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Briefer Contributions: Aims of a Clinic for Juvenile Research

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sible answer. She quotes James Stuart Mill as saying that "of all persons in modern times entitled to the name of philosophers, the two probably whose reading was the scantiest in proportion to their intellectual capacity were Archbishop Whately and Dr. Brown."[11] She adds that "one unavoidable result of this comparative want of reading in one who thought and wrote so much was that he continually stumbled upon the thoughts of others and reproduced them in perfect honesty as his own. This was one of his characteristics through life." There is no reason to question the accuracy of this conclusion, but the weight which has been given to Whately's "discovery" is perhaps sufficient justification for rescuing from oblivion the name of Paley who, whether or not he originated the idea, should, nevertheless, be given whatever credit has hitherto been given to Whately.

AIMS OF A CLINIC FOR JUVENILE RESEARCH

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The last decade has witnessed many changes in the techniques dealing with the management of the problems of individuals. These alterations have been confined not only to the realm of psychiatry but have involved the fields of law and social agencies dealing with the individual. It is of interest to note that in the legal profession increased impetus has been given to the study of the criminal. The effort to study criminals as individuals and treat them accordingly has gained favor in many of the courts. Psychiatry does not wish to pamper the criminal but to determine the means that will aid him in readjusting himself in the community. At the same time it gives society an opportunity of protecting itself against individuals who cannot possibly be rehabilitated. Some individuals are great menaces to the community even though their crimes are minor in comparison with offenders who have broken laws to a severer degree. Some of the minor offenders on study prove to be more anti-social and have fewer possibilities of re-establishing themselves in society. Therefore, we see that instead of treating groups, the emphasis is now laid on the individual. This is especially true when we realize the number of individual differences and the various combinations of personality factors. Besides, there are many levels of integration of personality with manifold combinations of heredity and environment.

An interesting experiment is being conducted in New Jersey regarding a combination study of psychiatry and the legal aspects of bankruptcy. In 75 per cent of the cases of bankruptcy studied it was found that severe mental problems and emotional difficulties were underlying and important causative factors. In the field of child welfare the last ten years have brought out new emphasis in the management of child problems. Stress at the present time tends toward child-placement in foster homes rather than in institutions. There are cases of course that require institutionalization. There is an increas-

[11] *Op. cit.* Vol. 1, p. 10.

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ing tendency to give children as much of the basic family life as possible by attempting to keep them in their own homes or in as near a substitute as possible.

That more and more popular interest is being taken in child welfare problems is evidenced by the large number of parent educational groups, child study organizations, etc. As is true in all new movements, emphasis at times becomes too concentrated on one type of approach to the exclusion of other possible methods. Furthermore, the study of Mental Hygiene is so recent a development that a good deal of the material written on the subject has found its way into the literature without sufficient scientific basis. The tendency of newspapers to describe in detail unwarranted and unjustifiable pleas of insanity as defense testimony in some criminal cases, has brought forth a good deal of unfavorable criticism toward the value of the psychiatric approach. In spite of the progress made we are still in an unchartered sea as to the best technique to be applied to the problems dealing with individuals. It is important then to make frequent soundings in this sea to evaluate these techniques. The tidal wave in this sea is the tendency toward over-popularization and lack of scientific and objective study.

The philosophy of Mental Hygiene rests in the belief that it is in the first decade of a child's life that the basic habit patterns and attitudes are ingrained and planted. with the tremendous increase in the number of mental breakdowns in this country society has become burdened with vast expenditures in caring for these individuals. Formerly, psychiatry was concerned primarily with the diagnosis and treatment of psychotic individuals already far advanced in the disease process. Such cases often involved institutionalization over long periods. For centuries the insane individual was reviled and thought to be possessed of the devil; again, he was deified and given the homage of a saint or prophet. Out of this chaos and ignorance public sentiment learned to fear and to shun evidences of insanity. It was with a great deal of abhorrence and anxiety that individuals came for advice regarding manifestations of psychosis in their families. This was due to public sentiment regarding hereditary taint and the fear of institutionalization. For this reason psychiatrists were consulted very late in the course of the mental disorder when therapeutic measures were most difficult and sometimes futile in their efforts. A study of the "problem child" offers the best approach to an understanding of the emotional difficulties of the adult, as it is during the first decade of life while the child is still "plastic and capable of being moulded that we have the golden opportunity for Mental Hygiene."

In order to understand the delinquent child completely a study of all the various approaches is necessary. This involves a complete sociologic study evaluating the environmental factors as completely as possible with a thorough attempt at determining the family situation. It also entails a complete psychologic, physical, laboratory, and psychiatric examination. Again, as in all new fields, there are those who emphasize a particular approach to the exclusion of others. There are psychiatrists who explain all the emotional problems on the basis of inferiority complexes and fixations in the emotional life of the indi-

vidual. Some attempt to explain all behaviour on the basis of psychological disabilities, low intelligence quotients, etc. Again, others attempt to interpret childhood maladjustment on the basis of endocrine disturbances, faulty body metabolism, deficient blood calcium, nasal obstruction due to adenoids, etc. A complete understanding can come only as a result of an integrated study of all of these approaches.

Often where the case-load is too great the daily routine and the practical phase of the work utilize all of the available time and make it impossible to properly evaluate the technical methods of managing these problems. It is possible therefore that a thorough research study is perhaps a practical means of approaching the problem. Necessarily it involves an intensive study since it takes into account all of the techniques and methods. It offers the opportunity for properly evaluating them. It may represent a degree of objectivity and an attempt to utilize the various findings in all fields. This is necessary to acquire a complete accumulation of data without necessarily following a more narrow perspective without the exclusion of other valuable points of view.

The Clinic for Juvenile Research is a project which is financed by the Children's Fund of Michigan. A grant has been given to the Institute of Human Relations of Yale University in an effort to integrate the various approaches necessary in studying and evaluating human experience. Similar studies in delinquency are being conducted at the Judge Baker Foundation in Boston under the direction of Doctors Healy and Bronner. Another study is being conducted at New Haven directly in the Institute of Human Relations. An attempt will be made to obtain comparable figures regarding all the factors of delinquency in these three communities. As can readily be seen it will be significant to compare the methods of handling delinquent children in these three communities. For example, such interesting questions will arise as: What is the effect of the different social environments of Boston as compared with Detroit? That Boston has a different type of population and a different background cannot be denied. It will be interesting to note, in a certain number of cases over a given period of time, what significant, comparable correlations stand out It will be sufficient to merely mention such differences in environments as the industrialism of Detroit, the increasing number of racial groups and different standards of living as compared with the cities of Boston and New Haven.

Our research consists of a five-year study of one hundred families having delinquent children. An effort will be made to do a complete sociologic study obtaining as much data as possible regarding the hereditary factors, developmental history, methods of utilization of leisure time, recreational facilities, etc. One cannot go into detail regarding all of the material which is to be obtained by the psychiatric social worker. Suffice it to say, that completeness of study will be one of our major objectives. Complete psychologic studies will be made taking into consideration intelligence, special capabilities and disabilities. This will involve a study of school problems, vocational guidance, etc. Here again an effort will be made to ascertain as far as possible how much of the specialized test material used for

psychologic information is of value in determining the problem of child delinquency. Every child will be given the benefit of a complete physical examination including laboratory and serologic studies. Every child showing evidences of endocrine disturbances will be studied from that point of view. In addition certain anthropometric measurements will be taken so that body growth can be checked. From time to time these results will be compared with other types of examinations. In this way physical anomalies of development can be correlated with school experience and emotional conflicts. From the psychiatric point of view there are several divergent approaches to the problems of behaviour. It is in this particular field that we can evaluate our diagnostic criteria in terms of success or failure of treatment. Sometimes maladjustment can be cleared up by proper adaptation of individual to his environment. It may be assumed that it was the treatment that brought about such results. However, this may not have been the case. After studying a group of cases an attempt will be made to evaluate the diagnostic criteria by observing the results of treatment, over a long period.

What, therefore, can be expected from a careful analysis of the fields described? In the first place from the sociologic point of view we can determine the question of gross environmental defects or pathology. Among the major sociologic defects are such problems as the education of the child in crime and abnormal behaviour, exposure to psychic injury and gross neglect by the parents. Poverty is also one of the more serious problems that a community is faced with. Alcoholism in the parents combined with mental deficiency is another. The question of over-devotion by fond parents, severe arguments and fighting between the parents in front of the child are other less important examples of environmental pathology. Besides, there is the question of illegitimacy, lack of recreation, and changes in the habitat and in the financial circumstances of the family. From these abnormal factors we can postulate what a normal home is. A normal home should have proper training, recreation, economic security, opportunities for development and education of its children. The standards of a normal home change according to the type of community, the background, the educational advantages, and the economic status. The greater the environmental stresses, the greater the liability, and usually the more severe the social problem. As a result the most severe cases of sociologic pathology offer the most obvious treatment plan. It is in the group where the sociologic pathology is less significant that the approach is more difficult. Often a parent by being over-solicitous regarding the health of the child may make the child anxious about bodily health. This attitude may be the result of a severe disease in early childhood and as a result the child is over-protected by his parents. Precocity in a child often offers another reason for pampering by his parents. The opposite may also be true. Sometimes a mentally retarded child who walks later is treated as a "baby" or infantilized for a longer period. Because of this over-protection he may be unable to assume his responsibilities. Such dependent individuals who cannot face the realities of life and assume their own burdens are known to every social worker.

Probably one of the most significant factors in producing the "problem child" is the broken home. It is generally assumed that broken homes, defective family relationships, bad neighborhood influences, alcoholism, lack of recreation usually produce the majority of the delinquent reactions in children. Our study will attempt to evaluate these observations. Often it is very difficult to differentiate between a dull child who is repressed by his environment and an early dementia praecox who is inaccessible. Such children often show fantastic lying, negativism, inaccessibility and slow-reaction time. The older psychiatry taught that an inferior offspring plus a defective enviromnent might result in a mental breakdown. Negativism and fantastic lying may be the result of repression without opportunity. By fantastic lying is meant the type in which the individual does not gain or produce any advantage to himself by his lying. Lying may be a means of self-protection to satisfy the ego. We feel that in placing such a child it is advisable not to change the environment too much as it may complicate the picture.

From the organic point of view or as a result of the physical examination, interesting data that has a direct bearing on the problem can often be accumulated. The medical point of view stresses the organic causes of behavior. We classify significant organic findings according to disease, deformity, and physiological imbalance. Among the gross organic factors we have the question of blindness, cretinism, deafness, excessive obesity, endocrine disorder, congenital deformities, heart disease, epidemic encephalitis, epilepsy, chorea, birth palsy, etc. Physical causes may primarily produce difficulties. Often in epileptics with frequent attacks there may be personality changes. There are two main factors in medical conditions to be considered; the direct effect of the disease, and the effect produced by a number of social changes as a result of the disease. For example we may get attitudes of the mother developing as a result of a skull injury to her child. The child may be infantilized because of over-protection during the treatment of the skull fracture. When a child almost dies the mother has a greater tendency to safeguard the physical well-being of her child. Again patients having pulmonary tuberculosis may be very optimistic. They may have flushed complexions which give them a false picture of health. In addition they usually have no pain or great discomfort except weakness. In other words the symptoms are far out of proportion to the seriousness of the condition. These are examples of how social and physical factors affect the psychologic behaviour of patients with an organic disease. In encephalitis there are visual disturbances and sleep disfunction. There are changes on the physical side as well as emotional alterations. These children may become very unstable. Often they become pugnacious and loose their tempers quickly. There is usually no loss of intelligence in these cases of personality changes as a result of epidemic encephalitis. Years ago focal infections were emphasized as physical factors producing emotional difficulties. These claims have been checked up by careful study and have been found to be reliable in only the smallest fraction of cases. Chronic and reflex irritations produce behaviour problems in

children. Tight clothing may make a child restless. Chemical and metabolic difficulties and defective vision and hearing are often the basis of childhood problems. However, everything in behaviour problems cannot be explained on the basis of physical difficulties alone although they may precipitate them.

Increased attention has been brought to the phenomena of left-handedness as a result of the work of Doctor Orton. The world is generally regarded as being right-handed. We can merely speculate on this phenomena and guess as to its origin. Primitive man learned to cover the left side of his body with a shield, holding the shield in the left hand. He realized that the heart was a vulnerable spot and those who held the shield in the right hand succumbed to wounds more quickly than those who held the shield with the left. The right hand was used to throw spears with and carry arms. In this way those who used the right hand more actively survived while those who used the left hand died sooner. This is merely speculative, however. Efforts are made to make the child right-handed. He may be dominated to become right-handed even though he may be instinctively the opposite. In the brain the handed side is lateralized to the opposite side of the brain. Therefore, some children have emotional conflicts in overcoming their naturally endowed faculties of writing. Often these children become so-called "mirror writers" and write the words "am" as "ma," "dog" as "god," etc. As a result children with this difficulty often rate lower in educational achievement because of emotional blocking. Children who are deaf often have ideas of reference because they misinterpret what they hear. Certain children are clumsy in their movements and show a lack of rhythm as a result of birth trauma. Therefore, it is important to get details of delivery, whether the child was asphyxiated, whether he had breathing difficulties, etc. Often a condition of hyperthyroidism is present making a child restless, and overly active. With pituitary disease a child may become a behaviour problem as a result of his excessive desire for sweets. We have one case in mind of a boy who stole money in order to buy candy because of his excessive appetite for sweets, as a result of pituitary disease.

What can we expect from psychometric studies? In 1911 Doctor Goddard translated the first test for intelligence study devised by Binet-Simon of France. Binet was given the responsibility of determining why so many children were laggards in school. Binet studied age groups from a statistical point of view. The studies proved very satisfactory. Terman standardized this test for use in this country. Studies of achievement will be attempted to determine school, mechanical and special abilities. Watson, based on the work of Pavlov regarding conditioned reflexes, claimed that infants fear only sudden noises and disturbances of equilibrium. A child may be conditioned by setting up a situation in which a pleasurable experience is associated with a fear reaction. In time the pleasurable experience becomes distasteful. Similarly, by training, a child can be reconditioned. In spite of the valuable contribution of the group of behaviourists, human conduct cannot be explained entirely by this approach. A study of "individual psychology" described by Doctor Alfred Adler can explain some of