroused by uncovering an unconscious guilt about sibling rivalry, for instance, only leads to further acting out".

(C) Therapy at ..othi..as

At Lothians individual psychotherapy was given when appropriate but in the main therapy was orientated towards day-to-day, "here and now" aspects associated with inter-personal relations with other boys and the staff. Discussions were also held with the staff directed towards an understanding of the boys' day-to-day reactions and problems and the handling of these.

In the author's opinion, the main treatment was supplied by the social atmosphere of the institutions concerned. The boys are supplied with a stable and structured environment in which the group pressures are such as to encourage the acquisition of socially more acceptable patterns of behaviour. Both headmasters are stable and prestige figures who supply the image of community leadership. The staff are understanding and accepting of the boys - they are reasonably permissive of acting out and testing out behaviour. Welfare workers are available to visit the homes to deal with any pressing social problems.

PART IV

METHODOLOGY

THE PRESENT STUDY

METHODOLOGY

THE PRESENT STUDY

In 1959 while training in the Department of Psychological Medicine, Royal Hospital for Sick Children, the author undertook weekly visits in a psychiatric advisory capacity to Local Approved Schools [Reform Schools]. During these visits his attention was directed, every now and then, to an 'isolate' from the general community, a solitary lonely type of youth who did not appear to have much capacity to relate in a meaningful manner, either to his peer associates or to adults in his environment. In this environment the outcast is thrown into sharp relief by his non-participation in, or his remaining on the fringe of any spontaneous, unorganised, unsupervised, group activities. This was invariably not the case with organised group activities. The very nature of the school tended to make this type of boy even more conspicuous. This was because a community spirit had been fostered in the past and the staff were generally easy, understanding and reasonably permissive.

The above can be considered the equivalent of the pre-research random observation phase. This suggested a lead for exploration and the author initiated this when fulfilling the requirements of the University Diploma in Psychiatry which demand a uniform series of 10 case reports. The "delinquent isolates" were used as subjects for these reports. After completing this preliminary investigation it seemed as if some meaningful associations were emerging and that this could be a useful field for research. It was then decided to extend this study considerably.

Originally, it was not clear whether these social 'isolates' were just

suffering from a circumscribed social attitude, that is, a mild degree of introversion, or whether the 'isolation' was just one trait or manifestation of an identifiable syndrome or a relatively consistent pattern of behaviour. The author therefore decided to study the syndrome of isolation. For the following reasons the Approved School 'isolates' were not considered good material for a psychoanalytical type of enquiry:-

a. The younger juvenile delinquent in an approved school tends to have a poor verbal facility and poor vocabulary, but the 'isolated' delinquents were understandably even more inarticulate. This inarticulateness plus their suspicion of their environment made a psychiatric study of this group an exceptionally difficult and skilled task.

b. The loosening of the personality structure in adolescence (as described previously).

c. The defensiveness and secretiveness of seriously disturbed adolescents (as described previously).

It seemed therefore that the best way to go about the study was by gathering two groups of boys - a group of 'isolates' and a group of controls - and then to draw a profile of the main characteristics of these two groups, of their behavioural and psychiatric state, of their social and family environment, both past and present. In this way the author hoped to highlight salient similarities and differences between the two groups.

DESCRIPTIVE AND RETROSPECTIVE STUDY

The aspects of the study which merit some brief comment before proceeding on to the main methodology is - the first that it is a descriptive and the second that it is a retrospective study.

Kahn, in his contribution in "Social Work Research", edited by Polansky, when describing descriptive studies says "the objective is a descriptive view,

it
which may be qualitative, quantative - or both - of a situation ---". He goes on to say "At times the study may involve examination of one unit or one population, studied at one point in time, ---. In other studies the question posed may require either study of one group at several points --- or comparisons of several groups ---. ----- Since there is often some confusion about the matter, it may be helpful to note that an elaborate descriptive study usually includes complex cross-tabulations and a detailed breakdown of data as a contribution to precision and concreteness".

The author endorses the above as far as studies in which there are comparisons between groups. In this particular study he is trying to describe and highlight salient differences and similarities between the two groups. If he presented qualitative descriptions only and not quantify he would not be able to highlight significant differences between the groups.

The retrospective case study is, in the main, one of the important preliminary exploratory strategies in child psychiatry. The classic pattern in using this strategy is that of identification and clinical description of a syndrome or a cluster of related symptoms of personality characteristics followed by an exploration of the history in an attempt to identify antecedent conditions that seem to be associated with the syndrome. The retrospective type of study has already been covered in part in the historical review - and the current status of the retrospective strategy is discussed in the section head 'Methodology and Looking Forward'.

THE CLINICAL MATERIAL AND CRITERIA OF SELECTION

1. The study group

The clinical material of this enquiry consisted of twenty-one cases of male

delinquents at regional intermediate approved schools in Scotland which for understandable reasons have been called Lothians A and B. In both these schools, not only had the headmasters had prolonged contact with members of teaching psychiatric units, but were also known to be capable of objective descriptions of behaviour. The study was initiated in Lothians A but in an attempt to increase numbers, it was extended to Lothians B - its denominational counterpart. Lothians A provided fifteen of the study cases and B provided six. Case finding extended over approximately three years. It was roughly estimated that the number of 'isolates' present at any particular time in a school was under five per cent.

The study cases are the solitary boys mentioned previously who were selected on the basis of an objective observable incapacity for relating in a meaningful manner either to their peer associates or with the adults in their environment as observed by the approved school staff. They were the type of boys who either did not participate in, or remained at the fringe of, any spontaneous unorganised group activities. This was invariably not the case with organised group activities. Few of the 'isolates' saw this as a failure in themselves and mostly tended to project their inability to relate onto their environment. Those who were seen to have an inability to relate in a positive manner, but who themselves felt at ease and at home within the community, were excluded from this study.

In other words, the diagnostic criteria were observable isolation plus a subjective feeling of being socially isolated: they feel the inability to relate in a meaningful manner. At psychiatric interview some would spontaneously talk or complain about it; and the others, when the subject of friends was raised, would go on to comment, with feeling, about their lack of these.

By the use of these criteria, it was hoped that value judgements could be eliminated in determining isolation i.e. "sociable in a superficial sense but have no friendships of any significance etc." It was hoped that the true "hard

core" 'isolates' would in this way be ascertained.

ii. The control group

The study group was compared with twenty-one other delinquents at the same approved school selected on the basis of age alone, i.e. the boy whose age most closely approximated the 'isolate's'. In this way "internal" controls were obtained. When using internal controls, both the study and control groups are subject to these same limitations and emergent significant differences in the social history between the groups can be accepted as valid. It will be appreciated that there was al o an unintentional pairing in respect of sex, race and denomination.

It would have been interesting and possibly valuable if there had been a further control group selected on the basis of age, environment and socio-economic criteria as the other two groups, but who were non-delinquent. This was not possible because of the expense and limitation of facilities and time.

THE PROFILES

Relatively brief descriptions are given here. Further detailed discussion is undertaken in the section which immediately follows entitled "The Fieldwork".

A. The Boys.

a. Psychiatric Assessment and the Approved School boy

A full psychiatric assessment was undertaken. An attempt has been made to place the boys in diagnostic categories Following the modified Lewis' Classification

The psychiatric assessment of the Approved School boy in general, and specifically with reference to this study, is most appropriately included here. The Approved School delinquent population in the United Kingdom always contains a large proportion of cases who have previously seen a psychiatrist. This psychiatric referral may have occurred even before the boy came into the hands of the Legal Authorities - for instance it could have been initiated either by the parents or by the educational authorities. After coming into the hands of the law the referral may be initiated by the Probation Officer asking for help, or when the boy comes before the Court the magistrate may remand him in custody for the purposes of obtaining a psychiatric report. These requests from the magistrates are becoming increasingly frequent.

Those approved schools who have access to psychiatric advisers make use of these psychiatric advisers in different ways. At Lothians any boy who is considered to have a problem is seen by the psychiatrist; but in order not to draw undue attention to these boys and also in an attempt to make interviews with the psychiatrist a more commonplace affair, other methods of referral are also used. These consist of choosing boys at random and also seeing a proportion of recent admissions.

From the above it will be appreciated that some boys were seen in the Approved School by the psychiatrist at the specific request of the Approved School staff because they were thought to be showing evidence of some emotional disorder. Others were seen who showed no evidence of significant emotional disorder. For the sake of brevity the former can be labelled as "specific referrals" and the latter "general referrals". The staff at Lothians were not unduly worried about boys operating on the periphery and did not see this as a reason for asking psychiatric help; this was only requested if the boys showed

such symptoms as enuresis, persistent absconding, psychosexual problems etc.

It is therefore manifest that from any approved school delinquent population in the United Kingdom it would indeed be difficult to obtain a group uncontaminated by previous psychiatric contact. In addition, many of these youths will have, at one stage or other, been tested by a psychologist.

The author considers it necessary to state that little of the data which has been treated statistically in this study was not obtained in the pre-therapy diagnostic interviews. On the other hand, later discussions with the boys, at times, resulted in some revealing psychopathology - for instance the projections which were common in these isolated boys and consisted of the incrimination of their environment for their own inability for making adequate social relationships. The author would also like to state that he tried to use a standard interview technique which comprised asking the same questions from each boy and in a particular order. Being a psychiatric enquiry it was extremely difficult to adhere to this completely. He also tried to interview the 'isolates' and their more sociable controls on an equal number of occasions, and in addition reversed the order of seeing the boys so that they could not infer anything from the order in which they were being seen.

b. <u>Behavioural items</u>

Their behaviour has been rated using Ryles modification of the McFarlane Scale. Their scale is adapted from their "Developmental Study of the Behaviour Problems of Normal Children Between 21 months and 14 years." In their study the emphasis was on frequency figures of behaviour by age and sex. This study is described in some detail in the addendum.

where significant differences emerged between the two groups the author has returned to the case histories in order to see if he could obtain a psychological understanding of the meanings of these differences.

c. Patterns of offences

Their patterns of offences are described.

d. Psychological testing

i. Some intelligence tests were undertaken

ii. A personality inventory was completed - this was the M.M.P.I.

Unfortunately at the time of the study no adequate tool was available for the assessment of personality. The J.M.P.I. and the Eysenck Personality Inventory were not yet available. The only personality inventory available for use with adolescent delinquents was the M.M.P.I. and this has been extensively used in other juvenile delinquent studies. Hathaway & Monachesi have comprehensively studied juvenile delinquents using the M.M.P.I. They also gave it to a large proportion of the school population (age group 14 - 16) in Minneapolis. An interesting finding in this latter study was that the rate of delinquency was significantly higher in those boys with invalid M.M.P.I. records.

For the following reasons the author came to the conclusion that the test was of doubtful reliability with approved school boys

i. They are an educationally retarded group of boys who come from a culture difference from that for whom the M.M.P.I. was devised.

ii. their youthful age range

iii. their poor verbal facility

iv. their lower mean I.Q. than that of the general population Gittens

v. the length of test in relation to the subjects shortened time span Earnet and Johnson

vi. their impulsiveness Glueck

Only eight study and eight control cases proved to have "face validity" as defined on page ten of the 1951 W.A.I.S. Atlas. As the number of cases showing face validity was so small the author has not subjected them to statistical analysis.

The author did, however, have the records interpretted "blind", i.e. without the psychologist being acquainted with the case history and accepting the limitations described above, some interesting features emerged. Quite a number of the records were characterised by a high Pd and Ma which MacPherson * has found typical in criminal populations below the age of thirty (but older than the approved school population) who show that cheerful irresponsibility in almost all areas of their lives, which we are inclined to label "psychopath" (Personal communication).

The individual profiles, especially those with face validity, tended to be remarkably accurate. Because of the limitations of this test as applied to this type of population, it was decided to attempt only broad (and rough) interpretations of all the completed individual cases rather than anything more detailed and elaborate. Some of the records have the characteristic "neurotic triad" - these have been interpreted as minor emotional disturbances. Some records are clearly extremely disturbed in the direction of early psychotic development. It is interesting to note that the Mf score is normal in almost all the profiles even the neurotic ones - quite different to what is found in an

* E.L.R. MacPherson, Principal Psychologist, Department of Clinical Psychology, Jordanburn Nerve Hospital, Edinburgh.

older neurotic population.

Though statistically of limited value many of the M.M.P.I. interpretations gave a remarkably accurate picture of the boys - that is, they tended to support the clinical psychiatric assessment. For this reason, the interpretations have been retained in the case records.

B. The Social and Parental Backgrounds.

The usual child psychiatric social history factors are studied. In addition an attempt is made to categorise the social and parental background patterns using the modified Lewis' Classification.

PSYCHOSOCIAL HISTORIES

At Lothians comprehensive files are maintained on each of the boys. These include present and previous physical examinations, probation officer's social and background reports, welfare officer's reports, previous school reports and child care officer's social reports where relevant. The psychiatrist attends regularly and on occasionsholds group meetings with the staff, but usually interviews the boys individually if indicated. The psychologist undertakes only investigations which the psychiatrist feels are indicated and useful in any particular case - this is because of the large number of children seen and the other heavy commitments of the psychologist. Tentative diagnoses are then made.

The information derived from case records gives an accurate picture of the psychosocial background useful for clinical purposes. For research purposes an attempt was made to obtain a greater uniformity of social histories - further facilities were later made available in terms of psychiatric social workers who undertook home visits of those families who were not personally known to us. These psychiatric social workers had worked together and had had special experience with delinquent families. In this way, it was also hoped to minimise the effect of such factors as observer variation.

[Present day psychiatry is a multidisciplinary science and it is essential to liaison with workers from psychological and social disciplines - without these workers, the psychiatrist is as handicapped as the research physician without laboratory facilities.]

Though some difficulties were expected, the extent of the very real complications were never anticipated.

In this respect, it was interesting to note that Andry in his recent study

excluded Approved School boys because his discussions with the Home Office convinced him that it would be extremely difficult to contact the parents of boys in such institutions. Another aspect to this is that though parents accept a contact with Probation Officers and Child Care Officers at the time of a Juvenile Court appearance because it is obligatory, not all are later so willing to accept contact when it is on a voluntary basis. Both of the psychiatric social workers were experienced case-workers in the field of delinquency; nevertheless, they experienced numerous and, at times insurmountable difficulties in their attempt to contact the parents of these boys on a research basis. Some families made sudden and unannounced moves; repeated letters were not answered - repeated appointments accepted just to be broken - repeated appointments accepted but not kept. At this stage, it was necessary to make a decision of whether to discard some of the subjects (study and control) because of the lack of uniformity and standardization of the data in these cases - and also whether to discard those cases in which we lacked information about one or other of the parents, e.g. where a child is illegitimate. Gregory in his valuable critique on parental separation points out that the elimination of cases on the basis of inadequacy of data regarding childhood history may mask real differences; this is because the incidence of early loss in such cases is likely to be raised.

It was therefore decided not to discard any case, but rather to attempt to keep down to an absolute minimum those cases in which there was no contact and then to accept, in these, the information available from workers from other disciplines at its face value. In other words, the cases in which there was relatively less information were not excluded as it was realised that this could seriously skew the results. Instead, an intensive effort was made to contact these parents and also to obtain information from social agencies who had been

previously involved with the family. In only 6 cases (3 'isolates' and 3 'non-isolates') did our psychiatric social workers not manage to contact the parents. These psychiatric social workers continued, for 11 months after the closure of the series, to seek and/or obtain co-operation of the outstanding families, but in the above 6 cases they were not successful. Fortunately in none of these did we lack social histories from social workers in other disciplines and two of the above boys had actually attended child guidance centres in other areas. Another of the above (Case 42 S) proved to be a sibling of one of our clinic patients.

From the beginning, it was obvious that the great majority of these boys were from the lower classes of the Registrar General's categories, and many coming from criminogenic slum areas. There they have been subject to a multitude of traumata emotional, physical, economic and social. These traumata could occur in a diversity of permutations at any particular moment of the child's life; and retrospective psychological evaluations of these traumata were at the best going to be imprecise. A full discussion of the limitations of the retrospective will be undertaken elsewhere, but it is necessary to state at this stage the limitations in respect of the traumata discussed above were appreciated from the beginning. Accordingly though in each case a psychological understanding of the many minor factors apparently operative has been undertaken, no attempt has been made to quantify these. On the other hand, as parents can more accurately record major traumata, it was considered that it would be safer to analyse and compare these (see next section).

GENERAL OBSERVATIONS ON METHODOLOGY

As in Lewis' study, parental histories, though enlightening in individual

cases, could not be systematically studied because it was obvious that not all the relevant details were available. Some parents were illegitimate; others had been reared in foster homes or institutions; and certain sections of the recidivist population is always reluctant to disclose intimate details of their early histories. Furthermore, as D. D. Reid pointed out, the probing of intimate feelings can bring a threat to personal and family adjustment and a research enquiry must take cognisance of this, especially where no follow-up therapy is intended. Also, many important details may not be elicited in a single interview; to which we were confined in some cases because of the vast geographical scatter (except of our own clinic cases). As far as the parental history was concerned, we concentrated on the parental physical and mental state, inter-parental and parent/child relationships and the parental social record.

On the other hand, considerable additional social information was available from workers from other disciplines, i.e. probation officers, welfare workers and child care officers. Understandably, it is a different type of evidence because these workers are not orientated towards the collection of genetic evidence unless it is gross and obvious.

However, even if detailed genetic evidence was available, it still is necessary to evaluate the differential effect of other factors such as the environmental and psychological influences supplied by the parents.

Though environmental factors have been mainly examined, this does not mean that the importance of constitutional factors is discounted. It is well appreciated that in these families some disorders both in the mental and physical sphere will be to some degree perpetuated in the children.

Our data was rather limited at the level of developmental history.

this inadequacy was not uniform and was mostly determined by the retrospective nature of the enquiry and the nature of the population studied. Dull mothers with large families from slum areas have great difficulty in recalling what are for them unimportant details of any individual child's development, and many will freely admit that after a passage of years, their memory becomes jaded - there is both a diffusion and a mixing of early milestones of the various children unless something important or abnormal occurred at that specific stage. The logical deduction from this is that there is going to be a differential reliability of the information obtained but the more gross deviations or abnormalities are more likely to be more accurately remembered and recalled. The situation is different in those cases who had years previously been referred to the Child Guidance Clinic, or Child Psychiatric Clinics; in these because of their closer proximity to the period under study and also because of the tendency for mothers who have spontaneously requested help to be more interested in developmental features of the individual child, the information elicited is bound to be more reliable. However, even these may well be subject to the inaccuracies associated with the processes of retention and recall - McGraw and Molloy adequately cover this subject in their aptly titled article - "The Paediatric Anamnesis: Inaccuracies in Eliciting Developmental Data".

A word must also be said about the subjecting to statistical analysis some of the data gathered from different sources. In the Hewitt & Jenkin's study, information cited in the case records was accepted at its face value. Hewitt and Jenkins recognised the methodological objections outlined by Ackerson who says:-

"Such data do not permit precise unequivocal control conditions comparable to the classic researchers in the older physical and biological sciences. The social scientist must be ready for the present to work with data admittedly

inadequate and must couch much of his interpretation in terms of trends, probabilities, multiple causal factors, correlations and the like". Hewitt and Jenkins then go on to state:- "This does not mean, however, that data of this sort cannot profitably be used in research if their limitations are recognised at the start and procedures adapted accordingly".

Some authorities have questioned whether it is ever worthwhile subjecting to statistical analysis data deriving from various sources. This particular assertion has, in turn, been the subject of serious consideration by psychiatric epidemiologists, social psychologists and the like - certain of these scientists, much of whose data is of this nature, have been inclined to deny the validity of the above assertion. They point out that with data deriving from various sources, regularities will tend to be obscured rather than enhanced. They further argue that when regularities in the way of trends or patterns do emerge from studies using this kind of data, there is a strong possibility that these regularities are likely to be indicative of underlying fundamental patterns.

From the above it will be clear that the author is inclined to be over-critical of his own data - its uniformity and reliability. It is, therefore, necessary to place this in its proper perspective - the author does not consider his data to be less reliable or more inaccurate than in other retrospective delinquent studies. All of these studies make use of, to a greater or lesser extent, data derived from different sources.

There are two other methodological aspects which merit comment. Firstly in this particular study, both groups of delinquents came from the same institution, and so the data obtained from these groups is more likely to be subject to the same limitations. Secondly, by categorizing broadly and focussing on grosser deviations, the author has attempted to avoid some of the errors inherent in attempting "a fine precision" (Glueck) in a retrospective type of study. Similarly, Lewis, in her study, says that a sharp classification was impracticable - "nevertheless, it was, in most cases, possible to make a broad and on the whole a satisfactory classification, after re-examining the full dossier of each child for this purpose". This same procedure was adopted by the author for this "delinquent isolate" study.

In summary, in this descriptive study the author begins with an operational definition of "social isolation" in a delinquent population and then goes on to bring to bear methods of scientific analysis as precise as the situation permits or allows. Admittedly this approach is far from ideal, but in clinical scientific research one often has to make do with less than the ideal.

PART V

CLASSIFICATION SYSTEMS USED IN THIS STUDY

CLASSIFICATION OF DELINQUENTS' BEHAVIOUR PATTERNS AND SOCIAL AND FAMILY BEHAVIOUR PATTERNS

One of the more systematic psychiatrically orientated approaches has been that of Hewitt and Jenkins. They examined five hundred case records of problem children referred to the Michigan Child Guidance Institute. A brief description of their work and Hilda Lewis' adaptations follows.

Generally, information cited in the case records was accepted at its face value. The authors recognised the methodological objections outlined by Ackerson previously discussed.

Multiple correlation statistical analysis of the forty-five traits taken from the case histories revealed three clusters of intercorrelated traits. The three clusters of behaviour patterns were:-

a. Unsocialized aggressive behaviour.

b. Socialized delinquent behaviour.

c. Over-inhibited behaviour.

The main traits of these behaviour patterns were as follows:-

a. Unsocialized Aggressive - basically mean treatment of others:-

i. Acts of violence. ii. Cruelty. iii. Fighting. iv. Open defiance of authority.
v. Prone to destroy property. vi. Inadequate feelings of guilt.

b. Socialized Delinquency - the child accepts the mores and codes of the group and becomes socialized within the delinquent group.

i. Association with undesirable companions. ii. Gang activities.
iii. Co-operative stealing. iv. But also serious furtive stealing alone or in company.
v. Habitual truancy. vi. Staying out late at night. vii. Running away from home.

c. "[illegible]" - the child shows a tendency towards introversion.

i. Shyness. ii. Seclusiveness. iii. Apathy about engaging in activities.
iv. Worrying. v. Sensitiveness. vi. Submissiveness.

In a similar manner, Hewitt and Jenkins obtained three social and family behaviour patterns which will be discussed later. Hewitt and Jenkins called these three patterns "parental rejection", "parental negligence" and "parental repression". Using statistical methods they attempt to prove their main hypothesis "Children who differ from each other in expressing fundamentally different patterns of behaviour maladjustment (which for them are rational patterns of adjustment to the situation which they have experienced) must have experienced fundamentally different patterns of environmental circumstances; and conversely children who are exposed to such fundamentally different patterns of situations will exhibit fundamentally different patterns of maladjustment".

They were able to show that the three behaviour patterns were strongly associated with the three social and family behaviour patterns. The significant correlations were between:-

Parental rejection - unsocialised aggression

Parental negligence - socialized delinquency

Parental repression - over-inhibited behaviour

LEWIS' MODIFICATION OF THE HEWITT AND JENKINS CLASSIFICATION

Hewitt and Jenkins used the criterion of the presence of three or more of the features of each pattern and were able to classify forty per cent of the five hundred children. For the purposes of the 'isolate' study, it was obvious that a more comprehensive categorization was necessary.

In her study, Lewis decided that Hewitt and Jenkins' classification had a much more objective basis than others and so adapted it without serious modifications for the purposes of her enquiry. She added five

other categories to the three Hewitt and Jenkins' categories of the children's behaviour patterns.

I. Normal

II. Mixed patterns - Children who showed a combination of the three main patterns which prevented their being placed in any one.

III. Slight manifestations of the three main patterns. The abnormal behaviour of these children was so transient that Lewis felt they could not justly be classified into one of the three major patterns. She has dealt with them as being "intermediate between the normal and decidedly abnormal". They showed little disturbance of personality or behaviour while under residential observation "Their delinquent acts had been trivial, their aggressiveness superficial, their anxiety mild and easily allayed."

i. Slightly 'Unsocialized Aggressive'

ii. Slightly 'Socialized delinquency'

iii. Slightly 'overinhibited pattern'

Lewis found that in most cases it was possible to make a broad and generally satisfactory classification after going into each case fully. For the purposes of the present study Lewis' adaptation of Hewitt and Jenkins' classification has been mostly followed.

Some minor modifications of the constellations of the social and family background patterns were considered appropriate to the needs of this study. A description of the three patterns follows.

A. "Parental Rejection" was assumed whenever any one of the first three conditions plus any one or more of the others had been fulfilled.

a. Those implying direct rejection

1. Pregnancy unwanted by father

2. Pregnancy unwanted by mother.

3. Mother without affection for child or showing dislike.

4. Father without affection for child or showing dislike.

5. Mother unwilling to accept parental role.

b. Those that have to be interpreted more indirectly as symptoms of a rejective environment.

6. Illegitimate pregnancy or mother sexually unconventional.

c. A condition which is a direct sequel to parental rejection and comes to be interpreted as such by the child.

7. Loss of contact with natural parents.

B. "Parental Negligence and Exposure" was assumed when there was any two of the following conditions, but including at least one item of exposure to delinquent companions:-

a. Those implying direct home disorganization.

1. Living in a dirty or ill-kept house.

2. Lack of supervision of child's activities.

3. Lack of some of the necessities of life and decency because of parental neglect or incapacity (illness, mental or physical)

b. Those implying inadequate training in social conformity.

4. Lax or ill-timed discipline by an over-indulgent or sporadically harsh parents.

c. Exposure to the influence of delinquents - these indicate both lack of organized social controls but also that the child has a greater probability of coming into contact with patterns of delinquent behaviour.

5. Siblings repeatedly delinquent; or poor or socially degraded

neighbourhood; or fair to high incidence of delinquency in the neighbourhood.

c. "Repressive Family Situation" - this was assumed when two of the following conditions had been fulfilled. Each of these in some way implies that "social participation and self expression on behalf of the child has been discouraged by lack of warmth in social relationships and by over-shadowing or overdomination by other members of the family".

a. Those characteristic of parent child relationships.

1. Rigid daily programme.
2. Parents hyper-critical or dominating.
3. Excessive discipline by parent or substitute.
4. Over-protection.

b. Those implying social isolation of the family unit.

5. Either parent unsociable.
6. Lack of warmth within the family or group.

PART VI

THE CASES

The cases have been numbered from one to forty-two in alphabetical order. Letters "S" or "C" have been appended to indicate study or control groups. Table A indicates the equated pairs of 'isolates' and 'non-isolates'. Summaries of the case histories of the 'isolates' and 'non-isolates' are appended in the addendum. These histories have been condensed mainly because of space considerations. An attempt has been made to present the essential facts within the general framework of the individual case. The case histories of the 'non-isolates' are, for the most part, the usual case histories so frequently encountered in juvenile courts.

TABLE A

KEY TO THE MATCHED PAIRS

Study Group			Control Group		
Name	Case	Age	Name	Case	Age
Richard B.	A 2	13 - 8	John C.	A 6	14 - 1
Ken B.	B 3	13 - 5	James Q.	B 39	13 - 0
Alexander C.	C 4	14 - 0	John L.	C 24	13 - 10
Alex K.	D 5	13 - 7	Hugh J.	D 20	13 - 9
Matthew C.	E 8	12 - 10	John Mac.	E 29	12 - 7
Campbell R.	F 9	13 - 3	Ken R.	F 40	13 - 0
Sandy C.	G 10	14 - 3	William C.	G 7	14 - 5
James D.	H 11	13 - 6	Bernard K.	H 22	13 - 1
Andrew F.	I 14	13 - 5	John M.	I 28	13 - 3
Michael G.	J 16	12 - 8	Hugh M.	J 32	11 - 11
Robert I.	K 19	14 - 6	Patrick M.	K 36	14 - 11
Ken F.	L 21	11 - 6	Victor L.	L 26	12 - 2
Charles K.	M 23	13 - 11	James M.	M 30	13 - 9
Ronny L.	N 25	13 - 10	Tom A.	N 1	14 - 2
Dandy M.	O 27	12 - 4	John D.	O 12	12 - 3
Mac. M.	P 31	14 - 9	Ernest M.	P 34	14 - 7
James M.	Q 33	13 - 0	Dennis L.	Q 17	13 - 4
Robert M.	R 35	14 - 0	John G.	R 15	14 - 7
Michael P.	S 38	14 - 5	William D.	S 13	14 - 9
Robert R.	T 41	13 - 0	Teddie B.	T 18	12 - 8
Robert W.	U 42	14 - 2	Pat. O.	U 37	14 - 1

PART VII

THE RESULTS

INTRODUCTION

The data collected was subject to different types of analyses. These were as precise as the situation allowed (see page 56). In this section the following features are examined - the delay in recognition of the condition; the incidence within the approved school; their distribution by age; educational attainments; their distribution by intelligence; the geographical location of the region of origin; their denomination; the social class of the breadwinner; their family structure and social backgrounds including parental separation-cum-deprivation; possible hereditary factors in the parents. The boys behaviour and emotional state was studied from various directions - an inventory of behavioural items was undertaken and also their patterns of offences were studied; their mental pathology and their distribution according to the main behavioural patterns.

DELAY IN RECOGNITION

Some 'isolates' revealed themselves almost immediately after admission. Some were only recognised after they had been in the Approved School for a number of weeks or months. There were no clear patterns - for instance some withdrawn 'isolates' tended to be overlooked because they gave no trouble, and the aggressive 'isolates' took varying times for their difficult and aggressive behaviour to result in their exclusion by even the more unsettled boys. It does seem, therefore, in some cases, certain interactive processes must intervene before the 'isolate' is eventually excluded or ignored by his peer group.

INCIDENCE

As the population in the intermediate Approved School is so mobile, it is difficult to estimate the incidence accurately. However, there were always less than 5% of 'isolates' in any one institution at any particular time.

TABLE B

DISTRIBUTION BY AGE

Age in Years and Months	Study	Control	Total
11.6 - 11.11	1	1	2
12.0 - 12. 5	1	2	3
12.6 - 12.11	2	2	4
13.0 - 13. 5	5	5	10
13.6 - 13.11	5	4	9
14.0 - 14. 5	4	3	7
14.6 - 15. 0	3	4	7
TOTAL	21	21	42

DISTRIBUTION BY AGE

The ages of the boys of both groups ranged from eleven years six months to fourteen years eleven months. Their distribution is denoted in the age table B.

EDUCATIONAL ATTAINMENTS

Almost all the children prior to admission to Lothians had been reported as being educationally retarded. This took many different forms and is not easily tabulated. There are many factors operative in the production of this - emotional, constitutional, cultural, truancy etc. It is not possible statistically to determine whether there are differences between the two groups.

GEOGRAPHICAL LOCATION

The forty-two boys came from twelve different towns in Scotland. The rate of delinquency in the areas from which these boys came could only be assessed indirectly from the probation officers', and welfare officers' reports. The distribution as far as towns were concerned was as follows:-

Glasgow	18	Edinburgh	11
Dundee	4	Boness	1
Hamilton	1	Stirling	1
Kilmarnock	1	Duncon	1
Denny	1	Inverness	1
Bathgate	1	Polmont	1

DENOMINATION

Due to the organisation of the approved schools in Scotland, all the matched pairs were of the same denomination.

SOCIAL CLASS

The majority of boys in approved schools come from working class homes. The breadwinner's occupation according to the Registrar General's categories are indicated in Table D.

TABLE D

SOCIAL CLASS ACCORDING TO THE REGISTRAR GENERAL'S CATEGORIES.

Class	Study Group	Control Group
I	-	-
II	-	-
III	2	1
IV	3	5
V	16	15

DISTRIBUTION BY INTELLIGENCE

Initially the boys were routinely tested individually by a psychologist on the Progressive Matrices, but in some of those cases in which follow up W.I.S.Cs. were indicated, significant discrepancies were observed in the direction of lower Matrices gradings. After this it was decided to use the W.I.S.C. routinely, and in addition, give the Matrices as a group test with four or less boys in each group. It was not possible to give all the boys both tests for many reasons, but mainly because of the time factor, mobility of the population and sickness. Tests given were as follows:-

37 boys had the Matrices (88% of the boys)
17 boys had the Matrices as an individual test (8 from the study group and 9 from the control group)
20 boys had the Matrices in a group situation (9 from the study group and 11 from the control group)
38 boys had the W.I.S.C., all of these were administered individually (90.5% of the boys)
33 boys had both the W.I.S.C. and the Matrices (78.5% of the boys) 16 from the control group and 17 from the study group.

The tables showing the distribution of the groups on the Progressive Matrices (1938) on the W.I.S.C. [Subtests follow overleaf.] From these it will be seen that there are no significant differences in the distribution of intelligence between the two groups. Also the mean I.Q.s of the two groups reveal no significant differences.

Means	W.I.S.C. Verbal	Performance	Full Scale
Isolate	91.8	94.6	92.9
Control	93.7	92	92.1

TABLE C 1

Grade	Isolates	Controls	Total
1	-	-	-
11	1	1	2
111	6	7	13
1V	6	8	14
V	4	4	8
TOTAL	17	20	37

TABLE C 2

DISTRIBUTION BY INTELLIGENCE

AS ASSESSED ON THE FULL SCALE OF THE W.I.S.C.

ON ALL THE BOYS TESTED IS AS FOLLOWS:-

Full Scale I.Q.	Isolates	Controls	Total
Under 70	1	-	1
70 - 79	-	2	2
80 - 89	6	3	9
90 - 99	9	9	18
100 - 109	4	3	7
110 and over	1	-	1
TOTAL	21	17	38

The latter is an interesting finding. Further on there is evidence that the 'isolates' are more disturbed than the 'non-isolates' and one might have expected this disturbance to have interfered with their performance in intellectual tests - this did not prove to be so. In addition the 'isolates' suffered significantly more paternal separation experiences. The studies of Spitz, Roudinesco, Goldfarb and Kellmer Pringle have all emphasized the effects of maternal separation-cum-deprivation in retarding development with a tendency for the separated children to be markedly retarded on specific language scores and overall global scores. This tendency is not evident in the 'isolates' or even the sub-group of paternally separated boys.

Some incidental findings related to the psychometric testing of these approved school boys are analysed and discussed in a separate chapter in the addendum.

SOCIAL AND FAMILY BACKGROUNDS

FAMILY STRUCTURE AND BROKEN HOMES (See Table I two pages on)

Much has been written about the subject of broken homes - for instance Hermanheim et al (1942) in their sociological survey statistically verified that delinquents tended to come from broken rather than unstable homes. This has, of course, been established time and again by delinquency research - that delinquents tend to come from homes where the parents have been separated, divorced, never married to each, or are no longer living. The concept of the "broken home" has been used widely but has tended not to be clearly defined. It will be clear from the previous section that the absence of a "broken home" does not imply the absence of pathological social and parental patterns.

In this section only pertinent items from Table I will be discussed. The rest do not require elaboration, as there is nothing striking about them nor are there any significant differences between the groups.

Stable home - this is a home in which the parents and the children have lived together for a long period of time in reasonable material comfort. Only six of the study group were assessed as having lived in a stable home. Although nine of the controls were assessed as living in a stable home the difference between the groups does not reach statistical significance.

Absent parents - an analysis of the data in Table I shows only significant differences in three items. Of course the importance of these three items is also partially expressed in the parental "rejection pattern":-

(i) Living with own parents - a significantly smaller number of the 'isolates' were living with their own father at the time of their committal to the Approved School - Chi-squared is 9.98 for one degree of freedom (using Yates Correction).

(ii) Parents living together - again a significantly smaller number of the 'isolates' own parents were living together at the time of committal to the Approved School - Chi-squared is 7.68 for one degree of freedom (using Yates Correction).

(iii) Father absent - again a significant number of the 'isolates' fathers were absent for a period longer than 6 months in the first ten years of life. Chi-squared is 6.32 for one degree of freedom.

The Gluecks' study produced some interesting figures on "Boys living with their own mother and father". They found that 84% of delinquents and 92% of non-delinquents were living with their own mothers; 58% of the delinquents and 75% of their non-delinquents were living with their own fathers; the parents of only 54% of the delinquents were living together while 73% of the non-delinquents' parents were living together. Moreover more of the parents of the delinquents than the non-delinquents were separated, divorced, never married to each other or were no longer living.

TABLE I

FAMILY STRUCTURE AND BROKEN HOMES

		Study	Control	Total %
A	Stable Home	6	9	
B	Living with own parents			
	1. mother	16 (76%)	18 (85.7%)	81%
	2. father	7 (33%)	18 (85.7%)	59%
C	Own parents living together	6 (28.6%)	16 (76%)	52%
D	Absent Parents			
	Mother dead	0	0	
	father dead	3	0	
	Both dead	-	-	
	Mother absent	5	3	
	Father absent	13	4	
	Both absent	4	-	
E	Size of family			
	three children or less	9	5	
	four children or more	12	16	
F	Siblings			
	1. Delinquent			
	a. At risk - older than proband	37 sibs.	46 sibs.	
	Number actually delinquent	14 sibs.	14 sibs.	
	Families with older delinquent sibs.	8	8	
	b. At risk - younger than proband	20 sibs.	27 sibs.	
	Number actually delinquent	2 sibs.	8 sibs.	
	Families with younger delinquent sibs.	2	5	
	c. Twins concordant for delinquency	1	0	
	2. Mentally unstable etc.	3	2	
	3. Pathological degree of rivalry	8	5	
G.	Children:			
	1. Adopted	0	0	
	2. Monozygotic twin	0	0	
	3. Dizygotic twin	2	1	

TABLE J 1

PROLONGED ABSENCE OF NATURAL FATHER DURING EARLY FORMATIVE YEARS

Study Group

	Age 0–5 years	Age 5–10 years	Total
Parental Death	2	1	3
Illegitimacy	6		6
Child Institutionalization		1	1
Parental Separation			
Hospitalization			
Jail	2		2
Marital Separation		1	1
Divorce	1		1
Work away Home/Army	1		1
TOTAL	12	3	15

Control Group

	Age 0–5 years	Age 5–10 years	Total
Parental Death			
Illegitimacy	3		3
Child Institutionalization			
Parental Separation			
Hospitalization			
Jail			
Work Away Home/Army			
Marital Separation			
Divorce			
TOTAL	3		3

TABLE J 2

PROLONGED ABSENCE OF NATURAL MOTHER DURING EARLY FORMATIVE YEARS

Study Group

	Age 0–5 years	Age 5–10 years	Total
Parental Death	1		1
Illegitimacy			
Child Institutionalization			
Parental Separation			
Hospitalization	1	2	3
Jail			
Marital Separation	1	1	2
Divorce	1		1
TOTAL	4	3	7

Control Group

	Age 0–5 years	Age 5–10 years	Total
Parental Death			
Illegitimacy	1		1
Child Institutionalization			
Parental Separation			
Hospitalization	1	1	2
Jail			
Marital Separation			
Divorce			
TOTAL	2	1	3

TABLE J 3

AGE AT INITIAL SEPARATION FROM FATHER

	Study	Control	TOTAL
0 - 1	5	3	8
1 - 2	4	0	4
2 - 3	2	0	2
3 - 4	1	0	1
4 - 5	0	0	0
5 - 10	3	0	3
TOTAL	15	3	18

TABLE J 4

DUAL SEPARATION

	Age 0 - 5	Age 5 - 10	Number of boys
Study Simultaneous	2	2	4
Control Simultaneous	1	0	1

	Age 0 - 5		Age 5 - 10		Number of Boys
	Mother	Father	Mother	Father	
Study Consecutive	1	2	1		2
Control Consecutive	1	1			1

TABLE J 5

QUALITY OF MOTHER/CHILD RELATIONSHIP PRIOR TO SEPARATION

Maternal	Study	Control
Never experienced (illegitimate)	-	1
Not Sure	2	-
Inadequate	3	2
Adequate	2	-
Total	7	3

Parental Separation

Different authors have pointed out that besides studying the age, length and frequency of separation, we need to know something of the quality of the relationship of which the child is being deprived and experiences with parent substitute. Following Bowlby an attempt was made to ascertain each boy relative to each parent:-

1. Age of separation.
2. Degree of deprivation.
3. Length of separation.
4. Frequency of separation.
5. Quality of parent/child relationships before separation.
6. Experience of child with parent substitute.
7. The kind of reception child receives from parent on his or her return.

From a careful study of the information available in each case where a child had been separated from a parent, it became clear that the retrospective nature of the enquiry severely handicapped the eliciting of qualitative data especially that associated with items 5, 6 and 7 listed above. Further, this sort of information did not resolve itself easily into quantitative units for comparative purposes. It was therefore decided that the term separation (discontinuity) rather than deprivation was a more appropriate description of the information available about the experience which could be made use of in a comparative manner.

In Tables J1 to J6 are included only prolonged separations; that is, those of six months or longer.

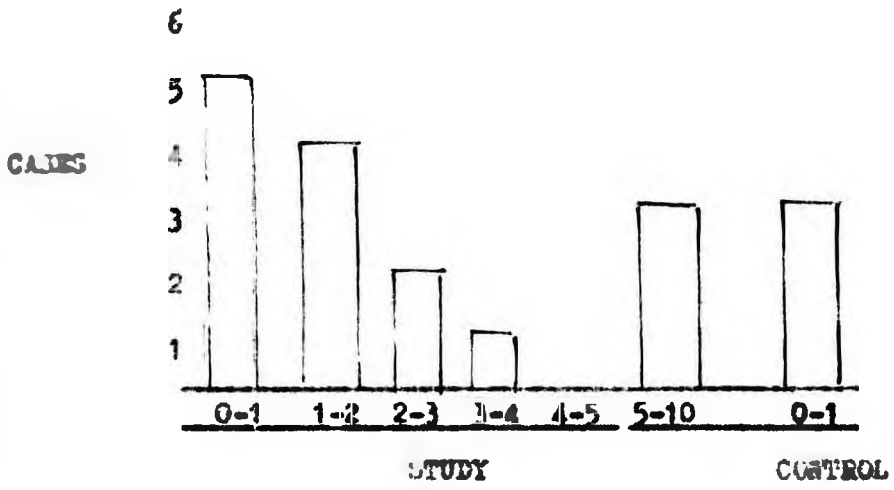
The paternal and maternal tables are not additive - a child may not have experienced a father figure because of illegitimacy, but then later may be separated from mother because of illness.

Case B29 was not easily placed in the tables. The boy was illegitimate and was brought up by the paternal grandparents since the age of two years. The father also later came to live with the grandparents. It was finally decided to place him in the category of dual parental separation.

An analysis of the data in the J tables shows no significant differences in terms of interrupted mother/child relationships between the study and the control group - (seven of the study and three of the controls experienced prolonged separations from their own father during the early formative years).

There is, however, a highly significant difference between the study and controls concerning the prolonged separation of a child from his own father during the early formative years. When comparing the age range of 0-5 years, it is seen that a significantly large number of 'isolates' had been separated - Chi-squared is 8.4 for one degree of freedom (using Yates correction for small numbers). This reaches the .01 level of probability. If we take the age range 0 - 10 the differences become even more significant - Chi-squared is 11.76 (using Yates correction for small numbers).

Although the numbers are small a histogram indicates how the 'isolates' paternal separations tend to cluster in the early formative years. This pattern replicates patterns in maternal deprivation studies. It also supports hypotheses about the importance of uninterrupted child care by parental figures in the early formative years.



There is one factor which the statistics given above do not really emphasise. This was the quality of parental affect. The impression the author obtained was that not only did the 'isolates' experience prolonged absences from their parents, but an undue proportion of the parents who remained behind had personalities which, though they could not be designated as being definitely pathological, impressed as being slightly cold or slightly odd in different ways.

Quality of Father/Child Relationships Prior to Separation

In all eighteen of the boys in the control group who had experienced a relationship with their natural fathers prior to separation, the quality of the father/child relationship was assessed as being possibly reasonably adequate. Fifteen of the study group boys had experienced a father/child relationship prior to separation, and in only eight of them was the quality of the relationship assessed as being possibly reasonably adequate. Put another way, only three of the control group, but thirteen of the study group, never ever experienced a father-child relationship, or the relationship prior to the separation was poor.

TABLE J 6

QUALITY OF FATHER/CHILD RELATIONSHIPS PRIOR TO SEPARATION

Paternal	Study	Control
Never experienced (illegitimate etc.)	6	2
Not sure	3	-
Possibly Inadequate	4	-
Possibly Adequate	2	1
TOTAL	15	3

Illegitimacy. Six of the study group and three of the control group were

illegitimate (Cases 7, 15, and 29). These three illegitimates in the control group merit further examination and description. Two of these three (Case 7 and 29) were very difficult boys and one of these could almost be designated as "affectionless characters" in Bowlby's sense. Case 7 was a physically powerful aggressively hostile and a seriously disturbed boy. Case 29 was less disturbed and did manage to settle in the Approved School environment and his capacity for interpersonal relationships did not seem to have been permanently impaired by earlier experiences. Therefore eight of the nine delinquents who were illegitimate were appreciably emotionally disturbed; and seven showed some disorder of interpersonal relationships - six were delinquent 'isolates' and the other an "affectionless" character. This is rather suggestive that illegitimacy in combination with delinquency has an ominous significance as far as personality development is concerned.

Stepfathers. Three of the study cases and two of the control cases had stepfathers. The author obtained the impression that the presence of a stepfather within the home exacerbated any existing pathological interactions or seemed later to precipitate other complications for some of these pubescent and adolescent boys. This is understandable because the conscious awareness of the sexual feelings in adolescence is frequently experienced as a revival of oedipal conflicts. The introduction of a dominant male rival (who is not the natural father) for mother's affection must to a greater or lesser degree handicap the working through of these oedipal conflicts; in this study this either emerged openly as the major problem or was partly elicited in the course of the examination. Though the stepfather's final attitude to the boy was generally known it was not possible to discover the mutual interactions which must have preceded this. In no case was a mutually warm and affectionate

relationship reported between the boy and his stepfather.

In Study case 25 there was an obvious complicating mother fixation with, seemingly, an attempt by the boy to manipulate father out of the home. In Case 21 there was an absolute mutual "rejection-hate" relationship between the boy and his stepfather. In Case 38, stepfather had been harsh and over-strict and Michael's illegitimacy was often a point of issue between the spouses.

In Control Case 7, though William did not live with his stepfather, he was very upset by his stepfather's remark that he was "daft"; which must have implied to William that he was "daft" like his mother. In Case 15 stepfather was reported as being strict and harsh.

In the literature on maternal deprivation, authority after authority has emphasized the importance of the child interacting with a major mother figure or mother surrogate during the early formative years. By analogy this would suggest that a child should be presented with a major father figure or father surrogate over the same period. From an examination of the five cases in both study and control groups, in which there were stepfathers, it is suggested that the major father surrogate in a family, if he is a stepfather, may produce more problems for the pre-delinquent child than he solves. This clue should be followed up and could be the basis of some profitable further research. Andry's study has indicated that delinquents have poor relationships with their fathers and the extremely bad relationships with stepfathers described above may be a pathological extension of this process.

OTHER ENVIRONMENTAL AND FAMILY FACTORS

In this section certain individual items rather than main patterns or cluster of items will be examined.

Indices of Gross Environmental Disturbances (See Table K)

Unsettled homes - In this category are included boys who have not lived in a settled home for a long period, or whose family have had numerous moves, or in which there have been relatively frequent changes of family members or friends. More of the boys in the study group experienced unsettled home environments, but this does not reach statistical significance.

Overcrowding - This was assessed according to family size and available living and sleeping accommodation. Leniency was applied in assessing this and here only figures are given for gross overcrowding. More of the control boys lived in overcrowding circumstances, but again this does not reach statistical significance.

Foster home - By this is meant boys who have lived in a foster home for six months or more. No differences reaching statistical significance are observed between the two groups.

TABLE K

INDICES OF GROSS ENVIRONMENTAL DISTURBANCES

	Study	Control
Unsettled Homes	15	12
Overcrowding	4	9
Foster Homes	5	1

TABLE K 1

SIZE OF FAMILY

Size	Study Group	Control Group
3 children or less	9	5
4 children or more	12	16

FAMILY	
Study Group	Control Group
9	5
12	16

9
1

TABLE K 2.

NUMBER OF LIVING CHILDREN IN FAMILY

Number of Children	Number of Families		
	Study Group	Control Group	Total
1	1	1	2
2	4	1	5
3	4	3	7
4	2	2	4
5	2	2	4
6 or more	8	12	20

TABLE K 3.

SIBLING ORDER

Sibling Order	Study Group	Control Group
First Child	7	6
Last Child	5	1
Only Child	1	1

Family Size

Delinquent children tend to come from large families. This pattern again emerged in this study but because of cohabitation, illegitimacy, family disorganisation, and also as some of the mothers were not at the end of their reproductive lives, the data is necessarily incomplete.

From Tables K 1, K 2, K 3, it is seen that approximately 47.5% of our total families had six or more children; compared with Lewis' sample where 21.5% had six or more children; and the Barnardo sample of 10% with six or more children (The Neglected Child and His Family). From the same table, it will also be seen that there is a trend towards larger families in the control group. However, this does not reach statistical significance.

ADOPTED CHILDREN

There are no adopted children either in the study or control group. Humphrey estimates the national figure, by comparing the average number of live births with the average number of adoptions over the last decade, to be 1.3%. Kelmer Pringle found 8% of 593 children in maladjusted schools were adopted. Humphrey also found that 37.5% of his adopted group had presented with antisocial behaviour. This suggests that in the U.K. the antisocial adopted tend to find their way into maladjusted rather than approved schools. However, this type of finding needs to be confirmed in a much larger sample.

POSSIBLE HEREDITARY FACTORS IN PARENTS

It must be stressed that the figures in Table H are for "known factors". In this table no significant differences are apparent, between the 'isolates' and the 'non-isolates'. Though some parents were of limited intelligence, there was no evidence of any of them ever being certified "subnormal". Mainly for convenience, alcoholism has been included in this section.

TABLE H

TABLE OF KNOWN POSSIBLE HEREDITARY FACTORS IN PARENTS

	Study		Control	
	F	M	F	M
1. Alcoholism	3	1	8	0
2. Epilepsy or other physical defect	2	3	2	1
3. Psychosis	0	0	0	2
4. Mental Defect	0	0	0	0
5. Criminality	4	2	1	0
6. Neurotic Instability	0	3	1	4

PARENTAL PATTERNS AND SOCIAL ENVIRONMENT

Classification According to the Main Social and Family Behaviour Patterns

In a social enquiry where qualitative evaluation of material is undertaken, it is far safer to use broad categories. In their study, the Gluecks, when they came up against similar problems of definition, also decided that broader categories were more reliable than finer ones - "this reduces the chance of error inherent in reliance upon a fine precision". These principles were adhered to when completing the items of the above and other patterns referred to in this section.

TABLE L

CLASSIFICATION ACCORDING TO MAIN SOCIAL AND FAMILY BEHAVIOUR PATTERNS

	Study	Control
Parental Rejection	9	4
Parental Repression	5	0
Parental Negligence and Exposure	7	17
Parental Rejection plus Repression	14	4
Parental Negligence and Exposure	7	17

In Table L the social and family behaviour patterns the boys experienced are categorised according to Lewis' modification of the Hewitt and Jenkins categories. On studying the above table it will be appreciated that the parental patterns in this study can be dichotomised into two fundamental social situational patterns. The first can be designated as 'OMISSION' - where nothing actively is done to the child but he experiences a 'neglectful' environment and

is 'exposed' to the contagion of delinquency; the second designated as a 'COMMISSION' pattern. In the commission pattern the child experiences an actively pathogenic environment in terms of "rejection" or "repression" or both.

Table L shows the main social patterns for the two groups. If the figures for "rejection" and "repression" are combined, it becomes possible to compare the main "omission" and "commission" patterns. An analysis of the results reveals significant differences between the two groups - Chi-squared is 7.95 for one degree of freedom which is at the .01 level of probability (using Yates Correction). This means that a significant number of the 'isolates' have experienced a main parental "commission" pattern - while a significant number of the 'non-isolates' have experienced a main parental "omission" pattern.

It becomes apparent that the above statistics have tended to obscure the minor patterns especially the element of "omission" which tends to run even throughout the study cases.

BEHAVIOUR INVENTORY

An inventory of behavioural items was completed on each of the boys. The inventory used in this study is the one Dr. Anthony Ryle at the Caversham Centre, London, has developed for his P.S.W.s. - this is based on McFarlane & Colleagues Developmental Study of the behavioural problems of normal children between 21 months and 14 years. A full description of McFarlane's study is contained in the Addendum. In the McFarlane Study the children were selected serially from birth certificate registry. McFarlane's emphasis was on frequency figures of behaviours by age and sex. The McFarlane method was simple, open-ended inventory questioning of parents and the data was dependent on what the parents observed and were willing to report. McFarlane and Colleagues therefore feel that one of the important results of this study is that from non-going-beneath-the-surface method significant facts were secured as determined by a number of criteria.

In the present study it was decided to use Ryle's modification of the McFarlane Scale. The information for the inventory was obtained by questioning the "parent surrogates", in the approved school who were intimately acquainted with the individual boys.

Tables M1 and M2 show in summary the items of behaviour which according to the McFarlane Scale would be "considered problems". In the "quarrelsome" scale see below McFarlane marks all his "considered problems" with a plus sign. For the purposes of this study it was decided to use two different notations to indicate problems on each scale - to mark with an "X" problems according to the lower number of the scale; and to mark with an "I" the problems in an opposite direction on the scale, that is, according to the higher numbers on the scale. For instance, in the quarrelsome scale below both 1 and 2 are marked with a plus but are noted as "Xs" on the table and 5 is marked as a plus but not as "I" on the table.

Scale +1. Constant quarreling. - noted as X
+2. Quarrels more than average. - noted as X
3. Quarrels with real provocation.
4. Quarrels less than average
+5. Real desire to placate - noted as I

TABLE M 1

BEHAVIOUR ITEMS - STUDY - McFARLANE SCALE

	A2	B3	C4	D5	E8	F9	G10	H11	I14	J16	K19	L21	M23	N25	O27	P31	Q33	R35	S38	T41	U42	TOTAL	TOTAL		
Sleep																									
Restlessness	X		X				X				X					X			X			6	8	19	12
Elimination																									
Incontinence			X	X			X				X	X			X		X	X		X		9	13	31	10
Food																									
Appetite		I	X				I				I						I						1/4		
Sex - Combined																						13	19		
Body						X		X	X			X		X		X						6	8	19	22
Interest				X		X			X	X		X	X		X		X	X	X			10	15		
Motor Habits																									
Nailbiting	X	X	X	X	X		X	X		X	X	X	X		X		X	X			X	15	27		
Activity		X							X						X	X						4	7		
Other						X		X				X										3	4		
Conduct																									
Lying	X	X	X	X	X	X	X		X	X	X		X	X	X		X	X	X	X		17	32		
Truancy		X	X	X				X	X		X		X	X	X	X	X	X	X	X		14	32		
Stealing	X	X	X	X	X	X	X	X	X	X	X		X		X	X	X	X	X	X		18	39		
Destructive					X						X			X	X		X			X	X	7	9		
Selfish	X	X			X										I					X	X	5	7		
Quarrelsome	X	X	X	X	X	X	X			X	X				X		X			X	X	12	20		
Personality																									
Demanding			X			X	X			X		X			X	X						7	10		
Sensitive	X	I	X	X	X	X	X		X	I	X	X	X	X	X	X	X	X	X	X	X	18/2	25	60	17
Shy & Timid		I					X	X	X	I		X	X	X		X	X		X	I	I	9/4	14		
Fears					X								X			X						3	5	12	5
Defiance	X	X	X	X	X	X			X	X	X				X			X		X	X	12	20	48	10
Tempers	X	X	X		X	X					X				X					X	X	9	17	40	22
Confidence					X		X				X											4	5	12	10
Competition		X	X				I				I	X		X						X		6/2	15		
Jealousy			X		X						X		X	X		X				X	X	8	12	28	22
TOTALS	9	13	14	9	12	10	12	6	9	12	13	8	10	7	15	10	11	8	7	13	9				

Sum Total
Mean
Assumed Mean
Standard Deviation

"t" -

significant.

TABLE M 2

BEHAVIOUR ITEMS - CONTROL - McFARLANE SCALE

.	A6	B39	C24	D20	E29	F40	G7	H22	I28	J32	K36	L26	M30	N1	O12	P34	Q17	R15	S13	T18	U37	TOTAL	Study V. Control
																							Chi-squared
Sleep																							
Restlessness		X			X																	2	Not significant
Elimination																							
Incontinence	X							X			X									X		4	Not significant
Food																							
Appetite		I																				1	Not significant
Sex - Combined																						6	4.1
Body	X								X													2	Not significant
Interest	X	X				X		X					X									5	Not significant
Motor Habits																							
Nailbiting	X	X		X		X	X		X		X		X	X		X	X			X		12	Not significant
Activity		X			X						X								X			3	Not significant
Others																						1	Not significant
Conduct																							
Lying		X	X	X	X	X	X	X	X	X	X	X	X			X			X	X		15	Not significant
Truancy	X	X	X	X	X		X		X	X	X	X	X	X	X	X	X	X	X	X		18	Not significant
Stealing	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	21	Not significant
Destructive										X									X			2	Not significant
Selfish											X									X		2	Not significant
Quarrelsome			X	X	X		X			X			X				X			X		8	Not significant
Personality																							
Demanding		X	X					X														3	Not significant
Sensitive	X		X				X								X					X		5	13.3
Shy & Timid				I																		1	5.08
Fears			X				X															2	Not significant
Defiance				X	I		X			X			X			X	X		X	X		8	Not significant
Tempers	X			X	X		X			X						X	X			X		8	Not significant
Confidence								X														1	Not significant
Competition		X	X		X		X	X		X	X											7	Not significant
Jealousy			X				X	X												X		4	Not significant
TOTAL	8	10	9	8	9	4	11	8	5	8	8	3	7	3	3	6	6	2	6	11	1		

Sum Total Assumed Mean
Mean Standard Deviation

An examination of Tables M1 and M2 reveal that the study group has significantly more behavioural problems than the control group. It seems reasonable therefore to conclude the 'isolates' were significantly more disturbed than their more sociable controls. It is also interesting to compare crudely the proportion of delinquents who have these specified behavioural problems with McFarlane's normal group. It is immediately apparent that on a number of items the delinquent group generally has a very much greater proportion of behaviour problems than McFarlane's normal group. However, these groups are not really comparable as the McFarlane boys belong to another culture. On th other hand the author considers it a valid procedure to use the McFarlane inventory to compare the frequency of behaviour problems in two groups from the same institution.

[Thus the behaviour items which would be considered problems in the McFarlane Scale are greatly in excess in the approved school boys as a whole and sixty per cent more in the study than the control group.

Using assumed means with the later appropriate correction the statistical significance of difference between the means of the samples was ascertained - "t" = 4.5 with the probability in the region of 0.001. The difference between the samples is therefore highly significant. However, with data of this sort, it was considered that a non-parametric test might be more appropriate and should at least, in addition, be applied. The non-parametric sign test which depends simply on the direction of the difference within the matched pairs was therefore chosen. (Reference: Siegel S. Non-Parametric Sign Test). The sign test gives a p. of .001. The difference between the two groups is therefore significant.]

It is interesting to study the above tables bearing the Gluecks' findings in mind. The Gluecks found that delinquents have less emotional stability. They found more aggressiveness, impulsiveness, and non reflective expression of their energy drives than the non-delinquents. They also found evidence of agreement between psychiatric and Rorschach findings. Some of the Rorschach findings in delinquents as against the non-delinquents were as follows:-

"greater degree socially assertive"
"more defiant"
"more hostile"
"more ambivalent to authority"
"more suspicious"
"more destructive"
"more impulsive"
"more extroversive"
"less submissive to authority"
"less co-operative with others"
"less dependant on others"

Leaving out the three items in which there were significant differences between the social 'isolates' and their more sociable controls, it will be seen that in two main personality items the total series of boys in this study differ greatly from McFarlane's group. 48% of the Approved School group exhibited problematic defiance against 10% of McFarlane's group; 40% of the Approved School group exhibited problematic tempers against 22% of the McFarlane group. All of these support the Gluecks' findings. Furthermore, 31% of the Approved School group showed problematic urinary incontinence whereas only 10% of McFarlane's group showed this.

Dimensions which merit special attention are the "sensitive" and the "timidity" patterns. Twenty of the 'isolates' and five of the more sociable controls were rated as showing more problematic sensitivity than the average.

Of these twenty 'isolates' only Cases 3 and 16 were rated as being callous - indifferent, unconcerned, on the "sensitivity" items. In fact, Case 16 is described as "sensitive" - disturbed by inability to get on with other boys, but tries to present a picture of not caring and denial of problems". This almost suggests that Case 16 is trying to present a facade of not caring, but underneath the surface really does. The other 18 'isolates' were rated as being either "super-sensitive" or more liable to hurt feelings than the average. On careful re-examination of the case dossiers in an attempt to find an explanation for this, the author discovered that running throughout nearly all the social 'isolates', there was a tendency to perceive trivial slights as major attacks and good natured bantering as calculated animosity. He therefore concluded that the delinquent 'isolate's' social perception tends to be pathological .... and if this pathological perception is carried to an extreme the personality will build up for itself a delusion of a hostile environment. He also found that the social 'isolate' handled provocative social situations poorly and by his excessive reactions almost broadcasts his particular vulnerability. This is quickly perceived and latched on to by his associates. If he withdraws he becomes the butt and has to still withdraw further; if he attacks he does so so violently that his associates reject him because of his meanness. He is quite incapable of realising that it is something in his own personality that has initiated the above processes and attributes the end product of the above process totally to his environment - this is the basis of the mechanism of projection. This seems to tie in with their tendency to project onto their environment and their blaming of their environment for thir own incapacity to relate (as previously described).

Physical deficiencies were the most easily identifiable characteristics

which the 'isolates' were sensitive about - Cases 2, 10, 23 and 27 were sensitive about their stature; Cases 5, 33 and 42 were sensitive about their unbecoming appearances; Case 38 was sensitive about his lack of physical strength. It was suspected that Case 25 was also sensitive about his lack of physical strength. Other areas which the 'isolates' were sensitive about were as follows:-
Case 4 was sensitive about his school companions' criticism of his recidivist father. Case 8 was sensitive about his limited intelligence vis a vis his siblings. Case 14 was sensitive about his religion - claiming that at his particular school he had been the only boy of that particular denomination there. In the rest of the 'isolates' displaying problematic sensitivity there was no one area which could be identified as the youth's Achilles Heel, but rather a general sensitivity to remarks by other boys.

Five of the control cases were rated as having problematic sensitivity - 6, 7, 12, 18 and 24. All of the five had a distinguishable characteristic which served to separate them off from the other boys: four of these were physical characteristics and the fifth had an inordinate mental fear. Case 6 had a congenital squint; Cases 12, 18 and 24 were small for their age; and Case 7 a fear of going mad.

Case 24 is a particularly illuminating case because he did manage to ventilate his problems at psychiatric interview. The staff described him as being small and smart with a good sense of humour and although small took part in games in a rather robust manner - he could at times be a bully and fancied himself as a gang leader. At interview he always tried to make light of every situation and be humorous. Though apparently he belonged to a group of boys, he claimed that the boys poked fun at him and picked on him because of his size. He said that he always pretended to take it in fun but the other boys did not

realise that they had hurt his feelings. His method of coping with his sensitivity about his size was by identification with the aggressors - that is, by 'joining' the group that threatens him and also by 'denying' his sensitivity by making light and humour about every situation. Nevertheless this was a socially acceptable way of handling his sensitivity about his disability. Case 7 is sensitive about his mother's mental state and has fears of going mad; in this case it is not a physical disability but rather a mental disability which this boy fears. He deliberately refuses contact with any adult but especially those who smack of authority - his way of defending against anxiety associated with this sensitivity is by deliberate cruelty and aggressive attack in social situations. Though he managed to find some sort of niche among the difficult and unsettled boy the author is of the opinion that he can be labelled as an "affectionless character" in Bowlby's sense in that he has superficial relationships with his peers but no friendship worth the name. So it appears that four of the five cases (excluding Case 7) have somehow discovered for themselves socially acceptable methods of coping with their sensitivities and anxieties about their disabilities. It was just this ability to evolve socially and sub-culturally acceptable coping mechanisms which was so lacking in the delinquent 'isolate'.

As indicated above, Case 7 was the one boy who was, in this respect, somewhat deficient, but even he seemed to know when to draw the line with his pathological aggressivity, and hostility - it was never severe enough to result in his exclusion and rejection by his own difficult and unsettled group.

Case 27 was the only 'isolate' to develop a coping mechanism of sorts. He claimed he was generally picked on and bullied by other boys, but had devised a method of keeping friendly with some of the bigger boys - he would go around

collecting cigarette ends and make use of these in an attempt to ingratiate himself with the other boys. He was not very successful in this, perhaps because of his incapacity to control his indiscriminate aggressiveness.

In all, 20 of the control group and only 8 of the study group reacted in a non-problematic way on the "timidity" dimension. Only one of the control group exhibited problematic "timidity", but this was in the reverse direction on this particular scale and consisted of a complete ignoral of real dangers. Four of the 'isolates' showed this particular pattern of completely ignoring real danger, while another nine of them were more cautious than the average.

Only Case 3 showed the combination of callousness, indifference and unconcern on the "sensitivity" dimension and the ignoral of real danger on the "timidity" dimension. He was described by the Headmaster as a cruel, vicious and dangerous boy.

Returning to the case dossiers, it was found that all the 'isolates' rated as 'more cautious than the average' on the McFarlane Scale were categorised as 'overinhibited' delinquents by the psychiatrist; and all the 'isolates' rated as 'ignoring real danger' were categorised as 'aggressive antisocial' delinquents by the psychiatrist. It would therefore seem as if problematic 'timidity' is determined by the 'isolates' essential inhibition or aggressiveness.

The author therefore considers there is enough evidence to support the contention that the social 'isolate' is not less sensitive to social insults, slights and teasing, but more so; but lacks the social diplomacy to conceal or camouflage this sensitivity in a socially acceptable manner.

This fundamental hypersensitivity of the 'isolates' is an interesting feature. With their relational disability some might have expected the 'isolates' to be at least "matter of fact" if not "indifferent" to others. This latter

pattern only the most callous and vicious boy exhibited (Case 3). The meaning of this is not clear - - - perhaps this 'sensitivity' is an intermediate stage of a process which eventually culminates in a complete incapacity for affectional relationships.

Conclusions

Many of the 'isolates' had some disability, physical, emotional or environmental - an Achilles Heel, which apparently made them vulnerable to attack by their environment. It was a characteristic that the 'isolate' felt extremely sensitive about. Nearly all the other 'isolates' tended to be just generally sensitive and it was not possible to identify a particular area of sensitivity.

When, however, these control cases who were exhibiting problematic 'sensitivity' were carefully studied it was found that these same type of defects or disabilities were also present; but whereas the 'isolates' would react excessively to teasing, the controls had devised some socially acceptable defence mechanism which allowed them to cope with the teasing and the anxiety aroused by it. It is therefore suggested that the 'isolate', by his undue sensitivity immediately reveals his vulnerability to his associate - if it is a specific area, his associates latch on to it and from then on continually prod at it. The generalised sensitivity reveals itself in a like manner to the environment. Thus it is postulated that the following two components are basic to the syndrome and underlie the relational disability.

a. Lack of social diplomacy

b. A fundamental hyper-sensitivity which handicaps the delinquent 'isolate' from coping with potentially irritating social intercourse in a socially acceptable manner.

When the two sub-categories of "body" and "interest" are taken separately (refer Table M 2) it will be seen that there are no statistical differences between the study and the control groups. If, however, these categories are combined and the number of boys in each group exhibiting one or other kind of problematic sexual behaviour are counted, it will be found that 13 of the study and 6 of the control were rated as showing problematic sexual behaviour, which is significant at the 5% level of probability (Chi squared for one degree of freedom using Yates correction for small numbers). In addition only four of the whole series of boys exhibited serious sexual disturbances and all four were social 'isolates' - Case 35 attempted to sexually assault a girl; Cases 10 and 11 participated in homosexual acts in the toilets, and Case 5 tended to be greatly preoccupied with sexual subjects and had written an obscene letter to a girl which had come into the hands of the staff.

EARLIER SOCIAL ATTITUDES

The case dossiers were studied in an attempt to discover whether there was any measure of consistency in the social attitudes which the 'isolates' had displayed at an earlier age. The only reliable information available was where the child had previously been in contact with a Psychiatrist or a Psychologist. Obviously their social attitudes had not been recorded as such, and therefore the author had to make interpretations from the recorded descriptions. No consistent patterns emerged - some of the children were described as being aggressive and difficult, some as slightly detached, and three of the children were described as attention seeking. The latter is an interesting attitude - mild degrees of it are relatively normal in young children; but it is interesting that three of the children who were selected on the basis of their

essential social isolation had exhibited attention seeking behaviour in their earlier years 8, 9, 16 . This raises the important question of what the social attitudes were that preceded the social isolation. Is social isolation a condition that suddenly manifests itself in a particular situation, or the result of a particular stress or a number of stresses; or is it a condition that has developed or extended out of a previous unusual attitude. This question will be discussed in the section 'Methodology and Looking Forward.'

PATTERNS OF OFFENCES

Juvenile delinquency is usually a group or gang phenomenon. In this study it was noticed that a proportion of the social 'isolates' tended to commit their offences not in a gang or group situation but while on their own. This was an interesting finding in the light of Gibben's Borstal Study (1961) mentioned previously. An attempt was been made to ascertain the number of boys from both the study and control group who committed their crimes in concert with a gang. This proved to be a difficult statistic with quantification problems. In the realm of social behaviour we see very little in the way of all or none phenomena. The "gang delinquent" mostly commits his crimes while in the company of gang associates, but we quite often discover furtive individual thefts. On the other hand, some delinquents never commit offences in the company of others; while there are some who usually commit their offences while they are on their own, but do occasionally team up to participate in some gang delinquent behaviour. From the figures given below it will be seen that the social 'isolate' commits delinquent acts alone to a statistically significant extent.

We can classify the delinquents' stealing offences according to two broad categories of "group of co-operative stealing" and "individual stealing". If we

use strict criteria for both of these categories i.e. "co-operative stealing" to include any boy who has at any time participated in group stealing behaviour; and "individual stealing" to include a boy who has never committed any stealing offences in the company of other boys - then using these criteria it can be said that 12 of the study group and only 3 of the control group had committed "individual" stealing acts. Using the Chi squared technique with Yates correction for small numbers it is found that a significant number of the delinquent 'isolates' never ever participated in group stealing offences (Chi squared is 6.62 for one degree of freedom - which approaches the 1% level of probability). If we use less strict criteria of categorisation - and place those who mostly commit offences on their own and only an occasional participation in the group stealing acts in the "individual stealing" category, it can be said that 15 of the study and 3 of the control fall into this individual stealing category. These figures tend to confirm Gibbens' findings.

One point requiring psychological explanation is why nine of the 'isolates' at one time or other joined up with the gang and undertook group stealing acts. Cohen previously described the similar phenomenon of the lone, deeply disturbed "individual" delinquent gravitating to a gang in the sociological area. One possible explanation for this phenomenon is that the 'isolate' is not an 'isolate' by choice but as a result of a chain of circumstances of which he is mostly unaware. He, therefore, would like to make contact with his coevals and this gravitation to the gang and participation in group offences may be the 'isolates' way of attempting to make some sort of contact with some would-be companions. Richard B. Case 108 is a very good example. He is one of the lone wolf types - a typical delinquent 'isolate', and yet surprisingly enough committed all his offences in the company of other boys. He is a small fidgety

boy, who consistently complained that the boys in the children's home where he had previously resided and also at the Approved School repeatedly picked on him. Richard had inferiority feelings about his size. The author felt Richard's offences served a double purpose for him - basically it was an attempt at inferiority compensation but linked to this was the hope that by impressing the group or gang he would be able to make some social contact with them.

MENTAL PATHOLOGY AND INHIBITION ACCORDING TO MAIN BEHAVIOURAL PATTERNS

There is as yet no adequate classification of psychological and psychiatric disorders in childhood. The same can be said for delinquency though as Grant points out, there has been an increased impetus to delinquency categorisation over recent years. It is, therefore, hardly surprising to find that the estimates of emotional disturbances among delinquents varies considerably from investigator to investigator. Bowlby considered only two of his forty-four thieves as emotionally normal. The Glueeks found forty-eight per cent of their delinquents had no conspicuous mental pathology though their figres were based on one psychiatric interview only. T.C.N. Gibbens in his study of Borstal Boys considered 59 were mentally normal;

TABLE N

CLASSIFICATION ACCORDING TO MAIN BEHAVIOURAL PATTERNS

(Following Lewis' Adaptation)

	Study	Control
1. Normal	0	1
2. Unsocialized Aggressive	3	1
3. Slightly "Unsocialized Aggressive"	0	0
4. Socialized Delinquent	0	9
5. Slightly "Socialised Delinquent"	0	6
6. Over-inhibited neurotic	9	0
7. Slightly "over-inhibited neurotic"	1	1
8. Mixed	8	3

Table N contains the categorisation of the boys' behaviour according to Lewis' adaptation of the Hewitt & Jenkins classification system. From the table it will be seen that none of the boys in the study group were considered normal;

and only one boy from the study group was diagnosed as intermediate - i.e. has a slight manifestation of one of the main patterns. Of the controls there was one normal and seven slight manifestations of the main patterns. Table N highlights the fact that the major proportion of the control group's behaviour has been classified as "socialised delinquent" behaviour; whereas the main proportion of the study group's behaviour has been classified as "over-inhibited neurotic" and/or "aggressive" behaviour. This is more clearly appreciated when the above data is rearranged to indicate whether the expression is in the "socialised delinquent" pattern (whether it be the main or slight manifestation of this pattern), or whether it is expressed in another way. One finds that a significant number of the controls showed a "socialised delinquent" pattern (Chi-squared is 20.32 at one degree of freedom using Yates correction - this is at the .001 probability).

	Study	Control
"Socialised Delinquent" Pattern	0	15
Sum of other patterns	21	6

Some research workers (Mays - Growing up in the City) have tried to emphasize the psychological normality of the majority of delinquents. Mays says that "the majority of cases of delinquency can be regarded as a phase of normal development within a particular environmental setting". It is not unreasonable to suggest that Mays would consider that delinquents falling into Lewis' slightly "socialised delinquent" and "socialised delinquent" patterns, as being relatively normal. The author, from his experience of medico-legal aspects of delinquency, supports this view. The author only considers delinquents to be psychologically abnormal if they show something additional in the way of conspicuous emotional pathology. He therefore considers that no

'isolate' to be emotionally undisturbed and (maximum estimate) only seven of the controls to be emotionally disturbed. [See Below]. Going back to the case records it will be seen that those cases classified as "mixed" were essentially aggressive delinquents who combined their aggressiveness with features of the "socialized delinquent" pattern. Bearing this in mind, we can again rearrange the data in Table N - and we then see that ten of the 'isolates' were essentially inhibited (withdrawn) maladjusted, and eleven of them were essentially aggressive maladjusted delinquents.

Expressed in another way, the 'isolates fell into two groups - a group consisting of aggressive maladjusted boys, and a group consisting of inhibited (withdrawn) maladjusted boys.

That the delinquent 'isolates' were significantly more emotionally disturbed is, perhaps, better demonstrated if they are roughly classified on a descriptive basis.

Descriptive Diagnosis	Delinquent 'Isolates'	Control
Temporal Lobe Epilepsy and behaviour disorder		1
Neurotic and 'maladjusted'	9	1
Psychotic or pre-psychotic disorders		
(i) pre-psychotic	1	
(ii) depressive reaction cum neurosis	1	
Personality disorders		
(i) affectionless	2	1
(ii) dysthymic	1	
(iii) sensitive paranoids	4	
(iv) querulent paranoids	2	
(v) difficult delinquents	1	4
(vi) delinquents		14

In the above table the author considers only the 14 boys categorised under (VI) as 'delinquents' to be relatively normal boys for their particular subculture.

PART VIII A - DISCUSSION

INTRODUCTION

GENERAL

DISCUSSION - INTRODUCTION

Isolation is an important theme in clinical and social psychiatry. Mayer-Gross, Slater and Roth in their textbook touch on aspects of isolation germane to adult psychiatry - schizophrenia, suicide and mental diseases of the elderly. Professor Martin Roth (personal communication) points out that the social scientist frequently cannot get beyond associations and is then often left with the question of whether isolation precedes a particular disturbance, or the disturbance precedes isolation, or whether they both have a common denominator. Perhaps the only way we can ever resolve this is by a deeper study of the individual case prior to the development of isolation.

In this study certain associations are delineated between social isolation in institutionalized delinquents and various aspects of their behaviour, emotional state and their family and social background. The importance of the study is that it indicates differences between the groups in areas other than in the area of the criteria of selection. These differences, associations and certain aspects of the syndrome are discussed in this section (Part VIII A). This is followed by the generation of hypotheses based on some of the above associations and also theories of possible psychopathological processes intervening between the hypothesized antecedent and outcome (Part VIII B). Next the major controversial questions posed by Ainsworth in the W.H.O. Monograph are explored with reference to 'paternal deprivation' and the 'delinquent isolate' syndrome. Finally some comparisons with previous studies are undertaken (Part VIII C).

DISCUSSION - GENERAL

Bowlby has emphasised the importance of mother/child separation during the first five years of life and concluded "prolonged separations are a specific and very frequent cause of chronic delinquency". He delineated the syndrome of the "affectionless character" who had suffered early prolonged separation.

Andry in his study of parental pathology excluded all the grosser forms of physical separation. He studied the more subtle interpersonal relations between both parents and children and vice versa. He attempted to measure the adequacy with which each parent plays his or her role mainly in terms of the child's perception of the roles played by its parents and also in terms of the parent's perception of their own roles. He found that compared with non-delinquents:-

i. Delinquents experience less open and strong love from their parents.

ii. Delinquents experience less adequate communication (both environmental and psychological) with their parents - especially their fathers.

iii. Delinquents experience a more tense home atmosphere.

iv. Delinquents experience less adequate parental training (especially from their fathers).

v. The deviant behaviour of delinquents was less known to and less adequately dealt with by their parents.

The group of cases which we have studied are in one respect analogous to Bowlby's "affectionless characters" in their inability to make permanent personal relations. However, here an attempt was made to more clearly define isolation - the subjects were accepted for study on the basis of 'isolation' observed by the Approved School staff plus the subjective feeling on behalf of the 'isolates' of an inability to make positive relationships with others. The

controls were selected on the basis of age alone.

Due to the nature of the population studied and the use of internal controls some other variables were incidentally controlled. It will be seen therefore that the two groups matched for age, clearly fall together in respect of intelligence, ethnic group, denomination and social class. On the other hand, they clearly fall apart in a number of areas.

1. Behavioural Items -

On the modified McFarlane's scale, a significantly greater number of the 'isolates' were rated as showing problematic behaviour, on the 'sensitivity', timidity' and 'sexual' dimensions.

After re-examination of the case records, it is postulated that underlying the relational disability of the 'isolates' may be a fundamental hypersensitivity which hampers the 'isolate' in his attempt to cope with potentially irritating social intercourse or the customary provocative teasing in a socially acceptable manner. In this type of study it is not possible to discover whether the isolation preceded the hypersensitivity or whether both are determined by some common underlying condition.

Those 'isolates' exhibiting abnormal cautiousness, i.e. either more or less cautious than the average, invariably were 'overinhibited neurotics' youths if they deviated to the more cautious extreme of the dimension; and 'aggressive' youths if they deviated to the less cautious extreme of the dimension.

2. Patterns of the Offences -

A significantly greater number of 'isolates' committed their offences in the 'individual' situation; a significantly greater number of the controls committed their offences in the 'gang or group' situation.

3. Mental Pathology

The delinquent 'isolates' tended, in the main, to fall into Hewitt and Jenkins' 'over inhibited neurotic' and/or 'aggressive' groups; and the controls tended, in the main, to fall into 'socialized delinquent' groups. The 'delinquent isolate' syndrome is, therefore, seen as being composed of two major personality types - - the AGGRESSIVE MALADJUSTED and the INHIBITED (WITHDRAWN) MALADJUSTED delinquents. Again it is of crucial importance to know whether the isolation preceded the maladjustment or vice versa - or whether both isolation and maladjusment have a common cause. As already indicated this type of study is not capable or providing answers to this kind of question.

4. Social Situational Patterns

The 'isolates' have experienced more in the way of "rejection" and "repression" parental patterns. (Commission Pattern)

5. Home and Family Structure

A significantly smaller number of the 'isolates' were living with their own father prior to admission; a significantly smaller number of the 'isolates' own parents were living together at the time of the boys' admission to the Approved School.

6. Physical Paternal Separation

A significantly larger number of the 'isolates' had either not known or had had a prolonged separation from their own father during the formative years - especially the early years.

This study, therefore, highlights salient differences between the 'isolated' delinquents and their more sociable controls. The consistent patterns that emerge suggest that delinquent 'isolation' is an identifiable syndrome.

In addition, from an examination of the recent social and family background, and the retrospective exploration of the history, there emerge some relatively

consistent background patterns, seemingly associated with the syndrome. These include experiencing of the social situational patterns of "rejection" and "repression" - and also the absence of a father figure during a critical stage of personality development. The study also, therefore, provides some suggestive likley antecedents that might account for the outcome.

An important question is whether social 'isolation' is synonymous with affective poverty or emotional indifference. The author contends that though there may be some overlap, the conditions are not synonymous. Firstly, the delinquent 'isolate' tended to be more rather than less sensitive to the slights or teasing of others, and one would expect that the child suffering from emotional indifference would be indifferent to his environment. Likewise, of all the boys selected by the staff of the Approved School as being 'isolated', only one was rejected on the basis of his not subjectively feeling socially 'isolated'. (He consistently claimed that he had many close relations with his coevals in the Approved School). The rest of the boys accepted into the study group at some time commented on their inability to make positive relationships.

One of the 'isolates' was reported as exhibiting true emotional indifference (Case 3). He was rated on the sensitivity dimension of the McFarlane Scale as 'Callous indifferent - unconcerned'. Yet, he too complained of a lack of friends.

PART VIIIB - DISCUSSION

GENERATION OF HYPOTHESES

PSYCHOPATHOLOGICAL THEORIES

GENERATION OF HYPOTHESES

Some significant associations have emerged from this study. Of course the presence of association does not necessarily indicate direct causation but this does not preclude the generation of hypotheses based on these associations. This study points to some possible pathological effects of certain antecedents. These antecedents are the absence of the father figure during the early formative period, especially the first five years of life, against a background of unstable parental relationships and some distorted patterns of child rearing over the same period.

This leads the author to hypothesize that there may be a causal relationship between the above antecedents and the delinquent 'isolate' syndrome.

It must again be stressed that even if the author is right in assuming a causal relationship it does not follow that it is necessarily going to be mediated by the psychopathological processes described in the next section. Furthermore, even if there is a causal relationship it does not mean that it is necessarily going to account for the entire or even the major part of the total causation.

Also, though a hypothesis is generated on the basis of the research finding it is unjustifiable to conclude from the research findings, without further enquiry, that 'isolates' in the general population will show the same increased frequency of paternal separation as do 'isolates' from a delinquent population.

Once a causal relationship has been hypothesized, it is necessary to offer a psycho-pathological theory to account for the operative processes which intervene between antecedents and outcome. In this section

the author offers two theories of the operative psycho-pathological processes. The first is more psycho-analytically orientated and the second orientated more in the direction of behaviour theory. The author adduces support for these theories not only from this but also from other studies.

THE FIRST PSYCHOPATHOLOGICAL THEORY

This mainly incorporates concepts of anxiety and fears in childhood, separation anxiety and later identifications of the child.

Bowlby suggests that there are two principal causes of an inability to form and maintain loving relationships. In Fourty Four Juvenile Thieves he speaks of the failure of development of the capacity for forming loving relationships owing to the absence of opportunity, for object relationships at a critical period, and also of the inhibition of love by rage and the fantasies resulting from rage.

There is a whole body of evidence which cannot be recounted here, which suggests that everyone experiences anxiety when they find themselves in situations which threaten their safety and well being. Much of the anxiety in childhood is a result of infantile and childish fears which the child has never learned to understand and to cope with successfully. We know from 'current' maternal deprivation studies that children react adversely to being separated from a major maternal figure; and many psychiatrists consider the fear, which is perhaps maximal in childhood, is the fear of separation from mother. Some think that the separation of a child from his mother may be interpreted by the child as a form of rejection. If this is prolonged, then the child may develop a fear of a further rejection which may lead to a partial inhibition of the urge to make inter-personal relationships and this may result in a partial withdrawal.

An analogous process could be postulated in the case of the father not only with reference to early separations but to later ones as well. Bearing the above factors in mind, we can go on to hypothesize that consciously or unconsciously, children react adversely to separation from, or the absence of, a major father figure - a male figure to whom they can look for guidance and understand. The child's reactions will tend to be transient and less severe if there is a remaining supportive mother figure; its reactions will tend to be prolonged and more severe if there are concomitant distorted or pathological parent-child relationships. Further, the absence of a supportive male figure with whom to identify may result in feelings of emotional insecurity.

Aichorn (1925) was one of the early workers who indicated in his psychotherapeutic work with delinquent children the importance of the child/father relationship. He was followed by Makarenko (1936) and Slavson (1943) - they all attempted to establish paternal friendships with delinquents. This relationship presented the delinquents with a warm and accepting father-figure for identification. This was then used by these therapists for exerting a type of re-educative parental influence.

The absence of a father, therefore, not only engenders fear and anxiety, but also removes from the home a male figure with whom the child can identify. The identification with the father can be considered a second step in the process of achieving interpersonal relationships. If the father is absent, the child may interpret this as a type of rejection and the fear and anxiety about further rejection may lead to a partial inhibition of the urge to make interpersonal relationships and thereby result in a partial withdrawal; and in certain cases the child may extend this partial withdrawal to his social environment. The emotional insecurity may manifest itself in different types

of emotional disturbance and the withdrawal may manifest itself as 'isolation'. (In other cases the lack of an authoritative figure with whom to identify may result in a different pattern - such a lack will show up in later life, especially in adolescence, when a boy tends to identify with a strong figure such as a gang leader).

The above psychopathological interpretation can be seen to lean on the theories of Harry Stack Sullivan who stressed the social determinants of personality. For him, personality is "the relatively enduring patterns of recurrent inter-personal situations which characterise a human life". In other words, to Sullivan personality is not set during early childhood but develops continuously as new kinds of inter-personal situations arise.

THE [illegible] THEORY

Before offering an alternative theory of the possible psychopathology operative in the development of the delinquent 'isolate' state, it is necessary to first refer to a pertinent mammalian behaviour study. Liddell's work on new-born mammals was inspired by Spitz's observations on maternally deprived infants. Liddell states "Our focus of interest shifted to the new born sheep and goat and the protective functioning of the mother in shielding her young from the impact of psycho-social stress". In brief his experimental findings are as follows:-

a. The new born lamb, when conditioned to "darkness" signals followed by mild electric shocks while physically separated from mother responded poorly to the stress of the conditioning but was seemingly immune to the stress when not separated. For fuller details of the experiments see Liddell's original article .

b. A break in the maternal neonate relations at an early age resulted in an inability to re-establish normal relations when the kid returned to the mother. The separated kid reacted poorly to stress - its development was retarded and it died in early adulthood. However, when grown she did manage to give birth to her own kid but proved to be an ineffective mother and this trait was apparently perpetuated in subsequent generations - also one of the progeny studied showed an indifference and withdrawal from the rest of the flock.

c. They conditioned five pairs of twin kids at about one month of age. Five kids were trained while separated from their mothers and four died within a year. The other five were trained with mother present and only one of these died in a year.

d. They observed the effects of physical separation without conditioning. Of the twenty-two control kids not separated from their mothers, only two died within a year. Nineteen of the twenty-one experimental kids who had been separated from their mothers five minutes after birth for half to two hours died within a year.

Liddell concludes:-

"we must further broaden our conception of conditioning to include conditioning between mother and new born by which the mother's presence becomes a conditioned security signal to her offspring".

Harlow's research on the development of affectional patterns in infant monkeys (already cited in the historical introduction) lends further support to the validity of the above findings.

The alternative Theory which is framed differently but which has the same basic

implications as the first can be formulated as follows:-

A child learns human relations from his interactions with, and from within the context of, his own family constellation during the formative years. This constellation provides the milieu for learning the skill of making and maintaining interpersonal relations. Within this social unit the child learns which patterns of behaviour are acceptable and are rewarded with warmth and affection; he learns to inhibit those which are negatively rewarded. Further, this intact constellation provides a "security signal" which allows the developing child to endure the usual stresses of childhood without the development of emotional insecurity. Humans are more complicated beings than animals and so their security signals will accordingly be more complicated and possibly require repeated reinforcement during the developmental years. In this way the child gradually acquires social diplomacy. From the multitudinous inter-parental and parent-child interactions he learns the more acceptable patterns of communication.

A pathological parental constellation may have a variety of deleterious effects. The present study suggests that children reared by relatively 'neglectful' parents will suffer certain deleterious effects but this in itself will not lead to a non-relational pattern of behaviour. However, the physical absence of one of the parents against a backgroup of distorted patterns of child rearing, may lead, ab initio, to a poor learning of a relational pattern. In addition a prolonged physical break of the parental constellation against a background of distorted patterns of child rearing may imply overt rejection to the child. The trauma of this rejection may give rise to much anxiety and the fear of a repetition of the painful experience. The fear of another rejection may cause a partial inhibition of the urge to make inter-

personal relationships, and so lead to the development of a non-relational pattern (see Trasler, G. - the chapter "The effects of rejection" in his study of foster families). Furthermore, a non-relational pattern of behaviour considerably handicaps the acceptance of warmth and affection which is an integral part of the 'security signal' discussed previously and which is necessary for the development of emotional security. So a vicious circle is instituted and the child, in this manner, acquires a basic non-relational pattern rather than a socially productive relational pattern.

In this study it was found that the 'delinquent isolates' handled provocative social situations poorly. They exhibited in effect a lack of social diplomacy. They also exhibited a 'hypersensitivity' and this lack of social diplomacy and hypersensitivity seemed to act in concert - and underlie the social 'isolate's' inability to make positive and meaningful relationships. That they have never acquired social diplomacy nor a socially productive relational pattern does not preclude the 'isolates' from experiencing feelings of loneliness and being driven to seek the company of others; and over the years when they are driven more and more into closer contact with the society they attempt to make interpersonal relationships. These are abortive attempts as they are frustrated because of the inhibiting patterns they have acquired in the early stages of their development. The withdrawn, inhibited, maladjusted boy is not aggressive enough nor positive enough to make a lasting impact on his would-be associates and tends to be ignored. The nasty, unpleasant, unco-operative and aggressive child is soon rejected and excluded by his would-be companions. It is almost as if to be socially acceptable the delinquent boy has to achieve some sort of balance between a too negative and inhibited approach on the one hand, and a too positive, nasty and aggressive approach on

the other.

The frequent failure in their attempts to contact their environment engenders in the 'isolates' anxieties and fears of being further rebuffed. Against this anxiety they develop two defence mechanisms:

(a) They project onto and blame their environment for their own incapacity to relate.

(b) They develop a facade of emotional or affective indifference. This facade may become deeply ingrained and habit-like in character, especially if present from an early age.

PART VIII C - DISCUSSION

MAJOR CONTROVERSIAL QUESTIONS

SOME COMPARISONS WITH PREVIOUS STUDIES

MAJOR CONTROVERSIAL QUESTIONS

In this section the controversial questions posed by Ainsworth in the W.H.O. Monograph, are explored with reference to the delinquent 'isolate syndrome' and to 'deprivation' where relevant.

This study points to a link between paternal 'discontinuities' and the 'delinquent isolate' syndrome. It also points to a link between patterns of parental care and the same syndrome.

MATERNAL DEPRIVATION - Ainsworth distinguishes three kinds of maternal deprivation:-

(a) Insufficiency of interaction

(b) Separation or discontinuities

(c) Distortion - or pathological social interactions.

These have all been touched on previously. The same three components can be subsumed in the case of both paternal and parental separation and care. This study suggests that two of the above components are likely antecedents of the delinquent 'isolate' syndrome. A significant number of the 'isolates' had experienced paternal separation or 'discontinuities' of relationships with a major father figure; a significant number of the 'isolates' had experienced pathological or distorted parent/child interactions; they experienced what the author conceptualises as "commission" patterns which consist of parental patterns of rejection and repression. The retrospective nature of the study precludes an adequate exploration of the insufficiencies of interaction of the boy and his major father figure.

Bowlby, in his original deprivation study, intentionally or otherwise ignored the paternal variable. Andry, in his attitudinal study, focussed attention on distorted father/child relationships in delinquents. This is the

first study, to the author's knowledge, which points to the importance of 'discontinuities'in relationship with a major father figure and a possible pathogenic factor in personality development. Lewis's study indicated that in addition to five other features, paternal neglect and paternal over-indulgence was significantly and positively related to the degree of maladjustment of children admitted to the Reception Centre. Her study, like the Hewitt study, generates some hypotheses about the link of specific antecedents and characteristic patterns of behaviour disturbances:- Parental "rejection" seemed a significant antecedent to 'unsocialized aggression', "neglect" by parents tended to precede 'socialized delinquency' and a 'repressive regime' seemed a significant antecedent to later neurotic adjustment.

Again this study suggested that the combinations of variables that may occur in the individual case makes it difficult to work out the effect of any one variable in isolation; and that the search for patterns of antecedents which may be related to patterns of behaviour, or syndromes, or patterns of the personality, is likely to be more fruitful a strategy than seeking specific antecedents related to a specific personality trait.

The onset of the 'discontinuities' (separations) of the 'isolates' from their fathers, tends to cluster in the earlier years. This suggests that, if the link discussed above is a causal one, then paternal separation-cum-deprivation, like maternal separation-cum-deprivation, exerts its pathogenic effects, whatever they may be, mainly in the earlier years.

THE QUESTION OF MULTIPLE MOTHERS OR FATHERS

This study has nothing to offer on the question of the dispersion of maternal or paternal care among a number of figures. However, Mead and others

seen a more accurate description of the experience which the child has suffered rather than 'maternal deprivation'. In Bowlby's original study on 44 Juvenile Thieves, or in institutionalized children, the paternal variable was not taken into consideration. Again, this study points to the importance of the paternal variable. Also there is evidence in that in a particular set of circumstances, the male parent surrogate may create more problems for the child than he solves (Refer section on step-fathers).

THE QUESTION OF VARIABILITY AND PATTERN OF DAMAGE FOLLOWING DEPRIVATION

If paternal separation and/or the 'commission' parental pattern of child rearing significantly affects personality, the question again arises of why children in the control group, who suffered these experiences, were not as adversely affected. This study takes us no further forward in explaining the above variability. However, the classic ongoing research of Birch and his colleagues has begun to suggest that this may be determined by varied basic temperamental patterns some of which are vulnerable to specific traumata.

DELINQUENCY, PSYCHIATRIC DISORDERS, AND EARLY PARENTAL LOSS

The link between parental separation and personality disorders in some studies, or conduct disorders in other studies, has again been found in this study. In the Earle Study, the link was between maternal separation and sociopathic outcome; in Bowlby's study, between maternal separation experiences and the 'affectionless character'. The Glueck Study tends to support Bowlby's hypothesis. In the Glueck Study, the Reform School delinquents suffered significantly more separation experiences than the non-delinquent controls.

The strategy employed in the 'delinquent isolate' study was to compare the socially isolated delinquents with a control group from the same institution. The author contends that any emergent differences are therefore more significant than where a non-delinquent control group is used. This study shows an increased frequency of paternal separation during the early formative years. This was, however, not the only likely antecedent - the delinquent 'isolates' also significantly experience the patterns of 'parental repression' and 'parental rejection'.

This study further supports Gregory's contention that in studies of anti-social behaviour, for instance in Bowlby's study, it is unjustifiable to conclude from the available data that the significant loss was that of the mother.

Both Andry's and Naes' studies do not support Bowlby's hypothesis. In fact, Naes in his study, found a higher incidence of early mother/child separation in her control group than in the delinquent groups. In short, Andry's and Naes' studies strongly suggest that simple mother/child separation experiences are not significantly frequent antecedents of delinquency. Ainsworth counters that it is in combination with deprivation that separation is most pathogenic and that Andry's and Naes's studies tended to exclude those children who had suffered more severe depriving experiences.

The author considers that there may be another explanation for the variable association found between deprivation experiences and delinquency. In the Andry and Naes studies it was assumed that delinquency is a homogeneous condition. This the author considers a basic fallacy - that in fact 'scientific progress in the field of delinquency depends on reducing the infinite variety of problems through conceptualisation' (Grant). If we go back to medicine we find that

delineation of a disease or disorder has historically frequently preceded the discovery of the cause. Cattell indicates this particularly well when he says 'nosology necessarily precedes aetiology'. The author therefore contends that delinquency is not a homogeneous condition; that we should first try and delineate the various syndromes subsumed under the heading of delinquency, and then seek likely significant antecedents of the particular syndrome. Put in another way, in the original Bowlby study, maternal deprivation may not have been a significant antecedent of delinquency but rather of a syndrome in which delinquency was but one of the symptoms. Bowlby implies this when he suggests that separation experiences of this nature may be foremost among the causes of 'delinquent character formation'.

This study again suggests that paternal separation in combination with distorted rearing patterns are likely antecedents of a syndrome of relational disability associated with delinquency.

THE QUESTIONS OF "PARENTAL" VERSUS "ENVIRONMENTAL" DEPRIVATION

The results of the present study tend to suggest that the prolonged absence of a father figure at a critical stage of development may be a significant antecedent of the 'delinquent isolate' syndrome. If this is confirmed by other studies the question will be posed of whether the pathogenic effect is exerted by a significant absence of a father figure who provides "fathering" or whether it is attributable to 'environmental deprivation', dependent upon a low level of stimulation when a father figure is absent. This latter explanation is in part an attempt to understand the pathogenic effect in terms of absence of learning; for instance, Goldfarb

attributed the relational incapacity, in his cases, to a lack of opportunity for developing relationships with adults in the early formative years.

THE OTHER CONTROVERSIAL QUESTIONS

The present study throws very little, if any, new light on the other controversial questions such as the permanence of the effects of deprivation, or defective genetic constitution.

COMPARISON WITH PREVIOUS STUDIES

As the author does not consider this to be within the scope or the terms of reference of this particular study, only a brief diversion from the main theme is undertaken in an attempt to discover whether the findings of this study support the hypotheses formulated from other studies or compare with the findings of other studies. This has, in part, already been discussed in the relevant sections.

STOTT'S THESIS

In this study Stott's thesis is used as a basis of understanding persistent delinquent breakdown in the formulation of individual cases. Of course Stott has already intensively studied the motivation for delinquent breakdown in an Approved School population. On the bais of Stott's thesis, some may have expected the 'isolated delinquent' to commit more crimes and come from a generally more or less intolerable situation than a non-isolated type.

Firstly the author doubts whether it is possible to say what is generally a re intolerable - intolerability of the home background depends upon the individual experiencing that background, and a set of circumstances that may be intolerable to one child may not be necessarily intolerable to the next. In other words, intolerability is a qualitative phenomenon which is not readily quantified for comparative purposes.

The previous methods of quantification of crimes of stealing have more recently been subject to serious criticism - firstly major and minor offences are not really comparable; secondly, only a small percentage of crimes committed by juvenile delinquents are reported to the Police; and thirdly in only a small percentage of the reported crimes are the offenders apprehended. Going through

the case dossiers, most of the 'non-isolates' had long lists of court appearances recorded against them, whereas most of the 'isolates' had fewer court appearances and Cases 21, 25, and 42, had had only a couple each recorded against them. Again, recorded court appearances are only a poor or crude reflection of the number of crimes that the offender has committed. On the other hand, there was evidence of some temporal relations between episodic outbursts of a string of offences on the boy's behalf, and an exacerbation of somepathological social circumstances within the home. This occurred both in the case of some of the 'isolates' and some of the 'non-isolates'. For instance, study Case 35 had seemingly settled in a Children's Home when his father and step-mother took Robert back home again -a situation which for Robert was both an unhappy and stressful one, and he immediately began to give trouble. Similarly in Study Case 5 outbreaks of offences were seemingly related to exacerbations of problems within the home. Similar associations were noted, for instance, in Control Cases 15 and 18. These temporal relationships do, in these individual cases, provide some indirect support for Stott's hypothesis.

INTELLIGENCE

Other studies have indicated that children with difficulties in the sphere of interpersonal relations tend to function poorly on tests of verbal intelligence. This was not found in the present studies.

Some might also have expected the 'isolates', for a variety of reasons, not to have a normal but a bimodal distribution of intelligence. For instance they might have argued that the essential dullness of the very dull might have prevented them from coping with interpersonal relationships; and that some more intelligent boys in the Approved School situation were going to be excluded on

the basis of being 'know-alls'. This would have resulted in an over representation of extremely dull and relatively intelligent boys in the 'isolate' group. Again this was not so.

NEUROTIC PARENTS.

Again, in this study, the 'isolates' proved to be more emotionally disturbed. As we know from Hilda Lewis's study, neurotic parents, especially mothers, produce neurotic children, and some might therefore have expected the the parents of the 'isolates' to exhibit more in the way of neurotic behaviour - this was not found.

SOCIOLOGICAL AND CTS.

There is a suggestion from both Johnson and Cohen's writings that delinquency can be broadly divided into two groups - the one group with mainly sociological determinants, and the other with mainly psychological determinants. This latter group consists of boys with serious intrapsychic disturbances and whose delinquency is their solution to their own intra-psychic problems. The inference from this is that the first group will have a marked social class bias, but this would not be so apparent in the second group. A dubious corollary of this is that delinquents coming from the sociological criminogenic area do not have serious intra-psychic problems, whereas delinquents coming from better social class backgrounds do have intra-psychic problems. Does this study supply any evidence in support of this type of hypothesis?

This study does provide two groups, one of whom shows very much more in the way of intra-psychic disturbances than the other. But both the study and control group have the same social class distribution so that the study,

therefore, provides no support for the thesis that delinquents with greater intra-psychic problems tend not to come from the sociologic criminogenic areas. On the other hand, neither does it confute the thesis that delinquents from the upper social classes will tend to have more in the way of intra-psychic problems.

From the above thesis one would anticipate that the control group would have more in the way of postulated sociological determinants than the second. What are these determinants? - In his Glasgow study, Professor Ferguson tried to obtain a reasonable firm estimate of the relative importance of some factors in the causation of delinquents. One of the important factors which he incriminated was the presence in the home of a member with a criminal record. He found the percentage of boys convicted increased rapidly in relation to the number of other members of the family convicted. He goes on to say that the presence in the home of a member with a criminal record must obviously be an important factor, whether he be regarded merely as a manifestation of the weight of bad environmental conditions to which the family is exposed, or a potential source of contagion. From the figures in Table I-4, it will be seen that the control group does not have a significantly larger number of delinquent siblings than the study group.

Another factor incriminated by Ferguson is that of gross over-crowding. From Table I it will be seen that the delinquents controls experienced more over-crowding, but this did not reach a statistically significant level. Similarly with family size (see Table I-4) - though the controls tended to come from larger families this did not reach a statistically significant level.

PARENTAL PATTERNS AND CHILDREN'S PATTERNS OF BEHAVIOUR

The Hewitt and Jenkins' study was of conduct disorders within a clinical setting. They found a significant correlation between various parental patterns of management and patterns of behaviour exhibited by the children exhibiting these conduct disorders. Lewis's study was of children admitted to a Reception Centre for one or other reason; she too found parental patterns of rearing which seemed significant antecedents to certain patterns of disturbed behaviour of the children. The present study is of delinquent boys in an approved school setting - again, specific parental patterns of management seem to be likely antecedents of certain patterns of behaviour on behalf of the delinquents. These studies support each other in the suggestion that these antecedents are likely to be causally related to behavioural patterns.

PART IX

METHODOLOGY AND LOOKING FORWARD

THE FUTURE RESEARCH AND TESTING OF HYPOTHESES

METHODOLOGY AND LOOKING FORWARD.

THE RESEARCH STRATEGY

Bowlby described three types of research th t can be used in deprivation studies:

1. Longitudinal or follow-up research
2. Direct observation research
3. Retrospective study

Clearly the ideal type would be direct observation followed up by a longitudinal study over a long period. This would require both vast resources and ample time and because of this many research workers have turned to cross-sectional retrospective studies. This move has been deprecated by some both because of the intrinsic inadequacies of this method, some of which are discussed below, but also because they feel there are too many research projects in the same field with possibilities of duplication of some areas and neglect of others. They feel it is time for co-ordination in these forms of research.

The retrospective method is, of course, the traditional method in clinical psychiatry. It is a cheap and relatively rapid method for indicating the most fruitful avenues for future prospective enquiry. Reid has pointed out its general limitations and Bowlby and Ainsworth some of the more specific limitations in deprivation studies. Reid says "its scientific validity ..... depends entirely on the representativeness of the cases of a specific disorder selected for study and the adequacy of the 'normal control' material with which the results of the sick group are compared". Reid goes on to describe the pitfalls in the obtaining of suitable controls for different studies such as the problems of matching, selective factors and the problems of selecting in a strictly

random fashion when attempting to obtain controls from the same basic population. He emphasizes the need for the application to both groups identical investigation procedures. He also points out the possibilities of observer bias in the psychiatric interview situation and remarks that "for these and similar reasons the results of retrospective enquiries must be interpreted with caution".

In the W.H.O. monograph, Ainsworth discusses some other research strategies including the retrospective follow-up study in which there is a selection of a group of subjects, all of whom are known to have had a deprivation experience in the past - their present behaviour is then examined with a view to discovering the incidence of 'defects' that have been hypothesized to result from this experience. She also discusses two additional strategies, namely the population study and the experimental study.

Of the follow-up studies, Bowlby's latest study of tuberculotic children and Stott's study, indicated that the outcomes were much more variable in severity and quality than Goldfarb had found. Ainsworth considers that the variability is due to the fact that both Bowlby's tuberculotic group and Stott's groups were heterogenous with respect to the variable of deprivation. Ainsworth goes on to discuss the difficulties in the retrospective follow-up strategy. The author suspects that similar difficulties to those delineated by Ainsworth will again emerge in the case of a retrospective follow-up study of children who have experienced discontinuities of relationship with a paternal figure. In such a study it would seem wiser to focus on variables previously found, or hypothesized to be affected by the particular type of antecedent pathogenic experience.

..insworth includes Lewis's study in her section on retrospective study; but Carstairs quite rightly describes it as a follow-up study. Carstairs points

out that Bowlby's original hypothesis of the effects of maternal deprivation is not consistently supported by statistically controlled research as that of the Lewis study. Lewis found that of all the children who had been separated from their mothers before the age of five - 'a third are in a satisfactory condition' ..... 'another third are fairly satisfactory' ... Carstairs also points out that Bowlby himself is fully aware of the limitations of retrospective studies of the effects of maternal deprivation:- "In view, however, of the multiplicity of environmental influences, and of the child's responses, Bowlby now considers that retrospective studies provide data too crude to permit a just evaluation of these interactive processes. He accordingly recommends prospective studies, in which the child's behaviour, especially in its interpersonal relations, is intensively studied before, during and after separation experience". The same considerations obviously apply to the study of the effects of both paternal and dual parental separation.

The population survey of Douglas and Blomfield has tended to indicate no significant differences between the children experiencing discontinuities of relationships with their parents, and the control group which did not suffer such separations. Ainsworth's criticism of this type of study has, in the author's opinion, considerable validity. In this type of study the assessments of personality and emotional disturbance can, at the best, only be superficial because of the vast numbers - and therefore true differences between the groups may be masked.

THE FIELDWORK - THE IDEAL

Investigators who have undertaken major and more carefully conducted enquiries in the field of delinquency are broadly in agreement with the general

methodology (e.g. Glueck, Stott, Bowlby). The method outlined below is based on that which the Glueck's have used. This would require full time research personnel (psychiatrist, psychiatric social worker, psychologist, and a physician). However this ideal is rarely attainable and a study usually has to be accordingly adapted. Full time research personnel were not available in the present study and so such items as non-delinquent matched controls had to be dispensed with. In addition, other adaptations were necessary in order to make the study more appropriate to local conditions. Again the author would like to reiterate that the ideal methodology advocated here is only possible where vast funds are available and large research teams to carry out the research. This has only been possible in very few studies - for instance the Gluecks' study of Juvenile Delinquents and Gibbens' Study of Borstal Boys. For the rest the author does not consider the present study to be very different from other studies where such vast resources were not available.

a) Standardization of the Social Histories

i. A standardized technique is necessary for obtaining the histories and also a standard system for recording the information.

ii. Definition of terminology.

iii. Definition of any categories or sub-categories used.

iv. A home visit and interview within the parents' homes to obtain data re home atmosphere and socio-economic status of family.

b) The Research Team

i. A psychologist to perform a psychometric examination, a personality inventory and a projection test.

ii. A psychiatric social worker to obtain a developmental and psycho-social history.

iii. A psychiatrist to interview all the children and wherever possible the parents as well.

iv. A medical officer to examine all the children physically.

c) The Sample

i. A test sample of delinquents with the delineated pathological inability.

ii. Two matched controls - one of delinquents preferably in the same institution matched for age and intelligence and another of non-delinquents matched for age and intelligence from the same neighbourhood as the delinquent.

iii. The sample should be large enough for statistically significant results to emerge.

THE FUTURE RESEARCH AND THE TESTING OF HYPOTHESES

It cannot be too strongly emphasized that this study did not originate as a separation (deprivation) study, but was rather a study of "socially isolated" individuals in a delinquent community. In these circumstances the author considers the use of the retrospective strategy was justified.

In this study the syndrome of "delinquent isolation" has been more clearly delineated; the history of the "isolates" and their more sociable controls were explored and some relatively consistent background patterns were uncovered which were seemingly associated with the syndrome. On the basis of the above associations, hypotheses have been framed.

As in other retrospective studies of institutional children, the likely antecedents in this study also prove to be severe and homogeneous. As

Ainsworth points out in studies where the sample was both homogeneous and extreme and likely antecedents identified, and these antecedents later subjected to a prospective study strategy, the outcomes tended to be more variable in severity and quality. The variability of outcome seem to be contingent upon the degree of severity of the antecedent condition. The author anticipates similar results with paternal separation-cum-deprivation studies.

The author therefore considers that ideally the present study should be considered a forerunner of a future study. In this future study the 'isolate' sample should come from a heterogenous and not a homogeneous population; other objective methods could be used to ascertain the 'isolates', forinstance, by using sociograms in the ordinary school situation; and by using personality inventories specifically designed for populations of this age range (Eysenck Personality Inventory) and so obtain a quantifiable description by the 'isolates' of their own personalities. Again, by the above design, a larger number of 'isolates' could be ascertained and one would hope that there would be less complications about obtaining relatively reliable retrospective histories than in delinquent families. This would also provide a rapid method of discovering whether the links found in the 'delinquent isolate' syndrome would hold for a sample of 'isolates' from the general community who are not necessarily delinquent. The author considers that the presently on-going large-scale Newcastle survey of child development offers an ideal opportunity for undertaking this type of study. In this study, all children born in 1960/2, and who survived the neonatal period, are being followed up.

The study suggested above would be a study of 'isolation' in the general community and not a specific study of 'isolation' in delinquents. If, therefore, the present study is considered a pilot study - a forerunner of a future study -

then a less selected population has to be sought which will provide a group of 'isolated' delinquents for study. Unfortunately, it is difficult to conceive of a less selected population from whence an adequate sample of 'delinquent isolates' could be ascertained and studied - it is only the closed communities that present opportunities for the study of 'delinquent isolates'. It is only in this more structured situation that the 'isolate' fully reveals himself; in addition, as the frequency of 'isolation' is low (under 5%) it takes a considerable time to build up an adequate sample.

Some may consider that, for the reasons outlined below, even though this was essentially a pilot study, the hypotheses generated by it should be tested by prospective study of the suggestive antecedents (rather than further retrospective studies):-

(i) The difficulties inherent in obtaining for retrospective study, an adequate, less homogeneous sample from a less selected population.

(ii) In view of previous supportive studies which have suggested a link between unusual character formation and early life experiences.

(iii) In view of Bowlby's opinion that the retrospective study provides data too crude to permit a just evaluation of the interactive processes.

If this latter suggestion is to be followed cohorts have to be found who had suffered the suggestive antecedent. The most obvious cohort which would experience prolonged separation from father but not mother (excluding major tragedies where the picture in any case would be obscured by manifold complications) would be in the families of army units with prolonged overseas posting;

they could also prove to be a most accessible group for follow-up and also a group in which there is the minimum of wasting. Any such cohort of children of army families will obviously not suffer absolute separation as most reasonable parents will attempt to maintain contact with their children by letter at least. Children under the care of Children's Departments, foster and adopted children and children admitted to reception centres have been intensively studied in the past but there is still room for careful anterospective studies in an attempt to relate the processes set in train by the experiences these children have suffered to processes present in children with a specific disorder [such as an incapacity for adequate inter-personal relations]. Another lead given by the present enquiry is the need to compare anterospectively those illegitimate children kept by their mothers and those relinquished by their mothers.

The author also suggests that there is enough evidence to recommend that in a prospective study the researcher should focus on patterns or clusters of antecedents and see if these are related to syndromes or clusters or patterns of outcome, rather than to focus on specific antecedents and see if they give rise to specific outcomes.

In a previous section the question was raised of what the relationship was between previous social attitudes and the syndrome of delinquent 'isolation'. From the discussion above it does seem as if the only way this question can be answered is by the prospective research strategy.

PART X

SUMMARY

SUMMARY

1. This is a descriptive study of delinquent boys who are socially 'isolated' within the context of an Approved School. Initially it was not clear whether these social 'isolates' were just suffering from circumscribed social attitudes, i.e. a mild degree of introversion, or whether 'isolation' was just one trait or manifestation of an identifiable syndrome or a relatively consistent pattern of behaviour. It seemed as if they best way of studying this social behavioural phenomenon was by gathering two groups of boys - a group of social 'isolates' and a control group from the same institution. In this study, therefore, the author attempts to accurately describe the phenomenon, and tries to draw a profile of the characteristics of the two groups of boys - of their behavioural and psychiatric state and of their environment, both past and present. In this manner he attempts to highlight salient similarities and differences between the social 'isolates' and their more sociable controls.

2. The 21 'delinquent isolates' were selected on the basis of
   (a) an objective observable incapacity for relating meaningfully to their environment (as observed by the Approved School Staff).
   (b) a subjective awareness of being socially 'isolated (as reported by the boys).

   The above criteria do not imply that the 'isolates' never conversed with other boys, nor that they refused to join in any organised formal activities. It was rather that when not actively drawn into group activities by the Approved School Staff, the 'isolate' tended to drift and remain on the fringe.

3. They were compared with 21 other delinquents at the same Approved School matched on the basis of age alone. Other variables were automatically controlled such as sex, race and denomination.

4. The usual retrospective histories were elicited (within the limitations of this method).

5. Findings

Salient differences between the 'isolated' delinquents and their more sociable controls are highlighted; and the consistent patterns that emerge suggest that delinquent 'isolation' is an identifiable syndrome:-

A. The two groups fall together in respect of many minor items and the two major items of

   i. intelligence - where there is no significant difference in the distribution of intelligence between the groups. The 'isolates' are not retarded on specific language scores or overall global scores.

   ii. Social class - boys from both groups come mainly from Class IV and V of the Registrar General's categories.

B. The two groups clearly fall apart in the following ways:-

   i. They differ on behavioural and personality items - as indicated by the rating of their behaviour on the modified McFarlane's Scale, where a significantly greater number of the 'isolates' were rated as showing problematic behaviour on the "sensitivity" and "timidity" dimensions. When the two sub-categories of the "sexual" dimension are taken separately, there are no statistical differences between the study and control groups; when these are combined, the study group is found to exhibit a significant excess of

who exhibited serious sexual disturbances belonged to the 'social isolate' group.

ii. They differ on patterns of offences. A significantly greater number of 'isolates' committed their offences in the 'individual' situation; a significantly greater number of the controls committed their offences in the 'gang or group' situation.

iii. Mental Pathology. The delinquent 'isolates' tended, in the main, to fall into Hewitt and Jenkins "over-inhibited neurotic" and/or "aggressive" group; and the controls tended, in the main, to fall into the "socialized" delinquent groups.

The 'isolates' were found to have very much more in the way of intra-psychic disturbances than the non-'isolates'. The "delinquent isolate" syndrome is therefore seen as being composed of two major personality types - AGGRESSIVE MALADJUSTED BOYS and INHIBITED (WITHDRAWN) MALADJUSTED BOYS.

C. An examination of the recent social and family backgrounds and the retrospective exploration of the social histories revealed some relatively consistent background patterns seemingly associated with the syndrome. There were quite a number of differences between the two groups, but the only clear-cut differences occurred in the following respects:-

a. social situational patterns - the 'isolates' have experienced more in the way of main 'rejection' and 'repression' parental patterns, (commission patterns). The 'non-isolates' experienced main social situational 'omission' patterns - though the element of 'omission' tended to run even throughout the study cases.

b. A significantly larger number of the 'isolates' had a non-intact parental constellation prior to their admission to the Approved School - the absent parent was mainly the father.

c. Parents living together - a significantly smaller number of the 'isolates' own parents were living together at the time of the boy's admission to the Approved School.

d. Parental separation - a significantly larger number of the 'isolates' had either not known or had had prolonged separation from their own father during the formative years - especially the early years.

e. A significantly larger number of the 'isolates' never ever experienced a relationship with a major father figure, or if they did experience a relationship prior to the separation, the quality of the father/child relationship, as far as could be assessed, was suspect.

6. Some General Findings

a. The incidence of 'social isolation' in the Approved School was estimated as being under 5% at any particular time.

b. Few of the 'isolates' saw their inability to make positive relations as a failure in themselves and mostly tended to project their inability to relate on to their environment.

c. It was found that the delinquent 'isolates' handled provocative social situations poorly. They exhibited in effect a lack of social diplomacy. They also exhibited a 'hypersensitivity' - and when this was re-examined it was found that because of this hypersensitivity the 'isolated tended almost to broadcast his

particular vulnerability. The author therefore postulates that the lack of social diplomacy and the hypersensitivity seem, at least, to act in concert, if not actually parts of the same phenomenon, and underlie the 'social isolates' incapacity to make positive relationships.

d. The problematic 'timidity' of certain 'isolates' seemed to be directly related to their 'over-inhibition' or 'aggressiveness'; the more cautious 'isolates' all fell into Hewitt's "over-inhibited-neurotic" group and those 'isolates' less timid and cautious than normal all fell into Hewitt's "aggressive anti-social group".

e. Those cases, where there was some reliable information about the social attitudes of the 'isolates' at earlier ages, were carefully examined - but no consistent attitudinal patterns were discovered.

f. The time for the 'isolate' to reveal himself as such, after his admission to the Approved School varied considerably. Some revealed themselves immediately, and some took a considerable time - it does seem that, in some cases, certain interactive processes must intervene before the 'isolate' is eventually excluded or ignored by his peer group.

7. Generation of Hypotheses

Some associations have emerged from this study and the author suggests that these point to some possible pathological effects of certain antecedents. The presence of association does not, of course, necessarily indicate direct causation, but this does not preclude the generation of hypotheses based on these associations. The author hypothesises that there may be a causal

relationship between certain antecedents and the 'delinquent isolate' syndrome. These antecedents are the absence of a father figure during the early formative period of life, especially the first five years, against a background of unstable parental relationships and some distorted patterns of child rearing over the same period. It must be emphasized that even if there is a causal relationship it does not mean it is going to account for the entire or even the major part of the total causation.

8. Psychopathological Explanations

Two psychopathological theories are offered to account for the operative processes which intervene between antecedents and outcome. The first is more psycho-analytically orientated and the second orientated more in the direction of behaviour theory:-

i. The first theory mainly incorporated concepts of anxiety and fears in childhood, separation anxiety and later identifications of the child.

ii. The second theory, in essence, accounts for isolation on the basis of poor or non-learning of relational patterns by an individual reared in an environment which does not provide opportunities for learning social relational patterns during important early stages of development. The prejudicial environment consists of one in which there is a physical absence of one of the parents against a background of distorted patterns of child rearing.

The author points out that though the social 'isolates' do not seem to have acquired social diplomacy nor socially productive relational patterns, this does not preclude them from experiencing feelings of loneliness and being driven to seek the company of others. These are abortive attempts because of

inhibiting patterns the 'isolates' acquired in the early stages of their development. The 'inhibited' delinquent boy tends to be ignored and the nasty aggressive boy tends to be rejected and excluded by his would-be associates. It is almost as if, to be socially acceptable, the delinquent boy has to achieve some sort of balance between a too negative and inhibited approach on the one hand and a too positive, nasty and aggressive approach on the other. The author also suggests that frequent rebuffs in their attempts at social intercourse may engender in the 'isolates' anxieties and fears of future rebuffs - and against this anxiety they develop two defence mechanisms:

a. Projection - that is they blame their environment for the social relational failure

b. Pretence or facade of emotional or affective indifference.

9. Light Shed by Thesis on Controversial Questions and Comparisons with Other Studies.

a. Paternal Deprivation-cum-separation. The study suggests that 'discontinuities' of father/child relationships and distorted parent child interactions are likely antecedents of the 'delinquent isolation' syndrome. It also suggests that the combinations of variables that may occur in the individual case make it difficult to work out the effect of any one variable in isolation. Also paternal separation-cum-deprivation, exerts its pathogenic effects, mainly in the earlier years.

b. The link between parental separation and personality disorders in some studies, or conduct disorders in other studies, has again been found in this study.

c. Delinquency, psychiatric disorder and parental loss.

This study tends to support Gregory's contention that in studies of antisocial behaviour, for instance in Bowlby's study, it is unjustifiable to conclude from the available data that the significant loss was that of the mother.

The author contends that delinquency is not a homogeneous condition, but a heterogeneous group of conditions. He therefore suggests that in the original Bowlby study maternal deprivation may not have been a significant antecedent of delinquency but rather of a syndrome in which delinquency was but one of the symptoms.

d. Temporal relationships, in some individual cases, between episodic outbursts of a string of offences on the boy's behalf and an exacerbation of some pathological social circumstances within the home provide some indirect support for Stott's hypothesis.

e. The study provides no support for the thesis that delinquents with greater intrapsychic problems tend not to come from sociologic criminogenic areas; but nor does it confute the thesis that delinquents from upper social classes will tend to have more in the way of intrapsychic problems.

f. It is argued that 'social isolation' is not synonymous with affective poverty or emotional indifference.

10. Incidental Findings

a. There are no adopted children in either the study of control group. After a study of national figures and other research findings, the author hypothesizes that the antisocial adopted tend to find their way into maladjusted rather than Approved Schools.

b. Eight of the nine delinquents who were illegitimate were appreciably

emotionally disturbed. Seven of the nine showed some disorder of inter-personal relationships. The author considers the findings as suggesting that illegitimacy in combination with delinquency has an ominous significance as far as personality development is concerned.

c. Step-fathers - in no case was a mutually warm and affectionate relationship reported between boy and his step-father. This finding suggests to the author that the major father surrogate in a family, if he is a step-father, may produce more problems for the pre-delinquent child than he solves.

d. Some incidental findings related to the psychometric testing of these Approved School boys are also analysed and discussed (in the addendum). There is a concentration of scores at the lower end of the scale for the Progressive Matrices (1938) and the W.I.S.C. This concentration is greater for the Matrices than the W.I.S.C. The author suggests that factors other than those put forward by Walton to explain the discrepancies in his series may be operative. He points out that Walton was comparing two different samples, namely his own (an approved school population) and Raven's (a clinic population). He goes on to suggest that the discrepancies may depend to a large extent on such factors as poor motor control (Porteus); shortened time span (Barnet and Johnson) and the impulsiveness (Glueeks) of certain delinquents.

e. In spite of the obvious limitations of the M.M.P.I. with an approved school population, and also though of limited value statistically, many of the individual profiles, when interpreted 'blind', tended to give a remarkably accurate picture of the delinquents' personalities and clinical state.

PART XI

ACKNOWLEDGMENTS

ACKNOWLEDGEMENTS

The author is immensely indebted to Dr. Margaret M. Methven, Consultant Psychiatrist, the Royal Hospital for Sick Children and lecturer in Child Psychiatry at the University of Edinburgh in whose Department this study was undertaken - not only for her continued encouragement but also for the further facilities she made available in spite of the premium on staff at a busy clinic. For many years prior to this study, Dr. Methven has provided psychiatric facilities to the regional Remand Home and some regional Approved Schools. Towards the end of the study, further facilities were made available in terms of additional psychiatric social workers and clinical psychologists.

The author is grateful to Miss P.M.J. Leslie, psychiatric social worker to the Department of Psychological Medicine, Royal Hospital for Sick Children, Edinburgh, and Mrs. C.M. Carmichael, Deputy Director, Scottish Probationer Training Course and Tutor in the Social Study Department, Glasgow University, for their "control" home visits in the East and West of Scotland respectively.

He is grateful to Mrs. S.M.M. Maxwell, Senior Psychologist, Royal Hospital for Sick Children, and her staff for their extensive collaboration in the major part of the routine psychometric work. He is grateful to Mr. R.C. Vallance, Psychologist, Scottish Education Department for administering a W.I.S.C. to the one boy who moved to another Approved School before our psychologists could test him.

He is also indebted to Dr. R.M. Martin of the Usher Institute, Edinburgh, and Mr. C.A.H. Somerset of the Medical Research Council Department, Warneford Hospital, Oxford, for their advice on statistical matters.

He would also like to thank the Headmasters and Staff of Lothians'

Approved Schools; without their interest, understanding and co-operation, this study would not have been possible.

He is extremely grateful to the boys who participated in the study - and the available parents for their co-operation.

He would also like to thank Dr. Anthony Ryle at the Caversham Centre, London, for allowing the use of his format which he has evolved, based on the "MacFarlane Scale".

PART XII A ADDENDUM

A NOTE ON THE McFARLANE SCALE

RYLES FORMAT BASED ON THE McFARLANE SCALE

NOTE ON THE "DEVELOPMENTAL STUDY OF THE BEHAVIOUR PROBLEMS OF NORMAL CHILDREN BETWEEN 21 MONTHS AND 14 YEARS".

In a Monograph, MacFarlane, Allen and Honzik present by age and sex the frequencies of certain behaviours, as reported by mothers, of a cross-section sample of children followed over a long time span. The children were selected serially from a birth certificate registry. Their emphasis was on frequency figures of behaviours by age and sex.

The report consists of a statistical analysis of some thirty behaviour patterns for more than one hundred children, collected at yearly intervals for a period of thirteen years. They also present the proportion of normal children who have these specified behaviours at successive ages during childhood. (For the purposes of his P.S.E. format Dr. Ryle has not used all thirty of the above behaviour patterns).

MacFarlane et al have presented most of these patterns in histogram form for each age group, and with the sexes separated.

All of this data can also be presented in graph form, i.e. diurnal enuresis can be represented by percentage frequency by age and sex. The author's method was simple, open ended inventory questioning of mothers and the data dependant on what the mothers observed and were willing to report. They feel therefore, that one of the important results of this study is that from non-coin-beneath-the-surface method significant facts were secured as determined by a number of criteria.

Briefly summarised, their problem frequencies were of five varieties.

a. Problems which declined with age.

1. Early and rapid: i. Elimination ii. speech problems iii. fears iv. thumbsucking.
2. Later and slower: i. overactivity ii. destructiveness iii. tempers

b. Problems which increased with age.

Nailbiting, which reached its peak at pubescence.

c. Problems which reached a peak and subsided

1. Insufficient appetite associated with a high level of communicable disease.

2. Lying.

d. Problems which showed high frequencies early, declined and later rose again.

1. Peak at pre-school level and again at pubescence.

i. restless sleep. ii. disturbing dreams.

iii. physical timidity. iv. irritability.

v. attention demanding.

2. Peak at school entering and adolescence.

i. overdependence. ii. soubreness.

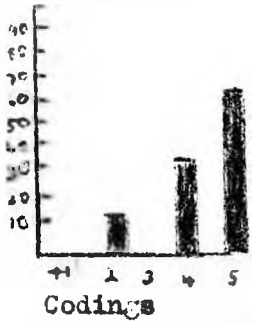
iii. jealousy. iv. food finickiness (in boys).

e. Problems which showed little or no relationship to age.

1. Oversensitiveness

i. Girls remained throughout the age range studied. ii. In boys - flourished until the age of eleven when it was suddenly dropped.

The HISTOGRAMS are set out as in the following diagram:-



= considered problems

The "key" to the format which is based on the above study is set out separately on the following four sheets.

Child's Name No.

Date on

[illegible] - McFARLAN - SCALE - 14 [illegible]

\+ = considered problems.

A. SLEEP

Restless:-
+1. Light sleeper
+2. Restles ness every night
3. Occasional restlessness
4. Restless once a month
5. Unusually sound sleeper

B. ELIMINATION

Incontinence:-
+1. Two or more episodes a week
+2. Two to four episodes a month
+3. One episode a month when tension
+4. One episode in last six months
5. Completely absent in last six months

C. FOOD

Appetite:-
+1. Markedly inadequate
2. Below average
3. Average
4. Above average
+5. Voracious eater

D. SEX

Body:-
+1. Extreme modesty
+2. Self-conscious when undressed
3. Unconcerned around family physician etc. but includes girls taught not to be undressed in front of certain people.
4. Pleased with body. Consciousness - no tension
+5. Compulsive exhibitionism

Interest:-
+1. Great and persisting preoccupation and/or tension
+2. Less intense than 1 (but greater than that for social and age group) evidence in talk, experimentation, withdrawal or anxious silence.
3. Transitory periods of tension
4. Interest in facts without undue tension
5. Neither interest nor tension

E. MOTO HABITS

Mannerisms - (a) Nail-biting:-
+1. Extreme with fingers disfigured
+2. Extreme but fingers not disfigured
+3. Mild persistent biting
+4. Mild periodic biting
5. Never bites nails.

(b) Activity:-

+1. Extreme overactivity
+2. Definitely above average
3. Normal activity
4. Underactive - prefers quiet sedentary games
+5. Extreme inactivity

(c) Other mannerisms:-

+1. Severe or persistent compulsive tic-like behaviour
+2. Persistent mannerisms - less severe than 1 but noticed by anyone.
+3. Under emotional tension resorts to mild motor tic-like patterns.
4. Few minor transitory patterns, i.e. rubbing eyes etc.
5. Absence of observed mannerisms or tic-like behaviour

F. CONDUCT Lying:-

+1. Habitual compulsive lying
+2. Lies more than average
+3. Lies occasionally
4. Lies under stress
5. Never tells lies

Truancy:-

+1. Habitual truant
+2. Less than once a week
+3. Truant one to three times in six months. Excludes excused absences and where both parent and child are convinced feigned illness is real
4. One episode a year
5. Never truanted

Stealing:-

+1. Persistent stealing either in frequency or value or both
+2. Chronic petty pilfering
+3. Occasional mild pilfering outside own home or taking money from parent's purse
4. Occasionally careless about returning borrowed or found property
5. Never takes anything - strong sense of property rights

Destructive:-

+1. Compulsive destructiveness
+2. More destructive than average
3. Occasional accidents
4. Very careful of toys and furniture
+5. Excessive generosity

Selfish:-

+1. Strong resentment to sharing
+2. Shares under pressure
3. Shares normally
4. Enjoys sharing
+5. Excessive generosity

Quarrelsome:-

+1. Constant quarreling
+2. Quarrels more than average
3. Quarrels with real provocation
4. Quarrels less than average
+5. Real desire to placate

C. PERSONALITY Demanding:-

+1. Constantly demanding of attention
+2. Demands more attention than average
3. Enjoys attention
4. Less interest in attention from others than average.
5. Usually self-reliant

Sensitive:-

+1. Supersensitive
+2. More liable to hurt feelings than average
3. Normal responsiveness to approval and disapproval
4. Matter of fact, impersonal
+5. Callous - indifferent, unconcerned

Timid:-

+1. Extreme fearfulness or apprehensiveness
+2. More cautious than average
3. Normally cautious
4. Takes and enjoys more chances than the average child
+5. Ignores real danger

Fears:-

+1. Extreme acute fear or fears
+2. Upsetting but non-paralysing fears
+3. Real discomfort from fears
+4. Slight apprehension
5. No fear

Defiance:-

+1. Extreme and pervasive negativism
+2. Above average resistance to suggestion
3. Fairly pliable
4. Accepts suggestions more easily than average
+5. Excessive suggestibility

Temper:-

+1. Severe explosions three or more times a week
+2. Occasional severe explosions or frequent screaming
+3. Infrequent severe explosions or frequent mild outbursts of temper
4. Occasional mild temper tantrums
5. Infrequent fretting; anger reaction practically non-existent

Confidence:-

+1. Insists on help
+2. Prefers help
3. Accepts help
4. Never asks for help
5. Vigorously refuses help

Competition:-

+1. Extremely competitive
+2. Enjoys excelling
3. Stimulated by competitive relationship
4. No real competitive relationship
+5. Discouraged in a competitive situation

Jealousy:-

+1. Extreme jealousy shown overtly or by marked tension
+2. Jealousy a constant source of tension
+3. Occasional mild jealousy
4. No real jealousy
5. Never jealous

PART XII B ADDENDUM

THE CASES

THE DELINQUENT ISOLATES

Case Number: 2 S Age at first interview: 13 years 10 months

Richard was a specific referral. The headmaster reported that he had made repeated gestures at running away. He would disappear out of the school for about five minutes and then return of his own accord. He was aggressive to the other boys only if antagonised, but could be aggressive to the staff as well on the basis of correction.

HISTORY

Mr. B. is aged forty and is a shipyard welder. He normally earned a good salary but due to the recession in this trade in Scotland, he has been unemployed over the last year. Throughout his married life he had had long periods away from home, necessitated by the situation of employment at that particular time. For the same reason, when his wife was in hospital, Richard had to be taken into care of the Children's Department. The probation and social workers report that he has always been a forthright and realistic man and has appeared to be interested in the welfare of his family. Mrs. B.was two years younger than father. She suffered from a congenital left hemiplegia. Five years previously she developed recurrent and severe epileptic seizures and neurosurgical investigation confirmed the presence of angiomatous malformation of the brain. For the next three years, she resided in a mental hospital. Eventually neurosurgical intervention was undertaken in Edinburgh and after this the epileptic attacks ceased and she was left almost completely an invalid. The neurosurgeons considered that this was one of the rare angiomatous malformations with a familial incidence. As far as they could assess, Richard has escaped but John, aged ten, is a severely subnormal deaf mute child who has been institutionalized for the last five years. It is considered that the condition is the same as his mother's but more severe.

The family live in a two-apartment tenement flat adjacent to a condemned slum area. The home is reported as being clean and tidy. There is a high incidence of delinquency in this area.

The probation officer reported that while he was working with this family, the relations inter-parentally were good and the attitude of the parentstowards the children was affectionate, consistent and firm. Richard's respect for his father was based mainly on fear, but he tended to take advantage of his mother's disability. On the other hand, he seemed to show her more affection. Richard consistently associated with undesirables and tended to be rather brash and casual in his attitude.

Richard was hospitalized at the age of ten weeks for a double inguinal hernia; and then at the age of two, he was hospitalized for an umbilical hernia. On both these occasions, he was away from home for some four weeks. Other than this, he has always been a healthy boy. From the age of nine to twelve, Richard was placed in a children's home, and then returned to his own house when his mother was discharged from hospital. While at home, he once stayed out the whole night, his excuse being that after he had failed to return at the time specified by his father, he had become afraid of punishment and had slept in the coal cellar. He then committed a series of thefts in the company of other

boys. The probation officer also reported that he belonged to a boy's organisation; he visited the cinema regularly.

At the ordinary school there was no record of truancy but his progress in all subjects was poor. He was reported as being untrustworthy. The headmaster also reported that Richard at the very start made his presence felt:- "He gave a lot of trouble to staff prefects and other pupils".

All of his offences were for theft and were committed in the company of other boys. He had previously gone through the stages of admonishment, probation and was finally admitted to the approved school.

[illegible] STATE [illegible] CALL

A.	SLEEP	.. Restlessness - frequently (+2)
B.	ELIMINATION	.. Incontinence - completely absent in last six months (5)
C.	FOOD	.. Appetite - below average (2)
D.	SEX	.. Interest - transitory periods of tension (3)
E.	MOTOR HABITS	.. a. Nail-biting - extreme but fingers not disfigured (+2)
		.. b. Activity - underactive, prefers quiet sedentary games (4)
F.	CONDUCT	.. Lying - lies more than average (+2)
		.. Truancy - very little (4)
		.. Stealing - chronic petty pilfering (+2)
		.. Destructive - careful of belongings (4)
		.. Selfish - shares under pressure (+2)
		.. Quarrelsome - quarrels more than average (+2)
G.	PERSONALITY	.. Demanding - less interest in attention from others than average (4)
		.. Sensitive - more liable to hurt feelings than average (+2)
		.. Shy and timid - normally cautious (3)
		.. Fears - none known (5)
		.. Defiance - above average resistance to suggestion (+2)
		.. Tempers - frequent mild outbursts (+3)
		.. Confidence - never asks for help (4)
		.. Competition - no real competitive relationship (4)
		.. Jealousy - no real jealousy (4)

[illegible] EXAMINATION [illegible]

Psychological Examination: On the Ravens Matrices, Richard obtained a score which lay between the tenth and twenty-fifth percentile which placed him as definitely below average in Grade IV. However, on the W.I.S.C. he obtained:-

Verbal	I.Q. 99
Performance	I.Q. 87
Full Scale	I.Q. 93

On the M.M.P.I. Richard's profile was not considered to have face validity but shows considerable accuracy. It is a neurotic profile but there are also high scores on the psychopathic deviate and schizophrenic scales and a borderline score on the paranoid scale.

MENTAL DESCRIPTION AND MENTAL EXAMINATION

Richard is a small fidgety boy with severely bitten nails. He was generally disgruntled and initially denied any problems and refused to be drawn during discussions.

A full mental examination revealed no disorders in the field of thought, memory, orientation, comprehension, apperception and general knowledge. At different times, he could be described as having either an irritable or a dysthymic personality. He is quite aware of the consequences of his behaviour but his remorse was only superficial and a covert truculence and hostility was always evident.

At one of the later interviews, he was looking more miserable than usual. During the course of the interview he suddenly broke down and almost cried. He complained that the boys at the children's home had consistently picked on him - "the bigger boys". He complained that this pattern was being repeated at Lothians and tended mainly to blame the other boys for this. He had no insight into the fact that it was his own personality which was initiating the difficulties. He also complained that he was a restless sleeper. He dreamt quite frequently but could not describe his dreams in detail. All he knew was that some of them were of ghosts and other frightening topics and he would wake up frightened. Some months ago, the boys had also told him that he spoke in his sleep. The only activity that he enjoyed was swimming, and his hobby was hoarding matches. He also described his relationship with his father - his concept of it was not quite the same as that of the probation workers, he considered his father to be a very argumentative and punishing person; his father had always punished him severely for even the most trivial misdemeanours. Richard explained that he was particularly fond of his paternal grandmother and as father and his paternal grandmother have had an argument, Richard has now broken with him. Since the quarrel, he has had no letters from his father and he intended going to his paternal grandmother for the holidays. Later, Richard reported that father had attempted suicide but this was never verified. He also reported that father had been violent to mother when she was alive.

PROGRESS

The teachers reported that he had a variable appetite depending on his mood. He was a poor sleeper. He continued to be intermittently aggressive to the staff when they found the occasion to correct him. His behaviour in class and his progress at school remained poor. He apparently liked reading and snooker. About nine months after his admission to the approved school, his mother died. He was not overtly upset by this.

DIAGNOSTIC AND CLINICAL IMPRESSION

Richard is a boy who has suffered repeated paternal, maternal and dual separations. Stealing has occurred in groups and there has been some running away. He also shows inadequate guilt feelings, aggressiveness and defiance. He has some inferiority feelings about his size and his stealing may well be

of the "proving" type in an attempt to keep himself in with his peers. In fact, in both the children's home and the Approved School, he remained rather isolated from his peer associates and tended to project his inability to relate in terms of bullying by the bigger boys. However, on closer inspection, it was his own unpleasant irritable or dysthymic personality which was making it difficult for the other boys to accept him. The family pattern appeared to be one of maternal ill health and paternal repression and punitiveness. As far as our classification is concerned, the family pattern is mainly that of "neglect and exposure" with some harsh and ill-timed discipline by father. Richard's behaviour patterns are presently a mixture of the "unsocialized aggressive" and the "socialized" delinquent patterns plus considerable sensitiveness. While parental relations were reputed as being good by the probation officer, one wonders what drove this father to marry a dull hemiplegic woman, and, further, what the parental reactions were when they realised the hereditary nature of their second child's severe subnormality. The complex etiological factors in this case have combined to produce a highly emotionally unstable boy with an aggressive and defiant personality who has not responded to an individual approach nor to social measures. He was one of the 'isolates' who, prior to coming into the Approved School, made transient contacts with a gang at the level of antisocial activities - in other words, he was one of the "lone wolf" types but every now and then he would join up with the gang seemingly only for the purpose of a particular gang act.

Case Number: 3 S Age at first interview: 13 years 4 months.

Ken was a specific referral. Ken had been at Lothians for over two years and the headmaster referred him because of his great aggressiveness towards the other boys.

FAMILY HISTORY

Mr. B. was killed in a road accident when Ken was approximately five years old. Mother described father to the psychiatric social worker as a gentle, good man, devoted to Ken who missed him dreadfully. Mrs. B. is a rather dull woman who has tried her best to help each individual member of her large brood. Her attempts have been limited because most of her energy has been expended in the day to day management, or mis-management, of her pitifully small income. She has tried to supplement this by gathering coal on the fore-shore. She has seven children and all of the boys have been, at one time or another, either in an approved school, Borstal or a prison.

Siblings:	Faith	aged 32
	Hope	aged 30
	Bill	aged 27 has previously been in prison.
	Jack	aged 25 an ex-Borstal boy.
	Mary	aged 23
	Penny	aged 18 she has an illegitimate child.
	Malcolm	aged 15 previously in an approved school.
	Ken	aged 13

Mrs. B. five of her children and Penny's illegitimate child all live in a two-bedroomed council house.

Mother could remember nothing untoward in Ken's early development. His only serious illness was at nine years of age when he was hospitalized for about ten days.

While at home Ken spent most of his leisure time in picture houses or aimlessly wandering the streets. He attached himself to various groups of boys and invariably landed up in trouble. However, he had no regular companions. His previous offences were all for malicious mischief and all occurred in the company of other boys. He was given a sentence of two years probation. During the course of his probation he committed his present offences which consisted of stealing and re-selling coal, and stealing and re-selling a bicycle. Mother's attempt at prevention consisted of her trying to keep him at home but this was unsuccessful. The probation officer under whom Ken was, thought that Ken tended to be impulsive, aggressive and inclined to bully other boys. He also said that approved school held no terror for Ken and this could almost be considered a status symbol in the subculture.

PRESENT STATE - Mental Hospital.

A. SLEEP .. Restlessness - occasional restlessness (3)

B. ELIMINATION	..	Incontinence - completely absent in last six months (5)
C. FOOD	..	Appetite - markedly inadequate (+1)
E. MOTOR HABITS	..	a. nail-biting - mild persistent biting (+3)
	..	b. activity - definitely above average (+2)
F. CONDUCT	..	Lying - habitual compulsive lying (+1)
	..	Truancy - habitual truant (+1)
	..	Stealing - persistent stealing either in frequency or value or both (+1)
	..	Destructive - careful of belongings (4)
	..	Selfish - strong resentment to sharing (+1)
	..	Quarrelsome - constant quarreling (+1)
G. PERSONALITY	..	Demanding - less interest in attention from others than average (4)
	..	Sensitive - callous - indifferent, unconcerned (+5)
	..	Shy and timid - ignores real danger (+5)
	..	Fears - none known (5)
	..	Defiance - extreme and pervasive negativism (+1)
	..	Tempers - severe explosions three or more times a week. (+1)
	..	Confidence - never asks for help (4)
	..	Competition - extremely competitive (+1)
	..	Jealousy - no real jealousy (4)

[illegible] AND ASSESSMENT

Psychological Examination: The psychologist reports that the W.I.S.C. gives an overall picture of a dull child with average intelligence. Ken was good when he found things easy. He showed a quick mind particularly at arithmetic but gave up very quickly when things got hard. The spread in the performance tests was not considered significant.

Verbal	I.Q. 89
Performance	I.Q. 96
Full Scale	I. . 91

GENERAL DESCRIPTION AND MENTAL EXAMINATION

Generally Ken is a well-built good-looking youth. His answers at interviews were always short. At all times he remained calm and showed no anxiety at all. There was always much hostility and truculence very near the surface. His answers were short but to the point. He would gaze around himself rather vacantly and it was difficult to gain his attention for any prolonged period.

A mental examination revealed coldness, disinterest and detatchment and he could be described as being affectionless. There was no disorder of thought or memory. He was orientated for time, place and person. Comprehension and apperception were good. His values and corresponding judgement were those of his subculture.

In his interviews with me he stated that he did not like Lothians. His explanation for this was that some of the bigger boys hit some of the smaller boys but in fact he admitted that he was one of the boys who hit the other boys. He could spin instantaneous fantastic yarns but would forget them from one interview to another. The content of these yarns depended on whom he was trying to impress. He gave different versions on how he acquired a scar over his right

cheek but generally it would seem as if he acquired it in some sort of brawl. He wanted desperately to get home and would go to any lengths to get himself committed to a senior approved school which bordered on his home town.

PROGRESS

In an interim report, the headmaster described him as a "cruel, vicious, dangerous, boy. A leader among a type who intimidated everybody and would stop at nothing; a liar and a thief; no regard for property; disobedient - insolent". He had a poor appetite. Had many food fads and was a poor sleeper. He bit his nails frequently. He frequently ran away from Lothians. He was aggressive to all the other boys. He was only tolerated by the more unsettled and difficult types and even then was on the fringe. It was felt that he was only tolerated because the other boys were afraid of him. He was frequently aggressive to them and also the staff. He took care of his own belongings. His behaviour at all times was poor. Mother occasionally visited him and wrote regular letters.

DISCUSSION AND DIAGNOSIS

Ken's behaviour patterns were those of the "unsocialized aggressive" type of delinquent. He was a hostile aggressive boy and showed absolutely no remorse. The malicious mischief was undertaken in a group situation but the stealing was undertaken in an individual situation. He truanted and ran away frequently. There is also some paternal deprivation, a pattern of parental "negligence" and also a subculture in which anti-social behaviour is acceptable. It is interesting to note that almost the only way this boy can communicate with his peers is through the mechanism of bullying, intimidation and fear and even when amongst the other unsettled and difficult boys, he was always on the fringe. Almost the only contact this boy had with his peers was when he resorted to the mechanisms of bullying and intimidation - and even with the other unsettled and difficult boys, he always was on the fringe.

Case number: 4 S

Age at first interview: 14 years 0 months

Alexander C. was a specific referral. In fact he was one of the few boys who has spontaneously asked to see the psychiatrist. The headmaster reported that he was constantly in trouble with his companions in the school. He would not conform and wanted everything his own way. The headmaster suspected that this boy was making a nuisance of himself as an attention-seeking device.

HISTORY

Mr. C. has a long history of convictions and at present is serving a six year sentence relative to robbery with the use of explosives. The probation officer who has known Mr. C. for a long time feels that he has made every effort to ensure the children do not follow his footsteps but has been unsuccessful, for three of the five siblings have committed offences. Mrs. C. is described as a hard working type of woman, a fairly capable housewife, but loyal to her family within their cultural milieu. The probation officer reports that there is a fair incidence of delinquency in the neighbourhood.

Alex. is the fourth of five siblings. He was described by is father as a "difficult" boy who would only accept discipline from his father. When he was eleven, Alex was twice in Court for theft and housebreaking. He committed these offences on his own. Then over the next few months he was excluded on a number of occasions from school, because of his bad behaviour. Mother tried to help and also took the boy to the educational Child Guidance Clinic. Alex claimed that his behaviour was due to his school companions' critism of his father and his recent jail sentence.

When he was thirteen and a half, Alex. was committed to Lothians where he was constantly in difficulties. Six months later he was said to have been kicked by another boy and developed osteomyelitis of the leg. He spent some weeks in one hospital and then another. Initially he was well behaved but later would scream and shout without provocation, climb out of windows and go off on his own. Eventually he had to be taken back to Lothians where he requested that he be allowed to see the psychiatrist.

[illegible] - Personality Traits

A. SLEEP .. Restless every night - difficulty in getting to sleep (+2)
B. ELIMINATION .. Incontinence - at least one episode in the last six months (+4)
C. FOOD .. Appetite - voracious eater (+5)
E. MOTOR HABITS .. a. nail-biting - extreme (+2)
.. b. activity - normal (3)
F. CONDUCT .. Lying - lies more than average (+2)
.. Truancy - a few times in thelast six months (+3)
.. Stealing - occasional mild pilfering from headmaster (+3)
.. Quarrelsome - a constant quarreller (+1)
G. PERSONALITY .. Demanding - constantly demanding of attention (+1)
.. Sensitive - extremely sensitive (+1)
.. Shy and timid - normally cautious (3)

.. Fears - none elicited (5)
.. Defiance - above average resistance to suggestion (+2)
.. Tempers - infrequent severe explosions (+3)
.. Confidence - accepts help (3)
.. Competition - enjoys excelling (+2)
.. Jealousy - jealous of attention other boys receive (+2)

PERSONALITY

As noted above, even at home, Alex. was considered to be a difficult boy. He had always been sensitive about personal shortcomings either in himself or his family and reacted with aggressiveness to any comments or criticism by his school companions. He was a constant source of difficulty within the approved school both with the boys and the staff. He was never on friendly terms with anyone.

EXAMINATION OF PRESENT STATE

On the Matrices he obtained a score of between the tenth and twenty-fifth percentile which places him in Grade IV as definitely below average. He tested out as average on the W.I.S.C. on which he scores as follows:-

Verbal	I.Q.	87
Performance	I.Q.	92
Full Scale	I.Q.	88

The M.M.P.I. was assessed as not having face validity. The profile, however, proved to be accurate. It was a profile of severe neurotic disorder plus high scores on the psychopathic deviate and schizophrenic scales.

Even though he is of average build, he strikes me as being a materially deprived boy. Beneath the facade of friendliness there was an underlying nervousness. This facade soon gave way and revealed an extremely unhappy boy who under the slightest emotional stress would dissolve into tears. The motivation for requesting to see me was because he hoped I could arrange for him to visit his father in jail. Further enquiry elicited that neither of his parents had ever visited him. He had written to his father but had never received a reply. Although Alex. had been home on several weekends, he had never made similar requests of his mother or his siblings or even asked his mother's permission to visit his father. The headmaster told Alex. on various occasions that he had no objection to Alex's family taking him to visit his father when he had his weekends off, or during the long holidays, but this had to be a joint family and not a school decision. (At a later interview Alex. told me that he did not think his father wanted to see him.) Alex. felt very strongly about his father being in prison and the only ones he allowed to discuss his father without reacting violently were the headmaster and the psychiatrist. Further he considered that all the boys singled him out because of his father. He had made no friends at school. Alex. would never discuss his home or the relationships within it.

DISCUSSION AND DIAGNOSIS

Alex. is an emotionally disturbed boy - he has suffered from material deprivation. Throughout his life his father's only contribution towards his character formation has been "his effort to ensure his children do not follow his footsteps". However, most of Alex.'s life, his father has been absent and so has never presented the image of a wise and loving father in the area of father/child relationships and a positive figure in respect of the wider community. Another interpretation could be a basic hate of his father with concomitant guilt and reaction formation resulting in persistent and continuous attempts to want to see his father. Whatever the exact dynamics of the situation the result has been the production of a boy who is anxious and insecure. He also shows an inability to relate in a positive fashion to other individuals. His superego development is poor and he has inadequate personal controls. His repeated delinquent behaviour in the face of a full understanding of the consequences of his behaviour can be understood as an attempt by this boy to extricate himself from untenable home circumstances.

For classification purposes, his behaviour pattern is that of the "overinhibited neurotic"delinquent. The main parental pattern is that of "neglect and exposure", but there is also a suspicion of some repressive paternal behaviour.

ALEXANDER K.

Case Number: S 3 Age at first interview: 13 years 7 months

Alexander K. was a specific referral. He had written an obscene letter to a girl which had come into the hands of the Staff.

[redacted]

Mrs. K. separated from the family nine years previously. Nothing is known of her or her whereabouts. Mr. K. is an unemployed coal miner who for the last year or so has been on sick benefit due to a "stomach complaint and haemorrhoids". The Probation Officer obtained the impression that he was now conditioned to live on public funds. He is also known to drink excessively. The home is of low standards in all respects, in a poor neighbourhood in which there is a high degree of delinquency.

Alexander is the youngest of three siblings. John, aged 23, is married. Francis, aged 15, is also in an Approved School for shop breaking. At school Alexander is reported to have been dirty, poorly clad, easily influenced by his companions and untrustworthy. He truanted frequently and his progress was poor. His vision was reported as being grossly defective and he required spectacles. These had been broken but father had made no attempt to have them repaired. After a series of thefts, Alexander eventually landed in Lothians. At this stage, father disappeared and was only traced with difficulty because he was inclined to make sudden unannounced moves.

[redacted] - MCAFLOOR [redacted]

A.	SLEEP ..	Sound sleeper (5)
B.	ELIMINATION ..	Incontinence - a few episodes a month (+1)
C.	FOOD ..	Appetite - above average (4)
D.	SEX ..	Interest - preoccupation with sexual subjects and the author of a pornographic letter (+1)
E.	MOTOR HABITS: ..	Mannerisms: a) Nailbiting - extreme (+1)
		b) Activity - normal (3)
F.	CONDUCT ..	Lying - occasionally (+2)
	..	Truancy - at times of stress - a few times a year (+3)
	..	Stealing - persistent (+1)
	..	Destructive - occasional accidents (3)
	..	Selfish - shares normally (3)
	..	Quarrelsome - only with real provocation (+2)
G.	PERSONALITY ..	Demanding - not demanding (4)
	..	Sensitive - more liable to hurt feelings than the average (+2)
	..	Shy and Timid - normally cautious (3)
	..	Fears - none known (5)
	..	Defiance - above average resistance to suggestion (+2)
	..	Tempers - occasional mild temper tantrums (4)
	..	Confidence - accepts help (3)
	..	Competition - no real competitive relationship (4)
	..	Jealousy - none elicited (5)

Psychological Assessment: He is a boy of average endowment and on the Raven's Matrices obtained a score of between the 10th and 25th percentile. On the W.I.S.C. he scores as follows:-

Verbal Scale I.Q.	96
Performance Scale I.Q.	90
Full Scale I.Q.	93

Alexander's M.M.P.I. was assessed as having "face validity." The profile was interpreted as introversion with some hypochondriacal preoccupation.

He is an odd looking boy and this oddness is accentuated by his thick spectacles. His nails are severely bitten. Even though he had recently had a haircut his hair did not seem to fall correctly. In the school he is very conscious of his appearance. He is generally amenable to discipline but at times can be defiant.

In therapy he revealed that he thought his mother was dead. He tried hard to find excuses for his father's omissions but on one occasion he displayed great concern over his father's tendency to move house suddenly and frequently. Whenever discussing his offences he tended to become distressed, but was relieved to find that I did not consider him a hardened criminal. He was suspicious of the other boys and tended to project his suspicions onto them. Though he participated in group activities he did not consider any of the boys as his friend.

Initially, on admission he was suspicious of any approaches on the part of the Staff. He was rather unsettled and absconded on a few occasions. He was greatly preoccupied with his body and also sexual subjects. He was frequently enuretic.

Progress:

He has made some response to an individual psychotherapeutic approach and recently has begun to make new identifications with some of the male Staff.

Conclusion:

Alexander is a lonely and unhappy boy. He has considerable anxiety related both to his appearance and bodily activities, and also to his unfortunate experiences of family life with its insecurity and deprivation in all spheres. He has no memory of his mother and there has been no substitute mother. Father, by his omissions, attitude to life and non interest in the welfare of the children has always presented poor standards and principles either for emulation or introjection.

The parental pattern can be considered mainly one of "exposure and neglect" but there is also considerable "rejection". Alexander's behaviour pattern was mainly that of the "over-inhibited neurotic" but there were also a significant number of features of the socialized pattern. This is interesting in the light of his suspiciousness of, and his inability to make adequate relationships with other boys. The author sees this as a neurotic delinquent pattern being acted out in a pseudo-social manner. Both the real and implied rejection in the background could have resulted in the partial inhibition of the urge to make social relationships and in this way given rise to a partial withdrawal.

his repeated delinquent actions may also be understood as an attempt by this boy to extricate himself from his untenable home circumstances.

Matthew C.

Case number 8 S Age at first interview: 12 years 10 months

Matthew was a specific referral. The headmaster reported that he was an annoying boy who quarrelled with everyone. He was troublesome and disorderly in class and was insolent to his teachers. On the other hand he produced tantrums and other severe emotional reactions if there was any possibility of punishment.

SOCIAL HISTORY

The family lived in a slum area but were then rehoused two years previously in one of the new corporation housing schemes. As does happen in these cases, the family has not really settled in their new environment. This has particularly affected the father who says he misses the close contact of his old friends. The psychiatric social worker considered the home to be materially inadequate.

Mr. C. suffered from polio as a child. This has not left him severely incapacitated for he is able to work as a labourer in the baking trade. He complains that the work is heavy and he is frequently off ill. Mrs. C. is in good health and is described as being a reasonable mother. The psychiatric social worker describes both parents as being of limited intelligence and understanding.

The relationship between the parents is satisfactory but Matthew's relations with them both are not good. In recent months he had become difficult and disobedient and the parents felt he had rapidly become beyond their control. They stated that he had kept late hours, would not accept their authority and on one occasion had struck his mother with his fists. His parents also complained that he has not progressed as well as his twin sister Lyn. He was not on friendly terms with her and nor did he make very good relationships with other children of his own age. For a few weeks after being put on probation he showed a slight improvement but his conduct soon deteriorated again.

Siblings: Mary aged 20
(Matthew) - twins aged 12.
(Lyn)

Matthew's early development was apparently normal. He has had no severe illnesses. His delinquent behaviour had only occurred in the six months prior to admission. His school reports do, however, indicate that the problem has been of much longer duration. Previously Matthew had attended an ordinary school with his twin sister. Her progress had been good whereas Matthew's progress was unsatisfactory and this had been related mainly to his poor social conduct at school. At that time, he was considered to be socially, if not intellectually defective and his educational progress was grossly retarded. He was transferred to a school for mentally handicapped children. At this school on the Revised Stanford Binet he obtained an I.Q. of 76. His progress in general subjects, especially English was good. His progress in practical work was also good and there was no record of truancy. The headmistress reports that father was displeased that Matthew had been sent to a mentally handicapped school and repeatedly and severely thrashed Matthew. This aspect had not come

to light though it was suspected from other social enquiries. Intellectually Matthew was above the average pupil in this school and it was under consideration for him to be sent to a junior secondary school. He could cope with most of the work and was working up to capacity but the decision was delayed because of his poor conduct and behaviour which included some considerable bullying of the children who could not retaliate.

Matthew appeared in court on three occasions. He was charged with theft on four occasions and malicious mischief on one account all of which he had committed on his own.

PRESENT STATE: McFARLANE SCALE

A.	SLEEP ..	Restlessness - no undue restlessness noted (4)
B.	ELIMINATION ..	Incontinence - completely absent in last six months (5)
C.	FOOD ..	Appetite - average (3)
D.	SEX ..	a. Body - unconcerned around family physician etc. (3)
E.	MOTOR HABITS .	a. Nail biting - extreme but fingers not disfigured (+2)
	..	b. Activity - normal activity (3)
F.	CONDUCT ..	Lying - habitual compulsive lying (+1)
	..	Truancy - never truanted (5)
	..	Stealing - chronic petty pilfering (+2)
	..	Destructive - more destructive than average (+2)
	..	Selfish - shares under pressure (+2)
	..	Quarrelsome - constantly quarreling (+1)
G.	PERSONALITY ..	Demanding - constantly demanding of attention. (+1)
	..	Sensitive - more liable to hurt feelings than average (+2)
	..	Shy and timid - normally cautious (3)
	..	Fears - real discomfort from fears (+3)
	..	Defiance - extreme and pervasive negativism (+1)
	..	Tempers - severe explosions three or more times a week (+1)
	..	Confidence - prefers help (+2)
	..	Competition - no real competitive relationship (4)
	..	Jealousy - jealousy a constant source of tension (+2)

EXAMINATION AND PRESENT STATE

Psychological Examination: On the Ravens Matrices, Matthew obtained a score which lies at the fifth percentile which places him as intellectually defective in Grade V. A W.I.S.C. was given in December 1961 and Matthew obtained:-

Verbal	I.Q.	85
Performance	I.Q.	85
Full Scale	I.Q.	83

The psychologist commented that Matthew was of dull normal intelligence.

GENERAL DESCRIPTION AND MENTAL EXAMINATION

In the first interview Matthew started off rather bright and breezily trying to present a facade of happiness and friendliness. This soon broke down and presented a very unhappy, weepy boy. He hated his father but missed his mother desperately. He had great difficulty in coping with his sisters who not only appeared to be functioning at a much higher level, but also had both their parents' affection and approval. He was ambivalent about his home, feeling on the one hand very rejected by his family, but on the other wanting desperately to get back there. He disliked all the subjects at school, he disliked the boys and the masters at Lothians but did admit that this was not as great as his dislike for his previous school. He had few interests, no friends and mostly kept to himself. He reported that he had bitten his nails severely for some years.

A mental examination revealed as indicated above, a desperately unhappy boy but with no disorder in the fields of thought, memory, orientation, comprehension and apperception. His general knowledge was poor. This was understandable in the light of his educational retardation.

PROGNOSIS

Individual psychotherapy was undertaken at an interpersonal and supportive level. Despite his poor conduct he was allowed home at weekends. All the staff were asked to keep all forms of punishment to a minimum. By these measures we managed to decrease Matthew's unhappiness to a limited extent and helped him to function at a more acceptable level in the environment of the approved school.

DISCUSSION AND DIAGNOSIS

Matthew is a solitary and unhappy boy. He functions both at play and in the living situation at a level more appropriate to a very much younger child - at an infantile level. Though he is of dull normal intelligence, he is educationally very retarded. We see a family pattern of repression. He exhibited the behaviour pattern of the "neurotic inhibited delinquent." He has poor superego formation showing no guilt or remorse for his actions nor any concern for the consequences. He had very poor control over his impulses and was unable to bear frustration.

Case Number: 9 S

Campbell K.
Age at First Interview: 13 y ars 4 months

Campbell was a specific referral. The headmaster was wanting advice with this boy mainly because of his aggressive outbursts of temper and his inability to get on with the other boys.

HISTORY

Campbell is the seventh of eight illegitimate children all by the same father. The father is a known unsatisfactory character with a bad criminal record and his present whereabouts are unknown. At the time of Campbell's birth, mother was living in a fairly stable relationship with father. She is described as having come from a good respectable working class family who turned her out when she became pregnant for the first time. She seems to have deteriorated steadily moving frequently into poor and poorer social circumstances. She was at this time also drinking excessively. Her present whereabouts are also unknown. Apparently all the children were taken into care of the Children's Department when Campbell was two years old - they returned to their mother for a short period, but then again three of the children were taken into care when he was three years and have remained so ever since. The three still in care are John aged fifteen, Campbell aged fourteen and Bill aged twelve. At the age of three, Campbell was considered to be so difficult that no attempt could be made to foster him. At the age of six, he was reported as still being difficult, noisy and aggressive to other children. Together with his two siblings, he was transferred to a "family unit" where an elderly couple were in charge.

In the"family unit" John was obedient and helpful but there had been some incidents of petty pilfering; then later he committed a series of housebreaking offences in the company of his brothers. At school he was reported as being quick tempered, ready with his fists and resistent to discipline.

Bill was reported as being reasonably obedient and manageable within the home and taking his share in the household chores. At primary school he attended regularly, was punctual and his progress was good, but he would take any opportunity of non supervision to show off; he was aggressive and assertive and resistant to any attempt at social contact by either the staff or the boys.

In the"family unit" Campbell tended to be dour and difficult. He was found to be untruthful and over a period of time, he had been found stealing money. At school he was reported as being keen on football and played for the school team. His attendance was good; his progress and school work were good; in practical work he was fair but he was very good at physical education, running, etc. The teacher, however, reported that he was the most difficult child within the school. He would crave the limelight and produced much attention-seeking behaviour. He would respond to correction with an insolent silence. He told lies. He was always wanting to have things his own way and apparently this led to much fighting and quarrelling. The staff, in an attempt to make Campbell more acceptable to his school mates, gave him a place in the football team and allowed him the run of the school. This they considered, did produce some better behaviour both in the class and the playground. At his secondary school,

Campbell's work was well below average and his practical work was poor. He tended to be the leader of mischief and was frequently involved in fights.

After the above series of offences, the three brothers were charged and appeared in Court. The child care officers were of the opinion that Campbell tended to be the ringleader of the brothers. A joint discussion was held and it was decided that it would be best to separate the brothers for a period and deal with each individually. Campbell was sent to the approved school.

PRESENT STATE - McCULLOCH SCALE

A. SLEEP	..	Restlessness - unusually sound sleeper (5)
B. ELIMINATION	..	Incontinence - completely absent in last six months (5)
C. FOOD	..	Appetite - average (3)
D. SEX	..	a) Body - self-conscious when undressed (+2)
	..	b) Interest - withdrawal or anxious silence (+2)
E. MOTOR HABITS	..	Mannerisms - a) nail biting - never bites nails (5)
		b) other mannerisms - under emotional tension resorts to mild motor tic-like patterns (+3)
F. CONDUCT	..	Lying - lies occasionally (+3)
	..	Truancy - never truanted (5)
	..	Stealing - persistent (+1)
	..	Destructive - very careful of toys and furniture (4)
	..	Selfish - shares normally (3)
	..	Quarrelsome - quarrels more than average (+2)
G. PERSONALITY	..	Demanding - of attention but not affection (+2)
	..	Sensitive - more liable to hurt feelings than average (+2)
	..	Shy and timid - normally cautious (3)
	..	Fears - none known (5)
	..	Defiance - above average resistance to suggestion (+1)
	..	Tempers - severe explosions (+1)
	..	Confidence - accepts help (3)
	..	Competition - stimulated by competitive relationship (3)
	..	Jealousy - no real jealousy (4)

EXAMINATION AND PRESENT STATE

Psychological Examination: On the Ravens Matrices, Campbell obtained a score at the twenty-fifth percentile which placed him in Grade III minus as intellectually average. He may well have scored more but he just raced through Set E and was obviously not trying. During the course of the test he sang and chanted to himself and was easily distracted. On the W.I.S.C. he was found to be a boy of dull, normal intelligence:

Verbal	I.Q. 85
Performance	I.Q. 89
Full Scale	I.Q. 85

On the M.M.P.I. Campbell's profile was not considered to have "face validity"

but nevertheless, it was remarkably accurate. The profile was one of marked emotional disturbance and included as well, high scores on the psychopathic deviate, paranoid and schizophrenic scales.

In interviews, Campbell would sit with his whole body tensed up, would perspire a bit and would fidget continuously. He spoke in a squeaky, hoarse voice. He was never able to relax in the interpersonal situation, nor was he able to respond to the warmth of endeavours made by the therapist.

He spoke at some length about his previous school; he liked the lessons, claimed he got on well with the boys; had numerous friends and also got on satisfactorily with the teachers. At Lothians he did not mind the lessons, but when talking about the boys, his agitation increased, he became very tense and tended to block. He eventually claimed that the boys had been nasty and had hit him and in fact, that he had only one friend. He either spent his time with that friend or by himself. A typical response about the boys was "you don't know when they're going to turn on you". He claimed he got on well with the headmaster but was a bit wary of the rest of the staff. The same emotional tenseness and blocking occurred when psychosexual subjects were brought up. He very vigorously denied ever masturbating. He usually slept well but frequently dreamt about what he would be when he grew up. His ambition was to be a motor engineer or a football player. He liked playing football and swimming; and if he could have three wishes, he would have chosen a bicycle, football boots and a football. His offences were all committed in the company of his siblings.

A full mental examination revealed no disorder in the fields of thought, memory, orientation, comprehension, and apperception. He was generally disgruntled and irritable but this could be considered more in the terms of a personality variation. He showed very little in the way of remorse for his previous delinquent behaviour. He felt a loyalty to no-one other than his brothers.

PROGRESS

At Lothians the pattern of soliteriness and suspiciousness continued, but in other spheres he seemed to settle satisfactorily. There was no truancy, his appetite was good and he showed very little in the way of other minor symptoms. His progress at school was good and his behaviour in class improved. He was thought to be an orphan by the staff and because of this, the staff felt that they had to make special allowances for his periodic outbursts of difficult behaviour and fits of temper.

DISCUSSION AND DIAGNOSIS

This boy has an irritability, suspiciousness and a querulousness that in part resembles Kretchmer's Querulent Paranoid Personality. His stealing has not really been in groups but in the company of another boy who has always been his sibling. At times he has shown a cruelty, a tendency to fighting and defiance and inadequate guilt feelings. The family pattern has been one of rejection and unconcern. His pattern of behaviour is that of the "unsocialised aggressive delinquent". He did, however, also show many features of emotional disturbance.

This is another one of those boys who has tended to project his inability to relate onto his environment and has no insight into the effects of his own personality on his social contacts. On the other hand we can hypothesize that there is a fear of further rejection which has lead to partial inhibition of the urge to make relationships and has resulted in a partial withdrawal. His superego development is poor and he has little capacity for control when he is frustrated.

SANDY C.

Case number: 10 3 Age at first interview: 14 years 3 months

Sandy C. was a specific referral. The Headmaster described him as a quiet shy boy who seemed rather lost. He had been involved in a homosexual act in the toilet.

HISTORY

The history in this case is very scanty. It would appear the mother has had three illegitimate children by different fathers. She is a dull woman with very little warmth.

M.C. aged 30 - male
M.C. aged 26 - female
Sandy C. aged 14 - patient

The family live in a Council house and the main part of the income is derived from Public Assistance. The house is described as "clean and modestly furnished without a great deal of comfort".

It would seem that Sandy has always been an intermittent enuretic. [illegible] age of eight he had been involved in a series of offences from malicious mischief to theft in the company of others. These resulted in periods of probation. He did not seem to respond to probation and was reported as being "beyond his mother's control". At school the probation report describes him as being a "nuisance" and "not amenable to discipline". He occasionally truanted.

Sandy could give no factual account of his previous history. He did give a few fragments which give us some insight into this boy's life experiences. His brother, M.C. is a brick-layer in Swansea. Sandy says he frequently drinks - "He saved 2/10d. for me (pocket money) - had a wee drink and the Police took it off him". He says his father died after he was born and he was a "hill-drainer". It later became clear that the boy was well aware of the home situation, and this idea was fantasy on his behalf.

[illegible]

A. SLEEP .. Restless every night and difficulty in getting to sleep (+2)
B. ELIMINATION .. Nocturnal enuresis frequently (+1)
C. FOOD .. Appetite - average (+)
D. [illegible] .. Body - some exhibitionism (+5)
E. MOTOR HABITS .. Mannerisms a) Nailbiting - extreme (+2)
b) Activity - normal (3)
F. CONDUCT .. Lying - occasionally (+3)
.. Truancy - very occasional (4)
.. Stealing - persistent (+1)
.. Destructive - ordinary care (4)
.. Selfish - shares normally (3)
.. Quarrelsome - never. Avoids them (+5)

UNIT C.

C. PERSONALITY .. Demanding - demands more attention then others (+2)
.. Sensitive - more liable to hurt feelings (+2)
.. Shy and timid - excessively so (+1)
.. Fears - none discovered (5)
.. Defiance - accepts suggestions more easily than average (4)
.. Tempers - anger reactions absent (5)
.. Confidence - prefers help (+2)
.. Competition - discouraged in a competitive situation (+5)
.. Jealousy - none so far (5)

INTELLECTUAL ABILITY

On the Raven's Matrices, Sandy obtained a score below the fifth percentile which places him definitely below average in Grade V. However, he surprisingly obtained a full scale I.Q. of 91 with a verbal I.Q. of 85 and a performance scale I.Q. of 100 on the W.I.S.C. The psychologist comments he is of low average intelligence.

Sandy's M.M.P.I. was assessed as not having face validity; nevertheless it accurately reflected his clinical condition. The psychologist commented "marked emotional disturbance - query early psychotic" There were high scores on the psychotic profile including a very high score on the schizophrenic scale. There was also a significant score on the psychopathic deviate scale.

GENERAL APPEARANCE AND AFFECT

He is a small boy for his age, and has the "pinched and unhappy" appearance of an obviously materially deprived child. He was generally apprehensive, tense and unhappy. He was guilt stricken about his sexual behaviour but showed no remorse for his delinquent offences. His nails were severely bitten.

No disorder of thought was elicited. He was generally dull and educationally retarded. He could give a reasonable explanation of some simple proverbs but not more than this. His general information was very poor, but his grasp and recall, as revealed by a logical memory test, was surprisingly good, and he remembered all the items and grasped the meaning of the story. He made only one mistake in the serial sevens.

DURING INTERVIEW:

He complained about not having any friends. He viewed this as discrimination against him because he came from a different district. He did manage to talk about a recent homosexual experience in a toilet while at Lothians and though he placed the blame entirely on the other participant, I did get the impression that he was not wholly an unwilling party. This was borne out when he was later found exposing himself in the toilet. He had no knowledge of the physiology of digestion, excretion and reproduction and these were discussed at a later interview. After these early episodes no further incidents occurred, but he kept on complaining that some of the boys continued to pester him. He is always prepared to fabricate if he thinks the answers will please.

DISCUSSION AND DIAGNOSIS

Throughout his life this boy has only known instability, insecurity and deprivation and had never had any adequate figures to identify with. After his initial difficulties he soon settled in at Lothians, and one could consider his delinquency partly to be an attempt to escape from an untenable home situation. His mother's promiscuity and his lack of adequate male identifications may well have determined his future psychosexual development. On the other hand, his homosexual escapades may have been his way of attempting to relate with his peers. He was considered to have a dysthymic personality and to be severely disturbed. His behaviour pattern was that of the "overinhibited neurotic". The family pattern was of "rejection" and "negligence and exposure".

PROGRESS

Throughout his stay he remained a timid boy, but yet liked to draw attention to himself. He became a regular member of the band, and surprisingly all the teaching staff consider his work to be neat and either good or fair. However, some nine months later when the W.I.S.C. was performed, his real potential became obvious. His enuresis has not varied.

Case Number: 11 S Age at first interview: 13 years 2 months.

James D. was a specific referral. His numerous facial contortions and his queer reactions had attracted attention.

HISTORY

Mrs. D. is said to have suffered from a thyroid deficiency since James was born. This had necessitated various admissions into hospitals over a number of years. It seems that she has been admitted for investigation and treatment but none of these admissions had been longer than a few weeks at a time. She also works as a part-time cleaner from 6.30 a.m. to 1.0 p.m. and from 5.0 p.m. to 8.15 p.m. The home is adequately furnished and reasonably well maintained. Mr. D. is a labourer who changes his job frequently - he ascribes this to the fact that the job depends on climatic conditions; but it is reported that he is addicted to drink. There is a noticeable lack of warmth in this home and the parents are both uncooperative. Father is a domineering and hypercritical man.

James had attended an Educational Child Guidance Clinic since 1955. He was referred by the school because of unsatisfactory behaviour at the age of six. However, because of lack of co-operation the case was closed. In 1958 he was charged with housebreaking. In 1960 the Clinic reopened the case but apparently the parents were unwilling to take time off from work to attend and James failed to attend on his own. Following this there were a series of delinquent acts which included stealing from home, persistent truancy and staying out all night. Eventually he was remanded in a Remand Home. The psychologist there commented "He would appear to have some difficulty in making any lasting friendships with other boys and during his period of custody he has not belonged to any particular clique".

We know nothing of James' sister who is one year older than he.

DETAILS OF CASE - 'C' GROUP

A.	SLEEP	..	Sound sleeper (5)
B.	ELIMINATION	..	Incontinence - absent (5)
C.	FOOD	..	Appetite - average (3)
D.	SEX	..	Body - modesty (+1)
E.	MOTOR HABITS	..	Mannerisms - a) Nailbiting - severe (+1)
			b) Activity - underactive (4)
			c) Others - severe and persistent tics (+1)
F.	CONDUCT	..	Lying - lies under stress (4)
		..	Truancy - habitual (+1)
		..	Stealing - persistent (+1)
		..	Destructive - ordinary care (4)
		..	Selfish - shares normally (3)
		..	Quarrelsome - less than average (4)
G.	PERSONALITY	..	Demanding - less interest in attention than average (4)
		..	Sensitive - matter of fact; impersonal (4)
		..	Shy and timid - more cautious than average (+2)

.. Fears - no fears discovered (5)
.. Defiance - fairly pliable (3)
.. Tempers - anger reaction practically non-existent (5)
.. Confidence - accepts help (3)
.. Competition - no real competitive relationship (4)
.. Jealousy - none discovered so far (5)

EXAMINATION AND PRESENT STATE

On the Raven's Matrices James obtained a score below the fifth percentile which relegates him to the category of "intellectually defective in intellectual capacity". However, on the W.I.S.C. he obtained a Full Scale I.Q. of 84. His Verbal Scale I.Q. was 94 but his Performance Scale I.Q. was 76. Also there was some inter-test variability.

James' M.M.P.I. was assessed as having face validity. He scored high on the psychopathic deviate scale - also the profile could be interpreted as showing a good deal of additional anxious self concern. It is a complex M.M.P.I. which mirrors the complexity of the case.

GENERAL BEHAVIOUR AND APPEARANCE

James is a strange looking boy who has several facial tics which are increased by any emotional stress. His nails are severely bitten and there is some disfiguration of his fingers. He frequently fidgets and has difficulty in sitting still.

AFFECT

He can present the picture of being a pleasant smiling boy but he does have a tendency to silly giggling.

THOUGHT

He answered most questions directly and to the point, except one proverb, but would gaze around as if he were responding to stimuli other than from our conversation. Sometimes he would ask for questions to be repeated. He spoke coherently and his answers were terse. He claimed he had never heard of any proverbs and when asked to describe in his own words "too many cooks spoil the broth" he answered "if they put too much salt in it". He considered his thoughts were his own. He denied any hallucinations.

MEMORY ETC.

His orientation, memory, retention and recall were good. In the logical memory test he remembered the items and grasped the meaning of the story. He completed the serial sevens correctly and at a good speed. Even though he seemed not to be listening, his participation in the conversation and his ability and co-operation during an activity such as drawing revealed surprisingly an adequate attention span and good concentration. All in all, he showed a good ability to assimilate and comprehend impressions but his general knowledge was very poor.

An electroencephalographic examination was performed and the report reads as follows:-

"A low voltage alpha rhythm was recorded from the occipital regions and responds to visual attention. Symmetrical theta activity is seen in the temporal region. Symmetrical intermediate fast activity 22-24 c/sec. is seen in fronto-central areas. Hyperventilation evokes only physiological changes".
Conclusion - the record is within normal limits for a patient of this age.

DURING INTERVIEWS

He professed some slight interest in football. He apparently received adequate pocket money. He told me that when he left school he did not want to work at all. He discussed his offenced in a detached and disinterested but not in an off-hand manner. During one interview he drew a British Battleship being attacked by five German planes and added "they will shoot down the British ship".

In his second interview he did talk about his being unable to make friends and was spending time mainly with one boy or else keeping to himself. At a later interview he claimed he now had many friends but this was obviously not an active social interaction with the other boys, but just a disinterested ignoral by them of him. When the subject of masturbation was touched on he reacted violently - his tics, fidgeting and restlessness became worse and for a short time he would not talk, but then later denied masturbation.

PROGRESS

Initially, rather surprisingly, James remained inconspicuous among the boys. He tended to keep his own company or be on the fringe. He seemed to be settling in and adjusting well to the institution. There were no delinquent acts, no aggressiveness and, in fact, no gross behaviour disorder. He remained excessively timid.

This phase did not last. Some months later, James became moody, irritable, unpredictable and at times weepy. After some considerable time James revealed that on a couple of occasions one of the other boys had sexually interfered with James while he was in the toilet. He had threatened James with physical violence if he reported the incident. The other boy was known to have committed these acts previously and so this was not fantasy on James' behalf. The staff exercised due tact and special therapeutic interviews were undertaken, orientated at helping James over this traumatic period.

No breakthrough was ever made in getting James to discuss his family. He would always become distressed, weepy, and when pressed would make excuses for them. This line of enquiry was abandoned because of this.

DISCUSSION

Besides his multiple tics there are numerous subtle oddities in this boy's behaviour - the most obvious being his silly giggling, his continual gazing around himself in a "mad" fashion, his poor performance with proverbs and his tendency to ask for questions to be repeated. On the other hand he is very much aware of what

is going on, though one would expect him to be less aware. He is a maladjusted and emotionally disturbed boy, and this has probably contributed to his educational retardation. There are none of Schneider's first rank diagnostic symptoms of schizophrenia but the combination of symptoms in this case makes one suspicious of a psychotic or borderline psychotic state. This remained as a suspicion throughout the time this boy was observed.

The consensus of opinion of all the social workers was that this boy had been exposed to much parental repression, especially on behalf of the father. He can be included, for classification purposes, in Hewitt and Jenkins "emotionally disturbed" category.

Case number 14 S

Age at first interview: 13 years 5 months

Andrew was a specific referral. The headmaster reported that he had recently allowed Andrew home for the weekend but Andrew had failed to return. He eventually entered his own home late at night and his father returned him the next day. The headmaster also reports that the father told him that he himself is also an ex-approved school boy; he has also been in prison. He was apparently at this late stage beginning to show some interest in his son's welfare.

HOME BY

Andrew's parents were married in 1948 and by 1961 had had ten children, seven of whom were in the care of the Local Authority. Andrew is the eldest of the ten siblings. The father has a prison record and has, on many occasions, deserted his family. The mother reports that the relationship between the parents has never been satisfactory. She reports he can also be a very strict person, domineering of herself and the children. The psychiatric social worker came to the conclusion that father's behaviour was of a psychopathic nature and she comments that the only paternal function he seemed to fulfil with any regularity was the procreative one.

This family has had numerous moves mainly due to evictions because of rent arrears. The present home consists of one room in a condemned property without adequate culinary or toilet facilities. It is a poor neighbourhood with a high incidence of delinquency.

Andrew has had lifelong experiences of an insecure home life. Since the age of ten he has been in the care of the Local Authority on five occasions and his most recent discharge was approximately six months ago. He is presently being charged with being persistently absent from school. In 1957 he was charged with theft and placed on a year's probation. This was an individual thieving situation.

As far as mother can remember, Andrew has only had one serious illness, that is, whooping cough at the age of two years which resulted in a few weeks hospitalization. She was vague about his early milestones but thought they had been normally achieved. Andrew has been separated from his mother during each of the subsequent births for a week to ten days at a time, and was mostly taken into care by the maternal grandmother. From the early years he has had numerous prolonged separations from his father due to either paternal desertion, paternal recidivism, or parental separation. These were so frequent that mother could not give a full account of father's comings or goings.

PRESENT STATE: McFARLANE SCALE

A.	SLEEP	.. Restlessness - sound sleeper (4)
B.	ELIMINATION	.. Incontinence - completely absent in last six months (5)
C.	FOOD	.. Appetite - average (3)
D.	SEX	.. Body - self-conscious when undressed (+2)
		.. Interest - anxious silence (+2)

E. MOTOR HABITS .. a. Nail-biting - never bites nails (5)
.. b. Activity - extreme inactivity (+5)

F. CONDUCT .. Lying - lies occasionally (+3)
.. Truancy - habitual truant (+1)
.. Stealing - occasional mild pilfering (+3)
.. Destructive - careful of belongings (4)
.. Selfish - shares normally (3)
.. Quarrelsome - quarrels with real provocation (3)

G. PERSONALITY .. Demanding - enjoys attention (3)
.. Sensitive - supersensitive (+1)
.. Shy and timid - more cautious than average (+2)
.. Fears - none known (5)
.. Defiance - excessive suggestibility (+5)
.. Tempers - occasional mild tantrums (4)
.. Confidence - accepts help (3)
.. Competition - stimulated by competitive relationships (3)
.. Jealousy - no real jealousy. (4)

EXAMINATION AND PRESENT STATE

Psychological Testing: On the Ravens Matrices Andrew obtained a score which lay between the tenth and twenty fifth percentile which places him in Grade IV and being definitely below average. On the W.I.S.C. he obtained:-

Verbal	I.Q. 95
Performance	I.Q. 83
Full Scale	I.Q. 88

Andrew's [illegible].P.I. was assessed as having face validity. The psychologist considered the profile to be within normal limits - the only borderline score is on the depressive scale. This is one of the few records that does not mirror the state of the boy as assessed clinically.

GENERAL [illegible] AND [illegible]

In interviews, Andrew always tried hard to be co-operative. He did prove himself to be, however, an emotionally incontinent boy and tears were always quickly produced. A psychological examination revealed no disorder in the fields of thought, memory, orientation, comprehension, apperception and general knowledge. He was obviously educationally retarded.

Andrew always talked freely about his television and other interests, his hobbies and the games that he enjoyed. His ambition was to be a long distance driver. He reported that he had been to about thirteen schools mainly due to parental changes of addresses. He complained bitterly about the boys of his previous schools and attributed their dislike for him to the difference of religion. He found that the masters at the previous schools had reacted similarly to him. He also found the lessons too hard and could not cope with them. He found Lothians a bit better - the lessons were not so difficult and the masters were understanding. He did not however, get on with the boys and his typical responses were "I keep to myself - don't mix". When pressed his reasons for not mixing with the boys were "I can't be bothered - I just watch T.V.". He also claimed that he had always been alone when truanting from his previous schools.

He had a great affection for his mother and considered himself to be his mother's favourite. His reason for this was that while the other children were all put into care permanently, he never was. He has never got on well with his father and spoke freely of his reasons for his dislike: "He ran away from my Ma - he makes a mug of her when he goes away and leaves her with the bairns to look after herself". He also reported that his father drank excessively. Very little feeling, either positive or negative could be elicited for his siblings.

PROGRESS

After Andrew had been in Lothians for some time, the headmaster reported that he was still a nervous boy who always tended to have a shifty look about him. He was generally considered to be a timid boy. He repeatedly showed an inability to bring himself to return to Lothians after he had had a weekend's leave. At school his behaviour was good and he showed a good all-round ability.

[illegible] DIAGNOSIS

Andrew is a case of a secluded, sensitive, paranoid boy who tends to project his inability to mix into his environment. His only recent offences have been non-attendance at school. It is obvious that his psychological maturation and ability have been damaged by the various inconsistencies, insecurities, deprivations and separations which he has experienced. He feels strongly about the paternal deviations.

The family pattern is mainly one of "neglect and exposure" but with some harshness on father's behalf. The boy's pattern of behaviour is mainly that of the "overinhibited neurotic" but with some features of the "socialized" pattern. He showed poor superego development in terms of no guilt or remorse for his offences and little concern for the consequences. Within the environment of the approved school he showed the capacity for adequate personal control. Again his delinquent behaviour may have been an attempt to extricate himself from what was for him emotionally untenable home circumstances.

[illegible] C.

Case number 16 S Age at first interview: 13 years 5 months.

Michael was a specific referral, not because of any observable behaviour disorder, but because he had previously been a child guidance case and it was decided he should have the benefit of psychiatric supervision.

HISTORY

Reasons for referral: In 1956 Michael was referred by the headmaster of the school to the educational psychologist because of his slow progress at school. The educational psychologist's investigations revealed that he was restless, sullen, unresponsive, obstinate, disobedient and untruthful and was always in the thick of trouble. There has been a steady deterioration over the years. There had also been persistent pilfering. He had a poor relationship with the other children at school. He was educationally at a standstill. The educational psychologist also reported that he was aggressive and defiant within the home and aggressive to his siblings. His parents were poorly adjusted and both had difficult personalities. At one stage, mother was reported as saying that she was no longer able to love the child. Father was rigid, unimaginative and severe. The parents reacted to his misdemeanours by increasing the severity of his punishment. The psychologist commented that he was probably over-punished. The parents were interviewed on various occasions and the opinion was that it was not possible to modify their attitudes.

Michael was tested at the age of approximately eight years, on the W.I.S.C., and he then obtained a Verbal I.Q. of 77, a Performance I.Q. of 81 and a Full Scale I.Q. of 78. He was again tested at approximately eleven years when he obtained a Verbal score of 67, a Performance score of 71 and a Full Scale score of 69. The psychologist was of the opinion that both the fall in his W.I.S.C. attainment and the lack of progress at school were a reflection of the deterioration in the boy's emotional state. He was placed in an adjustment group at school but there was no response.

SOCIAL HISTORY

Father, aged forty-three years - a railway guard. He is a small man, as are all his children. He is a strict disciplinarian but he now feels the boy is beyond control. Sometime previously, father had tried unsuccessfully to induce one of the boy's victims to press charges. Mother, aged forty-one years. She describes herself as being an excitable and highly strung woman. The social worker reports that she gets worked up easily and will talk incessantly, about her unpleasant early life. Her own parents separated when she was fourteen years old and then she was "flung into service." She is a stout woman who has gall bladder trouble.

The parents were married nineteen years ago and there are seven children. The relations inter-parentally have not always been satisfactory and Mrs. C. has, on occasions, deserted the family home. The home is a four-appartment council house situated in a large council housing area where there is a high incidence of delinquency. The home is comfortablsy furnished, clean and tidy

and the standards would approximate those of the district.

Siblings: Michael is the fifth of the seven whose ages range from seventeen years to nine years. Some significant details are as follows:-

John, the eldest, now resides in another County. He had previously been committed to a detention centre after repeated delinquent behaviour.

Lyn - aged 15. She had previously been referred to the child guidance clinic for pilfering and has currently left home. Her whereabouts are unknown.

Larry aged 14. He is congenitally blind in one eye and partially blind in the other eye and attends a myopic school.

PERSONAL HISTORY

Mother has always had poor health in her pregnancies; she has always felt run down and had prolonged morning sickness. All of her children were on the smallish side but Michael weighed 7 lb. Michael had combined gastroenteritis and whooping cough at the age of seven months and was admitted to the local fever hospital for a period of four months. Most of his milestones were normally achieved but he only started talking at three years and even so, was a poor speaker. The only severe illnesses which Michael has suffered was the whooping cough and gastroenteritis mentioned above. At the age of six years, he was knocked down by a coal lorry. He suffered fractures of his limbs and skull. The hospital report that there was a linear fracture of the right frontal bone. There was no loss of consciousness and no focal signs. He only stayed in hospital for oneweek.

Michael has had several separations from his family. At the age of seven months he was admitted to hospital and stayed there for some four months. At the age of six years, he was admitted to hospital for one week with the fractured skull. He has also been separated from his mother for ten day periods during the birth of the next children. Mother also reports that he showed some jealousy at the time of the birth of the other siblings but mother had her hands so full at this time that she was unable to make a fuss of him.

Mother says that recently, Michael has shown a dislike for her; she attributes this to her reporting his misdemeanours to father. Father stopped Michael's pocket money because he was stealing. (He also stopped Lyn's pocket money because of her behaviour.)

CHILD'S VIEW OF DIFFICULTY BY MOTHER

Mother describes Michael as a problem child who has caused her much concern by his petty pilfering in school, in the home and in the youth organisation. He has always disregarded the parents' advice as to his associates. She has, in fact, tried to keep all the children in home after school hours; she does this because she alleges one of the older boys had been interfered with sexually. Michael has absconded from home for as long as five days at a time. The parents have been unable to stop him smoking. They also find him to be greedy and selfish

Michael was seen by a child psychiatrist in 1959. He was found to be an apprehensive boy who was desperately looking for attention and praise. He had severely bitten nails. He showed a real enthusiasm for football. Some pathological covert sibling rivalry was elicited.

An EEG. was performed and the report was as follows:-

"There was a well marked symmetrical alpha rhythm at 8 c/s which blocks well on eye opening. There was also an excess of bilateral symmetrical slow activity in the 3-5 c/s range. No true paroxysmal features were seen and no focal abnormality was seen. On hyperventilation slow activity increases in amplitude and decreases in frequency to produce regular high voltage 3 c/s activity throughout the brain. This settled down within fifteen seconds of stopping and again hyperventilation does not reveal any true focal or paroxysmal activity. The conclusion was that the record was abnormal and somewhat unstable but does not produce definite evidence of epilepsy or focal brain damage."

The psychiatrist recommended that as Michael was now functioning at a low border-line handicap level, he should receive special education for the mentally handicapped. It was decided that out-patient therapy would be of limited value only, because of the conflict that would soon arise through divided loyalties of the child to his parents on the one hand, and to the therapist on the other. It was decided that case work at the supportive level would be the more important aspect of this therapy. Over the next few interviews, Michael appeared to be improving. However, a report from his class teacher indicated that the other pupils at the school had little to do with him. The psychiatric social worker reported that Mrs. G. was a very limited woman and she was doubtful if her attitude would be modifiable. After a while, it was obvious that the parents were not really co-operating. After a new outburst of offences, Michael was committed to an approved school.

PRESENT STATE - McFARLANE SCALE

A.	SLEEP	.. Restlessness - occasionally restless (3)
B.	ELIMINATION	.. Incontinence - completely absent in last six months (5)
C.	FOOD	.. Appetite - average (3)
D.	SEX	.. Interest - withdrawal or anxious silence (+2)
E.	MOTOR HABITS	.. Nail-biting - extreme but fingers not disfigured (+2)
F.	CONDUCT	.. Lying - lies occasionally (+3)
		.. Truancy - one episode a year (4)
		.. Stealing - persistent (+1)
		.. Destructive - careful of belongings (4)
		.. Selfish - shares normally (3)
		.. Quarrelsome - quarrels more than average (+2)
G.	PERSONALITY	.. Demanding - attention seeking (+2)
		.. Sensitive - disturbed by inability to get on with other boys but tries to present a picture of not caring and a denial of problems. (+5)
		.. Shy and timid - normally cautious (3)
		.. Fears - none known (5)

.. Defiance - previously showed above average resistance to suggestion (+2)
.. Tempers - occasional mild temper tantrums (4)
.. Confidence - prefers help (+2)
.. Competition - discouraged in a competitive situation (+5)
.. Jealousy - occasional jealousy of younger children (+3)

EXAMINATION AND PRESENT STATE

Psychological Examination: On the Ravens Matrices, Michael obtained a score below the fifth percentile which places him in Grade V as intellectually defective. During testing, he was very slow, his attention fluctuated and he was easily distracted. On the W.I.S.C. at this time he obtained:-

Verbal	I.Q. 76
Performance	I.Q. 67
Full Scale	I.Q. 69

Michael's M.M.P.I. did not have face validity, but again it was remarkably accurate. It was the profile of a schizoid psychopath with hypochondriacal preoccupations. When re-examined with full knowledge of the case, it reveals itself as a complex profile which mirrors the complexity of the case. There is a high score on the paranoid scale.

GENERAL APPEARANCE AND MENTAL EXAMINATION

At interview Michael wore a blank expression and showed little in the way of emotion. He would answer questions in a monotonous but factual manner. Questions had to be kept at a rudimentary level or else he was quite incapable of answering them. During the course of interview , at this stage, he showed a complete denial of any problems, any unhappiness or any anxiety. He showed no signs of guilt or remorse for any of his activities. At a full mental examination it was difficult to separate off just how much of his poor performance was due to his borderline intelligence and how much to his present affectless and apathetic state. There was however, no evidence of psychotic or organic features.

PROGRESS

The headmaster reported that Michael did not get on at all well with the other boys - he also did not worry what they said or thought about him and was not frightened of them. The headmaster found him to be attention and affection seeking. After he had been at Lothians for some six months the consensus of opinion was that he was a quiet, shy not very active but a pleasant boy. He was found to be timid, especially among the tougher boys but tended to be aggressive to the smaller boys. He took care of his belongings. In school his progress was fair and his behaviour was satisfactory. He was always pleasant and polite to the staff, but when not under staff supervision he was always the centre of disturbance. As far as the staff could discover it did seem as if he tended to, in their own words "get on the nerves of the other boys".

DISCUSSION AND DIAGNOSIS

This boy comes from a family in which there was intense and prolonged parental discord. The parents have been inconsistent and severe in the handling of the children. Neither of the parents appear to be warm and understanding personalities. He has suffered separation from his parents at a very early age. There has also been much in the way of parental rejection. Though his stealing has been in groups, he has shown, at times, much defiance, inadequate guilt feelings and aggressiveness, directed mainly at younger children. This aggressiveness may well be determined by some unresolved, intense sibling rivalry. We can understand his weakness of superego being based on both a rejection of his parents as a model for imitation and also because of the excessive physical punishment which he has received. His continued delinquency in the face of all attempts to help him can also be understood in terms of an attempt to extricate himself from his untenable home circumstances. It is surprising how well he settled in the approved school but interestingly he shows many affectionless features and is at the stage of ~~---~~ problem denial. In the structured situation of the approved school he showed relatively adequate personal controls.

He shows mainly the "over-inhibited neurotic" delinquent pattern of behaviour. The parental pattern is mainly one of "repression" but there is clear overt parental rejection as well. Fear of further rejection may have inhibited, in part, his urge to make further relationships.

ROBERT I.

Case Number: 19 S Age at First Interview: 14 years 6 mont

Robert was a specific referral. The headmaster referred him as he seemed unable to mix amicably with the other boys.

FAMILY

The father works as a steel erector. Throughout Robert's life, father has been away from home for long periods as he has always had to move to wherever work was available. The various reports indicate that father is a man of good character who has always displayed an interest in his children but as he has been away from home so much, he had very little to do with the upbringing. The social worker reports that father is a young looking man - industrious, devoted to his children, warm and friendly. Since mother died, he has remained at home where he welcomes the boys and treats them as adults. Mrs. I. suffered from a chronic rheumatic condition of the heart. Throughout her life she had been a frail woman and had had prolonged periods of hospitalisations until approximately a year before Robert was admitted to the approved school. On these occasions with father away, the younger children were mainly looked after by Hope or relatives. The various reports indicate she was of good character, took an active interest in her children and kept a good home for them, but by her very frailty, was unable to manage the boys. She died some months after the boys were admitted to the approved school. The home was well furnished and was always clean and tidy. The probation officer reports that there is a high incidence of delinquency in the area.

Siblings: Faith aged 18 - she is now married and living in the United States.
John aged 15 - previously at Lothians.
Robert aged 14 - at Lothians.
Hope aged 9 - at school.

Robert was a three pound premature baby and was kept in hospital for six weeks - there was some bruising of the head and he had some febrile convulsions at three months. During the early years, Robert tended to be a nervous child, terrified of lavatories, cisterns etc. His early development was slower than his siblings but his parents were vague about the actual milestones. The father reported that Robert appeared to be unaffected by mother's death but thinks he was hiding his feelings. From the age of about ten, Robert has persistently been in trouble and frequently appeared before the Courts. He has gone through the stage of being on probation, being sent on several occasions to a detention centre and finally committed to an approved school. All his offences were committed with a group of other boys. His mother found that both he and his brother were beyond her control especially in the absence of a father figure. In the last year, there had been frequent episodes of him staying out all night. A school report indicated that he was a very impertinent boy. Educationally, he had made very little progress. His school record shows 166 non-attendances out of a possible 238.

[illegible] - PSYCHIATRIC

A. SLEEP .. Restlessness - Restlessness every night (+2)
B. ELIMINATION .. Incontinence - two or four episodes a month. (+2)
C. FOOD .. Appetite - voracious eater (+5)
D. SEX .. Interest - pleased with body, Consciousness - no tension (4)

E. MOTOR HABITS	..	Nail-biting - mild persistent biting (+3)
F. CONDUCT	..	Lying - lies more than average (+2)
	..	Truancy - habitual truant (+1)
	..	Stealing - persist nt stealing either in frequency or value or both (+1)
	..	Destructive - more destructive than average (+2)
	..	Selfish - shares normally (3)
	..	Quarrelsome - constant quarreling (+1)
G. PERSONALITY	..	Demanding - less interest in attention from others than average (4)
	..	Sensitive - supersensitive (+1)
	..	Shy and timid - normally cautious (3)
	..	Fears - none known (5)
	..	Defiance - extreme and pervasive negativism (+1)
	..	Tempers - severe ex losions three or more times a week (+1)
	..	Confidence - never asks for help (4)
	..	Competition - extremely competitive (+1)
	..	Jealousy - no real jealousy.

EXAMINATION AND [illegible]

Psychological examination: On the W.I.S.C. Robert obtained the following scores:-

Verbal	I.Q.	81
erformance	I.Q.	82
Full Scale	I.Q.	80

The psychologist reports that he is a dullard intellectually.

[illegible]

Robert is a tall, striking youth. At his first interview, he showed a superficial brightness and friendliness, but this was not maintained at later interviews. In his first interview, he spoke about his family. He claimed considerable remorse for having upset his mother with his delinquency. He had never really got on well with her - she seemed to prefer Hope. His father had had no preferences. He had become very annoyed at Robert's delinquent actions, but Robert said that he was not worried about this to any great extent because father was not home very often. He did not like school and had truanted frequently. He had not liked any of the work at his previous school, but he claimed that he liked the school work at Lothians and also liked the staff but he had run away when first admitted. He would never give any reasons for running away. His main interests were football, cricket and listening to modern records. He had no use for television. When at home, he had had girl friends and with them he had regularly attended the rock and roll dancing sessions. His ambition was to go to the United States and work. At this stage he was feeling negative towards his brother Tom who had been committed to Lothians with him but because of his persistent anti-social aggressive behaviour, had been transferred to a more senior approved school.

Some months later, Robert spontaneously complained that he could not get on with the other boys, in team games they seemed to be against him. He also complained

that he did not like the way one of the staff looked at him and did not like any of the other staff. He himself also wanted to be transferred to the more senior approved school. At this stage, he had become so difficult that he was frequently put out of class. He had also reverted to wetting his bed. Still later, he complained that he had no one to talk to, no one to play with and that all the boys had turned against him; he did not know why; he was adamant about running away and said that he could not help himself, even though he knew he would be re-committed. At about this time, he also complained of being unable to get off to sleep at night. Various members of the staff made desperate but unsuccessful attempts to contact him. In the individual psychiatric situation, further continued attempts were made to try and help him but he openly refused to co-operate and said that there was nothing that anybody could do for him. Over the next few months, he made sure of being transferred to a more senior school by not returning from leave and committing some serious offences.

A full psychiatric examination revealed no disorder in the fields of affect, thought, memory, orientation, comprehension and apperception. His general knowledge was poor. However, over the course of his stay, some ideas of reference and also a paranoid streak became evident. He showed no remorse whatsoever for his anti-social behaviour and other misdemeanours; he was impulsive, showed no concern for the consequences of his behaviour and resented correction.

PROGRESS

The behavioural report from the staff showed many interesting items; Robert bit his nails; he occasionally wet the bed; he had difficulty in getting to sleep and then difficulty in waking up in the morning and tended to disturb the other children with his restlessness. He was described as sullen, unco-operative - "a chip-on-the-shoulder type"; and an aggressive boy who always considered the other person in the wrong. He was aggressive to everyone, even to the staff. He never had a sense of humour. He did not take care of his belongings. He showed a general dislike of school and this also applied to all school subjects. His progress at school was very poor and his behaviour in class was poor. He was considered to be a very poor sportsman and in most games showed a rough and aggressive streak. He was found to be a vicious boy, prone to serious bullying.

DISCUSSION AND DIAGNOSIS

Robert is a boy who has been separated from his father for long periods. His mother when she was alive, was sickly and therefore he never experienced adequate or firm discipline within the home. He has always been exposed to delinquent companions. In his home environment, he showed "socialised" delinquent behaviour, consisting of stealing in a group situation, truancy and running away, but within the approved school was prone to be an "unsocialised, aggressive" delinquent with much cruelty, inadequate guilt feeling, aggressiveness, fighting and persistent and pervasive defiance. He showed both an inadequate superego formation and weak personal control. He is another of the boys whose inability to relate in a meaningful way to his associates appears to be determined by his unpleasant personality. He, on the other hand has no insight into this and is now beginning to develop paranoid features.

For classification purposes we can say he exhibited a "mixed pattern" of delinquent behaviour with mainly aggressive features. The family pattern is one of "exposure and neglect."

KEN F.

Case number 21 S — Age at first interview: 11 years three months.

Ken was a specific referral. He was in fact referred by the paediatricians to the child psychiatrists. He had been admitted to the children's hospital as a case of suspected acute appendicitis. The final diagnosis was a haemolytic streptococcal pharyngitis which the paediatrician thought may have caused a mesenteric adenitis. However, the symptoms remained for an excessively long period. The staff in the ward also reported that he was continually both attention and sympathy seeking.

HISTORY

This is a very complicated case. The mother's first husband committed suicide at an early age and she was left with an infant daughter. Some two years later, she gave birth to Ken and the putative father is unknown. Some eighteen months later she re-married and there are two children from the product of this union. Mrs.F ----- has always given the appearance in her contacts with social workers of being a confident and capable mother. This has not been borne out by her reality handling of her life or her family. The two children not of this union have now been removed from this home; and mother is quite willing, if given the chance, of dissociating herself from them and taking no further interest in their welfare. Stepfather is a lorry driver. He has also always professed an interest in the children to social or welfare workers but his true attitude has never been elucidated. Also some years ago, stepfather was charged with a sexual offence towards his stepdaughter and was sentenced to a month's imprisonment. The girl was taken into care of the local authority and at present remains in care. Ever since this time, mother would appear to be the dominant partner in this marriage.

Siblings: Mary aged 14. At present in care of the local authority. She had attended the Child Guidance Clinic from the age of about three and then irregularly on and off for a good number of years. She has had symptoms at almost every stage of psycho-physiological development. Intensive case work was undertaken with the parents, and the girl was seen on an individual psychotherapeutic basis, but the reports indicate that these parents never allowed themselves to become involved more than on a superficial level and the help afforded to the family was therefore limited. The case worker noted one of father's comments about Ken when Ken was approximately three years old. "He's a nice little fellow but has no spirit."

Ken aged 11.
Bob aged 9.
Paul aged 7.

The home is a three apartment council house situated in a council housing estate where there is a very high incidence of delinquency. The home is well furnished, clean and tidy and the standards approximate those of the district.

Ken's appearances at Court have all been on the basis of charges by parents that he was beyond control. Over the previous two years, he had frequently wandered away from home and on four occasions has run away from home absenting himself over night. On other occasions he had tended to remain out late at night. The parents had complained that this constituted a bad example to his younger brothers. They also complain that he had never been able to maintain his connections with the various youth organisations to which he had been introduced. Over the months prior to admission to the approved school, mother had kept him in the home and not let him out after school hours in an attempt to prevent him from wandering. The parents complain that his persistent wandering had caused considerable tension and in fact their main worry appears to have been whether he would take some of the younger children with him.

A school report indicated that his progress in all subjects was not up to his capabilities. He is also reported as being lazy at school, though he was quiet in class, he tended to spoil the work of others. The headmaster felt that underneath his quietness, Ken tended to be a troublemaker. An interesting verbatim report from the headmaster is as follows:- "The parents are totally indifferent and show lack of proper parental control and care." His probation officer reported that although Ken had a pleasant manner, he tended to be a plausible and convincing liar. He considered that he was a boy living under feelings of insecurity and that he would respond to security of background.

PRESENT STATE - PERSONALITY SCALE

A.	SLEEP	.. Restlessness - sound sleeper (5)
B.	ELIMINATION	.. Incontinence - one episode in last six months (+4)
C.	FOOD	.. Appetite - average (3)
D.	SEX	.. a. body - self-conscious when undressed (+2)
		.. b. interest - withdrawal and anxious silence (+2)
E.	MOTOR HABITS	.. a. nail biting - mildpersistent biting (+3)
		.. b. under emotional tension resorts to mild motor tic-like patterns (+3)
F.	CONDUCT	.. Lying - lies under stress (4)
		.. Truancy - one episode a year (4)
		.. Stealing - only once suspected but boy denies it (4)
		.. Destructive - careful of belongings (4)
		.. Selfish - shares normally (3)
		.. Quarrelsome- quarrels with real provocation (5)
G.	PERSONALITY	.. Demanding - demands more attention than average (+2)
		.. Sensitive - more liable to hurt feelings than average (+2)
		.. Shy and timid - more cautious than average (+2)
		.. Fears - none known (5)
		.. Defiance - fairly pliable (3)
		.. Tempers - infrequent fretting (5)
		.. Confidence - accepts help (3)
		.. Competition - no real competitive relationship (4)
		.. Jealousy - no real jealousy (4)

[illegible] TESTS

Psychological Examination: On the Ravens Matrices, Ken obtained a score between

the 25th and 50th percentile which places him in Grade III minus as intellectual y average. His achievement on the W.I.S.C. was as follows:-

Verbal	I.Q. 100
Performance	I.Q. 96
Full Scale	I.Q. 98

Ken's M.M.P.I. was assessed as having "face validity". The profile was interpreted as showing a neurotic disorder with some hypochondriacal preoccupation. There were high scores both on the paranoid and schizophrenic scales.

The matron at Lothians reports that his behaviour there is good. He is often anxious to help but he mixes with the other boys. His parents have not been in contact with him since he has been there. At weekends, when the other children go out, he is usually left alone. Recently an aunt has been taking him out but this is apparently without the parents' approval and may not continue very long. He apparently enjoyed these visits. The headmaster reported that he was a solitary type of boy who either played by himself or played with another boy in a corner of the playground while the other boys played together. He also found him to be a boy who tries his best and in fact there has been no lying and no difficult behaviour at all while at Lothians. Initially, when he was admitted, he had wet the bed but he no longer does this. He has persistently refused to go home on long weekends.

At his first interview, this pleasant looking boy proved himself to be intensely anxious. He remained flushed throughout the interview, as tight lipped his nails were severely bitten, he fidgeted considerably and remained on the defensive. On this occasion, only non-evocative subjects were discussed. After this, he managed to relax and the interviews were more productive.

His main interest was reading comics and watching television. His shirt was always stuffed with about a dozen comics. He liked swimming and football but was not very good at these. He considered that he had done badly at his previous school but likes both the school work and the staff at Lothians. He spoke about his hospitalisation with considerable warmth and with a pleasant glow on his face. He had enjoyed the hospitalisation and had "loved the nurses."

At one stage, we did manage to cover his relations with his parents. He claimed that his stepfather never punished his step brothers. On the other hand, he alleged that his stepfather frequently and severely punished him and this would consist of punching him around the face and body. Ken showed an intense and deep hatred for his stepfather. He also claimed that his mother had never, in his living memory, been nice to him. He does not like her. When he was in hospital, she came to see him once and brought him some books but in the approved school she has never visited or written to him.

He spoke quite freely about his wanderings which always took place while on his own. On one occasion during the course of his wanderings, he had met another boy who had committed a theft, but Ken dissociated himself from the theft. He was very upset that he should have been accused of this. He also complained bitterly about having no friends, either at Lothians or at home and also having no-one in whom he could confide. He persistently refused to go home and to see his mother

even if she was persuaded to come and visit him at Lothians.

[redacted]

The staff reported that he was quite an ordinary, pleasant boy. His progress at the school was good and his behaviour was satisfactory. An attempt was made to help him with his problems at a psychotherapeutic level and case work was instituted with his parents even though we were not too hopeful of very much success in this direction.

DISCUSSION AND DIAGNOSIS

Ken is a tense unhappy boy who has a tendency to develop psychosomatic symptoms. He has no adequate parent figures with which to identify and his parents themselves obviously both rejected him in the past and are quite willing to dissociate themselves from his future welfare, if they are allowed to do this. In the context of the approved school, he did surprisingly show a relatively adequate super-ego development. His personal controls were rather powerful in one main direction and this left us with an inhibited neurotic boy. His general behaviour pattern was one of shyness, apathy and worrying. The only area in which he was ableto make any stand was in his determined attempts to avoid his parents. We can place this boy in the emotionally disturbed sub-category of the"asocial" category. There is no doubt that this is a boy who may have benefitted more from being placed in care of the Children's Department. This would have given the local authority both control and supervision of this boy till he was eighteen years old. It is interesting how well he settled in a reasonably secure and happy environment. It was not considered advisable at that time to make another change,but enquiries were instituted aimed at diverting him to a children's home or a residential school at the end of his stay at Lothians.

A full mental examination revealed no disorder in the fields of affect, thought, memory, orientation, comprehension, apperception and general knowledge. Ken had full insight into the possible consequence of his persistent wandering and running away,but he revealed that he would have preferred to take his chances whatever they may be rather than to stay at home.

The family pattern here is of severe "rejection" but also considerable "repression". The boy exhibits the behaviour of the "overinhibited neurotic delinquent". One can well see how the above rejection could have led to a partial inhibition of the urge to make relationships and thereby resultsin a partial withdrawal.

Case Number: 23 S Age at first interview: 13 years 11 months.

Charles K. was a general referral.

HISTORY

Father is a Brush Hand. The home is a four apartment Corporation tenement, fairly adequately furnished but some of the furniture is broken and the Probation Officer describes the atmosphere as depressing. Mother is described as looking "washed out" and labouring under the burden of coping with a large family. Mother apparently knows all about Charles' truanting but would seem to have condoned it. The psychiatric social worker confirmed the above - she also considered mother to be of limited intelligence and totally lacking in insight. Mother reported that father was overly strict and Charles had more than his share of thrashings.

The parents could remember very little specific of Charles' early development. He had suffered no serious illnesses nor had he had any prolonged separations from the parents. While at school he was described as "neglected, untidy and wearing misfitting clothes". His progress in general at school was nil. At the secondary school his attendance was about eight percent. Both at primary and secondary school, he committed frequent offences of housebreaking and theft. The two siblings next eldest to Charles, have also both previously been in approved school. Charles is the fifth of eight siblings whose ages range from twenty-two to one year. While at home, Charles was reported as being neglected looking, untidy and wearing misfitting clothes.

[illegible] - [illegible] SCALE

A.	SLEEP	.. Restlessness - a sound sleeper (5)
B.	ELIMINATION	.. Incontinence - no incontinence (5)
C.	FOOD	.. Appetite - average (3)
D.	SEX	.. Interest - tension in response to discussion followed by withdrawal (+2)
E.	MOTOR HABITS	.. Mannerisms a) nailbiting - mild but persistent (+3) b) activity - normal (3)
F.	CONDUCT	.. Lying - lies occasionally (+3)
		.. Truancy - often and habitual (+1)
		.. Stealing - persistent (+1)
		.. Destructive - ordinary care (4)
		.. Selfish - shares normally (3)
		.. Quarrelsome - with real provocation only (3)
G.	PERSONALITY	.. Demanding - enjoys attention (3)
		.. Sensitive - more liable to hurt feelings (+2)
		.. Shy and timid - ignores real danger (-2)
		.. Fears - slight apprehension in relation to physically larger boys (+4)
		.. Defiance - fairly pliable (3)
		.. Tempers - occasional mild tantrums (4)
		.. Confidence - never asks for help (4)
		.. Competition - extremely competitive (+1)
		.. Jealousy - occasional jealousy (+3)

EVALUATION AND PRESENT STATE

Charles is a boy of average intelligence and obtained a score on the Raven's Matrices between the fiftieth and seventy-fifth percentile. On the W.I.S.C. he scores as follows:-

Verbal	I.Q.	108
Performance	I.Q.	99
Full Scale	I.Q.	104

Charles' M.M.P.I. was assessed as not having face validity. The profile was of psychopathy plus serious neurotic disorder. There was also a high score on the schizophrenic scale.

He is a serious, small and almost wizened looking boy. He is said occasionally to have a sense of humour but with me, presented mainly a disgruntled picture - but not really unfriendly. His nails were severely bitten and he had some problems with masturbation about which he was extremely sensitive. During therapy, he soon became able to talk about his feelings about his size. He felt that the other boys picked on him because of this and teased him by calling him "wee shrimp". Though he felt this deeply, he would never let on to the other boys and he himself would put on a pretence and would joke about it. He expressed suspicion of the other boys' motives in making overtures of friendliness towards him. He showed no remorse for his previous offences. These offences were all committed alone.

He was very guarded about his home and intra-family relationships - this together with the probation officer's report would indicate problems which have not yet come to the surface.

DISCUSSION

It would appear that Charles has suffered from neglect and material deprivation throughout his life. Mother would not seem to be a person who could extend enough warmth to all her eight children. Charles is now rather a cold person who has no remorse for his offences. His delinquency may be an attempt to avenge himself on society for supposed persecution of him. He puts on a front of joviality but this only conceals his great feelings of inferiority. He is a sensitive but also a suspicious and paranoid boy. It is difficult to fit Charles into any of the groups. We can perhaps put him into the "neurotic and over-inhibited" group, for the sake of classification. Some super-ego lacunae were obvious but later in the stable environment of the approved school he showed relatively adequate personal controls.

PROGRESS

After a time, Charles began to respond to an individual psychotherapeutic approach. His problems with masturbation and total functions concerning digestion, excretion and reproduction were covered. This seemed to afford him considerable relief.

RONNY L.

Case Number: 25 S

Age at First Interview: 13 years 10 months

Ronny L. was a specific referral. He had not been long in Lothians when it was noted that he was rather a timid boy. He attended an Educational Child Guidance Centre and their report indicated some emotional difficulties at home. This was followed by an immediate attempt by mother and interestingly enough, step-father, as well, to let Ronny return home on license. At this stage the Headmaster felt it might be useful for Ronny to see the psychiatrist.

HISTORY

Most of the following history has been obtained from a full report from an Educational Child Guidance Centre.

Ronny is two years younger than his sister Carol. When Ronny was a year old, his father died. Mother went to live with her sister, a teacher who regarded Ronny as a very spoilt child and tended to be overstrict with him. During these years mother did part-time work. Mother reported he would often have temper tantrums which she interpreted as an attempt to try and keep her from going out to work. When Ronny was seven, mother remarried. Step-father had a daughter the same age as Ronny. At this time mother says Ronny was "weakly, asthmatic and finicky about his food". Friction soon developed as step-father felt that mother fussed too much over Ronny and this prolonged his absences from school. These absences at the age of seven were on medical grounds. Throughout his Primary School years, Ronny continued to be an irregular attender and this obviously grossly handicapped his educational achievement. In the Secondary School his absences were now considered in terms of truanting because his asthma had almost cleared and over the previous eighteen months required no medical attention. His attendance was only 53% of the possible. During this time he would set out for school in good time every morning, would return punctually for his lunch, leave again for school and be waiting faithfully for her at 4.0 p.m. when mother returned from work. He liked to help her carry her parcels. He would anticipate her questions and assure her that he had been at school. She would know he was lying and an emotional scene would develop from which Ronny emerged unruffled.

His truancy was not only frequent but also prolonged. Home visits were paid by the Attendance Officer nearly every few days from September 1960 until March 1961. There were repeated warnings, appeals and advice and repeated promises by Ronny with the production of tears and the appearance of remorse but no implementation of his promises. At school he was reported as being respectful, co-operative and always clean and tidy.

The family live in a new apartment house in a new housing scheme. The house is well furnished and clean. The Educational Psychologist describes mother as a "neurotic but well meaning woman". She still works part-time as a shop assistant. Step-father is a motor mechanic. His first wife had died of cancer not long before his second marriage. The home was not viewed by our psychiatric social worker as mother was afraid to see her there lest father arrived unexpectedly. To the psychiatric social worker, mother described step-father

as a silent man given to harsh outbursts, who 'picks' on Ronny and is generally not good at making relationships.

Ronny had been breast fed for a short while but the psychiatric social worker found it was impossible to ascertain the extent of this. Although mother describes Ronny as being a weak child, his developmental milestones appear to have been normally achieved.

There has apparently been a great deal of parental disharmony over the last two years. Ronny has been a constant source of antagonism between them. Mother says step-father has always been moody and irritable and never interested in the children's emotional life. She blames him for lack of interest in Ronny. She says step-father has now become embittered and contemptuous of Ronny. He regards him as a physical weakling as well as a hopeless educational failure. Before Ronny was committed to the Approved School, step-father was not prepared to have anything to do with the problem. He blamed the present trouble on his wife for mollycoddling Ronny. Mother has thought of leaving father on occasions in the past because of his attitude. The Educational Psychologist considered that step-father provided in a reliable way the material needs of his family but lacked the skill and interest necessary for guiding his way-ward step-son. He also considered that Ronny consciously continued to ferment the bad feelings between his parents. Later, after Ronny's admission to Lothians, mother reported that step-father realised it was too late, and he had made a mistake and wished to have the boy back. Mother visits regularly but as step-father does not visit at all, there has been no confirmation of the above.

PRESENT STATE - McFARLANE SCALE

A.	SLEEP	.. Restlessness - sound sleeper (5)
B.	ELIMINATION	.. Incontinence - absent (5)
C.	FOOD	.. below average (2)
D.	SEX	.. Body - self-conscious when undressed (+2)
E.	MOTOR HABITS	.. Mannerisms a) Nail-biting - never (5) b) Activity - normal (3)
F.	CONDUCT	.. Lying - occasionally (+3)
		.. Truancy - habitual (+1)
		.. Stealing - never (5)
		.. Destructiveness - Excessive care and protection of objects (+5)
		.. Quarrelsome - less than average (4)
G.	PERSONALITY	.. Demanding - enjoys attention (3)
		.. Sensitive - more liable to hurt feelings than average (+2)
		.. Shy and timid - more timid than average (+2)
		.. Fears - none discovered (5)
		.. Defiance - fairly pliable (3)
		.. Tempers - an er reaction almost non existent (5)
		.. Confidence - accepts help (3)
		.. Competition - no real competitive relationship (4)
		.. Jealousy - a constant source of tension (+2)

EXAMINATION OF PRESENT STATE

Psychological Examination: On the Raven's Matrices, Ronny obtained a score of

between the twenty-fifth and fiftieth percentile. On the W.I.S.C. he obtained :

Verbal	I.Q. 92
Performance	I.Q.114
Full Scale	I.Q.103

His poor scores on information and comprehension are compatible with prolonged loss of schooling.

This boy's M.M.P.I. has face validity. It is a profile of mild psychopathy which is interesting in the light of Ronny's behaviour as illustrated in the present case record.

In appearance he is a cleanly dressed and yet delicate looking boy. He was initially slightly anxious, a bit reluctant to talk to me and a bit hesitant in his speech. In later interviews he was quite relaxed but on the defensive and I was never able to pierce his defences adequately.

Formal psychiatric examination was performed. There was no disorder of the form, content or possession of thought. His memory was good. His grasp and recall was adequate. He concentrated well if interested. His comprehension was satisfactory. He was correctly orientated. His general knowledge was poor and he was educationally retarded.

In his interviews with me, much overt and covert animosity directed at his step-father was revealed. Both he and step-father were competing for mother's attention. His step-sister was also a target for his intense animosity. He also quarrelled excessively with his own sibling but with a lesser degree of intensity. He spoke of how step-father always sided with his daughter and actively interfered with any of the children's quarrels. He spoke of how he was always thrown up to his mother in any inter-parental quarrels.

He complained of the other boys criticising and picking on him. He would never reveal the basis for this or relate actual incidents. He had no close friends.

We knew his mother wanted him to go home on license but he was not really keen to go home. In fact, he sees it as a mechanism to manipulate the family relationships.

[illegible]

This boy has always been very involved with his mother and I consider that this is an unresolved oedipal situation. Originally he manipulated the family with his psychosomatic complaints but later discovered a more potent but not so disabling a method. It is significant that among all this heavily tension laden atmosphere Ronny's asthma disappeared when the truanting was instituted. His truanting could also be considered as an attempt to contract out of what for him was an untenable situation. His superficial relations and his incapacity for making meaningful relations could be understood in terms of the conflict with the father substitute. This was based on not only the unresolved oedipal situation with mother but also fear of possible rejection. We can place Ronny

in the"sli[illegible]htly emotionally disturbed" category. (Over-inhibited behaviour pa'tern/. The parental pattern is one of repression. This boy has shown adequate personal controls within the a[illegible]roved school environment.

[illegible]OGRESS

At school Ronny needed much help with the elementary aspects of his education which he had missed.

After a while, he settled down well at Lothians but with his neatness and tidiness he tended to be conspicuous.

Mother visited very frequently and Ronny continued to make full use of his weapon of being away from home. I am sure that his a[illegible]reciation and manipulation of the situation was a conscious one.

PART 1.

Case Number: 27 S Age at First Interview: 12 years 6 months.

Dandy was a specific referral. The headmaster reported that he was a boy with no interests. He was a very aggressive character. He would drift from one group to another only to be rejected by each in turn. He had no abiding friendships amongst the other boys. In the approved school jargon - "he chums up with the person he thinks is most agin the Government at any particular time."

HISTORY

This is a difficult family from which to elicit a history. Their roots are in the Gorbals area of Glasgow and in many of these families, there is a subcultural pattern of general reticence and unwillingness to give any information to anyone who smacks of authority. Unfortunately probation officers and even doctors come into this category on occasions. Fortunately the social worker managed, after a few visits, to obtain an adequate history from the mother.

Father is an insulating engineer aged thirty-three. He is a semi-skilled man and was probably a cut above most of his neighbours, in the Gorbals. At night he either retires with a book or goes for a drink. Mother reports that he has applied severe discipline but has played no other role in the boy's life. Mother is a housewife aged thirty-two. They have been married some thirteen years and have seven children. This family had moved from the Gorbals district to live in a five-apartment corporation flat in a new housing area some eleven months before Dandy was committed to Lothians. The social worker reports that the home is sparsely furnished and not well maintained. Repeated attempts to interview father were unsuccessful and it would seem that he spends very little time within the home.

The social worker reports that Dandy is mother's favourite and though the psycho-dynamics have not been worked out, mother is deeply involved with the boy. Mother describes quarrels with the boy as if he were an adult and she has fantasies of possible violence being directed at her by him. Mother reports that Dandy cannot bear anyone telling him to do things and immediately rebels. On the other hand he weeps easily and before his committal to approved school he frequently requested to sit on mother's knee. Mother reported that since coming into the new district, Dandy had run away from home on five or six occasions and although corporal punishment was administered by father, this did not deter him from running away. His excuse was that he wanted to get back to his previous acquaintances and he wanted to return to his old neighbourhood. Mother sympathized with him as she also felt absolutely miserable about being away from the family and neighbourhood - she spent the first few months weeping copiously and trying to persuade father to return.

Siblings: Dandy is the second of seven siblings whose ages range from thirteen to three years. The eldest sibling has apparently also been involved in some delinquent actions but so far has not been caught.

The probation officer reported that Dandy's school mates would not play with him owing to his bullying. His school teacher has known Dandy since he was five years old and revealed that Dandy makes use of very foul language, has kicked and punched both teachers and pupils and the situation has reached a stage where the

teacher cannot devote sufficient time to his other pupils. In the remand home, the superintendent reported that Randy showed a great hatred for class work. He required constant supervision and even then his application was poor. His written work was careless and untidy and he had difficulty in expressing himself verbally because of the limitations of his vocabulary. He tended to annoy his companions and become engaged in a fight, and then when reprimanded would put on a show of injured innocence.

PRESENT STATE - McFIE[illegible] SCALE

A.	SLEEP	.. Restlessness - occasional restlessness (3)
B.	ELIMINATION	.. Incontinence - one episode a month when tension (+3)
C.	FOOD	.. Appetite - average (3)
D.	SEX	.. Interest - withdrawal or anxious silence (-2)
E.	MOTOR HABITS	.. Nail-biting - extreme with fingers disfigured (+1)
		.. Activity - definitely above average (+2)
F.	CONDUCT	.. Lying - lies more than average (+2)
		.. Truancy - frequent (+3)
		.. Stealing - chronic petty pilfering (+2)
		.. Destructive - more destructive than average (+2)
		.. Selfish - excessive generosity (+5)
		.. Quarrelsome - constant quarreling (+1)
G.	PERSONALITY	.. Demanding - demands more attention than average (+2)
		.. Sensitive - supersensitive (+1)
		.. Shy and timid - takes and enjoys more chances than the average child. (4)
		.. Fears - none known (5)
		.. Defiance - extreme and pervasive negativism (+1)
		.. Tempers - severe explosions three or more times a week. (+1)
		.. Confidence - accepts help (3)
		.. Competition - extremely competitive (+1)
		.. Jealousy - no real jealousy (4)

EXAMINATION AND PRESENT STATE

Psychological examination: On the Ravens Matrices, Randy obtained a score between the tenth and twenty-fifth percentile which places him as definitely below average in Grade IV. During the course of this test, he was distractible, required constant encouragement and supervision. On the W.I.S.C. he proved to be of average intelligence. His achievement was as follows:-

Verbal	I.Q. 95
Performance	I.Q. 99
Full Scale	I.Q. 96

This boy's M.M.P.I. was accessed as having "face validity". The profile resembled that of a schizoid psychopath.

Randy is a small boy with severely bitten nails. He is always irritable and has a perpetual sour expression on his face. In discussion, he related easily, spoke freely but always tended to be provocative and attempted to test out the interviewer. If the interviewer was not provoked and did not appear excessively

outraged by Dandy's attitude, he was quite prepared to enter freely into a discussion.

Dandy admitted that he wet the bed occasionally. He disliked his previous school and claimed that his teacher persistently picked on him. He liked it at Lothians and claimed he got on well with the staff. He said that he was generally picked on and bullied by the other boys but that he had devised a method of keeping friendly with some of the bigger boys. He goes around collecting cigarette ends and makes use of these in an attempt to ingratiate himself with the other boys. At Lothians he felt he was picked on because of his size. He was very proud to have the nickname of a notorious criminal and tried to live up to him. Nearly all his delinquent actions had occured when he was on his own. He said he did not like his present home neighbourhood, that the other boys had bicycles and he did not, and also that they had no time for him. On one occasion he had stolen lead in the company of other boys but this also seemed to be an attempt to ingratiate himself in the eyes of the mob. Although he was quite capable of using foul language, he had very little knowledge of the biological facts of life. He claimed that his father beat him for his offences but he did not mind this. It did seem as if he had become quite hardened to corporal punishment. The staff at Lothians described Dandy as an "exhibitionist" - he would always behave in a manner appropriate to drawing attention to himself. At night he would lie awake and deliberately attempt to annoy the other boys or to create a disturbance. At school he had shown a recent fondness for reading and also arithmetic, but disliked history and geography. His teacher also reported that his work in all subjects was fair but consistently slightly below his capacity. He tended to be aggressive to all and sundry whether or not they were bigger or smaller than he, and at times was even aggressive to the staff. The consensus of opinion was "he would rather be punished than ignored." He had no hobbies and no interests. His parents had written and visited regularly.

DISCUSSION AND DIAGNOSIS

Dandy is an unsocialised aggressive delinquent with an irritable personality. He has considerable feelings of inferiority about his size and much of his attention-seeking and aggressive behaviour may be an attempt to compensate for this. He has complained of his inability to hold on to his friends but has never really thought that anything in himself may be the reason for his being shunned by the other boys. He has instead devised a method of currying favour. Both his superego formation and his personal control are weak. He is another one of the boys who resents school restrictions and routine in his outside school but whose progress in the approved school environment has been reasonably satisfactory.

Dandy exhibited the behaviour pattern of the "unsocialized aggressive" but there was also some habitual truancy and running away from home. The main family pattern has been "exposure and neglect" but with some superadded excessive parental discipline.

Mac M.

Case Number 31S

Age at first interview: 14years 6months

Mac M. was a specific referral. The headmaster and staff were at a loss to understand how this highly intelligent and likeable youngster coming from a seemingly good home had suddenly become delinquent. When first admitted to Lothians, he kept to himself. He was superficially friendly with adults but was extremely anxious in their presence and took positive steps to avoid them. He was also superficially friendly with many boys, but had no definite friends, and tended to seek out the solitary activities.

FAMILY

Father died five and a half years ago. Mother described him as a kindly and reasonable man of little education who had worked himself into the position of an assistant foreman. When he died, the family income was greatly pruned but mother never got herself into debt. The family share the house with the maternal grandmother and a maternal widowed aunt. Mother is described as an extremely anxious and perhaps neurotic woman. Mac reports that there are times when her spirits are low and she has to see a doctor. The family occupy a clean and well furnished Council flat. They attend Church regularly. It would seem that maternal grandmother and maternal aunt play a major part in the M. family affairs. All the workers report that at home, Mac is under a constant barrage from these female members of his family exhorting him to greater academic achievement - better behaviour - more conscientiousness in all spheres etc., until he has become absolutely cowed in their company.

Siblings: Mac is the eldest of five siblings.

Mac	aged 14 years	
William	aged 11 years	
Rose	aged 7 years	
Jack	aged 5 years)	- twins
Jill	aged 5 years)	

He had previously been an altar boy and at one stage had been considered as a possible entrant to priesthood. With this in view, at the age of eleven, he had gone to a Catholic Training College. Apparently while there he resorted to some non-understandable stealing. He was also said to have been sleep-walking. He was sent home after three months. Up to this time he had functioned well at school and his progress had been good. After this his interest, quality of work and his attendance at school deteriorated greatly. He was mostly uncommunicative, wandered about on his own and found a secret hiding place for himself. The probation officer reported that in the following two years he showed complete inability to function adequately at the secondary school. His behaviour gradually became completely out of hand as far as parental control was concerned. Then suddenly within the period of a month or so, committed a series of offences on his own.

Prior to his admission, Mac had shown bursts of interest in sports especially football and had spent a great deal of time with his stamp collecting.

PRESENT STATE - McFARLANE SCALE

A.	SLEEP	.. Restlessness - usually a sound sleeper (5)
		.. When depressed - sleepwalks frequently (+2)
B.	ELIMINATION	.. Incontinence - absent (5)
C.	FOOD	.. Appetite - average (3)
D.	SEX	.. Body - selfconsciousness when undressed (+2)
E.	MOTOR HABITS	.. a. nail biting - never (5)
		.. b. Activity - when depressed - underactive (+5)
		.. not depressed - normal (3)
F.	CONDUCT	.. Lying - lies under stress (4)
		.. Truancy - occasionally (+3)
		.. Stealing - chronic pilfering (+2)
		.. Destructive - careful of belongings (4)
		.. Selfish - shares normally (3)
		.. Quarrelsome - quarrels with real provocation (3)
G.	PERSONALITY	.. Demanding - demands more attention than average (+2)
		.. Sensitive - more liable to hurt feelings than average (+2)
		.. Shy and timid - more shy than average (+2)
		.. Fears - acute fear of social relationships (+2)
		.. Defiance - fairly pliable (5)
		.. Tempers - occasional mild temper (4)
		.. Confidence - accepts help (3)
		.. Competition - stimulated by competitive relationship (3)
		.. Jealousy - while at home jealousy was a frequent source of tension (+2)

EXAMINATION AND PRESENT STATE

Psychological Examination: On the Raven's Matrices, Mac obtained a score of between the 75th and 90th percentile. On the W.I.S.C. he was shown to be a boy of superior intelligence.

Verbal	I.Q.	137
Performance	I.Q.	106
Full Scale	I.Q.	124

His F.M.P.I. was assessed as having face validity. The profile was that of an inadequate psychopath with some obsessional and schizoid traits.

GENERAL APPEARANCE AND BEHAVIOUR

He is a tall presentable boy who in the first interview shortly after admission was extremely apprehensive, fidgety and blushed easily.

In his interview with me he told me how three months previously he had suddenly felt low in his spirits. "Doctor, I used to get into a quandary. I did not know what to do - I did not like going anywhere nor did I like to stay at home". He had cried frequently. He had again started to sleep walk and had gone to bed early and got up late but still felt tired when he awoke. His tiredness did not vary during the day. At about this time he also started to steal parts of bikes and then suddenly stopped going to school. These

unha y and miserable feelin s had gradually disap eared but not entirely gone at the time of t e first intervi w.

He also described with some deep feeling some of the privileges extended to, and also the naughtiness of his next sibling whom he felt was his mother's pet.

I uring later interviews, he was able to tell me how lonely he was and his anxiety whenever meeting people, even his peers, and how unsure of himself when in their company. He therefore tried to avoid adults. He was ambivalent about his associates; he felt like avoiding them, but t is was complicated by an unwilli ness to fall out with them.

Formal psychi tric exa ination revealed no disorder of thought, memory, retention recall, orientation, concentration or attention. Both his comprehension and his general knowledge were good.

[redacted]

This boy has undoubtedly had a depressive episode. However, both before and after this there was evidence of maladjustment. There would seem to be quite a few stresses and strains within his home - his mother would also a ear to be predisposed to depressive types of illnesses - her standards for him are high and she a pears to have tried to push him into a career which he was not himself k en on. It is also possible that Mac is constitutionally predisposed to a depre sive type of illness. For classification pur oses the fa ily pattern is basically a "repressive" one and the boy's behaviour pattern is that of the "neurotic over-inhibited" delinquent.

Over the last five years he has been primarily in the co pany of, and supervised at home by the female members of his fa ily; any ale figure is conspicuously absent.

The discrepancy between his Verbal and Performan e Scales could be accounted for by his great anxiety.

[redacted]

Mac was seen frequently from a sup ortive psychotherapeutic point of view. Some time was lso spent discussing vocational matters - he had spontaneously expressed the desire to become a printer. He told me that he was enjoying being at Lothians and in fact has never been difficult to handle. He is now a lively, hap y boy who is k en on sport.

t school he never functions up to his level of intelligence and the staff consider that he tries to produce a pattern of conduct in keeping with his peers.

JAMES M.

Case Number: 33 S Age at first interview: 13 years.

James was a specific referral. He was usually alone. When he did come into contact with the other boys, he tended not to get on with them and was consequently mostly shunned by them. He was always in the centre of a quarrel. Whenever he was allowed home on weekend leave, he found it difficult to return at all or on time. He was timid generally, but was aggressive to the smaller boys. He was an untidy boy and did not take care of his belongings. He had an excessive appetite combined with numerous food fads which made him a difficult customer at meal times. He wet the bed nightly. He had difficulty in getting to sleep and also he awakened early in the morning.

HISTORY

The mother is an unmarried factory worker. The putative father is unknown. Ever since James was six and a half months old, mother has been out at work. She reported that there were times when it was extremely difficult, but she has managed to come through. She is one of a family of nine and her brothers apparently help her quite a bit. The type of work which mother was able to accept in the earlier years depended on the availability of someone to look after James. She apparently "farmed" him out to different neighbours or friends from six and a half months until he was of nursery school age. She reports that James has generally been a healthy boy and his only severe illness was pneumonia at two years when he was hospitalized for three weeks. James was very distressed by the separation and because of this, mother was not allowed to visit. He was very clinging on his return. He also suffers from allergic skin reactions and an allergic catarrh. Mother was very vague about breast feeding - it is possible he was not breast fed for more than a few weeks. His milestones appear to have been normally achieved.

Until about two years ago, she arranged to have James go to one of her friends until after school. This friend was paid for minding him. Then James said he wanted to look after himself as the other boys regarded him as a "cissy" because he had to have someone to look after him. The mother then allowed him to manage on his own. In the home, James is very helpful and will look after his mother if she is ill and do everything he can to help. She never allows him out late. The social workers report that the home is a one-roomed apartment in a property scheduled for demolition. It is clean and adequately furnished.

James has committed numerous offences which include theft, theft by housebreaking, theft and wilful fire-raising. He is also a persistent truant. He has gone through the stages of warnings, probation, and finally was committed to an approved school.

Prior to his committal, he had been referred to the Educational Child Guidance Department because of his truancy and poor progress at school. The educational psychologist reports that mother gave him the impression that she was not seriously worried about James. She seemed to have accepted the fact that there was little she could do about him and had for some time now, just

gone through the motions of providing for her son's material needs by working long hours daily. In doing this, she had left him to his own resources."He had his own key, a house over his head,"but no parental influence within the home. The educational psychologist made strenuous efforts to help James but he reported that James had no desire to co-operate. He showed no persistence or desire to try himself. He considered that James did not fully realise the serious nature of his offences and was capable of truanting for days on end and wandering away from home early and late. His conclusion was that this was a difficult boy with a prejudicial home background. In school this was enhanced by his scholastic retardation.

PROFILE CHART - McFARLANE MAY.

A.	SLEEP	.. Restlessness - a sound sleeper (5)
B.	ELIMINATION	.. Incontinence - two or more episodes a week (+1)
C.	FOOD	.. Appetite - voracious eater (+5)
D.	SEX	.. Interest - withdrawal and anxious silence(+2)
E.	MOTOR HABITS	.. Nail-biting - extreme but fingers not disfigured (+2)
F.	CONDUCT	.. Lying - lies more than average (+2)
		.. Truancy - habitual truant (+1)
		.. Stealing - persistent (+1)
		.. Destructive - more destructive than average (+2)
		.. Selfish - enjoys sharing (4)
		.. Quarrelsome - quarrels more than average (+2)
G.	PERSONALITY	.. Demanding - Less interest in attention from others than average (4)
		.. Sensitive - more liable to hurt feelings than average (+2)
		.. Shy and timid - more cautious than average (+2)
		.. Fears - none known (5)
		.. Confidence - accepts help (3)
		.. Competition - no real competitive relationship (4)
		.. Jealousy - no real jealousy (4)

EXAMINATION AND PROFILE CHARTS

Psychological Examination: On the Ravens Matrices, James obtained a score just above the twenty-fifth percentile which placed him in Grade III minus as intellectually average. On the W.I.S.C. he proved to be intellectually average. There was a particularly large verbal defect but not inter-scale variability. This may well be due to his educational retardation.

Verbal	I.Q. 84
Performance	I.Q. 111
Full Scale	I.Q. 96

James'sM.M.P.I. did not have face validity. It was again a record which gave a remarkably accurate representation of the boy's personality. It is a schizoid profile with underlying psychopathy. There is also a high score on the paranoid scale.

GENERAL DESCRIPTION AND MENTAL EXAMINATION

James is a tall, thin boy who is unsure of himself in the presence of strangers. He talks in a deep gruff voice when he is a bit anxious but this disappears when he relaxes. He bites his nails severely. He has no hobbies and is not really interested in any activities. He is poor at football; only plays table tennis occasionally but does spend much of his leisure time playing billiards. He did not like his previous school, but says that he likes Lothians. He attributes this liking to the fact that at Lothians everything is arranged for him and he does not have to make food himself or remember times, or other arrangements. All he has to do is fall in with the routine of the other boys. He has absconded from Lothians on about four occasions. He does not attribute this absconding to his dislike of the school or the staff but because of the boys. He has no friends, or if he does acquire some, he loses them quickly. He claims they are always beating him and calling him names such as "skinny" and "freak". He is rather distressed by his inability to make friends and this was obviously a sensitive area for him. He spoke freely about his offences which consisted mainly of truanting on his own, but he had stolen in the company of another boy. It did seem as if the stealing was an attempt on his behalf to relate to and maintain the respect of the delinquent associates. He was generally disgruntled with life and felt that people were down on him. He could not believe that anybody was genuinely interested in his welfare. He claimed he had a good relationship with his mother. Considering the nature of his birth, it was decided that it would be best not to press him about his true relationship with his mother and rather to wait and let him talk about it spontaneously. This was touched on incidentallyon one occasion - see below. After this, James kept completely clear of the subject.

PROGRESS

At school his progress was good but the staff did not think that he was working up to his ability. He had no interests whatsoever. He would always return home from a weekend leave in a well-kept condition but he would never stay that way for long. Initially he completely disregarded any rules and regulations and was described as a boy given to vandalism. This aspect was only in evidence early, but later his behaviour proved to be much more acceptable and the only aggressiveness which was elicited was that directed at the younger boys when they crossed him. He did continue to attempt to slyly evade or avoid any work.

ELUCIDATION AND DIAGNOSIS

It is interesting that this mother had not appeared to be seriously worried about James's behaviour when he was attending the child guidance clinic. On the other hand, she has made, throughout her life, strenuous efforts to supply his material needs. She has undertaken whatever work is available no matter how menial and has worked very long hours. She must have originally had some feelings of guilt and hostility to an unwanted child, but she had suppressed these feelings and covered them by her attempts to supply his material needs. The psychiatric social worker however, sums up the situation very well when she says that mother is not conventionally maternal but has kept James with her in the face of great difficulties. To James, material goods were symbolic of

affection and it is not surprising that he had stolen in the company of another boy and on another occasion, he had ransacked his own home. His mother was only a satisfier of his needs and he has never known any warm, secure home and parents from whom he could learn the usual modes of communication and social diplomacy. He became distressed when his family or his relationship with his mother was incidentally raised. He had a fantasy about his father dying when he was two years old. The anxiety which was evoked was probably the result of the attempts to repress fears and experiences of his earlier life.

At the present time, James has an irritable and sensitive personality. He can be sociable in the superficial sense with adults, but does not appear to be conscious of the need for an affectionate relationship with them. However, he was upset by his inability to relate to his peers and his abortive attempts at relationships with them. His superego development is also weak. He has little guilt or remorse for his activities; he has no concern for the consequences and does not heed advice. He has poor control over his impulses but has learnt enough control to know he can only be aggressive to children smaller than himself.

He shows many features of the"aggressive pattern," some of the"socialized pattern"and the sensitiveness of the"over-inhibited pattern." It is interesting that he seldom indulged in co-operative stealing but did steal from his home. He can be placed in the "MIXED" category of the delinquent behaviour. The parental pattern is mainly one of "rejection" but there is a significant amount of "neglect and exposure". One can hypothesize that this parental "rejection" has led to a partial inhibition of the urge to make relationships and has resulted in a partial withdrawal.

Case Number: [illegible] Robert F.

Age at first interview: 14 years.

Robert was a specific referral. The headmaster was aware that this boy had previously attended a child guidance clinic. In Lothians Robert was masturbating frequently and there was a suspicion that he was participating in some rather precocious hetero-sexual activities.

SOCIAL HISTORY

Most of the early family history has been obtained from child guidance files. Robert is the only child of his father's first marriage. For the first eighteen months of his life, he was brought up in furnished rooms by both parents. At this stage his mother deserted and from then until Robert was eight, he was reared by his paternal grandmother and father. The father is a lorry driver. He later re-married having divorced his first wife. All the members of this family live in the same neighbourhood and occupy old tenement property. The probation officer reports that it is a rather difficult neighbourhood with a high incidence of delinquency.

When he was eight, Robert was referred to the child guidance clinic by a hospital social worker because of masturbation. Apparently when he was six, his behaviour had first given rise to anxiety and this was dealt with at a local health clinic. Gradually his behaviour deteriorated and the masturbatory practices came to the fore. At this stage, he was still living with his paternal grandparents who claimed not to know where his father was. The psychiatrist noted that the grandparents seemed kindly and probably well-meaning enough but were not able to look after the boy properly. He was a boy of average intelligence but his school work was seriously retarded and he was a problem in school. The psychiatrist described Robert as a pleasant, smiling and seemingly co-operative boy who had in reality little affection for anyone and was quite uninhibited.

Some months later the clinic were about to arrange a placement for Robert in a children's home when they learnt that thefather had taken Robert back into his new home. There Robert's behaviour became increasingly unsatisfactory. The father appealed to the children's department who arranged voluntary care and Robert was admitted to one of the department's children's homes. He stayed there for some six months and his behaviour both in the home and in school was regarded as excellent. At the end of this period the parents obtained another home which they were not sharing and took Robert back to live with them. Trouble began almost immediately and although the boy did not resume attendance at the child guidance clinic, the parents came for guidance. The father was of the opinion that the grandmother had been over-indulgent. The stepmother reported that while in the children's home Robert had behaved well but this was only maintained for about a fortnight after he had returned to them. The clinic was of the opinion that Robert was a potential delinquent and quite likely to get into trouble quite soon and thought that the best hope of helping him was placement in a small children's home where he would have affection and a stable background and where the link with his father could be maintained. His father would not wait for this to be effected and applied for an order of the boy being beyond his control. Robert was committed to a junior approved school on the basis of the above order.

he was then ten and a half years of age. The behaviour of which his parents complained was his lying, stealing, defiance and open masturbation.

After every long weekend home visit from the approved school, the step-mother would write lengthy detailed letters to the headmaster full of accusations and disapproval of the boy. She would write similar letters to the boy full of reprimand and blame. In one letter to the headmaster she mentioned that on his recent visit, the father had put Robert into short trousers to cure him of the "girl problem" and the letter also conveyed a message that the boy had been masturbating at home. After two years at the junior approved school, Robert was transferred to Lothians, an intermediate approved school. There he stayed for some three years, that is, until he was approximately sixteen. At Lothians the headmaster continued to get reports from the parents expressing concern at Robert's behaviour and defiance and requests from them that Robert not be allowed weekend leave. Early in his second year at Lothians, he was seen by the visiting psychiatrist. He told the psychiatrist that he was bored with the activities at Lothians. He said the reason for his being at Lothians was to keep him away from home so that he did not annoy his parents. He said when he was at home he lied to his parents about where he was going at night, or else they would not let him out.

PRESENT STATE - CHARLAND SCALE

A.	SLEEP	.. Restless - unusually sound sleeper (5)
B.	ELIMINATION	.. Incontinence - two or four episodes a month. (+2)
C.	FOOD	.. Appetite - average (3)
D.	SEX	.. Interest - great and persisting pre-occupation (+1)
E.	MOTOR HABITS	.. Nailbiting - mild persistent biting. (+3)
F.	CONDUCT	.. Lying - habitual (+1)
		.. Truancy - habitual (+1)
		.. Stealing - persistent (+1)
		.. Destructive - takes care of belongings (4)
		.. Selfish - shares normally (3)
		.. Quarrelsome - quarrels with real provocation (3)
G.	PERSONALITY	.. Demanding - less interest in attention from others than average (4)
		.. Sensitive - more liable to hurt feelings than average (+2)
		.. Shy and timid - normally cautious (3)
		.. Fears - none known (5)
		.. Defiance - above average resistance to suggestion (+2)
		.. Tempers - occasional mild temper tantrums (4)
		.. Confidence - accepts help (3)
		.. Competition - stimulated by competitive relationship (3)
		.. Jealousy - no real jealousy (4)

EXAMINATION AND PRESENT STATE

Psychological Examination: On the W.I.S.C. a Full Scale I.Q. of 94 places Robert in the average intelligence group. In the Performance Scale the scatter is that of a boy who has had a poor educational environment; lowish arithmetic and vocabulary. The psychologist considered that there was no easy explanation for the high picture arrangement score. There is a difference of eighteen points between the verbal and performance I.Q.s in favour of the latter. The psychologist comments

that this difference approaches significance and is more often found in the more overtly aggressive delinquent types.

A T.A.". was performed - the main themes which were evoked are as follows:-

1. There are fantasies of maternal rejection which are followed in each case by the repair of the relationships. Father appears in a better light and the boy secures father's attention and affection by getting a thorn in his foot which necessitates being put on the father's knee - this makes the boy very happy.

2. Grandfather - an old fool who fools nobody.

3. Companions - there appears to be a loneliness running thr ugh the stories. The boy has satisfactory relations with no one. The psychologist comments "he identified with victimised people throughout; he identified with criminals caught in a trap: he identified with the boy who had a very frightening experience and all attempts at running away prove useless; the boy in this story is later inexplicably victimised by men".

CURRENT SITUATION AT PENAL ADAPTATION

Robert is a big suave smiling boy who lies without any compunction. He relates casually with an adult at a superficial level but there was no true depth in this relationship.

He said that he never saw his father when he stayed with his grandmother. When he eventually went for the first time to live with his father and stepmother the main problems were that he would forget when he was sent on messages. All in all, he expressed considerable overt negative feeling directed at his father and stepmother. He claimed he was blamed for stolen money, even when he was not responsible. However, later this story did not hold up and the truth became manifest. There was also quite a bit of covert jealousy for his toddler step-sibling. He discussed his frequent masturbation quite unemotionally. At about this time, when home for a weekend, he had apparently attempted to sexually assault a girl. His father beat him severely. The boy's excuse was "I was only kidding". As far as Lothians was concerned, he was in a considerable dilemma - on the one hand he did not want to go home; on the other, he was at considerable continuous loggerheads with the other boys and therefore did not like Lothians.

PROGRESS

The staff reported that he bit his nails, wet his bed occasionally and had difficulty in getting to sleep at night. He generally presented a pleasing facade, could be plausible in the face of his misdemeanours and was at times moody. The episode of running away had only o curred early in his stay. He was considered to have a reasonable attitude to school and his progress there was fair. The correspondence with the parents clearly indicated that Robert was being completly rejected by them.

DISCUSSION AND DIAGNOSIS

Robert is a boy who has suffered early rejection by his own mother and separation from both his natural parents. The substitute parents were kindly people who were not quite up to the task of bringing up a child who has suffered the above traumata. He has never experienced dependable affection and approval and was thus handicapped in not having emotional security important for adequate emotional development. Similarly he has never had, at least for him, an adequate family environment to learn inter-personal skills. His hostility to his parents is possibly based on the fear of a further rejection. This has led to a partial inhibition of the urge to make inter-personal relationships. The rest of his emotional detatchment is probably based on the fact that he has never learnt the pattern for giving and receiving affection. He could be sociable with adults only in a superficial sense but there was no depth in the relationship. He did not worry excessively if he was in favour or not and it seemed as if he was not conscious of the need for approval and affection. He has been rejected by both his mother figures and it is interesting now that besides his masturbation, he has resorted to violence in an attempt to satiate his sexual urges. Over the years it was shown thatthis boy was not amenable to a psychotherapeutic approach but tended to stabilise relatively satisfactorily in an institutional environment. Most of his unsettlement appeared to be related to the attempts to maintain his stormy contact with his own father.

This boy's family situation for classification purposes is basically one of "rejection" but later when living with father and stepmother the pattern of "regression" came to the fore. He exhibits a mixed behaviour pattern but especially those features of the "unsocialized aggressive" delinquent. He has over the years also exhibited considerable emotional disturbance.

MICHAEL P.

Case Number 383 Age at first interview - 14 years 5 months.

Michael was a specific referral. The headmaster referred him as being an unhappy and miserable boy. His mother had complained to the headmaster that he is a lazy boy who lacks initiative and resents punishment.

FAMILY

Michael is an illegitimate child and the putative father is known but his whereabouts are not known. He has never contributed towards Michael's upbringing.

Mrs. P. married Mr. P. when Michael was some three years old. He was a regular soldier and the family accompanied the regiment on their numerous overseas postings. Accordingly, during these early years, the boy moved a great deal. There were three children from this union of which two survived. Gradually the relationship between the spouses deteriorated. Mother reports that father had been brutal and finally she deserted him when Michael was about ten years old and went to live with her parents. The maternal grandparents at this stage occupied a two-apartment house. The maternal grandmother was dying of cancer. The maternal grandfather was retired. He is reported by the probation officer as being a reasonable man; he had reported to the probation officer that Michael had become a difficult problem.

In this two apartment house lived the grandparents, mother and two children: plus also there was serious illness and a behaviourally difficult boy - understandably the emotional climate was one of constant tension. Mrs. P at this stage worked as a bus conductress. On interviews she was always anxious to create a good impression and this was accentuated by her good verbal facility. She claims that Michael has exploited her indulgence and taken full advantage of her being away at work during the day. She reports that during the previous year, his behaviour continued to deteriorate and he had progressed from minor to major delinquencies. She has admitted that one of the main points of contention between the spouses was Michael's origin. She reports that her relationship with her husband had alternated between apathy and violent discord. She said that he was over-strict towards the children, especially Michael. The present home is situated in a densely populated industrial area in which there is a fair incidence of delinquency. The home is reported as being comfortably furnished, clean and tidy but obviously overcrowded.

The probation officer reported that Michael was a healthy boy. He tended to play up his mother but while on probation was neither frank nor straightforward. He repeatedly lied, truanted and was dishonest. Progress at school deteriorated and his attendance showed considerable truancy. The headmaster reported that he lacked initiative, was lazy and resented punishment.

Siblings: Michael aged 14 At Lothians.
June aged 12 with mother.
Jack aged 8 With a paternal aunt.

[illegible] - McFARLANE SCALE

A.	SLEEP ..	Restlessness - light sleeper (+1)
B.	ELIMINATION ..	Incontinence - completely absent in last six months (5)
C.	FOOD ..	Appetite - average (3)
D.	SEX ..	Interest - withdrawal or anxious silence (+2)
E.	HOT H ABITS ..	Nail-biting - never bites nails (5)
F.	CONDUCT ..	Lying - lies more than average (+2)
	..	Truancy - habitual truant (+1)
	..	Stealing - persistent (+1)
	..	Destructive - careful of belongings (4)
	..	Selfish - shares normally (3)
	..	Quarrelsome - quarrels less than average (4)
G.	PERSONALITY ..	Demanding - less interest in attention from others than average (4)
	..	Sensitive - more liable to hurt feelings than average (+2)
	..	Shy and timid - more cautious than average (+2)
	..	Fears - none known (5)
	..	Defiance - fairly pliable (5)
	..	Tempers - occasional mild temper tantrums (4)
	..	Confidence - never asks for help (4)
	..	Competition - no real competitive relationships (4)
	..	Jealousy - no real jealousy (4)

EXAMINATION [illegible]

Psychological Examination: On the Ravens Matrices, Michael obtained a score just below the fiftieth percentile which placed him in Grade III as intellectually average. On the W.I.S.C. he scored as follows:-

Verbal	I.Q. 92
Performance	I.Q. 121
Full Scale	I.Q. 107

The psychologist commented that the Full Scale I.Q. is in the range of average intelligence but the discrepancy between the Verbal and Performance I.Q.s is very large. The Performance I.Q. is in the range of superior intelligence and probably represents his true intellectual capacity.

Michael's D.A.P.I. was assessed as having face validity. The profile was interpreted as "schizoid with some possible difficulties of sex identification". There were high scores on the schizoid and paranoid scales with a border-line score on the psychopathic deviate scale.

PSYCHIATRIC EXAMINATION

Michael is a tall thin generally untidy boy looking much younger than his age. He related superficially in the inter-personal situation but always remained tense and anxious. He said that he had not liked his previous school. He had not done particularly well at his lessons and did not get on with the teachers. His hobbies were watching T.V. and collecting stamps which he latterly stopped as it had become too expensive. He had never had any real ambitions. He had had some friends in his neighbourhood and some of them had participated in the

delinquencies with him. In discussing his family, he became rather disturbed and spontaneously related how both his mother and grandparents had said he was stupid when he had asked who and where his father was. He described his grandfather as being "awfully moody" and his sister permanently the favourite within the home. He spoke quite freely about his offences and said that he had stolen because of "wanted the money". All his offences were committed in the company of other boys.

At later interviews, he described some terrifying dreams - he had been in the home by himself and had opened a cupboard and a dead man fell out. He was so alarmed that he woke up. His other dreams are about being chased by something terrifying and finding that he could not run or shout.

At a later interview he showed considerable misery associated with his relations with the other boys. He felt that they picked on him, he was not sure why, perhaps because he was not strong enough to retaliate.

PROGRESS

The headmaster described him as being a bit shy but not passive, amenable to discipline and tending to be immature and babyish. The rest of the staff found him quite willing to help, pleasant but tending to be lazy. Some of them found him timid among the tougher boys and some of them found him timid in the presence of adults. His behaviour at school was reasonable and his progress was good.

DISCUSSION AND DIAGNOSIS

Michael is an illegitimate boy who has experienced numerous moves, both at home and school. He has never known security and full parental affection which is so important to a boy's social development. From the social reports we can take it mother has had considerable guilt and hostility towards her illegitimate child. On the other hand, he has been rejected by all the male figures in his life (stepfather and grandfather). This fear and anxiety about rejection probably increased when he was not told directly about his father; but he had probably heard snatches about his origins during parental quarrels. There is then a fear of further rejection which leads to a partial inhibition of the urge to make relationships and results in a partial withdrawal. The boy has no understanding of the development of his symptom and projects his incapacity on to his peers.

Michael can superficially be friendly but is basically emotionally withdrawn. He can remain competent socially and can cope quite well with the approved school situation if no great emotional demands are made on him. When observed carefully, his misery and his inability to make adequate inter-personal relationships with his peers becomes evident. The family pattern has varied from time to time. The basic pattern may well be interpreted by Michael as one of "rejection";while living with his step-father the sub-pattern of "repression"was superimposed, but later when with the maternal grandparents, the sub-pattern is one of "neglect and exposure". The boy's pattern of behaviour is correspondingly complex - showing an "over-inhibited neurotic" basic pattern being acted out in a pseudo-social manner.

Within the structured environment of the approved school, Michael proved to have relatively adequate personal controls. There was a hiatus in his super-ego development with little in the way of guilt or remorse for his previous behaviour.

ROBERT B.

Case Number:41 S Age at first interview: 13 years.

Robert was a specific referral. He was described as a rebel since admission to the Approved School. He was resentful of authority. He did not get on very well with his peers and openly claimed that everyone was against him.

FAMILY

Approximately five years ago the father, who is a miner, deserted the family and went to live in another town where he is reported to be cohabiting with another woman. Mother was left with the six siblings:-

Jack	aged 7 years
Margaret	aged 9 years
Paul	aged11 years
Robert	aged13 years
Peter	aged13 years
Simon	aged14 years

Mother kept the two youngest and the rest were placed in Children's Homes. Robert and Peter were placed together. Peter's conduct was good and three years later he was allowed to go home. Robert's behaviour was bad - he was also cheeky to the staff and so he was sent to another home after his three year stay. There he stole and ran away and was committed to Lothians. The stealing occurred in the individual situation.

The report from the Children's Home indicated that Robert occasionally wet the bed. He was considered an aggressive and defiant boy who tried to have his own way continually and impose his will on the younger boys. He was quarrelsome and constantly bickering with his fellows over the most trivial situations. He was considered of average intelligence but scholastically rather retarded. He had no contact with home.

While in Lothians he ran away twice. He was allowed home on two week-ends. On the first occasion he managed to keep out of trouble but on the second both he and his twin were involved in a delinquent act.

The Headmaster also informed me that he had visited the home and considered the accommodation very inadequate and poor. During his visit mother had told him that father had been violent to the boy when he was younger.

PRESENT STATE - McFARLANE SCALE

A.	SLEEP ..	Sound sleeper (5)
B.	ELIMINATION ..	Incontinence - a few episodes a month (+2)
C.	FOOD ..	Appetite - below average (2)
D.	SEX ..	Interest - neither interest nor tension (5)
E.	MOTOR HABITS ..	Mannerisms: a) Nailbiting - absent (5)
		b) Activity - normal (3)

F. CONDUCT .. Lying - lies more than average (+2)
.. Truancy - few times in six months (+3)
.. Stealing - persistent (+1)
.. Destructive - more destructive than average (+2)
.. Selfish - shares under pressure (+2)
.. Quarrelsome - constant quarreling (+1)

G. PERSONALITY .. Demanding - less interest in attention from others than average (4)
.. Sensitive - supersensitive (+1)
.. Shy and timid - ignores real danger (+5)
.. Fears - none discovered (5)
.. Defiance - extreme and pervasive negativism (+1)
.. Tempers - severe explosions three or more times a week (+1)
.. Confidence - never asks for help (4)
.. Competition - enjoys excelling (+2)
.. Jealousy - some jealousy of siblings at home (+3)

MANIFEST AND LATENT STATE

On the Ravens Matrices, Robert obtained a score at the twenty-fifth percentile which places him in the category of "definitely below average". On the W.I.S.C. he obtained the following scores:-

Verbal Scale I.Q.	81
Performance Scale I.Q.	101
Full Scale I.Q.	90

Roberts M.M.P.I. was assessed as not having "face validity". It was characteristic of psychopathy with rather marked emotional disturbance. There were high scores on the psychotic triad, especially on the schizophrenic scale.

Generally Robert is an untidy, tense and unhappy looking boy. He always looks unscrubbed and tends to develop sores at the angle of his mouth - he is another boy who can be described as "deprived looking". He was always suspicious of the psychotherapeutic interviews and required repeatedly to be assured that our interviews were private.

Psychiatric examination revealed no disorder in the fields of thought, memory, orientation, comprehension or apperception. His general knowledge was extremely poor. He was also educationally retarded.

In his interview with me he revealed great misery about the broken home and great anger at mother for not trying to heal the breach. He related how some time ago father had returned and was annoyed to find mother had converted to Catholicism. He wanted her to change back but she refused and so he left again. While discussing the possibility of week-end visits home he told me he might not be allowed home if there is a bad report on his home and then added:- "there will be a bad report because my mother never cleans the house". He became flushed, fidgety and almost verged on tears when we discussed his twin brother. He was very miserable at being separated from him. He remembered being hospitalised when he was five for an appendicectomy - he did not have any visitors throughout his stay. He has no friends. He claims the other boys pick on him - he then

retaliates. He told me that his mother visited frequently while at the Children's Home (but the report from the Children's Home said she had never visited).

PROGRESS

He remains irritable, quick tempered and aggressive. His school work is poor and he is constantly in trouble with his peers and the staff. Later Robert showed a great interest in dismantling things or taking things apart. Gradually it became obvious that some unresolved psycho-sexual and psycho-physiological problems were present which needed elucidation and resolution. This was undertaken and only then did Robert show signs of beginning to settle and relate to his environment.

DISCUSSION

Robert is a case of a tense, unhappy, mixed-up boy with a suspicious and irritable personality. Mrs. R. lives in poor circumstances, her standards are low, materially she does not provide for the children and it would seem as if she has very little warmth. The children have suffered deprivation in all spheres. There is no adequate father figure available. Robert's whole life is orientated towards getting out of Lothians and going home.

Robert exhibited a "mixed" pattern of delinquent behaviour with a combination of features of the "aggressive unsocialized" and of the "over-inhibited neurotic". This combination produced what the headmaster at one stage described as a "very difficult boy - responsible for more fights and scenes than the rest of the school put together." The parental pattern is mainly that of "rejection" with some "neglect" as well. Robert's superego formation is weak and he has very little in the way of personal controls.

CASE [illegible].

Case Number 4[illegible] Age at first interview: 14 years 2 months

Robert [illegible]. was a specific referral. In the school he was always in difficulty either with the staff or the other boys. He would take exception to any remark or any innocuous joke, even if it was not directed at him.

FAMILY

There was very little information available about Robert's family and background but fortunately an alert secretary noticed that he fitted in as a sibling to one of our previous clinic patients.

Robert is the second of six illegitimate children of May [illegible]. According to the Children's Officer, "she is a very poor type, immoral and well-known to the Police". On later follow-up contact, May [illegible]. proved to be an unreliable informant capable of giving very little accurate information about the early lives of any of the individual children. According to May [illegible]., the five eldest children were fathered by the same man, the youngest by another, and she is now cohabiting with yet another man. In April [illegible] after the birth of her youngest child which occurred without any aid, medical or otherwise, in her single apartment, a fire occurred due to the escape of gas. The circumstances were rather suspicious of a suicidal attempt but there was never any real proof. May [illegible]. was admitted to hospital and all the children bar the youngest were taken into care of the local authority. The three eldest children, George (seven years old), Robert and Marion (four and three-quarter years old) were boarded out together in a foster home, but this was not a success. Robert then was moved on various occasions from foster home to foster home and eventually landed in a Children's Home. Then in 1959 because of stealing and persistent wandering, he was committed to an Approved School. The Principal of the Children's Home reported that he attended school regularly but was aggressive and surly. He would get other boys into trouble and try to lie his own way out of any difficulty.

Marion [illegible]. had many similar moves. Eventually she landed in a Convent in Edinburgh. Her various moves had been due to the inability of the various homes and schools to cope with her disturbance which consisted of crying fits, aggressiveness and violence. Psychiatric examination revealed a "too easily friendly, extremely loquacious, excitable and hyperactive child". Intellectually she fell into the low average range though she was too disturbed for any accurate I.Q. to be ascertained. For a while it seemed as if she was responding to out-patient therapy but then her outbursts became so great and so prolonged that she was eventually admitted, towards the end of 1963, "unwillingly" to the psychotic unit at Ladyfield, in Dumfries.

[illegible] - Page [illegible]

A. SLEEP .. Restlessness. Sound sleeper (5)
B. ELIMINATION .. Incontinence - completely absent in last six months (5)

C.	FOOD	.. Appetite - average (3)
D.	SEX	.. Interest - neither interest nor tension (5)
E.	MOTOR HABITS	.. A. Nail-biting - mild periodic biting (+4)
		.. B. Activity - normal activity (3)
F.	CONDUCT	.. Destructive - more destructive than average (+2)
		.. Selfish - shares under pressure (+2)
		.. Quarrelsome - quarrels more than average (-2)
G.	PERSONALITY	.. Demanding - less interest in attention from others than average (4)
		.. Sensitive - more liable to hurt feelings than average (+2)
		.. Shy and timid - ignores real danger (+5)
		.. Fears - none discovered (5)
		.. Defiance - extreme and pervasive negativism (+1)
		.. Tempers - occasional severe explosions (+2)
		.. Confidence - never asks for help (4)
		.. Competition - stimulated by competitive situations on the sport field (3)
		.. Jealousy - no overt but much covert jealousy (+2)

MENTAL EXAMINATION

Robert is not an attractive boy. He always tends to have a frown on his face and to be rather sullen. He is an irritable, sensitive person who has to be continually humoured. His nails had been severely bitten.

AFFECT

Tends to be unhappy and irritable - no other disorder.

THOUGHT

No evidence of disorder of form, content or possession of thought.

MEMORY

Retention, recall and registration satisfactory.

ORIENTATION

Orientated as to time, place and person.

COMPREHENSION

Satisfactory.

GENERAL KNOWLEDGE

Very low standard.

DURING INTERVIEWS

He initially denied the existance of any siblings and we thought t at it was possible he was unaware of his family. However, a few months later he demanded to see his brother.

We discussed his absconding from Lothians and he claimed that everyone

there hated him. He also accused the other boys of taking his possessions and beating him up. He related many stories of how the other boys had been nasty to him. His concept of friendliness was "if they don't play with you they hate you".

He also had a tendency to become emotionally involved with any rumours such as that the staff demanded sweets from the boys who received parcels. He agreed it had never happened to him but added that he had never had a parcel.

Later on quite a revealing fantasy life became evident - he and his brother would go to uninhabited parts of Canada alone and they would be attacked by Indians.

PSYCHOLOGICAL EXAMINATION

On the W.I.S.C. he obtained a score which placed him in the dull and backward group.

Verbal	I.Q. 82
Performance	I.Q. 99
Full Scale	I.Q. 83

He was also given a T.A.T. The Psychologist considered in summary the test to reveal:-

A. Robert identifying with daring individuals, victims in accidents and crime and with violent criminals.
B. Being very frightened - showing also a boy who both wants and does not want to kill his mother.
C. A mother not supporting a child in trouble but sending for the Police.
D. A child's suicide causing a mother distress.

PSYCHOPATHOLOGICAL DIAGNOSIS

Robert can also be considered a case of a "sensitive paranoid personality" in Kretschmer's sense. He is a suspicious, sensitive, affectionless, aggressive and lonely boy. He showed no symptoms which could be considered psychotic. The pattern of behaviour was mainly that of the unsocialized aggressive but with also some over-inhibited neurotic features. He can be placed in the "mixed category". The parental pattern is that of severe rejection. It can be hypothesized that this rejection has led to a partial inhibition of the urge to make relationships resulting in a partial withdrawal.

[redacted]

Eventually Robert found a friend at Lothians and for a period settled down quite well. Due to internal arrangements in the region, I was unable to continue psychotherapy with Robert. Later I was informed that he had suddenly absconded - this coincided with his friend having to go to hospital.

On another occasion there was a mix-up when Robert was to visit his brother - and Robert produced a prolonged and severe temper tantrum. Actually this was

associated with Robert's poor concept of time and his mixing up of the dates - something which he tended to do now and then. He later again absconded and when arrested by the Police became violent in the Police Station.

It was then decided that he was beyond the control of an Intermediate Approved School and he was transferred to a Senior Approved School.

PART XII C ADDENDUM

THE CASES

THE CONTROLS

TOM A.

Case Number: 1C Age at first interview: 14 years 2 month

Tom was a general referral. The headmaster records that he has settled well at Lothians. He considers him a pleasant likeable boy. He also reports that there is a great bond of affection between this boy and his parents.

SOCIAL HISTORY

The family occupy a six-apartment tenement house in a previously notorious district of a big city. Due to damp and dilapidation only three of the rooms are habitable. The probation and social workers report that the living conditions are uncomfortable. Prior to this, the family had had many changes of home. Father is a labourer, and he had had great difficulty in finding work in his home town. Eighteen months prior to Tom's admission to Lothians, father managed to find work in another town and has worked there during the week but has returned home at weekends. The probation and social workers report that the mother is a well-meaning person but is unable to cope alone with the responsibilities of a large family. She has a limited income which amounts to approximately ten pounds a week. Even then she is a poor manager. She has also reported that Tommy is completely beyond her control. Tom's early development was apparently normal. At eighteen months, Tom drank ammonia by mistake and was detained in hospital for three weeks - after this he tended to cling to mother for some while. Tommy is the second of nine siblings whose ages range from sixteen to two years. The third sibling is also on probation for theft.

The probation officer relates Tommy's anti-social behaviour causally to the lack of paternal control except at weekends. Father is said to have been a rather strict disciplinarian when at home. During this period Tommy has appeared before the court on five occasions, four for theft by housebreaking and one for larceny. All of these offences occured in the company of older boys. Probation was tried but Tommy's behaviour showed no improvement. The school masters and parish priest consecutively have taken an interest in Tommy but also with no success. A school report also is interesting. Tommy only attended twelve times out of a possible one hundred and ninety-eight attendances. Even when present, his progress was below average. He was absent both from term tests and intelligence tests and so no records were available. The headmaster comments that this boy is "completely untrustworthy, has shown dishonesty, frequently is unamenable to discipline, untidy in his habits; lazy; shows no interest whatever in normal boys' activities, takes no part in sport and is a very bad influence on boys his own age."

[illegible] - McFARLANE SCALE

A. SLEEP .. sound sleeper (5)
B. ELIMINATION .. Incontinence - absent (5)
C. FOOD .. Appetite - average (3)
D. SEX .. Interest - interest in facts without undue tension (4)
E. MOTOR HABITS .. Mannerisms: a) Nailbiting - mild periodic biting (+4)
b) Activity - normal (3)

F. CONDUCT .. Lying - under stress (4)
.. Truancy - habitual (+1) while at home.
.. Stealing - persistent (+1)
.. Destructive - careful of belongings (4)
.. Selfish - shares normally (3)
.. Quarrelsome - quarrels less than average (4)

G. PERSONALITY .. Demanding - enjoys attention (3)
.. Sensitive - matter of fact, impersonal (4)
.. Shy and timid - normally cautious (3)
.. Fears - none discovered (5)
.. Defiance - fairly pliable (3)
.. Tempers - very little anger seen (5)
.. Confidence - accepts help (3)
.. Competition - no real competitive relationship (4)
.. Jealousy - no real jealousy (4)

EXAMINATION AND PRESENT STATE

Psychological Examination: On the Ravens Matrices Tommy obtained a score which lay between the fiftieth and seventy-fifth percentile which places him in the average category with the Grade III +.

GENERAL DESCRIPTION AND MENTAL EXAMINATION

Generally Tommy was a cheerful boy. A full mental examination was unrevealing.

At interviews Tommy would speak freely of his parents and his home. He quickly revealed the district he came from and was quite proud of it. He seemed to have some deep affection for his father. He only saw his father at weekends but even then father would drink quite considerably. He obtained occasional presents from his mother. She had only visited Lothians once, though Tommy said he told her not to visit because of the expense. He claimed that their present home consisted of two rooms, a kitchen and a toilet and nine children and two adults stay there. His main interests were watching mysteries and cowboys on television. No serious sibling rivalry was elicited. He was a chronic nail biter.

PROGRESS

Tommy has tried hard to do well at most of the activities and his work has been reasonably good. The masters report that generally he has been co-operative but on occasions has shown an aggressive streak.

DISCUSSION AND DIAGNOSIS

Tommy is a friendly boy who has settled in well and given little trouble at Lothians. He has exhibited the behaviour pattern of the "socialized delinquent". The parental pattern was that of "exposure and neglect". Tom shows some characteristic lacunae. Within the stable environment of the approved school he showed adequate personal controls. His repeated delinquent offences in the face of full knowledge of the possible consequences can be understood as an attempt to extricate himself from what were for him untenable home circumstances.

Case Number: 6 C Age at First Interview: 14 years 1 month

John was a general referral.

The history in this case is rather scanty. Father is a spray painter and mother is a housewife. There is apparently a sat sfactory relationship between the parents. However, they have nine children and it is doubtful whether this dull mother can give enough either materially or emotionally to individual members of her large brood. The family live in a four-apartment home situated in a corporation re-housing scheme. The home itself is reported as being clean and tidy and adequately furnished.

The parents state that while in the confines of his own home, John gives no trouble, but once outside, he digresses frequently. During a previous period of probation, the probation officer reported that John proved to be co-operative and was persuaded to join the local youth organisations. He attended these activities regularly and, in fact, received a prize from one of these movements for his regular attendance. He is also a regular attender at church.

A school report shows that his progress has been fair. His attendance was generally satisfactory, but there were some unexplained non-attendances.

John is the fifth of nine siblings whose ages range from three to twenty-three years. The eldest two brothers have both, also, committed offences.

A.	SLEEP	..	Restlessness - sound sleeper (5)
B.	ELIMINATION	..	Incontinence - two to four episodes a month (+2)
C.	FOOD	..	Appetite - average (3)
D.	SEX	..	Body - self-conscious when undressed. (+2)
		..	Interest - withdrawal as above (+2)
E.	NOTCH HABITS	..	Mannerisms - Nailbiting - mild periodic biting (+4)
F.	CONDUCT	..	Lying - lies under stress (4)
		..	Truancy - truant one to three times in six months (+3)
		..	Stealing - persistent (+1)
		..	Destructive - careful of belongings (4)
		..	Selfish - shares normally (3)
		..	Quarrelsome - quarrels with real provocation (4)
G.	PERSONALITY	..	Demanding - enjoys attention (3)
		..	Sensitive - more liable to hurt feelings than average (+2)
		..	Shy and timid - normally cautious (3)
		..	Fears - none known (5)
		..	Defiance - fairly pliable (3)
		..	Tempers - frequent mild outbursts (+3)
		..	Confidence - accepts help (3)
		..	Competition - no real competitive relationship (4)
		..	Jealousy - no real jealousy (4)

EXAMINATION AND PRESENT STATE

Psychological Examination: On the Ravens Matrices, John obtained a score which lay between the twenty-fifth and fiftieth percentile which places him in Grade III minus as intellectually average. On the W.I.S.C. he scores as follows:-

Verbal Scale I.Q.	97
Performance Scale I.Q.	103
Full Scale I.Q.	100

John's M.M.P.I. was assessed as not having "face validity". It was a very defensive record and no interpretation was considered possible.

GENERAL DESCRIPTION AND MENTAL EXAMINATION

John is a tallish, pale, slightly built boy who has a congenital squint. A full mental examination was undertaken and revealed no serious psychiatric disorder. In interviews he discussed himself freely. He is mainly an outdoor boy who likes football, cycling and swimming, but is really not very good at these activities. He does not like watching T.V. He felt he could have done better at the normal school, but for various reasons he did not get on very well there. He could not put his finger on the exact cause of this - he enjoyed some of his lessons but did not enjoy others; he had numerous friends at school but there were some boys with whom he did not get on too well; and some of the teachers treated him reasonably but others did not. At Lothians he found the lessons much easier; he had a considerable respect for all the masters and felt that they were fair in their handling of the boys; he was a member of a group of boys but complained that some of the bigger boys were inclined to bully him. His ambition was to be an electrician. Prior to admission he had delivered newspapers for a local newsagent, but he lost this job while he was in the remand home. He had committed approximately half of his housebreaking offences while he was alone, and the other half in the company of a group of boys. As far as could be assessed, his relationship with his siblings was satisfactory. There was no overt disturbed relationship between the boy and his parents. He claimed much affection for his parents and reported that his father never applied corporal punishment even when John was in trouble. He was very disturbed when psychosexual subjects were mentioned and denied any knowledge of these. He became very upset when masturbation was mentioned and so intense was his reaction that the interviewer interpreted this in terms of guilt for repeated masturbation. John also said that he could not remember ever dreaming.

PROGRESS

The staff at Lothians reported that John occasionally wet his bed and repeatedly bit his nails. They found him to be a generally pleasant, non-aggressive boy with a sense of humour. He took care of his belongings. His progress at school when he was first admitted was only fair, but more recently it had been good. His behaviour at school had also been good, but they considered that he had missed quite a bit of his earlier schooling.

DISCUSSION AND DIAGNOSIS

Considering all the evidence, there has possibly been some degree of parental

"neglect" and laxity of control in this family. John bites his nails and still occasionally wets his bed at the age of fourteen. While at home, according to his own evidence, he showed an intermediate range of relationship with most of his social contacts; within the context of the approved school it only extended to some of the bigger boys who were bullying him. It is difficult to place him in any one category but his behaviour was mainly that of the "slightly socialised" delinquent. There are however, some symptoms of emotional disturbance. There are some superego lacunae but within a stable and supervised environment this boy shows the capacity for adequate personal control.

WILLIAM C.

Case Number: 7 C Age at first interview: 14 years 5 months.

William was a specific referral. He is a gang leader of the "jail baron" type - that is, he gets the other boys to do his unpleasant tasks for him and provokes trouble, but he himself tends to keep out of the limelight. Also, previously the maternal grandfather had requested the boy should be seen by a psychiatrist because of his mother's history.

SOCIAL HISTORY

Mrs. C. had William illegitimately. Soon after his birth she went out to work and Will has been reared since infancy by his grandparents. The grandparents allege that his mother and the putative father intended marrying but abandoned their plans through religious differences shortly before the boy was born. His mother subsequently married someone else and there are three children of this union. When Will was six years old, mother became severely depressed and was admitted to a mental hospital: she remained there for some three years. Thereafter she has been in and out of mental hospital frequently and on one of her leaves she tried to commit suicide by drowning. The stepfather is a slater. The youngest of the step siblings stays with the father, the other children stay with a maternal aunt. The grandfather is a retired miner. He feels th t his daughter's illness has had an adverse effect on his grandson and also reports that William's behaviour is very similar to that of his mother at a similar age. Maternal grandmother does housekeeping work only. The grandparents live in a four apartment council house which is both reasonably furnished, clean and tidy. With the grandparents also stay their other married daughter, her husband and their three children. All the reports from the workers interested in this case indicate that the grandparents are respectable, down-to-earth people, but realise that they are not active enough at their time of life to look after a delinquent and disturbed youngster.

The grandparents state that they have found Will to be a restless boy unable to settle in any kind of constructive activity. He is always demanding with regard to money and extremely resentful if he did not get his own way. They claim that this was the same pattern throughout his earlier years. As there were numerous other children in the house, he could not remember anything specific about the developmental period of any one child.

William had been to some four schools prior to his admission to Lothians. He frequently got into trouble at school, his educational progress was poor and he did not attend regularly. He had a one year history of offences. He started with an assault, and that was followed by theft and numerous housebreaking offences of a serious nature. Most of these offences were committed in the company of other boys. He had also passed through the stages of being admonished, on probation and finally admitted to an approved school.

PRESENT STATE - McPARLANE SCALE

A. SLEEP	..	Restlessness - occasional (3)
B. ELIMINATION	..	Incontinence - absent (5)
C. FOOD	..	Appetite - average (3)
D. SEX	..	Interest - not sure (-)
E. MOTOR HABITS	..	Mannerisms a) nailbiting - never bites nails (5)
		b) activity - normal. (3)
F. CONDUCT	..	Lying - lies more than average (+2)
	..	Truancy - occasional (+3)
	..	Stealing - persistent (+1)
	..	Destructive - occasional accidents (3)
	..	Selfish - shared normally (5)
	..	Quarrelsome - constant quarrelling (+1)

C. PERSONALITY
.. Demanding - usually self-reliant (5)
.. Sensitive - supersensitive (+1)
.. Shy and timid - takes and enjoys more chances than average child (4)
.. Fears - real fear of being considered mad (+3)
.. Defiance - above average resistance to suggestion (+2)
.. Tempers - occasional severe explosions (+2)
.. Confidence - never asks for help (4)
.. Competition - enjoys excelling (+2)
.. Jealousy - some jealousy apparent now and then (+3)

EXAMINATION AND PRESENT STATE

Psychological Examination: On the Ravens Matrices, William obtained a score below the fifth percentile which placed him in Grade V as definitely below average intelligence. On the W.I.S.C. he scores as follows:-

Verbal	I.Q. 99
Performance	I.Q. 92
Full Scale	I.Q. 95

The psychologist commented that he was a hostile and aggressive boy who was rather impatient and impulsive. He co-operated rather reluctantly and easily gave up if he found he could not do some of the performance tests straight away. His below average performance on Block Design and Object Assembly were largely due to his impatience to continue. He displayed the same attitude when doing the Ravens being rather impulsive and not seeming to care very much.

On the M.M.P.I. William's record was considered to be of doubtful reliability. Nevertheless, he had high scores on the psychotic profile with a very high score on the schizophrenic scale. He also had high scores on the "Ma" and a borderline score on the "D" scale.

At interview this unkempt well built and obviously physically powerful boy was quite openly aggressive and hostile in manner. The interviews with this boy were always a delicate and skilled task for it was obvious that he was not prepared to have very much to do with psychologists or psychiatrists and if pushed could easily become physically aggressive. It was always difficult to pierce his defences but we did manage to elicit some important information. He had never very much liked school and talked at length about this. He admitted starting a rebellion at Lothians and offered some plausible excuse. He was interested mostly in active games and no sedentary ones. He always made excuses for his stepfather not visiting. He had a great fear of himself becoming "daft". He said that his stepfather had said that he was "daft" because of his offences. He was generally fearful of any questions or any enquiries. He was quite willing to talk to me as a person but not as a psychiatrist.

A full mental examination was performed and other than his impulsiveness and offhandedness, no diagnostic symptomatology was elicited. There was no disorder of either the form or the content of thought. He was generally hostile and unpleasant in manner. His memory both recent and remote was good and he was

orientated to time, place and person. His comprehension, apperception and general knowledge was satisfactory. He was quite offhand about his offences and certainly had no remorse, but, on the other hand, he was obviously well aware of the possible consequences of his anti-social actions.

[redacted]

Other than his indiscriminate aggressiveness, this boy tended to settle down to the routine at the approved school. In this, one sphere where he excelled was in the sporting. He was seen individually in an attempt to help him with and diminish his anxieties about the possibility of his going mad. He was helped to a limited degree by this approach, but the therapeutic goals were short term because it became obvious that to a boy of this type, any prolonged contact with a psychiatrist would just confirm to him what both his grandfather and his stepfather had suggested.

[redacted]

This illegitimate boy has a psychotic mother, elderly kindly but rather inadequate substitute parents (maternal grandmother and father) and a non-supportive stepfather. He is an aggressive, hostile, affectionless youth who could well develop into an aggressive psychopath. It would seem as if he has rejected his substitute parents as models for identification. It is interesting to find though he had been rejected by his mother, no overt hostility could ever be elicited directed at her (there may have been some latent hostility) nor at his stepfather. It would seem as if he diverted all his hostility onto authority and authority figures. He resented the authority and the restrictions within the school situation. He had seemed to have learnt or acquired a deviant type of interpersonal relations. He was quite adept at stirring up trouble without involving himself, but on the other hand was also very capable of cold-blooded cruelty and aggressiveness. He showed an incapacity for making emotional relationships with adults, but this did not seem to be extended to ~~xxx~~ children for he had many close relationships within his own group of boys. Admittedly these were with the more difficult and unsettled type of boys. Other than for this group, he showed a complete lack of need for social acceptance and intercourse. His personal controls were poor and his super-ego was weak. The only anxiety ever elicited was that associated with the possibility of him being afflicted with a mental illness as was his mother.

William's main pattern of behaviour resembled the "aggressive antisocial" delinquent but many features of the "socialized delinquent" patterns were also present. The parental pattern is basically one of "rejection". This boy can be labelled an "affectionless character" in Bowlby's sense in that he has superficial relationships with his peers but no friendship worth the name.

JOHN D.

Case number 12 C — Age at first interview: 12 years 5 months.

John was a general referral. He was described by the headmaster as an ordinary boy whose progress at the school was satisfactory.

HISTORY

Mr. D. is aged 79 and now retired from active work. This is his second marriage and there is a grown-up family of his first. He is apparently well thought of and in quite good standing in the community. He is fully in possession of his mental faculties but is physically rather frail and therefore is, in this respect, incapable of exercising adequate supervision and control over his boisterous younger children. Mrs. D. is a woman in her late forties (age not disclosed). She does not enjoy good health and reports herself as being a rather nervous and excitable woman, but shy in company. She employs herself solely within the home and has very little outside interests. The probation officer reports that she is also unable to exercise adequate supervision and control of the younger children. The family income is limited and is mainly derived from old age pension, National Assistance and Family Allowances. Materially the home is poor but always clean and tidy. The psychiatric social worker found mother to be hostile and unco-operative - the minimum of information was obtained and could only be used to rule out any gross factors.

Siblings:
- Jean aged 18. Away from home in domestic service.
- Jack aged 16. Previously on probation and also in an approved school. Presently unemployed.
- John
- Mar. aged 8.

Before coming into the approved school, John was described as a healthy, active boy of average intelligence. The probation officer reported that he tended to present a facade of quietness and shyness but underneath this, there was a certain amount of cunning and he was inclined to be sly. He had an interest in mechanical things but otherwise had no special hobbies or pursuits. The probation officer also reported that he apparently never mixed well with other children and had no regular friends.

John's offences started when he was nine years old. All of his offences were those of theft and were committed in the company of other boys. He appeared in court on several occasions and went through stages of being admonished, being put on probation and finally being committed to an approved school. Initially on probation, his response to supervision was very good and his attendance at school improved. However, suddenly there was a deterioration in his school attendance and application to work at school, and his social behaviour. He also stayed away from home for long hours at a time, often late into the evening and was said to have spent the time with his delinquent companions.

PRESENT STATE - McFARLANE SCALE

A. SLEEP .. Restlessness - sound sleeper (5)
B. ELIMINATION .. Incontinence - nil (5)

C. FOOD	..	Appetite - average (3)
D. SEX	..	Interest - interest in facts without undue tension (4)
E. MOTOR HABITS	..	a. Nailbiting - never bites nails. (5)
	..	b. Activity - normal (3)
F. CONDUCT	..	Truancy - habitual truant (1)
	..	Stealing - chronic petty pilfering (2)
	..	Destructive - takes care of his belongings (4)
	..	Selfish - shares normally (3)
	..	Quarrelsome - quarrels with real provocation (3)
G. PERSONALITY	..	Demanding - enjoys attention (3)
	..	Sensitive - more liable to hurt feelings than average (2)
	..	Shy and timid - normally cautious (3)
	..	Fears - none known (5)
	..	Defiance - fairly pliable (3)
	..	Tempers - occasional mild temper tantrums (4)
	..	Confidence - accepts help (3)
	..	Competition - no real competitive relationship (4)
	..	Jealousy - no real jealousy (4)

EXAMINATION AND PRESENT STATE

On the Ravens Matrices John obtained a score at the 50th percentile which places him in Grade III as intellectually average. During the test he was trying the whole time, but tended to be rather slow. Half way through the test, he made some mistakes with the numbers, i.e. he put them in the wrong place and this had to be corrected. On the W.I.S.C. he scored as follows:-

Verbal	I.Q. 95
Performance	I.Q. 103
Full Scale	I.Q. 99

John's M.M.P.I. was assessed as having face validity. It was within normal limits - the only borderline score being that of the psychopathic deviate scale.

GENERAL DESCRIPTION OF MENTAL EXAMINATION

In interviews, John always impressed as being a pleasant happy boy. He was rather small for his age and this was made more conspicuously obvious by the fact that he was one of the youngest boys in the school. Initially some of the bigger boys bullied him, but once he had been accepted in the community this seldom occurred.

A psychiatric examination revealed no mental disorder. His values and judgement were those of his peer associates.

At interviews he would talk freely. No evidence of disturbed interactions was elicited at the level of this boy's relationship with his parents. He was very attached to his father. His father punished him when he got into trouble and John felt that this was justified. Much sibling jealousy was elicited, directed only at Mary. He claimed that he had liked his previous school but that he had been persistently picked on and nagged at by his female teacher. He denied that he did not mix well with the other children at school and pointed out that he belonged to a gang there. At Lothians he got on well with both the

teachers and the boys. His ambition was to be an electrician.

PROGRESS

The staff at Lothians found him to be a contented boy with a good sense of humour who tended to get on well with the other boys. He was a bit timid among the tougher boys but not otherwise. He was careful of his belongings; his progress at school was good except in spelling; his behaviour in class was good and his main interest appeared to be reading. He was poor at athletics and had no hobbies. He had been visited both by his parents and by relatives.

DISCUSSION AND DIAGNOSIS

John can be considered a boy whose pattern of behaviour was that of a socialised delinquent. His stealing was mainly in groups. At his previous school he persistently truanted. He had also been exposed to his delinquent companions. The parental pattern was one of neglect due mainly to the parents' age, frailty and ill health. The facade of shyness and withdrawal as reported by the probation officer, was also not observed while at Lothians. His super-ego formation was defective - he showed little in the way of guilt or remorse for his previous behaviour and no concern for the consequences but showed adequate personal controls within the environment of the approved school.

WILLIAM D.

Case number: 13 C Age at first interview: 14 years 9 months

William was a general referral.

FAMILY

The father is a skilled joiner and earns a reasonable salary. He tended to be a disciplinarian as far as his children were concerned. Mother had involved herself in considerable debt; and this has resulted in friction between mother and father. She had instructed the boys to intercept letters from creditors. Father maintains that the boys were aware that they were assisting their mother in doing wrong, but he has no control over them. The mother appears to be a reasonably warm person but has little understanding of the managing of a family. The family moved some six months previously into the present housing scheme from a poorish area in which there was a high incidence of delinquency. Home visits have been made by the various workers but on each occasion there has been no reply.

PERSONAL HISTORY

Over the previous few years, prior to being admitted to Lothians, William had committed several thefts. He seemed to commit these on his own. At the same time that the family had moved home, he had changed to a senior school but in the first six months there had attended for only one and a half weeks. The headmaster reported that the boy was untrustworthy and completely uninterested in school. He was unamenable to discipline. His mother brought him on two occasions but he ran away - was caught- but then ran away again after arriving at school. In his previous school, he had also been a persistent truant. He had been to an educational guidance clinic but the clinician had stated that no progress could be made and thought that the boy required the control of an approved school. His father had written to the Director of Education saying that the boy was beyond his control and asking that he be sent to a school where he would be under supervision for twenty-four hours a day. The boy told the probation officer that he did not like his present school and gave no reason for truanting at his previous school. He was quite adament that he had no intention of re-attending there and was rather prepared to go to an approved school. The probation officer reported that the boy was not prepared to discuss his problems in a reasonable manner - he had made a decision and was not prepared to compromise or co-operate in any way.

Siblings: Paul aged 16, is a message boy
William aged 14, is at Lothians.

PRESENT STATE - McFARLANE SCALE

A. SLEEP .. Restlessness - a sound sleeper (5)
B. ELIMINATION.. Incontinence - completely absent in last six months (5)
C. FOOD .. Appetite - average (3)
D. SEX .. Interest - transistory periods of tension (3)
E. MOTOR HABITS. Mannerisms - Nailbiting - mild persistent biting (+3)

F. CONDUCT .. Lying - lies more than average (+2)
.. Truancy - habitual truant (+1)
.. Stealing - persistent (+1)
.. Destructive - more destructive than average (+2)
.. Selfish - shares normally (3)
.. Quarrelsome - quarrels with real provocation (3)
G. PERSONALITY.. Demanding - enjoys attention (3)
.. Sensitive - matter of fact; impersonal (4)
.. Shy and timid - takes and enjoys more chances than the average child (4)
.. Fears - none known (5)
.. Defiance - above average resistance to suggestion (+2)
.. Tempers - occasional mild temper tantrums (4)
.. Confidence - accepts help (3)
.. Competition - stimulated by competitive relationship (3)
.. Jealousy - no real jealousy (4)

EXAMINATION AND PRESENT STATE

Psychological Examination: On the W.I.S.C. William proved to be of average endowment:-

Verbal I.Q.	96
Performance I.Q.	103
Full Scale I.Q.	99

William's M.M.P.I. was assessed as having face validity. It was a typical delinquent profile with a tendency to some obsessional and phobic symptoms. These latter symptoms were not elicited during clinical examination.

GENERAL DESCRIPTION AND MENTAL EXAMINATION

During unobtrusive observation, William was seen to be a big, untidy, swaggering boy who was continually trying to create an impression on his associates. At interviews, in the individual situation, he did not show this need to swagger and show off. He tended to slouch and had a too-easy going but friendly manner. William showed considerable interest in football both as a spectator and as a participant. His only other interest was television or the pictures. He had previously collected stamps but had given it up because he had found it boring. He gave some very plausible excuses for not attending school but as other information was available, it was obvious that these were only partly true. At his previous school, he claimed that he had not liked his lessons, found them too hard and this was the reason for his truanting. He liked Lothians and considered that he got on well with both the boys and the staff, and he did not mind the lessons. On most of his stealing escapades he had been by himself but his early truanting had been with his brother. He claimed that the relations between himself and his father were satisfactory, but that his father had beaten him severely especially when he had committed offences. He felt that he got on well with his mother and she did not appear to get upset when he was in trouble.

The mental examination revealed the presence of no serious psychiatric disorder. He showed very little in the way of remorse for his previous behaviour and almost felt it was justified.

PROGRESS

The staff reported that he was a very difficult boy to please at meal times and continually complained. His general character was described in terms of "a corner boy, a hooligan, dour, impudent, lacks respect, outspoken, dishonest, critical and has no regard for the staff". Early in his stay he had run away from Lothians. The headmaster reported that at times he would assume the pretence of co-operation but that this was only to achieve his own ends. He did have a sense of humour but this mainly in terms of sarcasm and impudence. He was an untidy boy who always had to be told to wash. He generally disliked school and would just do enough to get himself by. His only interest was football.

DISCUSSION AND DIAGNOSIS

William is a boy who has rejected his father as a model for identification and has accepted the mores of his associates. On the other hand, his mother's behaviour did not set this boy a very good example. He had experienced considerable physical punishment from his father. William is now at a stage of resenting any restrictions and routine. He has little in the way of self-control and his super-ego formation is weak.

William exhibits mainly the behaviour pattern of the "socialised delinquent" but also presents with some "unsocialized" features. The parental pattern is of "neglect and exposure" but latterly there has also been some severe paternal discipline.

JOHN G.

Case Number: 15 C Age at First Interview: 14 years 7 months

John was a general referral.

HISTORY

John is an illegitimate boy. Mother's first husband was killed in 1944 leaving her with a daughter, Margaret. Mother then had an illegitimate son - John. Mother remarried when John was four years. The step-father was a sea-man only home occasionally on leave and so mother feels this did not affect John very much until a few years later when step-father was invalided home with chronic bronchitis. Step-father had strict views on behaviour and was always hard on the boy. Step-father is aged thirty-three and is now a builder's labourer. Mother is of the same age and works as a part-time cleaner. The psychiatric social worker reports that mother is protective of the boy and tends to be guarded in her replies.

Mother reports that it was a full term, normal pregnancy. John was bottle fed as mother had inadequate milk. His early development was normal but he was always a timid frightened child. At twenty-two months he was in hospital for ten days with "suspected pneumonia". He has a long history of night-sweats and headaches both of which have been investigated medically without conclusion. There have been no prolonged separations from mother. From the age of ten, John has repeatedly participated in delinquent activities which for the most part consisted of theft, housebreaking and other malicious mischief undertaken in the company of other boys. He has also gone through the stages of probation, detention and finally admission to an approved school. While on probation, he continued to associate with undesirable types of boys and the probation officer reported that he had only paid lip service to probation. John was quite a bright boy at the junior school and was given a place in a grammer school. John reacted poorly to the change and began to disappear from school. Ultimately a transfer from it to a local secondary school was arranged but the truanting and poor progress persisted.

The family rent a two apartment home which is reported as being drab and not clean.

Siblings: Margaret G. aged 15 - in an approved school.
John G. aged 12 - in Lothians.
Malcolm M. aged 9 - at school.

PRESENT STATE - McFARLANE SCALE

A.	SLEEP	.. Restlessness - a sound sleeper (5)
B.	ELIMINATION	.. Incontinence - completely absent in last six months (5)
C.	FOOD	.. Appetite - average (3)
D.	SEX	.. Interest - interest in facts without undue tension (4)
E.	MOTOR HABITS	.. Nailbiting - never bites nails (5)
F.	CONDUCT	.. Lying - lies under stress (4)
		.. Truancy - truants one to three times in six months (+3)
		.. Stealing - persistent (+1)

C. PERSONALITY

.. Destructive - careful of belongings (4)
.. Selfish - shares normally (3)
.. Quarrelsome - quarrels less than average (4)
.. Demanding - enjoys attention (3)
.. Sensitive - normal responsiveness to approval and disapproval (3)
.. Shy and timid - normally cautious (3)
.. Fears - none known (5)
.. Defiance - fairly pliable (3)
.. Tempers - occasional mild temper tantrums (4)
.. Confidence - accepts help (3)
.. Jealousy - no real jealousy (4)

EXAMINATION AND PRESENT STATE:

Psychological Examination: On the Ravens Matrices, John obtained a score at the fiftieth percentile which places him in Grade III as intellectually average. On the W.I.S.C. he scored as follows:-

Verbal	I.Q. 104
Performance	I.Q. 90
Full Scale	I.Q. 97

John's E.P.P.I. was assessed as having face validity. The profile was interpreted as being characteristic of psychopathy.

GENERAL DESCRIPTION AND MENTAL EXAMINATION

John is a tall, well built boy who is always reasonably neat and tidy and by his very demeanour gives the impression of solidarity. At interviews he was pleasant, but tended to be a bit suspicious. He always denied difficulties at home or with the other boys, even when we knew them to be present. He always gave carefully prepared answers which made it difficult for the interviewer to pierce his defences. At later interviews, he was always smiling and friendly and tended to relate very well but was always guarded in his replies. He claimed that he had enjoyed his stay at Lothians and had got on well with the staff. It was his ambition to be a merchant seaman.

A mental examination revealed no disorders in the field of affect, thought, memory, orientation, comprehension, apperception and general knowledge. He seemed to have some remorse for his previous activities but could not explain why he continued to commit offences even though he was fully aware of the inevitable consequences of his actions.

PROGRESS

The staff at Lothians generally considered him to be a good, obedient, respectful boy. On one occasion he was made a house captain and at about this time became involved in some fights, with other boys. It may well have been that this was part of the process of him asserting himself. He was always co-operative and friendly and had a sense of humour. He was clean and tidy in himself and took

care of his belongings. He had a reasonable attitude to school and his progress throughout his stay was considered to be good. His behaviour in class was also good. He enjoyed his football but he was not an outstanding player.

DISCUSSION AND DIAGNOSIS

It does seem that there are some factors in the home environment that have hitherto not come to light. We can only speculate on these but it is interesting that John's eldest sister also landed herself in an approved school. John persistently committed anti-social actions while at home, but once in the controlled environment of the approved school, all his previous uneo-operativeness and delinquent behaviour disappeared. It may well be that his delinquent behaviour was an attempt on his behalf to extricate himself from untenable home circumstances.

John exhibited the behaviour pattern of the "socialised delinquent". Some super-ego lacunae are present but within a stable environment he shows adequate personal controls. The parental pattern is mainly that of "neglect and exposure".

Case Number: 17 C [redacted] L.

Age at first interview: 13 years 4 months

Dennis was a general referral.

HISTORY

Both father and mother are employed full time as unskilled workers. They are good providers but rather easy going and the probation officer reports that the family discipline would appear to be somewhat lax. In this large family, the parents cannot devote too much time to any particular child; even so they show a somewhat lackadaisical and easy going approach to their children and their behaviour. On the other hand, all the members of this large family seem to get on reasonably well with one another. The family occupy a four apartment corporation house and therefore there is some degree of over-crowding. There is a fair incidence of delinquency in the area.

Dennis is the fourth of eight siblings. The sixth and seventh siblings are both on probation for stealing. Nothing untoward was reported in Dennis' early development; mother describes him as a perfectly "normal" child who presented no difficulties until he was about eight or nine. He then began his truanting which started with afternoons only - and developed into him leaving the house just after 8.0 a.m. ostensibly to go to school, and not to return home until 11.0 p.m. To obtain money to finance these activities, he collected all kinds of empty bottles which he returned to the shops for the money due on them. Mother stopped this practice by warning her neighbours but she says that everyone liked Dennis and he made full use of his charms. His younger brothers accompanied him on some of his delinquent episodes with Dennis acting as the leader. The psychiatric social worker reports that while Mrs. L. condemned her son's activities, an element of pride could be detected about the ingenuity her son had shown.- (the unconscious sanctioning of his delinquent behaviour). Dennis shared no interest with father and father's main occupation was to watch television.

Over the last two years, Dennis has committed a series of thefts and these offences have landed him in Court on four occasions. He has not responded to the previous warnings or probations. All these offences have occured in the company of other boys.

At school he has had periods during which he has truanted frequently. The teacher reported that he was amenable to discipline. He worked well in school. His general appearance was untidy. His clothes were often in need of washing and repairing. He was very anxious to please; he showed average interest in sport especially football. The headmaster considered that he was possibly led by unsuitable companions.

PRESENT STATE - [redacted] SCALE

A. SLEEP .. Restless - a sound sleeper (5)
B. ELIMINATION .. Incontinence - completely absent in last six months (5)
C. FOOD .. Appetite - below average (2)
D. SEX .. Interest - interest in facts without undue tension. (4)
E. MOTOR HABITS .. Mannerisms - a)Nailbiting - extreme but fingers not disfigured (+2)
b)Activity - normal (3)

F. CONDUCT
.. Lying - lies under stress (4)
.. Truancy - truant one to three times in six months (+2)
.. Stealing - persistent stealing either in frequency or value or both (+1)
.. Destructive - due care of own belongings (4)
.. Selfish - shares normally (3)
.. Quarrelsome - quarrels more than average (+2)

G. PERSONALITY
.. Demanding - enjoys attention (3)
.. Sensitive - matter of fact, impersonal (4)
.. Shy and timid - takes and enjoys more chances than average (4)
.. Fears - none known (5)
.. Defiance - above average resistance to suggestion (+2)
.. Tempers - occasional mild temper tantrums (4)
.. Confidence - accepts help (3)
.. Competition - stimulated by competitive relationship (3)
.. Jealousy - no real jealousy (4)

EXAMINATION AND PRESENT STATE

Psychological Examination: On the Ravens Matrices Dennis obtained a score which lay at the seventy-fifth percentile which places him in Grade II so he is definitely above average. His scoring on the W.I.S.C. was as follows:-

Verbal	I.Q.	100
Performance	I.Q.	110
Full Scale	I.Q.	105

The M.M.P.I. was not considered to have "face validity". The profile was that of emotional disturbance but the record was of doubtful reliability.

GENERAL DESCRIPTION AND MENTAL EXAMINATION

Dennis at interviews revealed himself as a friendly boy. There was an early anxiety but this was not sustained. Some months after admission he was transiently upset by the other boys calling him names.

A mental examination revealed no disorder. His values and judgement were those of his sub-culture.

At interviews he would talk freely about variety shows on television which he enjoyed. His main interest was the band in which he was a piper. He had disliked everything about his previous school but was enjoying himself very much at Lothians. He was very warm towards the staff and found his lessons interesting and satisfactory. He disliked the attention and affection which John got from his mother but for the rest, got on reasonably well with his siblings. He was variably attached to his parents depending on the privileges or punishments which were being meted out at the time. His sexual knowledge was rather elementary.

PROGRESS

At Lothians the headmaster recorded that he was amenable to discipline and

worked well in school. He was a keen piper and his achievements in sport were fair. When not under the direct supervision of the staff he proved himself to be rather self-assured and very argumentative.

DISCUSSION AND DIAGNOSIS

Dennis exhibited the behaviour pattern of the socialised delinquent. Some super-ego lacunae were evident but his personal controls were adequate within the stable and controlled environment of the approved school. The parental pattern was that of "exposure and neglect".

Case number: 18 C Age at first interview: 12 years 8 months.

Teddie was a general referral but he had, in fact, previously been a patient at the Child Guidance Unit.

FAMILY HISTORY

Father is a painter and decorator who is self-employed. He had previously employed about ten men but now has come down to working on his own. This is the result of his alcoholism which has existed for eighteen years, but for which he would only accept treatment in a mental hospital some two years previously. Mother reports that he won't accept responsibility for the children and also he is always promising to stop drinking but never does. Mother is a person who had received considerable help from the maternal grandmother, but since her death two years ago, mother is no longer able to cope. She wept easily and was distressed in describing the unpleasant incidents of her married life. Apparently when Teddie was seven years old, father had an affair with another woman which precipitated a suicidal attempt by mother. She was admitted to the local infirmary and stayed there for three days. She also said she had had rheumatic fever in the early part of her marriage, but had stayed at home in bed rather than go to hospital. Some years later she had an operation for gastric ulcers. She is a woman who has the family interests at heart but has a great deal of difficulty in coping with both the large family and her husband's delinquencies. She has made several half-hearted attempts to separate from him but she has never gone through with them in case the children might have suffered.

Siblings: Teddy, aged twelve is the fourth of six siblings.

The home is a four apartment flat situated in an over-crowded central city area, where there is much mobility and a fair incidence of delinquency is present. It is reported as being moderately furnished and clean, though at times rather untidy.

PERSONAL HISTORY (and other information as obtained from the Child Guidance files)

Teddie was a full term normal pregnancy. His milestones were apparently normally achieved. He was rather timid as a baby. He was hospitalised for three weeks at the age of eleven weeks because of this. When he was approximately seven years, mother was hospitalised with her duodenal operation for two months and Teddie and five siblings were placed in an orphanage from which Teddie tried to run away. The psychiatrist who interviewed mother reported that she complained about Teddie's behaviour - he was truanting, lying and stealing from home. She also said that he was twitching in his sleep and slept with his head under a blanket.

At school his progress was very poor and was generally reported as being "unsatisfactory". His character was described as deceitful, aggressive and resentful of correction. He frequently truanted. He was eventually transferred to another school in the hope that his behaviour might improve with a fresh start but he was soon in trouble again.

The psychiatrist who saw Teddie commented that he was a boy small for his age with severely bitten nails and an alternating squint. He had some terrifying dreams of his home and the town being blown up by the Russians. The psychiatrist considered that he was projecting on to the school situation much of the feeling that rightly belonged to his home. The father gave the boy no sense of security and the mother had many problems in her own right over and above which she frequently complained of headaches and neuralgia.

After studying the situation closely, the Child Guidance Clinic came to the conclusion that these parents were not going to be really modifiable and therefore this boy and his family might respond much more to probation supervision, especially as he was repeatedly continuing his delinquent behaviour.

PRESENT STATE - McFARLANE SCALE

A.	SLEEP	.. restless once a month (4)
B.	ELIMINATION	.. Incontinence - one episode in last six months (+4)
C.	FOOD	.. Appetite - average (3)
D.	SEX	.. Interest - neither interest nor tension (5)
E.	MOTOR HABITS	.. a. Nail-biting - extreme but fingers not disfigured (+2)
		.. b. Activity - normal (3)
F.	CONDUCT	.. Lying - habitual compulsive lying (+1)
		.. Truancy - habitual truant (+1)
		.. Stealing - persistent (+1)
		.. Destructive - occasional accidents (3)
		.. Selfish - shares under pressure (+2)
		.. Quarrelsome - quarrels more than average (+2)
G.	PERSONALITY	.. Demanding - less interest in attention from others than average (4)
		.. Sensitive - more liable to hurt feelings than average (+2)
		.. Shy and timid - takes and enjoys more chances than the average child (4)
		.. Fears - none known (5)
		.. Defiance - above average resistance to suggestion (+2)
		.. Tempers - some severe explosions (+2)
		.. Confidence - never asks for help (4)
		.. Jealousy - sibling rivalry (+2)

EXAMINATION AND PRESENT STATE

On the Ravens Matrices, Teddie obtained a score at the fifth percentile which placed him in Grade V as definitely below average. On the W.I.S.C. he obtained:-

Verbal	I.Q.	89
Performance	I.Q.	99
Full Scale	I.Q.	93

A Thematic Apperception Test was performed. The conclusions of the psychologist were as follows:- "There is no overt sibling jealousy. There is a great deal of violence in which the boy seems to take a morbid interest.

There is also a certain feeling of desperation as if he felt that there was no possible help or solution except death. Generally it was not the police that this boy feared, but the anger of his companions."

An M.M.P.I. was completed but the record was of doubtful face validity. This was a record which gave one of the less accurate reflections of the boy's personality. It shows a profile with border-line psychopathy with some schizoid features.

GENERAL DESCRIPTION AND MENTAL EXAMINATION

The impressions of the psychiatrist at the Child Guidance Clinic were confirmed. It was very difficult to pierce this boy's defences as he was very adept at avoiding any topics of emotional significance. He kept on claiming his innocence and that he therefore ought really not to be in Lothians. He really enjoyed his school and had quite a few friends at Lothians but he had disliked his previous school intensely. The only occasion when there was any release of emotion was when his shortness was discussed.

PROGRESS

The staff reported that he was a boy who always put on a pretence of offended innocence. He was generally unhappy in demeanour and would cry if he did not get his own way. He tended to mix with the more unsettled boys. He could be aggressive to the other boys if he was antagonised. He was not considered to have a sense of humour. He took care of his belongings. His work at school was good and his behaviour was satisfactory. He was fair at athletics and liked football. At a later interview, Teddie claimed that he had been "framed", witnesses had been set up against him.

DISCUSSION AND DIAGNOSIS

This is a family in which there is much parental pathology in the way of alcoholism, neuroticism, discord, parental disharmony and tension. This undersized boy has feelings of inferiority about his size. He tends to project on to the school situation much of the feelings which really belonged to his home. Some considerable latent sibling rivalry was also elicited. He only enters into a relationship superficially with the psychiatrist who also finds it difficult to penetrate his defences. At one stage, his personality development was considered to be that of a "querulant paranoid". In fact, this non-amenable youth is difficult to categorise. His behaviour patterns were complicated with many features of the "unsocialized aggressive" delinquent; many of the "socialized delinquent" and also the sensitivity of the "overinhibited" delinquent. He can be placed in the "mixed pattern" but there are other pointers to severe emotional disturbance - serious nail-biting, enuresis into his teens, nightmares, crying in the face of frustration, and general unhappiness. The family pattern is mainly that of "negligence and exposure." He showed considerable hiatus in his superego formation - he had no feelings of guilt or remorse; would not own up to his offences; would not heed advice; was unable to bear frustration and resented correction. He was a boy who always sought immediate satisfaction of his desires and had poor control over

his impulses. His repeated antisocial behaviour can be understood as an attempt by him to extricate himself out of what was for him untenable home circumstances.

Case Number: 20 C

HUGH J.

Age at first interview: 13 years 9 months.

Hugh was a general referral.

FAMILY

Father previously worked in a labouring capacity, but has been unemployed for the last three years, and he is reported as being a simple type of man with limited intelligence. Father spends little time at home; gets up before the children go to school and comes home after they are in bed, at night. Mother is also a rather ineffectual person who works an hour and a half a day as a cleaner. The probation and welfare officers report that they appear to be reasonably co-operative people but that all their children are beyond their control. The family live in a council housing estate in which there is a high incidence of delinquency and also an incidence of gang delinquency. Most of the family income is derived from state assistance.

Siblings: Hugh is the second of five siblings, and the headmaster reports that the boys in this family are renowned in their area for gang behaviour and delinquency, etc.

PERSONAL HISTORY

Hugh's birth and early development was normal. He was breast fed and weaned smoothly at ten months. The next child was born when he was twenty-two months and was bottle-fed from birth. Hugh began "stealing" the bottles and so to save trouble mother also gave him a bottle. This continued for sixteen months when mother gave birth to twins, boys, who were also bottle fed. Mother continued to bottle-feed all four children for another eight months and then in a fit of temper at the trouble they were causing her, smashed all the bottles in front of the children and did not reintroduce them. Hugh has had no hospitalizations and the only illness of note was a febrile convulsion at ten months. His behaviour both in and out of school had been extremely poor and he had been repeatedly in trouble with the police. His school report indicated that he, generally, was educationally retarded. He had truanted on occasions. He was described as being quick tempered and lacking in control. He was frequently in trouble through fighting, running out of school and was considered a bad influence on other children. His headmistress put it that he had flaunted all rules and disciplinary measures; he was impudent and defiant when checked and tended to use bad and obscene language.

As a result of the severe school difficulties described above, he was tested by the educational psychologist at the age of ten years. His I.Q. on the Revised Stanford Binet Scale was 74 and his educational attainments few. He was recommended for special schooling. Mother was bitter about this.

Hugh has committed numerous offences and has appeared in court on nine occasions. These appearances covered a wide variety of offences from breach of peace, malicious mischief, theft, and housebreaking. He has gone through the stages of being admonished, being committed to a detention centre, being put on probation and was finally committed to an approved school. The probation officer reports that he has found Hugh difficult to supervise. He found mother interested and trying within her limitations to help with the supervision. However, she tended

to resent both his efforts and the headmistress' attempts to control Hugh. He found that Hugh continued to associate with undesirable companions despite the warnings from him.

PRESENT STATE - McFARLANE SCALE

A.	SLEEP	..	sound sleeper (5)
B.	ELIMINATION	..	Incontinence - completely absent in last six months (5)
C.	FOOD	..	Appetite - average (3)
D.	SEX	..	No noticeable interest or tension (5)
E.	MOTOR HABITS	..	Mannerisms - a) Nailbiting - extreme with fingers disfigured (+1)
			b) Activity - normal (3)
F.	CONDUCT	..	Lying - lies more than average (+2)
		..	Truancy - frequently (+3)
		..	Stealing - persistent (+1)
		..	Destructive - occasional accidents (3)
		..	Selfish - shares normally (3)
		..	Quarrelsome - quarrels more than average (+2)
G.	PERSONALITY	..	Demanding - not interested in attention (overt) (4)
		..	Sensitive - matter of fact, impersonal (4)
		..	Shy and timid - just ignores danger (+5)
		..	Fears - none known (5)
		..	Defiance - extreme (+1)
		..	Tempers - occasional severe explosions (+2)
		..	Confidence - vigorously refuses help (5)
		..	Competition - no real competitive relationship (4)

EXAMINATION AND PRESENT STATE

Psychological Examination: On the Ravens Matrices, Hugh obtained a score between the fifth and tenth percentile which places him in Grade IV minus as definitely below average. His score on the W.I.S.C. was as follows:-

Verbal	I.Q.	74
Performance	I.Q.	85
Full Scale	I.Q.	77

The psychologist considered him to be of borderline subnormal intelligence.

Hugh's M.M.P.I. was assessed as not having face validity. It was also a record of uncertain reliability. It was interpreted as "psychopathy with ideas of reference."

PSYCHIATRIC EXAMINATION

Hugh is a tall, strong, well built boy who speaks with a broad Scots accent. He is well acquainted with and makes liberal use of much of the slang which is more appropriate to the older and more hardened recidivist population. At interviews he was aggressive and sullen and suspicious and it was difficult to pierce his defences. He denied any difficulties at Lothians. His interests were mainly of the active type, namely boxing and football etc. He had no ambitions and his reply was that he was "not interested". His real attitude towards his parents and

his siblings and his interactions with them was never elicited. A mental examination revealed no psychiatric disorder in the fields of thought, affect, memory and orientation. His limited intelligence was quickly revealed by his performance in comprehension, apperception and general knowledge. He showed no remorse for his delinquent behaviour. He was also fully aware of the consequences of repeated delinquent actions but neither did approved school, Borstal or jail hold any terrors for him.

PROGRESS

The staff at Lothians reported that he remained a stubborn, determined, underhand type of boy who was always suspected of committing various petty thefts. He tended to be aggressive towards anyone and was insolent on occasions to the staff.

DISCUSSION AND DIAGNOSIS

Hugh comes from an area where there is a high incidence of delinquency, in fact, delinquency itself appears to be a sub-cultural phenomenon there. His parents are also both of limited intelligence. Although apparently the parents have more recently taken some interest, in view of the behaviour of the other siblings, it does seem as if previously they had been generally lax and neglectful of the children.

Hugh mainly exhibits the behaviour pattern of the "unsocialized aggressive delinquent" but as so many features of the socialized pattern are present we have to place him in the "mixed" category. The family pattern is mainly that of "exposure and neglect".

BERNARD K.

Case Number 22 C Age at first interview: 13 years 1 month.

Bernard was a general referral.

HISTORY

In this family there has been considerable disorganisation and disruption. Bernard's parents were married at eighteen and in the next ten years had six children. The parental relationship was rather unstable and the marriage itself was explosive and frequently close to breakdown. Mother was hospitalized for eighteen months when Bernard was two years. He was cared for by father and paternal grandmot er who took him to visit mother in hospital. Father reports that as Bernard had a good relationship with paternal grandmother, he was not unduly perturbed by this separation. He apparently showed no obvious signs of disturbance on mother's immediate return but later he was not as close to her as previously. His siblings were then born in quick succession. Shortly after the birth of the sixth child, mother's liaison's with other men commenced and Bernard was charged with watching for father's a,proach. Father also maintains that Bernard witnessed some of the intimate aspects of mother's promiscuous behaviour.

When Bernard was eight, mother deserted and the children were taken into the care of the children's department for three weeks. Bernard and his siblings were extremely unhappy. Mother then returned to "try aga n" but continued her extra-marital associations. She deserted again when Bernard was nine for a period of five weeks; then when Bernard was ten, father left home and when he came back one month later, he found mother was cohabiting with another man. He put her out of the house. Bernard was cared for by father and paternal grandmother and the other siblings were scattered to children's homes and other relatives. Subsequently there was a conflict for Bernard's loyalty between the maternal and paternal families. The social workers report that father is superficially genial and appears to have good and easy relationships but they were not at all convinced of this. A few months later, father started to cohabit with a Mrs. H. who brought into the home her own daughter of six. Since that time, Mrs. H. attended all the children and took care of the home. She kept the home fairly clean and tidy but was not a good budgeter. Mrs. K. who was also cohabiting subsequently gave birth to another child.

For the first eighteen months of his marriage, father was in the Forces. After this he was a lab urer, but either due to his nature or to the factor of the low employment in Scotland, his work record was rather irregular. He had, in fact, been unemployed for the six months prior to Bernard's admission to Lothians. He also reports that he was on night duty for some three years towards the latter part of his marriage. The family lived in a four apartment corporation home in an area in which there is a fair incidence of delinquency.

Siblings: Bernard, aged thirteen, is the eldest of six siblings. The six siblings' ages range from thirteen to four years. The child of Mrs. K's present association, was at this time aged two. Mrs. H's daughter was aged eight.

Bernard's father and Mrs. H. claimed that Bernard had given them no trouble until he was approximately eleven years old. This was clearly not true. Bernard had been a persistent bed-wetter and had been regularly punished for this. Bernard, fearing punishment for his bed-wetting, ran away on a number of occasions, sometimes to his maternal grandmother and sometimes he would just disappear. He

was returned by the police again and again. The police apparently advised the parents that beating was no cure for bed-wetting, but Mrs. H. denied the beatings had been excessive. Mrs. H. also accused and had punished Bernard for kissing a girl and for "interfering" with her daughter. She also reported that he had been indulging in petty stealing from the home. Eventually Bernard stole a bicycle and tried to make use of it in running away from home. He was apprehended and appeared in Court.

The only illness father could remember was gastro-enteritis at the age of nineteen months when Bernard was hospitalized for a very brief period. No reactions to this hospitalization were noted by father. As far as breast feeding and milestones were concerned, father was unable to provide any accurate information but could remember nothing untoward.

PRESENT STATE - McFARLANE SCALE

A. SLEEP	..	Restlessness - a sound sleeper (5)
B. ELIMINATION	..	Incontinence - absent now (5) just before admission enuretic few times weekly (+1)
C. FOOD	..	Appetite - average (3)
D. SEX	..	Interest - sex experimentation (+2)
E. MOTOR HABITS	..	Mannerisms a) Nail-biting - nil (5)
		b) Activity - normal (3)
F. CONDUCT	..	Lying - lies occasionally (+3)
	..	Truancy - occasional (4)
	..	Stealing - occasional mild pilfering (+3)
	..	Destructive - ordinary care (4)
	..	Selfish - shares normally (3)
	..	Quarrelsome - quarrels with real provocation (4)
G. PERSONALITY	..	Demanding - demands more attention than average (+2)
	..	Sensitive - normal responsiveness (3)
	..	Shy and timid - normally cautious (3)
	..	Fears - none discovered (5)
	..	Defiance - fairly pliable (3)
	..	Tempers - occasional mild tantrums (4)
	..	Confidence - prefers help (+2)
	..	Competition - enjoys excelling (+2)
	..	Jealousy - occasional mild (+3)

EXAMINATION OF [illegible]

Psychological Testing: On the Ravens' Matrices, Bernard obtained a score between the twenty-fifth and fiftieth percentile which placed him in Grade IIIminus as intellectually average. At interview, it was initially difficult to obtain contact with this boy, but later he was relating freely and warmly and proved himself to be a quiet pleasant boy. He attended an ordinary school outside Lothians where his progress was satisfactory. He enjoyed the games at Lothians and generally settled down to a productive life. His ambition was to be an electrician. All this boy's so-called offences occurred when he was on his own. Whenever we discussed these, he would claim remorse and I was of the opinion that this was genuine.

PLACEMENT

The staff reported that this pleasant boy had fitted in well and settled well at Lothians. He had, earlier in his stay, absconded on two occasions, but had returned once spontaneously. He was generally an amenable boy with a sense of humour. He was both affection and attention seeking from the staff, but they found he could be sly on occasions. His progress at school was satisfactory an his behaviour generally was good. He enjoyed most sporting activities.

DISCUSSION OF DIAGNOSIS

This boy has suffered severely both from deprivation and rejection. The home has been broken, home life has been unhappy and the material circumstances in the homehave possibly been inadequate. After a brief period of unsettlement at Lothians, Bernard settled in and then his symptoms of stealing, enuresis and running away tended to disappear. There is no doubt that this boy could have just as easily been placed in the care of the children's department. Bernard related well to the boys at Lothians and it is therefore surprising that he never participated in any group delinquent actions. However, he had shown the patterns of truancy and running away and though he does not fit easily for classification purposes into any group, he can be placed among the "slightly socialized" delinquent group. As is obvious from the above history, the emphasis of the family pattern changed from situation to situation. In the first ten years of his life he mainly experienced a combination of parental negligence and rejection but in the following years he certainly experienced some excessive parental discipline.

JOHN L.

Case Number: 24 C Age at first interview: 13 years 10 months

John was a general referral.

HISTORY

Not very long after John had been included in the study, he was discharged. He was therefore no longer at Lothians when the follow-up home visit was performed. In the circumstances, it was felt that we had to tread very lightly and elicit only what so far in the study appeared to be significant areas of information. Father works in a labouring capacity and mother is a housewife. Mother reports that father has pronounced and vigorous views on most subjects and imposes these on anyone who listens. The psychiatric social worker was impressed by mother's warm and well meaning nature but considered her to be overburdened. Both the parents on the surface appear to be reasonable people. They were unable to fathom John's repeated delinquencies, but tried to deal with it in their own way. Father's method was to administer severe corporal punishment and mothers to withold John's pocket money, but neither of these was successful.

Siblings: John is the sixth of eight children. Peter, who was fifth in the sibship had been on probation for carrying a dangerous weapon.

The family live in a four apartment corporation house which was always reasonably clean and tidy. There is a fair incidence of delinquency in the area.

Mother could remember nothing untoward in John's early development - he had had no serious illnesses and there were no prolonged separations from either parent. There had been two short separations from father because of father being hospitalized and separations from mother lasting ten to fourteen days with each of her subsequent confinements. Mother seems to have handled each of these situations with warmth and understanding.

Over the previous few years, John had been repeatedly in trouble for housebreaking or stealing from shops. He had gone through the usual stages of warning, probation etc., and was finally committed to an approved school. At the local school he had a very chequered career and his poor progress was mainly due to his repeated truancies. There was another aspect to this problem, that is, John complained of headaches and sickness when travelling. This was thought to be in the nature of a "motion sickness". Eventually the stage was reached when he could not travel on a bus and he transferred to a nearby school. However, even though he did not need to use transport for this school, he was a frequent non-attender and offered no valid excuses. The father had eventually visited the school and made a plea for strict discipline of the boy.

PRESENT STATE - McFARLANE SCALE

A. SLEEP .. Restlessness - unusually sound sleeper - (5)
B. ELIMINATION .. Incontinence - completely absent in last six months (5)
C. FOOD .. Appetite - average (3)

E.	MOTOR HABITS ..	Mannerisms: a)Nailbiting - never bites nails (5) b)Activity - normal activity (3)
F.	CONDUCT ..	Lying - lies occasionally (+3)
	..	Truancy - truants one to three times in six months. (+3)
	..	Stealing - persistent stealing either in frequency or value or both (+1)
	..	Destructive - occasional accidents (3)
	..	Selfish - shares normally (3)
	..	Quarrelsome quarrels more than average (+2)
G.	PERSONALITY ..	Demanding - demands more attention than average (+2)
	..	Sensitive - more liable to hurt feelings than average (+1)
	..	Shy and timid - normally cautious (3)
	..	Fears - of long bus rides (+3)
	..	Defiance - fairly pliable (3)
	..	Tempers - occasional mild tantrums (4)
	..	Competition - enjoys excelling (+2)
	..	Jealousy - occasional mild jealousy (+3)

EXAMINATION AND PRESENT STATE

Psychological Examination: On the Ravens Matrices, John obtained a score between the fiftieth and seventy-fifth percentile which placed him in Grade iii plus as intellectually average.

GENERAL DESCRIPTION AND MENTAL EXAMINATION

At interviews, John was always at ease and revealed himself as a friendly small fellow. He always tried to make light and humour of every situation. Though he seemed to get on well at Lothians and belonged to a group of boys, at interview he claimed that the boys poked fun at him and picked on him because of his size. He said that he always pretended to take it in fun but the other boys did not realise they had hurt his feelings. At later interviews it became obvious that he was probably the leader of the group to which he belonged. From his descriptions, of his reactions while in a bus or car it certainly seemed as if he was subject to motion sickness; he complained of nausea, headache and finally vomiting. Though his father was strict, he got on reasonably well with him but very much better with his mother. They both had visited him at Lothians and wrote regularly. A full mental examination revealed nothing of significance.

PROGRESS

The staff at Lothians reported that John could be aggressive to anyone either bigger or smaller than himself when antagonised. He was small and smart with a good sense of humour and his attitude to school and his progress there was satisfactory. Although he was small, he took part in games in rather a robust manner. The headmaster considered that he was always trying to push himself forward and assert himself. He could at times be a bully and fancied himself as a gang leader. Just before his discharge, he began to express remorse for his offences but when questioned closely, it was not then true remorse. He was not sorry that he had committed the offences but only sorry that these had landed him in the approved school. Some intense sibling rivalry also became apparent.

DISCUSSION AND DIAGNOSIS

This boy genuinely suffers from a form of motion illness and this has tended to obscure the total picture. His overt behaviour is that of the "slightly socialised delinquent" consisting of stealing in groups and truancy. Underneath this he has inferiority feelings about his size; he tends to compensate for this by trying to be a clown, by aggressiveness and always trying to assert himself. The underlying family pattern is that of "neglect and exposure".

VICTOR L.

Case Number: 26 C

Age at first interview: 12 years 2 months.

Victor was a general referral.

HISTORY

Father is aged forty-eight and he works in a labouring capacity. Mother is also aged forty-eight, she is a housewife. The family relationship appears to be satisfactory and the parents appear to be warm people interested in their children.

Siblings: Victor is the fifth of seven siblings, the eldest being twenty-four and the youngest six. Victor had scarlet fever as an infant and was hospitalized for some months. On returning home mother reported that he behaved strangely; and his subsequent early development was always behind that of his siblings at the equivalent age. He also developed a fear of the dark which remained for some years. He is the only one who has been in trouble for delinquent behaviour. The family reside in a three-apartment house in an area in which there is a high incidence of delinquency. The home is reported as being comfortably furnished and is well maintained. At school his progress in subjects he enjoyed was good but he would neglect those he did not enjoy. His teacher also considered he was bright but not working up to his potential and found him to be a cheeky and difficult pupil. Latterly he had been untrustworthy and difficult in class but he had not truanted. The parents report that Victor has always been a healthy boy. He is an outgoing boy who belongs to numerous youth organisations. He is given a considerable amount of pocket money. The probation officer reported that over the previous two years, Victor had committed a series of serious offences all in the company of other boys. He also reports that both parents co-operated well with him and made every effort to control Victor. Their method of imposing discipline was to administer thrashings. This proved ineffective, Victor has gone through the stages of probation, committal to a detention centre, his parents being fined, and finally he was committed to an approved school. The probation officer was of the opinion that Victor normally intends to behave and conform but finds himself unable to resist when he is in the company of his associates.

PRESENT STATE - McFARLANE SCALE

A.	SLEEP ..	Restlessness - sound sleeper (5)
B.	ELIMINATION ..	Incontinence - completely absent in last six months (5)
C.	FOOD ..	Appetite - average (3)
D.	SEX ..	Interest - interest in facts without due tension (4)
E.	MOTOR HABITS .	Nailbiting - never bites nails (5)
F.	CONDUCT ..	Lying - lies occasionally (+3)
	..	Truancy - occasionally (+3)
	..	Stealing - persistent (+1)
	..	Destructive - careful of belongings (4)
	..	Selfish - shares normally (3)
	..	Quarrelsome - quarrels with real provocation (3)
G.	PERSONALITY ..	Demanding - enjoys attention (3)
	..	Sensitive - normal responsiveness to approval and disapproval (3)
	..	Shy and timid - normally cautious (3)
	..	Fears - none known (5)

G. PERSONALITY (cont.)
.. Defiance - fairly pliable (3)
.. Tempers - occasional mild temper tantrums (4)
.. Confidence - accepts help (3)
.. Competition - stimulated by competitive relationship (3)
.. Jealousy - no real jealousy (4)

EXAMINATION AT PRESENT DATE

Psychological Examination: On the Ravens Matrices, Victor obtained a score between the twenty-fifth and fiftieth percentile which places him in Grade III minus as intellectually average. On the W.I.S.C. he proved to be of low average intelligence:-

Verbal	I.Q. 92
Performance	I.Q. 89
Full Scale	I.Q. 90

Victor's M.M.P.I. was assessed as having face validity. He had a near normal profile but there was some hypochondriacal pre-occupation.

GENERAL DESCRIPTION AND MENTAL EXAMINATION

Victor is a smallish but shrewd and likeable boy. Very little in the way of symptoms were elicited. He likes and participates frequently in football. He spends his pocket money on pictures or gambles at cards. He claimed he liked his previous school. He had been just one of the gang but he had liked the lessons except for the sums. He was quite happy at home and said that he got on well with his parents although his father did beat him excessively when he got into trouble. His ambition was to be a footballer. Given three wishes he would choose: "all the money on earth; all the bikes he could get; and get rid of all the police."

PROGRESS IN THE APPROVED SCHOOL ENVIRONMENT

He proved himself to be a relatively ordinary boy, always reasonably well behaved and with a good sense of humour. He got on well at school. His progress especially in arithmetic (in spite of his apparent dislike for the subject) was very satisfactory. His behaviour at all times was also satisfactory.

DISCUSSION AND DIAGNOSIS

This smiling, happy boy exhibited the behaviour pattern of the slightly "socialized delinquent". In the controlled and structured environment he exhibited adequate personal controls. The family pattern was that of "exposure and neglect".

JOHN M.

Case Number: 28 C Age at first interview: 13 years 2 months

John was a general referral.

HISTORY

Father works as a labourer while mother attends to the household duties. The home is comfortable but there is a high incidence of delinquency in that part of the city. The probation and social workers consider that the home is an adequate and warm one and the relations within the home are satisfactory. At the time of the psychiatric social worker's visit, father was unemployed, but still was drinking rather heavily - on the other hand he did seem to have a mutual warm relationship with the children. The psychiatric social worker considered mother to be an extremely anxious woman who was friendly in a placatory and defensive way; apparently mother still has a strong neurotic entanglement with her own parents. The parents are at a loss to understand John's delinquent behaviour and father has attempted to cope with it in two ways. On the one hand he has been rather punitive and has frequently administered corporal punishment and on the other hand he has tended to overindulge the boy in rather a naive fashion, i.e. by buying him an encyclopaedia costing over thirty pounds thinking that this would give the boy an outlet for his energies. The previous headmaster reported that he truanted occasionally. His progress at school was generally poor. His appearance at school varied from being very smart to being rather dirty looking. In class he was found to be rather a nuisance but was amenable to discipline. He was also an inveterate liar. The headmaster considered that his home background was poor.

Siblings:	Faith	aged 12 - on probation for stealing.
	Hope	aged 11 - in an approved school.
	Charity	aged 8 - at primary school.
	Jack	aged 5
	David	aged 4
	Peter	aged 1

PERSONAL HISTORY

Mother reports that the birth and the early development were normal. John achieved his milestones satisfactorily. Mother, though warm, tends to be rather obsessional about cleanliness and so undertook toilet training in a rather coercive manner. At the age of three, John and his younger sibling were placed in a children's home for five weeks due to the birth of the next sibling. John was badly affected by the experience - according to mother he was not so responsive on her return and was afraid of the dark. According to the parents, John is a well behaved boy at home and is willing to assist with the various domestic chores. He is a member of a scout troop and is apparently a regular attender at church. He is fond of sport, especially football. His thefts have occurred over the previous year and always in the company of another boy.

PRESENT STATE - McFARLANE SCALE

A. SLEEP .. Restlessness - a sound sleeper (5)

B. ELIMINATION .. Incontinence - completely absent in last six months (5)
C. FOOD .. Appetite - average (3)
D. SEX .. Body - self-conscious when undressed (+2)
E. MOTOR HABITS .. Mannerisms:a)Nailbiting - extreme but fingers not disfigured (
b)Activity - normal activity (3)
F. CONDUCT .. Lying - lies occasionally (+3)
.. Truancy - truant one to three times in six months (+3)
.. Stealing - persistent stealing either in frequency or value or both (+1)
.. Destructive - careful of belongings (4)
.. Selfish - shares normally (3)
.. Quarrelsome - quarrels with real provocation (3)
G. PERSONALITY .. Demanding - enjoys attention (3)
.. Sensitive - normal responsiveness to approval and disapproval
.. Shy and timid - normally cautious (3)
.. Fears - none known (5)
.. Defiance - fairly pliable (3)
.. Tempers - occasional mild temper tantrum (4)
.. Confidence - accepts help (3)
.. Competition - stimulated by competitive relationship (3)
.. Jealousy - no real jealousy (4)

[redacted]:

Psychological Examination: On the Ravens Matrices, John obtained a score which lay between the tenth and twenty-fifth percentile. This places him as being definitely below average in Grade IV. On the W.I.S.C. he scored as follows:-

Verbal	I. Q. 87
Performance	I. Q. 92
Full Scale	I. Q. 88

The psychologist commented that he is of dull normal intelligence.

John's M.M.P.I. was assessed as not having face validity. This was one of the few cases in which the profile was that of a disturbed individual whereas the boy was clinically assessed as being relatively normal. The profile was that of a withdrawn schizoid individual with some underlying psychopathy.

GENERAL DESCRIPTION AND MENTAL EXAMINATION

In interviews John always revealed himself as a rather pleasant talkative boy. His main hobbies were manual, that is woodwork and metal work. He enjoyed games especially when he was playing with other boys. He was enjoying life at Lothians - he liked the staff and the boys. He was especially impressed by the standard of the food and the regular pocket money. He felt that though there were occasional quarrels, he usually got on reasonably well both with his parents and his siblings. He felt it was quite in order for his father "to give him a doing" when he got into trouble. His values and judgements were those of his peer associates. A full mental examination revealed no psychiatric disorder.

[redacted]

The staff reported that early in his stay at Lothians he ran away on two occasions. After this he seemed to settle well into the community. His progress up to then was good and he showed improvement in the work, educational and recreational spheres.

EDUCATION AND DIAGNOSIS

John's stealing occurred in the group situation. He truanted from the ordinary school and ran away from the approved school. His attitudes and values were those of his peer associates. He lives in a delinquent area and has been exposed to delinquent companions. There is some evidence of earlier parental "negligence", followed later by variable parental punitiveness or over-indulgence.

We can classify John's behaviour pattern as that of the "slightly socialized" delinquent because he has responded so well to social measures. It is interesting to note that the probation and social workers considered that this home was relatively adequate and warm in comparision to the standards of the neighbourhood and approved school boys generally. Yet the headmaster considered the home background poor - we don't know if he meant the neighbourhood was poor, or if this family's background was poor. John showed a hiatus in his superego development but his personal controls were relatively satisfactory within the structured environment of the approved school.

JOHN MAC

Case Number 29 C Age at First Interview: 12 years 7 months.

John was a general referral. The headmaster reports that on admission John tended to be rather irresponsible and wild but later settled down.

HISTORY

John is a parently an illegitimate child who has been cared for by his paternal grandparents since the age of two years. He thus became the youngest of a family of five composed of twins aged thirty-two who are both married and away, his real father, a labourer, aged thirty-six, living in the same home as John and his aunt Mary aged forty-one, a bus conductress. From early infancy he was reared by his grandparents and he looked upon them as his true parents. His real father and other members of the family have been looked upon as brothers and sisters. Shortly after the present series of offences, the paternal grandfather died. About two years ago, John was in fact told that Mrs. M. was his grandmother but he has not been told who his actual parents are. John has always considered Mary as his sister and she has been particularly helpful and shown a keen interest in his welfare. Mary's interpretation of his behaviour is that he has been spoiled, over-indulged, perhaps not subject to consistent supervision and discipline. She feels that this has occurred because he has been brought up as the youngest of what has been in reality an adult family. The rest of the family tended to blame his companions. The paternal grandmother reports that although father lives in the same house, he pays little attention to John. He also drinks and gambles excessively. The paternal grandmother also reports the natural mother was neglectful and was not a good mother, nor was she interested or willing to keep the boy.

The headmaster at his previous school reports that John has been repeatedly in trouble over the last year, but before that his behaviour was fairly normal, except for occasional outbursts. Over the last year his progress has been poor and his conduct unsatisfactory, but his attendance has been satisfactory. (Though John admits to occasional truanting.) He has been generally resentful of discipline at school. Over the last year it is alleged that he has committed some fifteen or more offences consisting mainly of theft and housebreaking. All of these offences occurred in the group situation.

PRESENT STATE - McFARLANE SCALE

A.	SLEEP	.. Restlessness - restlessness every night (+2)
B.	ELIMINATION	.. Incontinence - completely absent in last six months (5)
C.	FOOD	.. Appetite - average (3)
E.	MOTOR HABITS	.. Activity - definitely above average (+2)
F.	CONDUCT	.. Lying - habitual compulsive lying (+1)
		.. Truancy - occasion (+3)
		.. Stealing - persistent (+1)
		.. Destructive - occasional accidents (3)
		.. Selfish - shares normally (3)
		.. Quarrelsome - quarrels more than average (+2)
G.	PERSONALITY	.. Demanding - enjoys attention (3)
		.. Sensitive - can be considered normal (3)

.. Shy and timid - takes and enjoys more chances than the average child (4)
.. Fears - none known (5)
.. Defiance - period of excessive suggestibility especially in face of retribution (+5)
.. Temper - frequent mild outbursts - (+3)
.. Confidence - accepts help (3)
.. Competition - enjoys excelling (+2)
.. Jealousy - no real jealousy (4)

EXAMINATION AND PRESENT STATE

Psychological Examination: On the Ravens Matrices, John obtained a score which was below the fifth percentile which places him as intellectually defective in Grade V. On the W.I.S.C. he scores as follows:-

Verbal	I.Q. 99
Performance	I.Q. 82
Full Scale	I.Q. 90

The Full Scale I.Q. is at the bottom of the end of the range of average intelligence. The psychologist comments that "the large discrepancy between the verbal and performance I.Q.'s is due chiefly to the very low score in coding. Although he filled in only twenty boxes, he made three mistakes, and it is likely that this anomalous performance is due to specific impairment rather than to inadequate co-operation."

John's M.M.P.I. was assessed as having face validity. The profile was suggestive of psychopathy but with some superadded anxious preoccupation.

GENERAL DESCRIPTION AND MENTAL EXAMINATION

At interviews, John was always excessively anxious - he had great difficulty in verbalising adequately, he flushed frequently and fidgeted continuously. He complained of awakening during the night with some inability to get back to sleep and also some early morning wakening. He had also had some frightening dreams where he is in a house and a threatening monster in the shape of a dinosaur is outside. He blamed his poor progress and bad conduct at school on his present school mistress with whom he does not get on very well. As far as the family constellation is concerned in contra-distinction to the social report, John knows who his father is, that he stays with him, but does not know his mother.

A full mental examination revealed no evidence of any serious psychiatric disorder, but he was considered to be an anxious and insecure youth. He always offered plausible excuses for his misdemeanours but really had no guilt or remorse nor any concern for the consequences.

PROGRESS

After he had been at Lothians for some time the staff reported as follows: He has difficulty in getting to sleep and so disturbs the other children. Generally he is a rather sly boy who is aggressive to other boys smaller than

himself but timid among the tougher boys. He tends to be a mischief maker and a dodger of work. He frequently laid the blame for his misdemeanours at the feet of other boys.

DISCUSSION AND DIAGNOSIS

There are many factors operative in this case some of which are his insecurity in relation to his status in this family, the great disparity of ages between him and his supposed siblings.

John has never known his mother but from all reports, maternal grandmother would seem to have been an adequate substitute mother. In Lothians he has again shown the tendency to extricate himself from difficult situations by blaming companions for his misdemeanours and misbehaviour. His feelings of anxiety and insecurity we considered to be reactive to his environmental circumstances.

There is no doubt that this boy is to some degree "emotionally disturbed" but it is interesting to find that he acts out his delinquent proclivities in the "socialized delinquent" pattern. His repeated delinquent actions in the face of full knowledge of the consequences can again be understood as an attempt to extricate himself from what was emotionally for him untenable home circumstances. The early family pattern was th t of "rejection" but later it was that of "exposure and neglect". John's super-ego development was poor and his personal controls were rather inadequate.

Case number 30 C Age at first interview: 13 years 9 months.

James was a general referral.

HISTORY

This is a labouring family typical of the subculture of the area in which these people live. Father is a labourer with a very inadequate income and his large family have generally lived from hand to mouth. A disproportionate amount of the family income is spent on alcohol. Eight of the eleven siblings live at home with mother and father in a four apartment corporation house. The various social and probation workers report that the home conditions may be very inadequate. The neighbourhood is one in which there is a fair incidence of delinquency.

Siblings: There are eleven siblings whose ages range from two to twenty-two years. James is the sixth of the eleven. Two other siblings have previously been in approved schools for stealing. There is evidence that the parents very much left all the children to their own devices and any discipline was inconsistent.

James has committed many offences of theft or housebreaking and on all of these he was accompanied by other boys. He has gone through the various stages of warnings, probation and finally was committed to an approved school. At school his work was retarded. The teacher considered that this was mainly due to his poor attendance. Over the previous year, his attendance has been fifty-three out of a possible one hundred and eighty. His conduct in class was reasonable. He obtained an I.Q. of 8[illegible] on a Moray House test in February 1960.

PROJECT GRADE - DEVELOPMENT SCALE

A. SLEEP .. occasional difficulty in getting to sleep (3)
B. ELIMINATION .. Incontinence - completely absent in last six months (5)
C. FOOD .. Appetite average (4)
D. SEX .. Interest - masturbation plus tension in talk (+2)
E. MOTOR HABITS .. Mannerisms - a. nailbiting - mild persistent biting (+3)
b. activity - normal (3)
F. CONDUCT .. Lying - lies more than average (+2)
.. Truancy - habitual truant (+1)
.. Stealing - persistent (+1)
.. Destructive - ordinary care (3)
.. Selfish - shares normally (3)
.. Quarrelsome - more than average (+2)
G. PERSONALITY .. Demanding - less interest in attention from others than average (4)
.. Sensitive - matter of fact, impersonal. (4)
.. Shy and timid - normally cautious (3)
.. Fears - no known fears (5)
.. Defiance - above average resistance to suggestion (+2)
.. Tempers - occasional mild tempers (4)
.. Confidence - accepts help (3)
.. Competition - no real competitive relationship (4)
.. Jealousy - no real jealousy shown (4)

EXAMINATION AT PRESENT STATE

Psychological Examination: On the Ravens Matrices, James obtained a score between the tenth and twenty-fifth percentile which places him in Grade IV as definitely below average. On the W.I.S.C. he obtained:-

Verbal	I.Q.	84
Performance	I.Q.	69
Full Scale	I.Q.	75

The psychologist comments that this boy is borderline feeble minded. There is a striking discrepancy between the average score on picture arrangement and the very low scores in block design and object assembly, indicating specific impairment of spacial abilities.

James' M.M.P.I. was assessed as not having face validity. The profile showed some psychopathy but also severe schizoid and paranoid features.

GENERAL DESCRIPTION AND MENTAL EXAMINATION

James is an average sized but rather wiry boy. In his physical appearance he gives one the impression of roughness, untidiness and neglect. He was always rather on the defensive and the interviews had to be diplomatically undertaken. He said he had never really liked school and had never progressed there. He has no hobbies and is not really interested in games. He claims that the relations within the home are satisfactory and he got on well with both his parents and the siblings. His ambition was to become a joiner.

A full mental examination just revealed an irritable suspicious type of personality with very little remorse for his misdemeanours. Overt hostility and defiance was always evident.

PROGRESS

The staff reported that James remained a sullen, dour boy who was aggressive mainly to the smaller boys and occasionally to the others and also the staff. He was however, timid among the tougher boys. He never really had a sense of humour. He took reasonable care of his effects. His progress at school remained poor and his behaviour in class was satisfactory. He was not at all enthusiastic about any of the activities. He proved himself to be a bully.

DISCUSSION AND DIAGNOSIS

This boy accepted the mores of the subculture. He had very little in the way of self control. His super-ego formation was also poor.

He exhibits a "mixed" delinquent behaviour pattern with many features of the "aggressive" and "socialized" patterns and a few of the "neurotic" patterns. The family pattern is basically one of "exposure and neglect". He is an extremely difficult boy in whom hostility and truculence are always very near the surface.

HUGH M.

Case Number: 32 C Age at first interview: 12 years.

Hugh was a general referral.

HISTORY

Father has been unemployed for five months. He claimed that he had considerable anxieties about Hugh's behaviour but the probation officer was of the opinion that there was no conviction in this claim. Mother is rather an apathetic woman who has tried her best, and labours under considerable difficulties in attempting to cope financially and otherwise with her six children which she has produced in eleven years. There has been considerable parental discord over the years, and they have quarrelled frequently and openly in front of the children. All the family's income comes from state assistance. The family live in a four-apartment council house in an area in which there is much juvenile delinquency. Hugh is the eldest of six siblings, the second eldest, Jane, is a bed wetter.

Hugh was born some three months after the parents married. His early milestones appear to have been normally achieved and he has suffered from no serious illnesses. The parents claim that the early years were satisfactory, but over the last few years he had been associating with undesirables and had not followed their advice. Father had always been a very punishing man and had been punishing physically to the boy in an attempt to control his delinquent behaviour. The probation officer reports that this boy has committed numerous housebreaking offences and, has also been charged with malicious mischief. Probation had been tried but soon broke down. The probation officer also reports that Hugh has apparently become addicted to gambling; he also buys many presents for his parents. He has a poor school record. Hugh was admitted to a remand home for remand reports. There he was found to be evasive, sly but could be a likeable boy. His conduct was fair but it was found that firm control was needed or else Hugh tended to be a persistent trouble-maker. The school teacher found that his educational attainments were poor for his intellectual level. He tended to mix with more unstable delinquents and was also domineering and squabble prone. He was keen on sporting activities but his main interest was card playing and gambling.

PRESENT STATE - McFARLANE SCALE

A.	SLEEP	.. Restlessness - occasional restlessness (3)
B.	ELIMINATION	.. Incontinence - completely absent in last six months (5)
C.	FOOD	.. Appetite - average (3)
D.	SEX	.. Interest - interest in facts without due tension (4)
E.	MOTOR HABITS	.. Mannerisms - nailbiting - never bites nails (5)
F.	CONDUCT	.. Lying - lies more than average (+2)
		.. Stealing - persistent (+1)
		.. Destructive - does not look after belongings (+2)
		.. Selfish - shares normally (3)
		.. Truancy - habitual (+1)
		.. Quarrelsome - quarrels more than average (+2)
G.	PERSONALITY	.. Demanding - enjoys attention (3)
		.. Sensitive - matter of fact, impersonal (4)
		.. Shy & Timid - takes and enjoys more chances than the average child (4)
		.. Fears - none known (5)
		.. Defiance - above average resistance to suggestion (+2)

.. Tempers - infrequent severe explosions (+3)
.. Confidence - accepts help (3)
.. Competition - enjoys excelling (+2)
.. Jealousy - no real jealousy (4)

EXAMINATION AND PRESENT STATE

Psychological Examination: On the Ravens Matrices, Hugh obtained a score at the twenty-fifth percentile which placed him in Grade IV as definitely below average. On the W.I.S.C. he scored as follows:-

Verbal Scale I.Q.	101
Performance Scale I.Q.	104
Full Scale I.Q.	103

Hugh's M.M.P.I. was assessed as not having "face validity". The profile showed psychopathy with underlying schizoid features.

PROGRESS

In Lothians, Hugh proved to be quite a boisterous boy. There was some running away early in his stay but this later stopped. He was aggressive only if antagonised and then possessed quite a temper. He was careless of his belongings. His attitude to school was fair and his progress there was satisfactory.

At interviews Hugh revealed himself as a pleasant, stockily built youth. He always related easily and freely, but tended to be suave and glib. From his descriptions, he has always been in trouble both in and out of school due either to his stealing or other mischief. He has numerous friends at home, most of whom are delinquent-inclined. He felt he had a better relationship with his mother than his father who belted him for getting into trouble. He himself was quite often left in charge of his siblings when his parents went out of an evening. He said he had taken it on himself to smack Jane for not going to bed. His offences all occurred in the social situation, and he had no explanation for them nor was any remorse evident. The money was used mainly for sweets and gambling.

DISCUSSION AND DIAGNOSIS

This boy has been reared in what was almost a delinquent sub-culture. There is evidence of, at times, parental negligence, at times inconsistent handling, excessive physical punishment, applied by the father. He had truanted and also run away at the approved school. His superego development was poor and his personal controls weak. He had rejected his father as a model for identification, and had accepted the mores of his friends. He resented authority and he resented school restrictions and in the face of this, it is surprising that he eventually did settle. At this later stage he seemed to relate relatively better to the staff and responded to their firm, kind but consistent control.

This boy exhibited mainly the pattern of behaviour of the "socialized" delinquent. The parental pattern is that of "neglect and extreme"

ERNEST K.

Case Number 34 C Age at First Interview: 14 years 7 months.

Ernest was a general referral.

HISTORY

After repeated home visits, the psychiatric social worker still found it difficult to obtain a systematic history. The father is a roof slater, which is a semi-skilled trade. He has a good work record. He always gave the case workers the impression that he was interested in the boy's welfare but he did not give any of the children much of his time; he considered Ernest's failure his own failure and was confident he could bring the boy "to heel". Mother was genuinely interested in the children to the extent of being over-indulgent and overprotective according to reports. The welfare worker reports that he has had a personal contact with the home for some years because he had supervised one of this boy's brothers. He always found the home to be well furnished, clean and spotless and the family anxious for the children's welfare. It was a tenement home, consisting of one room and a kitchen which the family were purchasing. There is therefore considerable overcrowding. Neighbourhood standards were moderate but there was a good deal of juvenile delinquency in the surrounding district.

Siblings: There were seven siblings whose ages ranged from twenty-eight to eight years.

Peter has a prison record. The eldest
Paul an ex-approved school boy. The third sibling.
John was on probation. The fifth sibling.
Ernest presently in Lothians. The sixth sibling.

The developmental history was normal and there were no significant illnesses or separations. The parents showed much hostility and aggression directed at Ernest's teachers.

At school Ernest was found to be amenable to discipline within the school but was academically poor; the slightest break in supervision he would veer towards untrustworthiness and laziness. He was a persistent truant. The probation officer reported that away from the discipline of school, Ernest was boisterous, audacious and tended to show off in front of his playmates. He had been a regular attender at the club organisations within the district and was also keen on sports.

Over the previous two years, Ernest had repeatedly committed offences and had also gone through the stages of finings, probation, detention and finally the admission to an approved school. On probation he had settled transiently but later showed his true defiance for authority. Ernest is a healthy boy who has suffered no serious illness.

PRESENT STATE - McFARLANE SCALE

A. SLEEP .. Restlessness - a sound sleeper (5)
B. ELIMINATION .. Incontinence - completely absent in last six months (5)

C. F..D .. Appetite - average (5)
D. SEX .. Interest - none shown (5)
E. MOTOR HABITS .. Mannerisms a) Nailbiting - mild persistent biting (+3)
b) Activity - normal (3)
F. CONDUCT .. Lying - lies occasionally (+3)
.. Truancy - habitual (+1)
.. Stealing - persistent (+1)
.. Destructive - ordinary care (3)
.. Selfish - shares normally (3)
.. Quarrelsome - quarrels more than average (2)
G. PERSONALITY .. Demanding - enjoys attention (3)
.. Sensitive - matter of fact, impersonal (4)
.. Shy and timid - normally cautious (3)
.. Fears - none known (5)
.. Defiance - above average resistance to suggestion (+2)
.. Tempers - frequent mild outbursts of temper (+3)
.. Confidence - accepts help (3)
.. Competition - stimulated by competitive relationship (3)
.. Jealousy - none elicited (5)

EXAMINATION AND PRESENT STATE

Psychological Examination: On the Ravens Matrices, Ernest obtained a score between the tenth and twenty-fifth percentile which placed him in Grade IV as definitely below average. On the W.I.S.C. he obtained:-

Verbal	I.Q. 87
Performance	I.Q. 86
Full Scale	I.Q. 85

The M.M.P.I. was assessed as not having "face validity". It was completed early in his stay when he was exhibiting suspicious and insolent behaviour. The profile showed high scores on the psychotic triad; i.e. on the Pa, Pt, and Sc scales.

GENERAL DESCRIPTION AND MENTAL EXAMINATION

At interviews Ernest was seen to be a rather tense and nervous boy who both blushed and perspired freely. His nails were badly bitten. He said he had not minded school but had truanted in order to attend other recreational activities with his associates. He liked Lothians and considered that he got on fairly well with both the staff and the boys. He had committed all his offences in the company of other boys. He claimed some remorse about his delinquent actions - not at the time of performing them but later when discussing them with somebody in authority. He considered that he got on very well with his mother and fairly well with his siblings. He did not get on very well with his father; did not like him as much as his mother. He attributed this to his father getting difficult on Friday nights when he had had too many drinks.

PROGRESS

The staff found Ernest to be an unsmiling, suspicious boy who was sometimes insolent. After he had settled at Lothians, the above picture mostly disappeared

and he was found to be a generally happy, but dullish boy. He was aggressive to the smaller boys and timid among the tougher boys.

DISCUSSION AND DIAGNOSIS

This would appear to be subcultural delinquency and it is interesting to note that though the various workers considered this to be a good home, in comparison with the others in the neighbourhood, four of the seven siblings in this family have committed delinquent offences. Father himself has had no known offences and it would seem that the boys have rejected their father's pattern, but it is interesting to find that Ernest wants to undertake the same trade as his father. Ernest resented authority and resented school restrictions and routine. It would appear that he had accepted the mores of his friends. His superego development was weak but his personal controls proved to be satisfactory once he had settled. He was not considered to be an emotionally disturbed boy generally but it was interesting how poorly he responded to stress during interviews. When watched unobtrusively amongst his companions he was quite a happy and boisterous boy who always was in the middle of whatever was going on.

Ernest exhibited the behaviour pattern of the "socialised delinquent". The parental pattern is that of "exposure and neglect".

PATRICK M.

Case Number 36 C. Age at first interview: 14 years 11 months

Patrick was a specific referral. He repeatedly failed to return from outings or weekend leave and always has some trivial excuse which his parents corroborate.

HISTORY

This family have moved around Scotland considerably. The reason for the moves was not immediately obvious but was possibly associated with father's inability to maintain regular employment and squandering whatever money was available on alcohol. They have always resided in the slum or semi-slum areas in each town they lived in. Father has had long periods of unemployment and in fact in 1946 was imprisoned for neglecting and failing to maintain his family. Other than that month's separation, the parents have been together until about three months before the present charge when after a parental quarrel about financial difficulties the father left home. He eventually returned after about four months. The social workers report that the present home was in a clean and tidy condition but rather bare. The psychiatric social worker did not feel these parents were completely co-operative and some aspects of the probation report were more revealing. As far as could be assessed, there had been nothing untoward in the developmental history; no serious illnesses, operations, or prolonged separations; the milestones appear to have been normally achieved; as mother's milk dried up Patrick was bottle fed from about the tenth day.

The siblings consist of:-

Paul	aged 27 who is presently in prison.
Jack	aged 25 previously find for taking a motor bike without the owner's consent.
Faith	aged 18 now married.
Patrick	aged 14 at Lothians Approved School.
Dick	aged 10 at home.

Patrick has been a persistent truant and has in fact spent very little time at school. His schooling has also suffered from the various moves of the family. Previously he had been found in the possession of a stolen bicycle which he claimed he had bought. The case was not proceeded with. On another occasion, he had been accused, with his cousin of housebreaking but the case was not verified. On this occasion, when he was due in court, he did not turn up and was posted as missing. When he was eventually brought to court, he was committed to an approved school.

PRESENT STATE - McFARLANE SCALE

A.	SLEEP ..	Restlessness - unusually sound sleeper (5)
B.	ELIMINATION ..	Incontinence - one episode in last six months (+4)
C.	FOOD ..	Appetite - average (3)
D.	SEX ..	Interest - interest in facts without undue tension (4)
E.	MOTOR HABITS ..	Nailbiting - extreme but fingers not disfigured (+2)
		Activity - definitely above average. (+2)

F.	CONDUCT	.. Lying - lies more than average (+2)
		.. Truancy - habitual truant (+1)
		.. Stealing - repeated (in confidence) (+1)
		.. Destructive - careful of belongings (3)
		.. Selfish - shares under pressure (+2)
		.. Quarrelsome - quarrels with real provocation (3)
G.	PERSONALITY	.. Demanding of attention - enjoys attention (3)
		.. Sensitive - defiant silence to correction (4)
		.. Shy and timid - takes and enjoys more chances than the average child. (4)
		.. Fears - none known (5)
		.. Tempers - occasional mild temper tantrums. (4)
		.. Confidence - accepts help (3)
		.. Competition - enjoys excelling (+2)
		.. Jealousy - no real jealousy (4)

EXAMINATION OF PRESENT STATE

On the Ravens Matrices Patrick obtained a score just below the twenty-fifth percentile which places him as definitely below average intelligence in Grade IV. On the W.I.S.C. he obtained a:-

Verbal	I.Q. 101
Performance	I.Q. 94
Full Scale	I.Q. 98

He did particularly poorly on arithmetic and this is probably a reflection of the basic education which he has lost over the years.

The M.M.P.I. record was assessed as having face validity. The profile was characteristic of the delinquent population.

GENERAL DESCRIPTION AND MENTAL EXAMINATION:

Patrick is a very well built boy (mesomorphic). At interviews he always impresses at being superficially friendly, and would talk quite freely about subjects which he would consider as being not too personal or evocative. He did not like his previous schools and did not get on with the teachers but he did not report any particular problems with the boys. It was soon obvious that his parents connived at his truanting.

His nails were severely bitten but there was no disfiguration of his fingers. His main T.V. interests were variety programmes and his recreational interests were cycling, football, pictures, listening to records in cafes, and attending the dance halls. His ambition was to join the Navy. No problems could be elicited in relation to his father and mother and no real sibling rivalry was obvious within the home. Previously he had had numerous arguments with the brother who is at present in prison.

At Lothians he was enjoying the recreation and sport there. He liked the staff and had numerous friends amongst the boys though these tended to be older and unsettled types. His excuse for attempting to run away from Lothians was that his sister was expecting a baby.

PROGRESS

The headmaster reported that he had had to take a firm line with the parents about their excuses for the boy not returning on time from his outing, and on one occasion he had to send a car to Patrick's home to bring him back. He did not consider Patrick to be "straightforward." Early is his stay, Patrick had shown an unpleasantness and a suspiciousness. He did not like correction. He had very many plausible excuses for his misdemeanours and shortcomings. With his basic charm and plausibility this boy managed to get round most of the staff. Other members of the staff described Patrick as a quiet friendly boy who was rather self-conscious in the presence of adults. He was considered to have a sense of humour. His progress at school except for mathematics was considered to be satisfactory.

DISCUSSION AND DIAGNOSIS

Patrick always managed to mask his true proclivities by his superficial charm and friendliness. This together with his plausible excuses and the repeated pattern of behaviour without due concern for the consequences impresses as being psychopathic. He unofficially admitted to many more offences than he had been charged with and all of these occurred in the company of other boys. He was rather upset at being sent to an approved school because it was only the first time he had been caught. The factors operative in this case are many - this is obviously a delinquent family without much stability or sense of responsibility. They have always resided in areas in which there is a high incidence of delinquency. There is also a pattern of parental negligence and connivance and an exposure to delinquent companions.

Patrick's behaviour pattern was that of the "socialised delinquent". His super-ego development was weak and his personal controls were poor unless he was under constant and continuous supervision.

Case Number 37 C

Age at first interview: 13 years 11 months.

Pat was a specific referral. He had spontaneously made a request to see the psychiatrist. His mother is a bar stewardess. She said that she has been living apart from her husband since Pat was eleven years old. She alleged that he had been a difficult person to live with: irregular at work and tended to gamble his money regardless of the family needs. This had caused her to find employment and leave the home, taking the children with her. She reports that Pat and his father always got on well. He is a miner, and when interviewed expressed concern at the circumstances in which his wife, daughter and son lived, but did not seem prepared to do anything about it. He said that he fully appreciated the difficulties between himself and his wife were perhaps the real cause of his son's problems. He also reported that he had a very good relationship with Pat and visited him about once a week.

Mrs. O. and the two children occupy one room in rather unsatisfactory conditions. There is only one bed and mother and two children share this bed. In addition to this, mother is required to work late hours and the two children are frequently in bed when mother gets home.

Siblings: Faith aged 17. who is now working.
Pat aged 13. at Lothians.
Since Pat came into Lothians, there is now a younger half-sibling of obvious doubtful paternity.

The probation officer reported that although Pat had only one previous offence, there had been numerous other offences all of them easily traceable to him but there have been no complaints to the police. A school report indicated that his progress there was poor but his character and behaviour at school were stated to be quite good. He was respectful, and his regularity of attendance was also good.

PRESENT STATE - McFARLANE SCALE

A.	SLEEP	..	sound sleeper (5)
B.	ELIMINATION	..	Incontinence - completely absent in last six months (5)
C.	FOOD	..	Appetite - average (·)
D.	SEX	..	Interest - neither interest nor tension (5)
E.	MOTOR HABITS	..	Mannerisms a. nail biting - nil (5)
			b. activity - normal (3)
F.	CONDUCT	..	Lying - does not lie (5)
		..	Truancy - never (5)
		..	Stealing - occasional mild (+3)
		..	Destructive - careful of belongings (4)
		..	Selfish - shares normally - (3)
		..	Quarrelsome - quarrels with real provocation (3)
G.	PERSONALITY	..	Demanding - enjoys attention (·)
		..	Sensitive - normal responsiveness to approval and disapproval (3)
		..	Shy and timid - normally cautious (3)
		..	Fears - none discovered (5)
		..	Defiance - fairly pliable (3)

.. Tempers - occasional but mild (4)
.. Confidence - accepts help (3)
.. Competition - average competitive spirit (3)
.. Jealousy - none elicited (5)

EXAMINATION AT [illegible] STAGE

Psychological Examination: On the Ravens Matrices, he obtained a score between the fifth and tenth percentile which placed him in Grade IV as definitely below average. On the Murrayhouse tests when he was eleven years old, he obtained an I.Q. of 83.

GENERAL DESCRIPTION AND MENTAL EXAMINATION

Pat proved to be a pleasant, helpful and talkative boy. He spoke freely about his home relationships and confirmed the history as recorded above. He could give no reason for his stealing but did show considerable remorse for it. His hobbies were stamp collecting and swimming. He got on well with his eldest sister and occasionally bought her presents. He received regular letters from his mother and his father sent parcels. He worried considerably about his parents' separation and seemed to derive considerable relief from talking about his family affairs. An incidental mental examination revealed very little else, even in the way of minor symptoms.

PROGNESS

His stay at Lothians was rather uneventful. He proved to be a pleasant, quiet boy who had regular contact with both his parents. His progress at school was satisfactory and he was very interested in the school band.

DISCUSSION AND DIAGNOSIS

Pat is essentially a normal boy. His circumstances at home were very unsatisfactory but he appeared to have rather warm relationships with his parents. He settled well and was quite inconspicuous within the approved school. His offences were mainly of a petty nature and his stealing was mainly from family. It could easily be interpreted as the symbolic stealing of affection. He is a boy who did not necessarily need an approved school environment and in a less densely populated area of the United Kingdom, would probably have found his way rather into a children's home. He is a boy whose repeated but petty delinquent acts can be understood as an attempt to extricate himself from what was for him untenable home circumstances. His superego development was surprisingly good and his personal control in a supportive environment was also satisfactory. The parental pattern is that of "exposure and neglect."

JAMES B.

Case number 39 C Age at first interview: 13 years

James was a specific referral. The headmaster had requested psychiatric aid as there had been talk of "transmigration of soul in this boy."

HISTORY

This boy's history goes back a long time prior to his admission to Lothians. There are very detailed notes in this case as this boy has been supervised by psychiatrists since the age of nine. At this age he was referred to the child guidance clinic because of wandering in dangerous places, pilfering mostly from shops, irrational behaviour, enuresis, encopresis and lying. At this stage a full social history was taken and extracts are as follows:-

At interviews Mrs. B. always gave a good impression but there was information that she was drinking excessively. She had been a nurse prior to her marriage and later when the children were at school, she went to work in a mental hospital. She claims that James' behaviour had overstrained the parental relationships but there is evidence mother's mental state during pregnancy and for some considerable time after birth was rather abnormal. Some nine months before James' birth, mother had lost a thirteen month old boy also named James. He had cerebral haemmorhage. Mother apparently pined considerably for "wee Jim" and eight years later still kept his photo in the most prominent place in the living room. At about the birth of James, and for some considerable time after the birth, mother lost all interest in her home, and in her appearance and even to the extent of refusing to wash. It was considered that she had suffered from a mild depressive illness. Mr. B. is a miner and apparently also has an interest in a betting shop. He spent very little time in the home and apparently participated in some other undesirable activities. He also tended to give a good superficial impression but this was not borne out by the reports given by other social workers who had become involved in the case. He claimed to be very concerned about James' activities and he felt that mother was too soft with the boy. Father was very guilty about his own family history. A paternal great uncle is presently confined in a criminal lunatic asylum as a resultof a murder. One of father's nieces had died of hydrocephalus.

Siblings:	James	died of cerebral haemmorhage	aged 13 months.
	James	presently at Lothians	aged 13 years.
	Derek	who has a congenital strabismus	7 years.
	Mary		aged 4 years.

PERSONAL HISTORY

During the pregnancy mother was unwell as described above. She also had some false labours. It was a full term normal pregnancy. James was breast fed for two weeks;then as mother had insufficient milk, he was weaned on to the bottle. His early milestones were normally achieved. Mother reported that during his second year of life, he was a restless boy who broke his cots and picked his pram to bits. At this stage, he was still wetting during the day but dry at night. Father apparently spanked him considerably for his destructive habits but without effect. When he was two years old, his sister was born and he showed immediate jealousy of her and was physically aggressive to her. From the age of about

three he began to wander but he did not get very far. When he reached school age, he went to school readily and seemed to enjoy it. He earned good reports from the school both as to his work and his behaviour. Unfortunately he showed a pattern of wandering from school during the lunch break. From the age of five onwards, there seemed to have been a continuation of symptoms, namely of destructiveness, wandering, and he also developed an excessively ravenous appetite. Mother also reported several other features - he had been overactive and destructive all his life; he had no awareness of physical dangers; seemed to be unaware of pain; does not remember his wanderings; she also reported that during his wanderings, he seemed to be on his own and did not make friends. In the same interview however, she described how he had become more and more delinquent and was committing some serious thefts. She reports he shared the money with several pals - "they had a wonderful time going to the pictures and smoking." She reported that James and his pals frequented the local toilets and there was a possibility of some homosexual practices.

Eventually mother felt that he had become beyond control and in order to keep him out of danger, an attempt was made to prevent him leaving the house. His clothes were taken away, but he always managed to get out.

On direct questioning, it was elicited that James was a very restless sleeper, he spoke in his sleep, and on occasions, mother had found him lying on the floor beside the bed. At the age of ten he had suddenly reverted to bed wetting and was also soiling during school hours. At this stage he was seen by a psychiatrist who, mainly on the basis of the history, considered that probably he was psychotic. He was admitted to a residential hospital for maladjusted boys, for further observations and investigations.

On the Terman Merrill he was found to have an I.Q. of 90 with no scatter. Educationally he was good in reading, poor in arithmetic and very poor in subjects which required manual dexterity. The audiometric test showed normal hearing. W.R. was negative.

While he was there, he continued to exhibit his delinquent behaviour and also tended to wander frequently. The diagnosis of childhood psychosis was not confirmed and he was considered to be a typical delinquent boy with the usual cultural factors in the background plus also some gross parental discord. He was described as attractive and polite, but utterly irresponsible. He was eventually discharged rather improved but this did not last and he was admitted to Lothians approved school.

PRESENT STATE - McFARLANE SCALE

A.	SLEEP	.. Restlessness every night (+2)
B.	ELIMINATION	.. Incontinence - completely absent during last six months. (5)
C.	FOOD	.. Appetite - voracious eater (+5)
D.	SEX	.. Interest - persistent preoccupation (+1)
E.	MOTOR HABITS	.. Nail biting - mild persistent biting (+3)
		.. Activity - definitely above average (+2)
F.	CONDUCT	.. Lying - lies more than average (+2)
		.. Truancy - Truant one to three times in six months. Excludes excused absences and where both parent and child convinced feigned illness is real.

.. Stealing - persistent (+1)
.. Destructive - careful with belongings (4)
.. Selfish - shares normally (3)
.. Quarrelsome - quarrels with real provocation (3)
C. PERSONALITY .. Demanding - demands more attention than average (+2)
.. Sensitive - matter of fact - impersonal (4)
.. Shy and timid - takes and enjoys more chances than the average child. (4)
.. Fears - none known (5)
.. Defiance - fairly pliable (3)
.. Tempers - occasional mild temper tantrums (4)
.. Competition - enjoys excelling (+2)
.. Jealousy - no real jealousy (4)

EXAMINATION AND PRESENT STATE

Psychological Examination: On the Ravens Matrices, James obtained a score at the twenty-fifth percentile which place him in Grade IV as definitely below average. On the W.I.S.C. he obtained:-

Verbal	I.Q.	90
Performance	I.Q.	82
Full Scale	I.Q.	85

James' M.M.P.I. was assessed as having face validity. The profile was assessed as near normal with some disturbance of mood. (James was given the M.M.P.I. when he was on anticonvulsants and was more probably in a more stable phase.)

PSYCHIATRIC EXAMINATION

At his first interview, James was seen to be a well built boy with good features and a pleasant smile. He had considerable charm, was very plausible and spoke freely about his previous schools and Lothians. He did not like Lothians because it was too far from his own home. At this stage, his dreams were mainly of the wish-fulfillment type. He also claimed that he frequently dreamt about how sorry he was for all the inconvenience he caused his parents in the past. His main interest was football. He had many friends at Lothians (this was supported by staff observations).

He denied that he ever thought his brother's ghost entered his body. Later he admitted that his mother had told him not to repeat his ideas and experiences and if questioned he was to say that it was all in the past.

A full mental examination was performed. No disorder of the content or the form of thought was elicited. His interpretation of proverbs was satisfactory. His affect appropriate. His memory for both recent and remote events was intact, but he still continued to deny any knowledge of his whereabouts when wandering. He was orientated for time, place and person. His comprehension and apperception were good and his general knowledge was satisfactory. He gave many plausible excuses for his misdemeanours and was full of profuse promises

that these would not recur. Over the next month, the headmaster reported that James was always very ready to say sorry but continued to behave in a cruel manner towards his classmates. Within Lothians, he continually committed minor anti-social acts and then proceeded to get himself out of trouble in a charming manner. At this stage, the possibility of a long standing personality disorder was considered to be very strong. Gradually he settled down and became one of the liked and trusted boys at Lothians. With this satisfactory turn of events, it was decided that it was not advisable to let this boy become too psychiatrically conscious. The school staff were to keep an eye on him and the psychiatrist only to hold a watching brief.

One year later, James was selected on the basis of age, as a control for the study. On this occasion, he impressed rather differently. He still had considerable charm and related superficially and easily, but he gave a general impression of a boisterous and happy boy. He considered himself a favourite both amongst staff and the other boys (confirmed by staff). From the discussion he seemed to be enjoying his stay at Lothians and seemed to be accepting the staff as models for identification. He claimed a genuine liking for his school work. He spoke with considerable affection for his mother and father but there was much overt rivalry and jealousy between him and his siblings. He wanted to be a test pilot but did not think he had the brains. Later he had become interested in woodwork and he was thinking of becoming a carpenter and joiner. He had now stopped stealing bu could describe his previous offences in great detail. Most of his stealing was either of food or of small sums of money to buy food. His sleep pattern had changed and he was now having nightmares. Two of the typical dreams were as follows:-

A. He starts off dreaming about the home. During his dream, his father is killed in the mine,while his sister is on holiday. His mother gets the news that father is killed in the mine,and later the news that his sister was also killed on holiday,and mother dies of a heart attack. He wakes up calling them to come back.

B. He is climbing a mountain and suddenly slips and wakes up before he reaches the bottom.

He claims that he wakes up screaming in the middle of the night.

A few weeks later, the headmaster reported that James had previously been an uncomplaining hardworking boy, but he was now consistently complaining of nightmares, cramps in the legs, and stomach and asked to see the psychiatrist. It turned out that these were nocturnal abdominal cramps and both cramps and jerking of the legs at night. These attacks were occurring every few nights. When James had initially seen a psychiatrist some years previously, an E.E.G. had been performed and had shown "poor activity that tended to occur in bursts and was often rather clearly lateralised to the left." No evidence of any abnormal discharges was found and this E.E.G. was considered to be of the non-specific variety. With the recent history of paroxysmal nocturnal pains and also the change of sleep pattern, an activated recording was deemed necessary. Serial E.E.G.'s consisting of routine and then later activated recordings were performed.

The routine recordings showed one or two suspicious sharp potentials recorded from time to time mainly from the right hemisphere and sometimes bilaterally. Those in the right hemisphere appeared to have a focal origin in the right posterior temporal region. Under Seconal activation, unequivocal short bursts of paroxysmal activity were seen. These lasted from 1½ - 2 seconds and consisted of high voltage spike and slow wave complexes, recorded profusely from both hemispheres and with maximum amplitude in the frontal leads. The neurologist reported that the record indicated unequivocal epileptic discharges; these have the distribution of epilepsy arising from deep midline structures, but this does not exclude the possibility of secondary synchrony with a concealed temporal lobe focus. There was al o a suspicion of abnormal discharges arising in the right posterior temporal region. The neurologist did not think that this area would be amenable to surgical treatment and did not think that further EEG. studies would take us any further. He was of the opinion that the boy should have anti-convulsants.

PROGRESS

Reports from the staff at this stage indicated that most of James' previous symptoms had now disappeared. He was no longer enuretic or encopretic. He was a pleasant, boisterous boy, who showed "quite a remarkable degree of politeness, good manners, and was always willing to help". He was unaggressive, had a good sense of humour, and was always neat and tidy. He had a reasonable attitude to school and his progress was good. He showed a special interest in woodwork. He was interested in athletics, especially football. He was considered to be a "ladies" man.

Mysoline was tried but James did not tolerate this very well and was changed to other anti-convulsants. At about this time, he started to complain of feelings of strangeness in previously familiar situations. As he was due for discharge he was returned to his own home town and to the care of the doctors there.

SUMMARY. DISCUSSION AND DIAGNOSIS

When he was ten, this boy was considered to be suffering from a psychotic illness. He was admitted to a maladjusted school where they found little evidence of psychosis but rather delinquent propensities. Eventually he was discharged rather improved, but when home, his behaviour again broke down and he was admitted to an approved school. At this approved school, the psychiatrist initially considered him to be possibly suffering from a long-standing personality disorder. In the approved school environment he gradually settled down to lead an ordinary life, was a happy but boisterous boy and most of his symptoms disappeared. He then suddenly complained of a change in sleep pattern, as discussed above, and the possibility of temporal lobe epilepsy as the basis for his total disorder was considered. The activated recording increased the suspicion.

This is a very complicated case and even with all the detailed history and evidence at our disposal, it has obviously not been fully elucidated. Mother is a psychiatrically sophisticated person. She loses her first son, and there is an extended mourning period, and apparently a depressive illness at about the time of the birth of her second son, which she promptly names after the first. An early but prolonged period of rejection of the child is followed by the disorders

at every stage of psychosexual development. These seem to be in the order of problems of psycho-physiological integration which are always dependant to a considerable degree on the disturbed handling by the mother. There is evidence of mental illness on the paternal side. There is also evidence of parental incompatibility and discord. There is also evidence of a high incidence of delinquency in the area in which this family lives. Over and above this, this boy also has an abnormal E.E.G. Just how much each of these factors has played in the production of this boy's personality and behaviour disorder can only be surmised. His earlier behaviour patterns were those exhibited by the "unsocialised aggressive" delinquent. His late behaviour pattern was more that of a "socialised" delinquent. His stealing was committed in the group situation, he had truanted and had frequently shown the pattern of running away. The early family pattern was basically that of "rejection" but later this was not so evident.

This case highlights what is a common finding in epileptic clinics; namely that it is seldom that one finds pure epilepsy without a multiplicity of other psychological interactive processes.

Case number 40 C Age at first interview: 13 years

Ken was a general referral.

FAMILY

Mr. K. is an irregular worker, his excuse being that he suffers from "fibrositis". He claims he is fit only for light work and there have been periods of years when he has not worked. He has had some convictions for dishonesty. The social worker reports that he is a warm cheerful man but probably quite quick tempered. Mother is a housewife who has had seven children all of whom survived. She always makes excuses for her children and tries to put the best complexion on matters to the advantage of her children. She also cares for the illegitimate son of one of her daughters.

At an earlier stage, when one of the children was at a child guidance clinic, mother claimed all the children were in a state because father was too severe with them. The parents had claimed, when interviewed by the probation officer, that the relations inter-parentally were good and the social worker found no reason to doubt this.

The nine members of this family living at home, occupy a three-apartment tenement flat in a housing estate which has consistently presented a high incidence of delinquency. The home is comfortably furnished, clean and tidy and well maintained but overcrowding is obvious.

Siblings: The seven siblings ages range from twelve to twenty-three years. Three of the siblings, including Ken, have appeared before the court. Ken is a twin - a non-identical twin. The twins are the second youngest in the family. Ken would appear to be the more aggressive. The twin brother has some degree of deafness following an infection acquired in infancy and tends to be very dependent on Ken. His milestones were normally achieved. He has had no severe illnesses or hospitalizations. The longest separation from the parents has been for a week due to maternal illness. The parents claim that Ken is led by other boys who get into trouble but in the home is honest and trustworthy. But there is a considerable divergence of opinion regarding his conduct and personality between his home and the school. From the probation and other reports to hand, it would seem that the school report is the more reliable assessment. At school, Ken's progress has been satisfactory and he has not tended to truant. On the other hand, the headmaster reports that he demands the limelight, he is untruthful, deceitful and a trouble-maker, and leads others into trouble. Over the previous two years he has committed many offences, mainly of theft and housebreaking. He has gone through the stages of being admonished, fined, placed on probation and finally sent to an approved school.

PRESENT STATE - McFARLANE SCALE

A. SLEEP .. sound sleeper (5)
B. ELIMINATION .. Incontinence - completely absent in last six months (5)
C. FOOD .. Appetite - normal (3)
D. SEX .. Interest - withdrawal or anxious silence (+2)

E. MOTOR HABITS .. nail-biting - mild persistent biting (+3)
F. CONDUCT .. Lying - lies more than average (+2)
.. Truancy - one episode a year (4)
.. Stealing - persistent (+1)
.. Destructive - careful of belongings (4)
.. Selfish - enjoys sharing (4)
.. Quarrelsome - quarrels with real provocation (3)
G. PERSONALITY .. Demanding - enjoys attention (3)
.. Sensitive - matter of fact, impersonal (4)
.. Shy and timid - takes and enjoys more chances than the average child (4)
.. Fears - know of none (5)
.. Defiance - fairly pliable (3)
.. Tempers - occasional mild temper tantrums (4)
.. Confidence - accepts help (3)
.. Competition - stimulated by competitive relationships (3)
.. Jealousy - no real jealousy (4)

EXAMINATION AT PRESENT STATE

Psychological Examination: On the Ravens Matrices, Ken obtained a score between the tenth and twenty-fifth percentile which places him in Grade IV as definitely below average intelligence. On the W.I.S.C. he achieved:-

Verbal	I.Q.	97
Performance	I.Q.	83
Full Scale	I.Q.	90

The fourteen point discrepancy between the Verbal and Performance tests was not considered statistically of significance. There was no apparent explanation for it.

Ken's M.M.P.I. was assessed as having face validity. The profile was that characteristic of psychopathy with emotional disturbance.

GENERAL DESCRIPTION AND MENTAL EXPLORATION

At interviews, Ken was a cleanly dressed, friendly boy, with a broad accent, trying to present himself in the best possible light. His dreams were mainly of the wish fullfillment type i.e. getting toys, spending money etc. His ambition was to be an electrician. He said he was very fond of athletic activities including boxing. He did not like school lessons, did not find those at Lothians too bad. His offences were all committed in the group situation. He claimed remorse for his behaviour, but this did not have any depth. He also claimed that his father had never 'belted' him or been strict with him, but this is contrary to what mother had previously reported to the social worker.

PROGRESS

At Lothians he continued to be a very pleasant, cheery helpful boy, who surprisingly worked conscientiously at school and whose progress was good.

DISCUSSION AND DIAGNOSIS

This is sub-cultural delinquency. In this case we see the usual family loyalty and the presentation of a united facade to anything that smacks of authority. Ken had accepted mores as had his associates of the sub-culture. His super-ego was weak but he showed considerable personal control in the approved school environment. The only evidence of emotional disturbance that emerged from the above study was on the M.M.P.I. This is interesting in view of this family's resistance to revealing any aspect of their emotional life.

His pattern of behaviour was that of the "socialized delinquent". The family pattern was that of "neglect and exposure".

PART XII D ADDENDUM

SOME INCIDENTAL

PSYCHOMETRIC FINDINGS

INCIDENTAL PSYCHOMETRIC FINDINGS

In Walton's series of 360 intermediate approved-school boys who had been tested on the Matrices (38) and the Terman-Merrill, Form M, he observed there was a concentration of scores at the lower end of the scale for the two tests. This concentration was greater for the Matrices than the Terman-Merrill. The Matrices had been administered in groups of three.

Raven's own sample of a group of 301 clinic children had been given the Matrices ('38) and the Terman-Merrill individually. In Raven's sample the Matrices results approximated more closely to those obtained using the Terman Merrill, but in Walton's sample, large discrepancies had occurred.

The concentration of scores at the lower end of the scale in an approved school population was to be expected from Gittens study of 1,000 boys passing through British Approved Schools. He obtained a mean I.Q. of 89.5. The discrepancy between the Matrices and the Terman-Merrill results required other explanations.

In Walton's study, 68% of the approved school boys' Matrices Gradings were in Grade IV or V compared with 51.6% of Terman-Merrill I.Q.s. equal to or less than 89. In Raven's clinic group 27.9% have Matrices gradings of IV or V and 30.5% have I.Q.s. equal or less than 89. Walton suggests the following reasons to account for the differences:-

i. "The Matrices were administered under group conditions and children with personality problems react better to individual test situations and consequently provide more valid results.

ii. "The Teachers were not fully qualified or trained to be responsible for psychological testing".

iii. "Since it is fairly easy on the Matrices to choose a plausible answer then dull, non-conscientious children are particularly liable to provide invalid results under group conditions of testing". (See Tables 01, 02, 03 at end of this section)

In the present study, though the sample is small, there appears to be the same concentration of scores at the lower end of the scale for the Matrices and the W.I.S.C. This concentration is again greater for the Matrices than the W.I.S.C. However, the interesting point is that the discrepancy was first noted when some of the boys were given both the Matrices ('38) and the W.I.S.C. as individual tests. These discrepancies occurred both in the control and study groups.

As this tendency had appeared in both the individual and group Matrices, it did seem as if there might be factors operative other than those suggested by Walton. In order to be able to locate more accurately those individual cases in which there were significant discrepancies, the Matrices scores were converted to I.Qs. There are, of course, valid objections to this ("These are fully gone into by Walton in his reply to Gwynn Jones") but it was felt to be necessary as a first step to the investigation of other possible factors. Arbitrarily, those cases in which there is a discrepancy of ten or more I.Q. points have been extracted for study.

From the table 03, it will be seen that those boys who did have a discrepancy of this extent were evenly distributed between the study and the control group.

On the other hand, the boys can also be divided up into those who have clinically relatively strong personal controls and less likely to be impulsive and those who have weak personal controls and are more inclined to impulsiveness.

Seventeen boys were clinically assessed as having adequate controls and only one of these showed a significant difference, sixteen were clinically assessed as having inadequate controls and of these seven showed no difference. Chi squared is 8.082 for one degree of freedom (using Yates correction for small numbers - though the observed value in the one cell is one, the expected value is greater than five).

From our observations, and on the basis of the above, other factors may well account for the discrepancies under discussion, and also contribute to the low Matrices results. Walton compared his sample of individually administered Terman-Merrills and group Matrices in approved school boys with Raven's sample of clinic patients who had been individually tested on both tests. He implicates group testing as one of the factors. Raven himself says in his Guide (1938) "The self administered or group test appears to provide a more reliable sample of a person's output of intellectual activity during the test". Is it therefore not possible that the low Matrices results might also be determined by the differences of the samples tested, i.e. a clinic population and an approved school population? Further, these low Matrices results seem to occur in the boys who have poor personal controls and increased impulsiveness as assessed clinically. These discrepancies may therefore depend to a large extent on such factors as the poor motor control (Porteus); shortened time span (Barnet and Johnson) and the impulsiveness (Gluecks) of certain delinquents. The Matrices is a progressive system which requires an adequate span of attention, whereas the W.I.S.C. and the Terman-Merrill do not depend on the same "system of thought throughout".

The above hypothesis of course, requires verification in a much larger sample and with some objective measure of impulsiveness. The author is at present participating in such a study making use of the Porteus Maze Test as an objective measure of impulsiveness, and the M.P.I. in an attempt to obtain an objective measure of neuroticism and extroversion.

TABLE 9.1

COMPREHENSIVE COGNITIVE SCORES

STUDY GROUP

Case Number	Inf	Comp	Arith	Simil	Vocab	Sum	Verbal I.Q.	Pict Comp	Pict Arr.	Block Des.	Coding	Obj Ass	Sum	Perf I.Q.	Full Scale I.Q.	Prog Mat. Grade
A 3	7	12	7	12	11	49	99	11	9	7	8	6	41	87	93	IV
B 4	7	8	12	6	8	41	89	8	11	9	11	8	47	96	91	
C 2	8	9	11	8	7	40	87	9	8	12	6	9	44	92	88	IV
D 5	9	9	11	10	8	47	96	7	7	11	9	9	43	90	93	IV
E 8	7	7	8	9	7	38	85	10	7	7	9	6	39	85	83	V
F 9	8	6	10	6	8	38	85	11	7	9	8	7	42	89	85	III-
G 10	7	8	6	9	8	38	85	11	9	10	11	9	50	100	91	V
H 11	8	9	6	12	10	45	94	5	9	7	5	7	33	76	84	V
I 14	6	11	8	12	9	46	95	9	8	4	8	9	38	83	88	IV
J 16	6	6	7	5	6	31	75	7	4	7	3	5	27	67	69	V
K 19	6	7	5	10	8	34	81	9	8	8	6	6	37	82	80	
L 21	10	8	9	11	12	50	100	9	10	10	9	9	47	96	96	III-
M 23	9	9	15	15	8	56	108	13	10	11	8	7	49	99	104	III+
N 25	6	6	11	11	10	44	92	9	13	16	13	9	60	114	103	III-
O 27	9	9	9	11	8	46	95	12	9	10	10	8	49	99	96	IV
P 31	15	13	18	18	15	79	137	8	11	13	10	12	54	106	124	II+
Q 33	7	6	7	8	9	37	84	15	11	12	10	10	58	111	96	III-
R 35	9	6	6	10	8	39	86	10	15	10	9	9	53	104	94	
S 36	7	8	8	11	10	44	92	18	10	14	14	9	65	121	107	III
T 41	5	6	8	8	8	35	81	11	10	9	11	10	51	101	90	IV
U 42	6	7	6	9	8	36	82	11	11	7	5	7	41	89	83	

	W.I.S.C. Verbal Scaled Scores							W.I.S.C. Performance Scaled Scores								
Case Number	Inf	Comp	Arith	Simil	Vocab	Sum	Verbal I.Q.	Pict Comp	Pict Arr.	Block Des.	Coding	Obj Ass	Sum	Perf I.Q.	Full Scale I.Q.	Prog. Mat. Grade
A 6	9	6	13	11	9	48	97	9	9	11	13	10	52	103	100	III-
B 39	7	5	12	11	7	42	90	7	7	8	5	10	37	82	85	IV
C 24																III+
D 20	5	6	3	8	7	29	74	8	9	8	7	7	39	94	77	IV
E 29	9	11	9	11	9	49	99	9	11	9	6	2	37	82	90	V
F 40	8	10	9	13	8	48	97	9	9	8	7	5	38	83	90	IV
G 7	12	7	10	11	9	49	99	12	10	7	6	9	44	92	95	V
H 22																III-
I 28	8	8	8	8	8	40	87	10	10	7	8	9	44	92	88	IV
J 32	7	11	10	14	9	51	101	11	13	12	8	9	53	104	103	IV
K 36	8	11	6	15	11	51	101	10	12	9	9	6	46	94	98	IV
L 25	8	6	10	11	9	44	92	9	10	9	6	8	42	89	90	III-
M 30	6	5	8	9	9	37	84	7	11	3	2	5	28	69	75	IV
N 1																III+
O 12	9	8	10	8	11	46	95	11	11	10	11	9	52	103	99	III
P 34	7	6	9	8	10	40	87	8	9	8	5	10	40	86	85	IV
Q 17	8	7	14	12	9	50	100	12	10	13	11	11	57	110	105	II
R 15	13	7	11	10	12	53	104	11	9	8	6	9	43	90	97	III
S 13	10	6	13	10	8	47	96	12	11	10	10	9	52	103	99	
T 18	9	8	8	9	7	41	89	11	11	9	12	6	49	99	93	V
U 37																V

TABLE 0 2

RELATIONSHIPS OF W.I.S.C. I.Qs. AND PROGRESSIVE MATRICES (1938) GRADINGS FOR 33 APPROVED SCHOOL BOYS

WECHSLER VERBAL

Matrices Grade.	Under 70	70–79	80–89	90–99	100–109	110 and over	TOTAL
I	–	–	–	–	–	–	–
II	–	–	–	–	1	1	2
III	–	–	2	5	3	–	10
IV	–	1	5	6	2	–	14
V	–	1	3	3	–	–	7
TOTAL	–	2	10	14	6	1	33

WECHSLER PERFORMANCE

Matrices Grade.	Under 70	70–79	80–89	90–99	100–109	110 and over	TOTAL
I	–	–	–	–	–	–	–
II	–	–	–	–	1	1	2
III	–	–	2	3	2	3	10
IV	1	–	6	5	2	–	14
V	1	1	2	2	1	–	7
TOTAL	2	1	10	10	6	4	33

WECHSLER FULL SCALE

Matrices Grade.	Under 70	70–79	80–89	90–99	100–109	110 and over	TOTAL
I	–	–	–	–	–	–	–
II	–	–	–	–	1	1	2
III	–	–	1	5	4	–	10
IV	–	2	5	6	1	–	14
V	1	–	2	4	–	–	7
TOTAL	1	2	8	15	6	1	33

TABLE O 3

COMPARISON OF W.I.S.C. FULL SCALE I.QS. AND

PROGRESSIVE MATRICES ('38) SCORES CONVERTED INTO I.QS.

Case Number	W.I.S.C. I.Q.	Raven's I.Q.	Magnitude of Discrepancy	"Adequate Controls"	"Inadequate Controls"
2s	93	86	-7		X
4s	88	82	6		X
5s	100	93	7		X
6c	100	93	7	X	
7c	95	75	20		X20
8s	83	70	13		X13
9s	85	92	-7		X
10s	91	72	19		X19
11s	84	70	14		X14
12c	99	98	1	X	
14s	88	86	2	X	
15c	99	102	-3	X	
16s	69	70	-1	X	
17c	105	112	-7	X	
18c	93	70	23		X23
20c	77	80	-3		X
21s	98	94	4	X	
23s	104	103	1	X	
25s	103	98	5	X	
26c	90	92	-2	X	
27s	96	86	10		X10
28c	88	85	3	X	
29c	90	70	20		X20
30c	75	82	-7		X
31s	124	116	8	X	
32c	103	90	13		X13
33s	96	91	5	X	
34c	85	85	0	X	
36c	98	88	10		X10
38s	107	95	12	X12	
39c	85	90	-5	X	
40c	90	86	4	X	
41s	90	84	6		X

PART 12 E ADDENDUM

BIBLIOGRAPHY

BIBLIOGRAPHY

1. Abrahamsen, D. 1960. The Psychology of Crime. New York: Columbia University Press.

2. Ackerson, L. 1938. The Value of Case-Record Notations as Research Data. In: Children's Behaviour Problems, Vol. II. University of Chicago Press.

3. Adams, S. A Parole Follow-Up Study of Treated and Nontreated Delinquents From Two Treatability Classifications: Paper presented at the California Department of Corrections Research Meetings: August 1960.

4. Aichorn, A. 1936. Wayward Youth. London - Putman.

5. Ainsworth, M.D. 1962. Deprivation of Maternal Care (W.H.O. Monograph).

6. Anderson, W.J.R., Baird, D., and Thomson, A.M., 1958. Epidemiology of Stillbirths and Infant Deaths due to Congenital Malformation. Lancet, i 1304.

7. Andry, R.G., 1960. Delinquency and Parental Pathology. London - Methven.

8. Aubry, J. 1955. La Carence De Soins Maternels, Paris. Centre International De L'Enfance.

9. Barnardo Study, 1948. The Neglected Child and His Family. O.U.P.

10. Barnett, R.J., and Johnson, D.M., 1955. Time Orientation in Delinquents. J. Abnorm. Soc. Psychol; J1, 343 - 345.

11. Bakwin, H. 1942. Amer. J. Dis. Child. 63, 30. 1949 J. Pediat. 35,512.

12. Barry, H., and Lindemanne. 1960. Critical Ages for Maternal Bereavement in Psychoneuroses. Psychosomatic Medicine. 22, 166 - 181.

13. Barry, H. 1949. Significance of Maternal Bereavement Before Age of Eight in Psychiatric Patients. Arch. Neurol. and Psychiat. 62, 630.

14. Bender, L. and Yarnell, H. 1941. Amer. J. Psychiat. 97, 1158. 1946, Child Study. 23, 74.

15. Beres, D. & Obers, S.J. 1950. The effects of extreme deprivation in infancy on psychic structure in adolescence. Psychoanal. Study of the Child, Vol 5, N.Y., I.U.P.

16. Birch, H.C., Thomas, A., Chess, S. 1962. Individuality in the development of children. DEVELOP. MED. CHILD. NEUROL. 4, 375 - 379.

17. Bovet, L. 1951. Psychiatric Aspects of Juvenile Delinquency. (W.H.O. Monograph) Geneva.

18. Bowlby, J. 1944. Forty Four Juvenile Thieves. London - Balliere. Tindal and Cox.

19. - - - 1952. Maternal Care and Mental Health. (W.H.O. Monograph) Geneva.

20. - - - and Ainsworth, M.D., 1954. Research Strategy in the Study of Mother-Child Separation; Courrier du Centre International de L'Enface, 4, 3 - 47.

21. - - - and Ainsworth, M.D., Boston, B. and Rosenbluth, D. 1956. The Effects of Mother-Child Separation: a follow-up study. Brit. J. Med. Psychol. 29, 211 - 247.

22. - - - 1961. Childhood Mourning and its Implications for Psychiatry. The Adolf Meyer Memorial Lecture.

23. Brown, F. 1961. Depression and childhood bereavement. J. Ment. Sci., 107, 754.

24. Burlingham, D & Freud, A. 1942. Young children in wartime. London. Allen and Unwin.

25. Burt, C. 1925. The Young Delinquent. University of London Press.

26. Carr-Saunders, A.M., Mannheim, H and Rhodes, E.C. 1943. Young Offenders. Cambridge University Press.

27. Carstairs, G.M., (-) The Aetiology of Psychiatric Disorders in Children: Some longitudinal Cohort Studies: "Psychiatrie de L'Enfant". Paris.

28. Cattell, R.B. 1940. The Description of Personality. Psychol. Rev., PR, 50. 559 - 594.

29. Chambers, J. 1962. Maternal deprivation and the concept of time in children. Amer. J. Orthopsychiat., 31, 406.

30. Clarke E., A.D.B. & Clarke, A.M. 1957. Cognitive Changes in the Feebleminded. Brit. J. Psychol., 45, 173.

31. Clarke I. and C. 1959. Recovery from Effects of Deprivation. Acta Psychol., 16, 137.

32. Cohen, A.K., 1956. Delinquent Boys. London - Routledge & Kegan Paul.

33. Craft, M., Stephenson, G. and Granger, C. 1964. The relationship between severity of personality disorder and certain adverse childhood influence. J. Ment. Sci., 110, 466.

34. Douglas, J.W.B. & Blomfield, J.M. 1958. Children under Five: London. Allen & Unwin.

35. Ferguson, T. 1952. The young delinquent in his social setting. London.

36. Fischer, L.L. 1952. Hospitalism in six month old infants. Amer. J. Orthpsychol., 22, 522.

37. Friedlander, K. 1945. Formation of the Anti-Social Character. Psychoanal. Study of Child., I, 189.

38. - - - - - - - - - 1946. Psychoanalytic Orientation in Child Guidance Work in Great Britain. Psychoanl. Study of Child, 2, 343.

39. - - - - - - - - - 1947. The Psychoanalytical Approach to Juvenile Delinquency. London - Routledge.

40. Earle, A.M., and Earle., B.V., 1961. Early Maternal Separation and later Psychiatric Illness. Am. J. Orthopsychiat. 31, 181 - 186.

41. Fisher, A.R. and Yates, F. 1957. Statistical Tables. Edinburgh - Oliver and Boyd.

42. Gardner, D.B., Hawkes, G.R. and Burchinal, L.G. 1961. Noncontinuous mothering in infancy and development in later childhood. Child Devlpm., 32,225.

43. Gibbens, T.C.N., 1961. Trends in Juvenile Delinquency. (W.H.O. Monograph) Geneva.

44. - - - - - - - - - 1963. Psychiatric Studies of Borstal Lads. O.U.P.

45. Gittends, J. 1952. Approved School Boys.

46. Glover, E. 1960. The Roots of Crime. London - Butterworth.

47. Glueck, S. and Glueck, E. 1950. Unravelling Juvenile Delinquency, New York. Commonwealth Fund.

48. - - - - - - - - - - - - - - - 1940. Juvenile Delinquents Grown Up. New York, Commonwealth Fund.

49. Goldfarb, W. 1943. Amer. J. Orthopsychiat. 13, 249.

50. - - - - - - 1943. Child Development, 14, 213.

51. - - - - - - 1944. Amer. J. Orthopsychiat. 14, 162 and 14, 441.

52. - - - - - - 1945. Amer. J. Orthopsychiat. 15, 247 and 102, 18.

53. - - - - - - 1947. Amer. J. Orthopsychiat. 17, 449.

54. - - - - - - 1949. Amer. J. Orthopsychiat. 19, 624.

55. Goring, C. 1913. The English Convict. H.M. Stat. Office, London.

56. Grant, M.Q., 1961. Interaction between kinds of treatments and kinds of delinquents. Board of Corrections, Monograph No. 2 - State of California.

58. Gwynne Jones, H. 1956. Comments on "The Validity and Interchangeability of Terman-Merrill and Matrices Test Data". - by D. Walton. Brit. J. Educ. Psych., 26, 141.

59. Harlow, H.F. 1960. Primary affectional patterns in primates. Amer. J. Orthopsychiat., 30, 676.

60. - - - - - - 1961. In Foss, B.M., ed., Determinants of infant behaviour, London, Methven.

61. Healy, W. and Bronner, A.F., 1925. Delinquents and Criminals: Their Making and Unmaking. New York, Macmillan.

62. - - - - - - - - - - - - - - - 1936. New Light on Delinquency, And Its Treatment. New Haven, Yale University Press.

63. Hewitt, L.E. and Jenkins, R.L. 1946. Fundamental Patterns of Maladjustment. State of Illinois.

64. Hinde, R.A. 1959. Some Recent Trends in Ethology. In: Koch, S. ed., Psychology The Study of a Science. N.Y. McGrawhill. Vol. I. Pg. 562.

65. Jehcott, A.P., Carter, M.P. and Sprott, W.J.H. 1954. The Social Background of Delinquency. Nottingham.

66. Johnson, A.M. 1949. "Sanctions for Superego Lacunae of Adolescents". In: Eisler K.R. Searchlights on Delinquency: New Psychoanalytical Studies. 225 - 245. Internat. Univ. Press, N.Y.

67. Johnson, A.M. and Szurek, S.A., 1952. "The Genesis of Antisocial Acting Out in Children and Adults". 21: 323. Psycho. Analyt. Quart.

68. - - - - - - - - 1960. Childhood and Adolescence. In: Arieti American Handbook of Psychiatry, 840 - 856. Basic Books - N.Y.

69. Jones, H. 1956. Crime and the Penal System. London - University Tutorial Press.

70. Lange, J. 1931. Crime as a Destiny. London - Allen and Unwin.

71. Kahn, A.J. 1962. The design of research. In: Polansky, N.A., ed., Social Work Research. Chicago, the University Press.

72. Kellmer Pringle, M.L. and Bossio, V. 1960. Early prolonged separation and emotional maladjustment. J. Child Psychol. Psychiat., 1, 37.

73. Levy, D.M. 1937. Primary Affect Hunger. Amer. J. Psychiat., 94, 634 - 652.

74. - - - - - 1943. Maternal Over Protection. New York - Columbia University Press.

75. Lewis, H. 1954. Deprived Children. Oxford University Press.

76. Liddell, H.S. 1960. Experimental Neuroses in Animals. In: Stress and Psychiatric Disorder - Tanner, J.M. Oxford - Blackwell.

77. Lombroso, C. 1911. Crime, its causes and remedies. Translation by Horton Boston.

78. Lowrey, L.G. 1940. Amer. J. Orthopsychiat. 10, 576.

79. Macfarlane, J.W., Allen, L. & Honzik, M.P. 1954. A Developmental Study of the Behaviour Problems of Normal Children Between Twenty-One Months and Fourteen Years. Los Angeles - University of California Press.

80. McGraw, M.B., and Molloy, L.B. 1941. "The Paediatric Anamnesis: Inaccuracies in Eliciting Developmental Data." Child Development, 12, 255 - 265.

81. Makarenko, A. 1936. The Road to Life. Trans. Stephen Garry. Lindsay Drummond London.

82. Mannheim, H. 1940. Social Aspects of Crime in England Between Wars. London, Alle and Unwin.

83. - - - - - - 1942. (Carr-Saunders, A.M., Mannheim and Rhodes, E.C.) Young Offenders - An Enquiry into Juvenile Delinquency. C.U.P.

84. - - - - - - and Wilkins, L.T. 1956. Prediction Methods in Relation to Borstal Training. London - H.M.S.O.

85. Mays, J.B. 1954. Growing Up In The City. Liverpool. The University Press.

86. - - - - - 1956. Social Research and Social Casework - A Symposium - Association of Psychiatric Social Workers, Leicester.

87. Mead, M. 1962. Deprivation of Maternal Care (W.H.O. Monograph).

88. Miller, F.J.W., Court, S.D.M., Walton, W.S. and Knox, E.G. 1960. Growing Up in Newcastle Upon Tyne. Oxford - Nuffield Foundation.

89. Naess, S. 1959. Mother-child separation and delinquency. Brit. J. Delinq., 10, 22.

90. Norton, A. 1952. Incidence of Neurosis related to Maternal Age and Birth Order. Brit. J. Soc. Med. 6, 253 - 258.

91. Oltman, J.E., McCarry, J. and Friedman, S. 1952. Parental Deprivation and "Broken Home" in Dementia Praecox and Other Mental Disorders. Am. J. Psychiat 108, 685 - 694.

92. Powdermaker, F., Levis, H.T. and Touraine, G. 1937. Amer. J. Orthopsychiat. 7, 58.

93. Porteus, D. 1952. The Porteus Maze Test. Manual. London: Harrap.

94. Prugh, C.F. and Harlow, R.G. 1962. Deprivation of Maternal Care (W.H.O. Monograph).

95. Rabin, A. I. 1959. Attitudes of Kibbutz Children to family and parents. Amer. J. Orthopsychiat., 29, 172.

96. Ravens, J.C. 1950. Guide to Using Progressive Matrices. (1938).

97. Reid, D.D. 1960. Epidemiological Methods In The Study of Mental Disorders. (W.H.O. Monograph) - Geneva.

98. Rheingold, H.L. 1956. The modification of social responsiveness in institutional babies. Monograph. Soc. Res. child. Develpm. Inc., 31, No. 63.

99. - - - - - - - - and Bayley, N. 1959. The later effects of an experimental modification of mothering. Child Develop., 30. 363.

100. Robertson, J. 1958. Young children in hospital. London. Tavistock.

101. - - - - - - and Bowlby, J. 1952. Responses of Young Children To Separation From Thier Mothers. Courrier, 2, No. 3, 131.

102. Robertson, Joyce. 1962. Mothering as an influence on early development. Psychoanal. study of the child, Vol. 17, N.Y., I.U.P.

103. Rosanoff, A.J., Handy, L.M., and Rosanoff, I.A. 1934. Criminality and Delinquency in Twins. In: J. Crim. Law and Criminal. 24, 923 - 934.

104. Rowntree, G. 1955. Early childhood in broken families. Populat. Stud., 8, 24

105. Shaw, C.R., and McKay, H.D., 1931. Social Factors in Juvenile Delinquency. In: Vol. II of National Commission on Law Observance and Enforcement: Report on the Causes of Crime. G.P.O. Washington, D.C.

106. Skeels, H.M. and Fillmore, E.A. 1937. The mental development of children from underprivileged homes. J. Genet. Psychol., 50, 427.

107. Skeels, H.M. and Harms, I. 1948. Children with inferior social histories; their mental development in adoptive homes. J. Genet. Psychol., 72, 283.

108. Skodak, M. and Skeels, H.M. 1949. A final follow up of 100 adopted children. J. Genet. Psychol., 75, 85.

109. Slater, E. and Shields, J. 1960. Heredity and Psychological Abnormality. In: Abnormal Psychology - Edited by Eysenck. London - Pitman.

110. Slavson, S.R., 1943. An Introduction to Group Therapy. New York - Commonweal

111. Snedecor, G.W. 1956. Statistical Methods. Iowa: The Iowa State College Press

112. Spinley, B.M. 1953. The Deprived and the Privileged. London, Routledge.

113. Spiro, M.E. 1955. Education in a communal village in Israel. Amer. J. Orthopsychiat., 25, 283.

114. Spitz, R.A. and Wolf, K.M., 1946. Anaclitic Depression: An Inquiry Into The Genesis of Psychiatric Conditions in Early Childhood. (II) In: The Psychoanalytic Study of the Child. 2, 313.

115. Stott, D.H., 1950. Delinquency and Human Nature. Carnegie U.K. Trust, Dunfermline.

116. - - - - - - & Sykes, E.C. 1956. The Bristol Social Adjustment Guides. University of London Press. Report Underwood Committee on Maladjusted Children (1955). H.M.SO. London.

117. - - - - - - 1956. Unsettled Children and Their Families. London. University of London Press.

118. - - - - - - 1956. The effects of separation of the mother in early life. Lancet, 1, 624.

119. - - - - - - 1958. The Social Adjustment of Children. University of London Press.

120. - - - - - - 1959. a. Infantile Illness and Subsequent Mental and Emotional Development, J. Genet. Psychol. 94, 233.

121. - - - - - - 1959. b. Evidence for Pre-natal Impairment of Temperament in Mentally Retarded Children. Vita Humana. 2, 125.

122. - - - - - - 1960. Delinquency, Maladjustment and Unfavourable Ecology. Brit. J. Psychol., 51, 157.

123. - - - - - - 1960. a. The Predictions of Delinquency from Non-Delinquent Behaviour. Brit. J. Delinq. 10, 195.

124. - - - - - - 1960. b. A Delinquency Prediction Instrument. University of London Press.

125. Sullivan, H.S. 1953. The Interpersonal Theory of Psychiatry. New York - Norton.

126. Thorpe, W.H. 1950. The concept of learning and their relation to those of instinct. In: Danielli, J.G. and Brown, J.R., ed., Physiological mechanisms in animal behaviour.

127. Trasler, G. 1960. In Place of Parents. London - Routledge and Kegan Paul.

128. Vance, R.B. 1957. Cultural Dynamics and the Transmission of the Social Heritage. In: The Nature and Transmission of the Genetic and Cultural Characteristics of Human Populations. Millbank Memorial Fund - N.Y.

129. Walton, D. 1955. The Validity and Interchangeability of Terman-Merrill and Matrices Test Data. Brit. J. Educ. Psych. 25, 190 - 194.

130. - - - - - 1956. Reply to Gwynne Jones. Brit. J. Educ. Psych., 26, 142 - 143

131. Wardle, C.J. 1961. Two generations of broken homes in the genesis of conduct and behaviour disorders in childhood. B.M.J., 2, 349.

132. Williams, J.M. 1961. Children who break down in foster homes. J. Child Psychiat., 2, 5.

133. Wooton, B., 1962. Deprivation of Maternal Care (W.H.O. Monograph).

134. W.H.O. Monograph. 1962. Deprivation of Maternal Care.