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Changes in Impulse-Control Balance Following General and Specialized Treatment of Institutionalized Delinquent Boys

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CHANGES IN IMPULSE-CONTROL BALANCE FOLLOWING GENERAL AND SPECIALIZED
TREATMENT OF INSTITUTIONALIZED DELINQUENT BOYS

by

George Ridley Lewis

A Dissertation Submitted to the Faculty of the Graduate School of
Loyola University in Partial Fulfillment of the
Requirement for the Degree of
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George R. Lewis

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CHAPTER I

INTRODUCTION

A. Rehabilitation in State Training Schools

Most training schools throughout the United States offer philosophies for consideration that are presumably directed toward the rehabilitation of the delinquent children they serve. Rehabilitation, in the context of training school goals, means the restoration of personal and social worth; it means too, the transformation of children who are socially destructive into children who are contributing members of society. Moreover, re-educating and re-training are explicit assumptions of this rehabilitation philosophy. Unfortunately, this philosophy - so often preached by training school officials for purposes of public relations - is not that which is practiced within the confines of the institutions. Deutsch states the matter thus:

....Progressive theories and progressive phrases increasingly became, in effect, merely fine webs spun around institutional treatment, hiding the reality from outsiders....They call them "training schools," but I wonder what they trained for - when upward of seventy per cent of their inmates graduated into adult crime. In many respects, they were not even "reform schools", but rather juvenile prisons....Catchwords of the trade - "individualisation of treatment," "rehabilitating the maladjusted" - rolled easily off the tongues of many institutional officials who not only didn't put these principles into practice but didn't even understand their meaning (12, pp. 14-15)

In a recent publication by the Children's Bureau of the U. S. Department of Health, Education and Welfare, the idea of the training school as a micro-treatment community for delinquents was propounded (41). The basic underlying

principle is the creation of a training school environment which, in and of itself, is conducive to the correction of the child's difficulties. It is felt that only against this background of general "milieu therapy" can there be any hope of successful specialized treatment. In other words, it is fruitless to attempt individual or group psychotherapy in an institution for delinquents unless there exists a general institutional program that is therapeutic. Hence, a training school is ideally a treatment institution with well integrated professional services.

Against this model of what training schools ought to be, one would expect those delinquent children who become "students" of such institutions to be re-trained, re-educated, and rehabilitated prior to their release. It is assumed that during their stay in training schools, these youngsters "learn to discipline themselves; where, through self-discipline and the acceptance of more and more responsibilities, they mature, because they have learned to seek status and recognition in a more socially acceptable manner." This treatment philosophy is said to be based upon the modern psychological concepts of the motivations of delinquents (41, p. 3).

Upon examination of a 1956 Children's Bureau statistical report (64), the criteria for the release of youngsters from state training schools were found to be as follows:

100 schools reported that the child's adjustment in the school was a factor considered in determining whether he should be released,

21 required that the child be in the school for a specific length of time,

14 required that he earn a specific number of merit points, and

49 considered a variety of other factors, the most frequently mentioned being the availability of a suitable family home,

and conditions in the community.

These findings were derived from questionnaires mailed by Children's Bureau to 129 public state training schools in the United States. Replies were received from 109 schools - a representative sample. The word "adjustment" given in the first criterion for the child's release cited above is rather ambiguous, and as a consequence it is highly suspect. Usually, adjustment in a training school refers to the child's response to mass custody regimentation. This is an inadequate criterion for successful rehabilitation. The second criterion - a specific length of time - is unrelated to rehabilitation. In most instances a specific length of time betrays an effort to individualize punishment rather than treatment. The third criterion is really a refinement of the first criterion and thus warrants no further discussion. The fourth criterion is entirely dependent upon external circumstances rather than the successful treatment of the child.

Extending the analysis, we find that the same publication states that treatment of delinquents depends upon what is known about them and the proper use of this knowledge. Given below are the specific categories of diagnostic information and the number of training schools that obtain each category:

Medical	100
Social Background Data	97
Dental	84
Educational Achievement	82
Intelligence	78
Aptitude	55
Personality	47
Psychiatric	42
Three schools required no examinations while schools required all eight examinations (64, p. 34).	21

These data indicate that only nineteen per cent of the schools sampled obtained all eight categories of data. Of this percentage, we have no way of

knowing how many training schools make the proper use of this knowledge. Assuming that these eight categories are optimum, we may conclude that eighty-one per cent of the training schools have insufficient diagnostic information for effective treatment programs. This raises the probability that "adjustment", as previously stated, means conformity by compulsion and restraint, not by choice.

B. Some Historical Antecedents

There are a multiplicity of problems in the task of rehabilitating the juvenile delinquent. Only several of these problems have been touched on in a generalized manner. However, this research is concerned with the treatment of juvenile delinquents in one specific training school - The Illinois State Training School for boys at St. Charles, Illinois. As a consequence, it is felt that the reader will be aided in achieving a proper perspective of this study by a discussion not only of general, but also of specific problems.

These problems stem not so much from the personality difficulties of the youngsters that training schools are supposed to rehabilitate; rather they arise from a variety of other sources. These sources are difficult to classify since they are so interwoven and so subtle. Hence, without setting up special classes, we shall call attention to many of the external and internal institutional forces that are antagonistic to the effective rehabilitation of delinquent children. General and specific problems will be illustrated, leaving to the reader the probably not uncongenial opportunity of carrying the listing as far as he pleases. However, it seems there must be some mystery here which history should uncover.

English jurisprudence is the fountainhead of the American system of

criminal law. The main purpose for this adoption and development has been the preservation of government and the protection of the privileges of free citizenship. Prior to the reign of law, and injured person could retaliate as he saw fit in order to balance the ledger of wrongs which he felt he had suffered. This system of personal retaliation has been abolished by the establishment of the modern state. According to Harrison and Grant:

The modern state, unwilling to allow its citizens to wreak their private vengeance, has substituted a public system of retributive punishment for offenses. Many prohibited acts have been defined as criminal offenses and punishments have been prescribed therefor in the penal code. Every crime came to be regarded as an offense against the state, and machinery of criminal justice was set in motion to apprehend the offender, determine his guilt and punish him. The states' aim was not limited, however, as was that of the individual before the establishment of law, to making offenders suffer in retribution for the wrongs they had done. It had the further aim of deterring others from committing similar offenses. In addition, the system of correctional treatment, theoretically at least, acquired the purpose of treating offenders in such a way as to bring about their ultimate reformation (19, p.1)

Our avowed efforts to achieve rehabilitation and deterrence with punitive correctional systems have been a complete failure (1, 5, 12, 14, 15, 16, 19, 20, 22, 26, 27, 31). They are, at most, systems of mass custody in which we are able only to individualize punishment, not treatment. This individualization of punishment is revealed by our criminal code with its various degrees of criminal offenses with their supposedly tantamount lengths of punishment.

Glueck states:

...they distinguish crimes rather than criminals; they prescribe in advance the length of time the patient should be kept in the hospital and then hold him there the full period or discharge him ahead of time, whether cured or not (16, p. 223).

In our handling of juvenile offenders we have, for the most part, been guided by principles of adult criminal justice. The prototype for children's

institutions in American cities seems to have been the House of Refuge established in 1825 in New York City. The movement spread but these early houses of refuge were really little more than junior prisons. In 1869, the Massachusetts legislature made provisions for a "visiting agent." It was the duty of these agents to appear in behalf of the child at hearings on application for commitment to a reformatory. If in the opinion of the magistrate the best interest of the child could be served by a community placement, the visiting agent was responsible for finding suitable families with whom the child could be placed (7, p. 309). This undoubtedly, was a break with tradition.

C. Reforms in Illinois

A major break with tradition in the treatment of juvenile delinquents was the establishment of the first juvenile court in America. This occurred in 1899 by an Act of the Illinois legislature that established the Juvenile Court of Cook County. According to the act, the delinquent offender is to be regarded as a child requiring care and custody by the state, rather than as a criminal to be punished. In its efforts to save, rather than punish delinquent and dependent children, the newly established Juvenile Court developed procedures that were highly informal. Rules of evidence, jury trials and other criminal law procedures were eliminated (32).

The Juvenile Court and its procedures constituted only a partial solution to the problem. It was a decade later - in 1909 - that the first juvenile court clinic was established. This clinic, under the direction of Dr. William Healy, was first called the Juvenile Psychopathic Institute. In 1917 it became an institution of the State of Illinois and was given the name of the

Institute for Juvenile Research (?). The Institute for Juvenile Research has since become a model and pace maker for child guidance clinics throughout the United States.

Looking backward momentarily, it is to be noted that in 1904, (five years before the founding of the Juvenile Psychopathic Institute), the Illinois State Training School for Boys was established at St. Charles, Illinois. It was, at that time, lauded as "the world's best juvenile reformatory." This acclaim was probably based upon the extensiveness of the physical plant and the sensory appeal of the buildings and grounds.

During the first forty-four years of existence, it is not unlikely that the Illinois State Training School for Boys (commonly called "St. Charles") was intensely punitive and perhaps psycho-socially injurious to some of those youngsters it was supposed to rehabilitate. These conditions were not unique to St. Charles; they were typical of conditions for children in similar institutions across the nation. As late as 1950, after a nationwide inquiry, Deutsch wrote:

The facts, as I found them, shook me profoundly. They added up, in my eyes, to a black record of human tragedy, of social and economic waste, of gross brutality, crass stupidity, totalitarian regimentation in institutions and a corroding monotony even deadlier than physical violence (12, p. xix).

It was Deutsch's scholarly expose' that set in motion reforms in state training school practices throughout the U.S.. When Deutsch began his journalistic inquiry of institutions for juvenile delinquents in 1947, St. Charles was one of the first Training schools to feel the impact of his penetrating analysis. The immediate outgrowth of this analysis was the appointment of a new superintendent. The new superintendent (1948-1953) was

Charles W. Leonard, a trained social worker. Leonard's efforts were directed primarily toward the abolition of what Deutsch called "the crippling traditional attitude that juvenile offenders are pint-sized criminals and that child reformatories should be operated as if they were junior prisons" (12, p. xx). In place of this punitive philosophy, Leonard wanted to substitute a philosophy of kindness, confidence, and cooperation; he wanted to develop an individualized treatment program that would lead to the ultimate rehabilitation of each youngster. There were many reforms and much was accomplished, but the major goal of uprooting the punitive tradition was not accomplished during Leonard's administration.

When Leonard resigned he was succeeded by his assistant superintendent, Amos E. Reed (1953-1957), an educator. Reed was initially faced with the problem of deciding whether to expand the reform started by Leonard, or to rely on those gains toward a treatment program that had already been made. He chose the latter.

An excellent administrator, Reed reorganized the administrative hierarchy to reduce the intense friction that had developed between the professional and non-professional staffs during Leonard's tenure. This friction arose because the innovations of the professional staff were threatening to the status quo. In addressing the employees of the institution, Reed often stated: "I worship at the shrine of no particular discipline"; also "We will have no prima donnas in this institution." Tight administrative control was exercised over each division of the Training School and Reed constantly expounded the philosophy that the whole institution is responsible for the rehabilitation of each youngster.

There is no doubt that during Reed's tenure as superintendent, staff relationships were stabilized; positive public relations were widely expanded; the number of run-a-way boys from the institution was sharply reduced. These are commendable achievements - consistent with the goals that Reed set for himself. Remembering these goals, it would be unfair to ask whether a more effective program for rehabilitation was developed. In passing, we wish only to remind the reader that St. Charles is still a mass custody institution for juvenile delinquents that tends to be highly repressive.

We must continue our search for a clear perspective - this adventure of history, with its alluring hopes and sordid confusions - so far from, and yet so near to, effective programs for the rehabilitation of delinquent youngsters. We turn then to the history of other institutions serving delinquents in Illinois. The inter-relatedness of these institutions to each other (including St. Charles), and ultimately to the parent agency - the Illinois Youth Commission - will be shown. Otherwise, we run the risk of distorting, rather than clarifying the reader's perspective.

In 1950 the State Reformatory for Boys was established at Sheridan, Illinois. The name of this institution was later changed to the Illinois Industrial School for Boys (commonly called "Sheridan"). Sheridan was established as a security institution for "Teen-age felons." The late Clifford R. Shaw described the institution to Albert Deutsch as a "junior prison on a prairie" (12, p. 25). Deutsch also states:

I didn't like the term "teen-age felons", applied to juvenile delinquents. I didn't like the way Illinois newspapers referred to the "Youthful criminals" at Sheridan. I was convinced that regardless of efforts at improvement, Sheridan must always remain a "prison on the prairie". (12, p. 35)

Years are passing; nearly ten have gone by and Deutsch's prediction seems to be holding. The "prison on the prairie" has on its immediate staff neither psychiatrist, psychologist, nor psychiatric social worker. Its "clinic staff" is but a single sociologist for the entire population of nearly 400 boys. Its academic program is meager; nevertheless it is supposedly a program in which it is possible for a youngster to obtain a high school diploma.

D. The Illinois Youth Commission

Nevertheless progress is being made. In 1953 the Illinois legislature enacted a series of Youth Commission Bills. These new laws that became effective January 1, 1954 mark the birth of the Illinois Youth Commission. The establishment of this new department changed the concept of handling youngsters by the courts. In the past, presiding Judges, when committing youngsters to state correctional institutions, would specify the institution to which the youngster was to be remanded. Under the new laws the judges can no longer commit youngsters to specific institutions. Rather, these youngsters must now be committed to the Illinois Youth Commission.

Following the enactment of the Youth Commission Bills, the Illinois State Training School for Girls at Geneva; the Illinois State Training School for Boys at St. Charles; and the State Reformatory for Boys at Sheridan were transferred from the Illinois Department of Public Welfare to the jurisdiction of the Illinois Youth Commission. During the period of time following the transfer of the institutions cited above, the Commission has greatly expanded its correctional institutions. It has developed a series of forestry camps throughout the state. Further, at the time of this writing, the Commission has a new Reception and Diagnostic Center in course of construction. This

institution in nearing completion and it will be opened during the early part of 1959.

Block and Flynn rightly state that "...commitment to a department instead of to a specific institution, the development of diagnostic centers, and the establishment of forestry and work camps do not require the creation of a new agency" (7, p. 497). However, in the opinion of the present writer, the establishment of the Illinois Youth Commission entails much more than the mere creation of a new agency to perform old services. The tragic rise in juvenile delinquency is a poignant reminder that our antiquated correctional systems with their punitive philosophies have failed. They have failed to correct and have failed to deter; no stronger indictment is needed. Changes must be made that are based upon some sound philosophical assumptions. Such assumptions are the very foundation of the Illinois Youth Commission.

The Illinois Youth Commission is patterned after the model Youth Correction Authority Act drafted and made public in 1940 by the American Law Institute. The model act was aimed at the development of a new concept for the administration of criminal justice to youthful offenders (16 to 21 years of age). The new concept is broad in scope; designed to include simultaneous services at both state and local levels. This means services that combine realistically scientific prevention and treatment on a state-wide basis. Effective rehabilitation is stressed as opposed to the traditional retributive approach. Although the youth authority program is designed primarily for youthful offenders, it has been adopted to juvenile offenders in each instance of its application. California in 1941 was the first state to adopt the youth authority plan. A handful of other states have followed suit, the most recent

being Illinois (7, 14, 21, 32).

An idea similar to the youth authority program was presented by Glueck (16, ch. 7) in an effort to refine the correctional treatment of offenders. He proposed the establishment of a "treatment tribunal". This tribunal or board would be composed of people qualified to make interpretations of sociologic, psychologic, psychiatric, and legal data. The functions of the tribunal would be to assume responsibility for determining the treatment and sentence best suited to each offender. On the other hand, the problem of determining the offender's guilt or innocence would continue to be a function of the courts with legally trained judges acting as impartial referees. The treatment tribunal would be implemented with appropriate clinics and treatment facilities. It would also be empowered to impose a wholly indeterminate sentence. This would make it possible for the tribunal to release individuals who had been rehabilitated. Those who were not rehabilitated could be institutionalized for life by the tribunal, if necessary.

Relative to correctional institutions, the youth authority program is analogous to a treatment tribunal. Since Glueck's ideas were published in 1936, four years prior to the publication of the model youth authority act, it seems likely that the American Law Institute was greatly influenced by his work. At the time of his proposal, Glueck was primarily concerned with adults rather than youthful or juvenile offenders.

Another influential source for the model youth authority act must certainly have been the work of Healy and Bronner, also published in 1936. These writers state:

We are still constrained to believe in the administrative possibilities of a commission or tribunal composed of experts from several fields who should have complete charge of all treatment of cases of serious delinquency after adjudication of the fact. Such a commission must necessarily give full time service and have state-wide authority. We see no other way in which treatment can be consistently and consecutively administered, utilizing all possible public and private resources for treatment and planning new ones. Apparently no other scheme or organization can induce satisfactory cooperation between juvenile courts, expert clinical services, private and public social agencies, school correctional institutions, and parole officers (20, p. 223).

E. The Commission's Treatment Problems.

The transition from punitive to treatment services for delinquents is a long range task. The transfer of institutions and the obtaining of larger legislative appropriations for the expansion of services are necessary antecedents to this transition. Although the Illinois Youth Commission is still in its infancy, it has already performed an outstanding service in developing and expanding facilities for juvenile offenders. Unfortunately, there is a lag in the articulation of its treatment philosophy.

In the absence of an explicit treatment philosophy by the Commission, the superintendent of each institution under Commission jurisdiction is forced to give the concept of rehabilitation his private meaning. These personal definitions (no two of these definitions are alike) then become the working philosophies of the respective institutions. In the absence of a definition of rehabilitation -- private or otherwise -- by the superintendent, staff members are compelled to apply their own definitions. At this point the institutions are being guided by multiple philosophies that border on confusion relative to direction and purpose. Suffice it to say, there is no such thing as "no philosophy" in an institution. Those that exist may be miserably inadequate,

but they do exist.

The problem is further clarified when one considers the fact that very often the commission's staff after a diagnostic study makes the recommendation that a given youngster be transferred to a Commission facility that offers maximum security. Treatment is the common need of most youngsters committed to the Commission. Yet, both the Commission and its staff are well aware of the fact that the facility offering maximum security is guided wholly by a punitive philosophy. Both are also aware of the fact that this particular child is so impulsive that he cannot be contained long enough to be treated in one of the Commission's less secure facilities. What should be the Commission's decision relative to cases such as this? Can the Commission maximize its effectiveness relative to a state-wide program of prevention and treatment of delinquency if it is guided by anything other than a treatment philosophy? Must not all of its institutions operate in the spirit of a single treatment philosophy?

In 1954, shortly after the Commission assumed jurisdiction of Sheridan and St. Charles it was faced with the problem of developing its own Diagnostic and Reception Center. At the time, there were neither legislative appropriations nor additional physical facilities available for this separate institution. However, during Charles W. Leonard's administration at St. Charles, a clinic division had been developed. This division was composed of: A Social Service Unit; a Psychiatric Unit; a Psychology Unit; a Medical Unit; a Dental Unit; and a Chaplains' Unit. As a solution to the commission's problem, the superintendent of St. Charles was also appointed acting superintendent of the Reception and Diagnostic Center. As a

consequence of this action, St. Charles was technically divided into two institutions: 1) The Illinois State Training School for boys; and 2) the Illinois Youth Commission Reception and Diagnostic Center. Just as the superintendent was ordered to assume responsibility for two institutions, so too was his staff ordered to assume the dual roles of servicing these institutions.

Inasmuch as reception and diagnostic services are primarily clinical functions, the heavy weight of dual roles was greatest for the Clinic Division. Although the Clinic initially attempted to service both institutions, the rising number of youngsters being committed soon made it apparent that the Clinic Division could adequately service only one institution. Amos E. Reed of whom we have previously spoken, was superintendent at that time. He shifted the Clinic Division services almost entirely to Reception and Diagnostic Center functions. Whether or not these circumstances were the reasons for Reed's decision not to expand the treatment program that had been initiated by Leonard we do not know.

In any event, the effect of shifting the Clinic Division services to the Reception and Diagnostic Center, resulted in a decline of the developing treatment program within the Training School. This decline is understandable because a clinic division is the basic treatment arm of a training school serving delinquent offenders. Aside from its specialized treatment services in medicine, dentistry, religious counselling, individual and group psychotherapy; a clinic division is the integrating force for the general treatment program of the institution. This is accomplished by working in a close harmonious relationship with staff members of every other division of

the Training School - serving as consultant, orienting and advising these staff members as to how they can best help each youngster with his problems. Integrated services make each youngster's problems the focal point of all the divisions of a training school. It is in this way that an individualized general treatment program is developed.

In the absence of an individualized general treatment program, it commonly happens that each division of a training school pursues the problem of rehabilitating the delinquent offender in its own way, inadequately aware of the child's problems, and largely void of unifying principles that would lead to rehabilitation. In other words, the Academic Division attempts to educate the child without apparent awareness of the fact that successful education is contingent upon adequate internal controls; the Recreation Division concerns itself with leisure time group activities and programs, hoping that these will in some way be of value; Vocational training takes on the characteristics of general institutional housekeeping - minimally concerned about the development of responsible attitudes toward work - production is the object. Cottage Division, beyond meeting the basic physical need of boys, sees as its task the maintenance of discipline and the meting out of punishment. These are the characteristic changes that developed at St. Charles with the removal of the Clinic Division. They are changes that made it once again a mass custody institution. However, under the circumstances these changes were unavoidable. Without the support of clinical services, for assistance in the treatment of boys according to prescriptions derived from clinical findings, the other divisions necessarily reduced their services to the boundaries of their known skills.

The Illinois Industrial School for Boys at Sheridan, as we have seen, has always been a mass custody institution. Unlike St. Charles with its residential cottages, Sheridan is a cell block facility. Only a dearth of academic and vocational programs exist at Sheridan. Again, the reader is reminded that the institution is without a staff of social workers, psychiatrists, or psychologists. The athletic program in which Sheridan takes such great pride may be of value for purposes of public relations, but its value for the rehabilitation of youngsters is seriously questioned. The few youngsters who have good physical coordination and athletic prowess may enjoy many privileges while those who have not, may suffer. No one questions the fact that Sheridan is a mass custody institution. Along this same line, an interesting statement by Ellington is worthy of consideration. He states:

Mass custody compels severe repression, repression requires disciplines; discipline and punishment beget brutality. The logic is as irresistible as the sunrise and all the fine and kind and trained people that have over the years contributed their progressive ideas to improve the architecture, the food, and the educational, medical, work, and recreational programs of these congregate institutions have not been able to eliminate brutality permanently (14, p. 87).

Given the treatment services and proper guiding principle, the institution of Forestry Camps probably has the potential for becoming a treatment oriented institution with greater ease than any other under the jurisdiction of the Commission. The camp programs are designed for youthful offenders (age: 16-21) only. Juvenile offenders are assigned to either St. Charles or Sheridan. Of course, youngsters as they come of age at both St. Charles and Sheridan may be transferred to the Forestry Camps. Each camp has an average population of approximately thirty-seven boys. The strong point for the Camps as a treatment institution lies in the fact that all of these camps

could become well integrated in the communities in which they are located. This means that local citizens could play active and important roles in the rehabilitation of these youngsters. The Camps could also be used as way stations to determine a youngster's readiness for parole in a community.

The Forestry Camps, St. Charles, and Sheridan all differ in the degree of security or external controls they impose. Sheridan may be called the maximum security institution; St. Charles is the medium security institution; and the forestry camps offer minimal security. If a youngster fails to adjust in a camp program he may be transferred to St. Charles or Sheridan, depending upon the seriousness of his adjustment failures. If he fails to adjust at St. Charles he may be transferred to Sheridan. At Sheridan he will be a problem to no one because he will have to himself a cell that is suitable for the confinement of the most desperate adult criminal. If the intention in this instance is rehabilitation by punishment, then it would appear that we are faced with a contradiction.

At St. Charles the criterion for rehabilitation is adjustment to its mass custody program. The child is expected to adapt to all situations and circumstances regardless of his particular personality problems. Deviant behavior is punished by the use of "work detail" and the "adjustment cottage." "Transfer to Sheridan" is a constant threat for failures to adjust. If the youngster still does not adjust satisfactorily he is branded "hostile", "too aggressive", "a trouble maker", or a "security risk". Only a few workers concern themselves with "why" the youngster fails to adjust. A treatment orientation would pose this question. In the absence of this orientation it is usually concluded that a "more secure setting is needed" - Sheridan, that is.

The motive underlying many subtle pressures for the clinic staff to recommend that certain youngsters be transferred to Sheridan is often punishment. Here again punishment is a contradiction. These are contradictions because it is implicit in a youngster's being adjudicate "Juvenile Delinquent", that he is not legally responsible. Therefore, he is to be rehabilitated rather than punished. Papanek states the matter neatly when he says:

No child is legally responsible for his misdeeds and he should not be punished for them; but educational consequences can help him understand better what makes his behavior intolerable to society. The Training school as a treatment institution will, therefore, inflict no punishment, either corporally or otherwise, on the children under its care; treatment and education are the only purposes and means we have (53, p. 18).

It is defensible for youngsters to be transferred from a less secure institution to a more secure institution. Particularly is this true when they continuously try to run away. Admittedly, we cannot treat if we cannot hold. Indefensible it is, however, for either the less secure institution, or the more secure institution to be without an adequate professional staff and without an adequate treatment program for the rehabilitation of each youngster committed. This does not mean that clinical services alone are a panacea for the multiplicity of problems presented by juvenile and youthful offenders. The following statement by Healy is self-evident: "Aside from the individuals who become delinquent mainly because of inner conflict and frustration, it is plainly discernible that in the complex of factors which make delinquency there are many social elements, deprivations, and pressures that cannot possibly be bettered by clinical effort alone" (40, p. 14).

Torrance (29) made the interesting observation that institutions dealing with delinquent children may be classified by their philosophies as punitive,

confining, legalistic, educational, and therapeutic. The punitive institution uses punishment to deter the commission of any more offenses. The confining institution aims to protect society from the offender; while the legalistic institution is primarily concerned with retribution - the individual pays his debt to society in accordance with the legal prescription. Educational institutions have as their goal the academic and vocational improvement of offenders. Finally, the therapeutic institution aims to bring about personality changes. Torrance holds that aside from a limited service in educational institutions, it is only in the therapeutic institutions that psychologists are needed (29, pp. 270-272).

Contrary to the position held by Torrance, it is the opinion of the present writer that there are many situations in which psychologists along with psychiatrists and psychiatric social workers are not wanted rather than not "needed." In other words, the more punitive an institution is, the less desirable are representatives from clinical disciplines.

Perhaps it was for this reason that the amount of therapy done by a training school professional staff was held to be invalid criterion for the effective use of such personnel by the 1954 National Conference on Juvenile Delinquency. The members of this conference held that there could be no islands of treatment in a training school. They stated that the primary function of professional services should be that of helping institutional employees increase their understanding of the problems of children. Every employee is to be considered a potential therapist in a broad sense. Moreover, the conference members held that specialized treatment services cannot be superimposed; rather, these services must be an integral part of every phase of

the training school program (56, p. 69).

The idea is to create an overall therapeutic environment having both a general treatment program and a specialized treatment program. The general treatment program services would be performed primarily by institutional personnel working in such areas as cottage life, academic, vocational, religion, and recreation. In some instances the socialization derived from an adequate general treatment program through the process of acculturation, is thought to be all that is necessary to rehabilitate many youngsters. However, in all instances, an adequate general treatment program is the essential background for any specialized treatment that may be undertaken by psychiatrists, psychologists and psychiatric social workers. Without an adequate general treatment program, the effectiveness of individual and/or group psychotherapy, no matter how well administered, will be of doubtful consequences. Both the general and specialized treatment services must be integrated, not superimposed. If the general treatment program is custodial rather than therapeutic, then any specialized treatment undertaken will by definition be superimposed (41). This brings us to the purpose of the present research.

In passing, the reader is reminded that the problem of integrating its numerous services with a relatively new set of guiding principles is perhaps the most difficult task faced by the Illinois Youth Commission. Inasmuch as this task involves a change of systems, this means that the systems already in existence must be displaced. Resistances and a variety of conflicts on many levels are likely to be the outgrowth of the change. Obviously, it is not likely that the task can be accomplished by edicts. Rather, it can and must be accomplished by inducement and persuasion of all Commission employees. These

same means must be applied to the general public. If the logic here is correct, it follows that the inconsistencies cited in the foregoing survey of Commission facility programs cannot be changed by edicts. But, they too will respond to inducement and persuasion. It should not be forgotten that within the limits of their circumstances almost institutions and agencies serving delinquent children have managed to make progressive changes through the years. However, major problems must be made explicit in order to be dealt with in the most effective manner. Even in a fumbling sort of fashion, a beginning must be made to assert the true meaning of the future we are trying to bring about -- effective programs for the prevention and rehabilitation of juvenile and youthful offenders.

F. Purpose

The purpose of the present study is to ascertain the effectiveness of the rehabilitation program of one training school - the Illinois State Training School for Boys at St. Charles, Illinois. Since, as we have seen, the general treatment program at St. Charles is primarily custodial our purpose will entail three problems. First, an attempt will be made to ascertain the effectiveness of the institution's general treatment program (G.T.P.). Secondly, an attempt will be made to determine the effectiveness of the institution's general treatment program with group psychotherapy superimposed (G.P.S.). Finally, a comparison will be made between G.T.P. and G.P.S. to determine if one is more effective than the other as a program for the rehabilitation of delinquent boys.

G. Impulse-Control Balance.

Accordingly, it is necessary to select some dimensions of personality that are known to be of personal-social significance in the behavior of juvenile offenders. At the present time there is no generally accepted nomenclature for the behavior problems of juvenile delinquents. These youngsters for the most part do not meet mental-disease criteria. Interestingly enough, of only nine important areas suggested for further research by the 1954 National Conference of Juvenile Delinquency, "The development of impulse-control systems" was an included topic (100). Moreover, many workers have cited the fact that not only are most juvenile crimes non-utilitarian, malicious, and negativistic; they are not motivated by rational considerations (1, 6, 10, 17, 18, 22, 27, 28, 30, 38, 40, 45, 46, 48, 49, 53, 54, 55, 59, 63). This suggests that the impulse-control balance of these youngsters is out of harmony in the direction of excessive impulsivity. Impulse-control balance is the dimension along which the subjects of this study will be evaluated.

Impulsivity as used in this paper refers to the degree of responsivity to the ebb and flow of immediate desires. Hence, excessive or high impulsivity implies the disavowal of social rules and self-imposed control of behavior. Control, on the other hand, means the expression of desires in ways consistent with the rules of ones society. This includes respect for the rights of others; the assumption of responsibility for ones own behavior; and the anticipation of consequences - external and/or internal - for transgressions. It is the relation between impulsivity and control that we call the impulse-control balance.

In this study it will be assumed that the impulse-control balance can be

measured by a quantitative and qualitative analysis of fantasied aggressions and anticipated punishment themes in the Thematic Apperception Test stories of out subjects. Aggression and anticipated punishment are not assumed to be the only correlates of the impulse-control balance. More than likely there are a variety of other correlates such as indecisiveness, timidity, inadequacy, and irresponsibility toward others, to name only a possible few. However, judging from current literature it does appear that fantasied aggression and anticipated punishment have partially met the test of validity as correlates of the impulse-control balance. Of particular importance in this respect is a study by Purcell (54). It is from this work that the assumptions underlying the corollaries of the present research are drawn. Purcell's work will be examined in detail in the next chapter.

H. Hypothesis:

- A. If the institution's general treatment program (G.T.P.) is effective in the rehabilitation of delinquent boys, then there will be significant changes in impulse-control balance from pre to post treatment TAT testing.
- B. If the institution's general treatment program with group psychotherapy superimposed (G.P.S.) is effective in the rehabilitation of delinquent boys, then there will be a significant change in impulse-control balance from pre to post treatment TAT testing.
- C. Corollaries:
 1. The number of manifest aggressive thoughts expressed in TAT stories in TAT stories will decrease significantly from pre to post treatment testing.

Assumption: There is a direct relationship between impulsivity and the number of manifest aggressive thoughts expressed in TAT stories.

2. The ratio of crude and directly expressed acts to fantasy aggressions in the TAT stories will decrease significantly from pre to post treatment testing.

Assumption: Impulsive individuals express aggression crudely and directly in TAT STORIES.

3. The ratio of TAT anticipated external punishment themes to fantasy aggression will increase significantly from pre to post treatment testing.

Assumption: Impulsivity varies inversely with the amount of anticipated punishment from external sources manifested in TAT stories.

4. The ratio of TAT anticipated internal punishment themes to fantasy aggressions will increase significantly from pre to post treatment testing.

Assumption: Impulsive behavior varies inversely with the number of TAT themes of anticipated punishment from an internal source.

5. The ratio of TAT themes of internal punishment to external will reveal a significant increase from pre to post treatment testing.

Assumption: Themes of anticipated internal punishment are more significant indicators of adequate control than are themes of anticipated external punishment.

- D. The general treatment program with group psychotherapy superimposed

(G.P.S.) is significantly more effective in the rehabilitation of delinquent boys than the general treatment program (G.T.P.) alone.

CHAPTER II

REVIEW OF THE RELATED LITERATURE

A. SOME DIAGNOSTIC PROBLEMS

No less important than the problem of treating youngsters who have been adjudicated delinquents and committed to state institutions, is the problem of diagnostic clarification in order to plan appropriately for their rehabilitation. In 1953 a Treatment Committee from the Clinic Division of the Illinois State Training School for Boys at St. Charles developed a series of eight (8) tentative diagnostic categories. The committee acknowledged that the validity of the categories has never been established. The complete "Report of The Treatment Committee on Diagnostic Categories" is given in Appendix I.

This was a bold and commendable effort on the part of the Committee. Unfortunately, just as they acknowledged that there is "no single standard of what is normal," they were more or less compelled to use a modified version of a nosological system borrowed from the diagnostic classification of adult patients. At this point the system of classification becomes dangerous because it tends to figuratively transform the child into an adult; and whatever has been our treatment for adults, similar will it be for children so diagnosed. Hence, if a child is diagnosed a "character disorder" (psychopathic personality, now termed "sociopathic personality disturbance"), and particularly if he is a juvenile delinquent, it is generally felt that little can be done to rehabilitate him. When does the boy become the man? When does the girl become

the woman? Assuming that the behavior pathology of the child is not organic, at what chronological age can we validly apply our adult nosology to his problems?

Weinberg (30) concerned himself mainly with adults and describes a series of what he calls "acting-out disorders". These include: The acting-out neurotic; the self-centered, overindulged person; the cultural deviant; and the "true" psychopath. "True" psychopaths according to Weinberg are extremely rare. He indicates that many many patients have been misdiagnosed psychopaths. Moreover, he maintains that the whole problem of classification has been confounded by a multiplicity of diagnostic preconceptions among clinicians (30, Ch. 12).

Relative to Weinberg's "acting-out neurotic" type, Healy and Bronner (20) made comparable observations more than a quarter century ago. Similarly, Aichlorn (1) pin-pointed the "self-centered immature" type. The "cultural deviant" is said to be psychologically healthy. Jenkins (42) refers to this group as "adaptive delinquents." The treatment problem for this group is that of acculturation rather than psychotherapy. The cause of "true" psychopathy according to Weinberg, "may be either damage to the brain, especially to the frontal lobes, or emotional deprivation in early life..." (p. 291). Moreover, the condition is said to be "impervious to personality change."

McCord and McCord (22) made an excellent survey of the literature on psychopathy. They contend that "guiltlessness and lovelessness" are the distinguishing traits of the psychopath (p. 14). There are supposedly two causes of the condition:

First, severe rejection, by itself can cause psychopathy. Second mild rejection, in combination with damage to the brain area (probably the hypothalamus) which normally inhibits behavior, causes psychopathy (p. 69).

Hence, these writers too, see the treatment of the psychopath as near hopeless. Moreover, children with the disorder are seen by these workers as miniature adult psychopaths (p. 99). We shall see more of the McCord's work later.

Instead of "psychopath", Cameron and Margaret (8) use the term "social deviant" which they describe as a kind of selective biosocial immaturity. This is essentially a retardation in interpersonal relationships. Two varieties of social deviation are given: the inadequate and the inept. The inadequate social deviant simply lacks the necessary social skills; the inept social deviant has the necessary social skills but applies them inappropriately. Etiologically, social deviation no matter what its variety, is said to be rooted on the parent-child relationship. The term "psychopath" or "sociopath" is avoided by Cameron and Margaret because they contend that these terms are accusations rather than descriptions of behavior pathology. The terms are said to be accusations in the sense that they are survivals from the eighteenth and nineteenth-century medical recognition that the disorder was resistant to both correction and therapeutic procedures (ch. 7).

The fact that in current practice the term "psychopath" is more often an accusation as opposed to a description of behavior pathology, is also indicated by Kirkwood (44). He points out that juvenile offenders are all too frequently labeled "psychopaths" by institutional personnel, judges, probation officers, social workers, psychologists, and psychiatrists alike. The crucial fact is that in most instances youngsters so "accused" do not have behind them the

chronological years to justify the label as a description of their pathology. In addition, workers often make the inductive leap from the commitment offense to the conclusion that the youngster is a psychopath. Moreover, the behavioral manifestations of the situational impact, resulting from the social machinery that finally landed the youngster in a training school, are mistaken for the presenting syndromes of a sociopathic personality disturbance. Finally, Kirkwood makes a plea for diagnostic caution in order to avoid doing violence to so many youngsters.

Turning away from diagnostic classifications for the behavior problems of children as fruitless endeavor at this time, Gilbert (37) contends that the classifications listed in the American Psychiatric Association Diagnostic and Statistical Manual: Mental Disorders, are rarely used in child guidance work. Hence, in an effort to shed light on the behavior problems of children, he surveyed the major child guidance clinics of five of the largest cities in the United States. These clinics were of two kinds: 1) psycho-educational; and 2) orthopsychiatric. Obtained data were based on "referral problems" of 2,500 cases taken from files during the year of 1954. Admitting that "referral problems" are of doubtful diagnostic value, Gilbert holds that these problems provide clues as to what constitutes deviant behavior patterns and symptoms among children in our culture.

The referral problems were ultimately categorized as follows: 1) Academic Difficulties; 2) Mental Retardation; 3) Aggressive and Anti-social Behavior; 4) Passive, Withdrawn, Asocial Behavior; 5) Emotional Instability and Anxiety Symptoms; 6) Hyperactivity and Motor Symptoms; 7) Sexual Behavior Problems; 8) Toilet Training 9) Speech Defects; and 10) Miscellaneous. Those ten

categories were placed into four general groups: (a) intellectual deficiencies include categories #1 and #2; (b) emotional and interpersonal maladjustments include #3, #4, #5, and #6; (c) principal specific behavior problems include #7, #8, and #9; and (d) miscellaneous, #10. The findings indicate that "academic difficulties" are the reasons for referral in fifty-six per cent of the school clinic cases and twenty-seven per cent of the community clinic cases. As a result of this disparity between the two kinds of clinics Gilbert suggests that in many instances "academic difficulties" are probably euphemisms for emotional maladjustment problems. "Aggressive and anti-social behavior" accounts for twenty per cent of the school clinic cases and forty-five per cent of the community clinic cases. Fighting, lying, stealing, destructiveness, disciplinary problems, truancy, and hostile behavior generally typify the category of "Aggressive and antisocial behavior". This category includes the major behavior problems presented, particularly by boys, in community life. From this picture Gilbert makes the following interpretation in terms of social role expectancies:

...boys often act aggressive and defiant, even delinquent, because they are expected to, to some extent, and often enjoy greater acceptance among their peers by conforming to the aggressive pattern of male role behavior established for them in many segments of our culture. This is confirmed by our data showing that boys are referred $2\frac{1}{2}$ times as often as girls for excessively passive, withdrawn, or asocial behavior. At both extremes, referrals are apparently influenced by the social delimitation of acceptable sex-role behavior as a cultural modification of sex differentiation in behavior tendencies. It appears from our data that social and emotional adjustment is made more difficult for boys, because aggressive tendencies have negative social value beyond an optimum level, and boys are expected to display "just so much aggression and no more." This struggle to maintain "just the right amount of aggression" to satisfy natural activity drive and to win approval among both peer and authority groups would generate sufficient insecurity to account for the preponderance of males referred for "emotional instability and anxiety symptoms" (37, p. 41).

This social role expectancy theory is also presented by Murphy (23, ch. 34). This theory is interesting but it implies that our social rules of conduct are abnormal, rather than those children who violate these rules. If we follow this line of reasoning we must assume that our social rules are irrational. Hence, only those youngsters who violate the rules are normal.

Cohen (11) develops a subcultural theory of juvenile delinquency. According to this theory all people are constantly confronted with problems. Each problem occurs in the context of a situation and a frame of reference of the person. The situation is the social matrix in which the problem exists, and the frame of reference is the individual perception of that situation. However, the frame of reference is socially determined by the subculture to which the person belongs. Belonging is based on the assumption that the subculture holds a solution to the common problems of its members. The solution to the problems emerge through the interactions of group members and may well be at variance with solutions already institutionalized. Hence, the juvenile delinquent subculture is not only autonomous and variant, but also anti-social.

Cohen further points out that the juvenile delinquent subculture members come predominantly from "working-class" families. Judged against the "middle class measuring rod" these youngsters necessarily suffer as a consequence of their class-linked handicaps. The resulting conflicts give rise to behavior that is non-rational and non-utilitarian. In general, "short-run hedonism" is the rule rather than the exception for these youngsters. They concern themselves with immediate desires rather than long-range goals and future reward. This makes it clear that in addition to the subcultural variable, personal maladjustment is included in his theories of juvenile delinquency. In another

publication sociologist Cohen (34) states that the following theories of juvenile delinquency are in need of revision: 1) social disorganization, 2) cultural tradition, 3) means-ends, 4) culture-conflict, and 5) personal maladjustment. Aside from the problem of revision, no matter what theory is held, all point in one way or another to the fact that juvenile delinquent behavior for the most part is abnormal.

B. SOME CONSIDERATIONS FOR THE NORMAL PERSONALITY.

In developing a concept of the normal personality Arnold and Casson (3) point out that normal personality functioning is as absolute as normal physiological functioning. The basic difference being that whereas physiological functioning is precisely determined, psychological functioning demands the establishment of a rational hierarchy of goals to implement the basic determination. It follows then that we must distinguish disturbance in rational functioning and strictly determined functions. Brain damage is an example of a determined function that can and does disturb rational functioning. However, there may be disturbances in the organization of psychological functioning. An example of this would be conflicting tendencies in relation to our actions; the disturbing elements being the emotional tendencies connected with our goals. Emotions are thus hindering instead of aiding self-integration. In addition, psychological functioning is abnormal when no attempt is made to establish a hierarchy of goals - no control has been attempted (pp. 390-393). Consequently, normal functioning requires that the person must:

- (1) have a self-ideal, (2) he must properly articulate his powers in striving toward it, and (3) all his powers must function in such a way that they reach their proper aim (4, p. 393).

Allport (2) in positing a theory of "Becoming" a psychologically healthy adult, points out that we must do more than name phenomena; we must account for the dynamic transformation from infancy to normal adulthood. This transformation process, aside from gene-linked dispositions and environmental circumstances, includes "propriate" and "opportunistic" functions. Opportunistic functions include all of the sub-systems by which we learn our habits and maintain our "tribal conformities". The "proprium", on the other hand, includes unifying aspects of the personality.

Conscience - "a process that controls transitory impulses and opportunistic adjustment in the interests of long-range aims and consistency with the self-image" - is a crucial factor in the development of a healthy personality. In the sequence of our development, starting with our infantile impulses, it is through opportunistic learning that we develop our tribal conformities. That is, we learn to conform in order to avoid punishment. Gradually we begin to accept or internalize the standards of external authorities. While the internalization or "superego formation" marks the development of fears of self-punishment for transgressions, it too is in the realm of opportunistic learning. Such a conscience is opportunistic in the sense of being a compulsive "must". The propriate conscience, on the other hand, is unrelated to fear and compulsion; it is derived from a sense of obligation or "oughtness" with personal unity as its reference (pp. 68-72). Allport summarizes conscience development as follows:

...the must-consciousness precedes the ought-consciousness, but that in the course of transformation three important changes occur.

1. External sanctions give way to internal - a change adequately accounted for by the process of identification and introjection familiar in Freudian and behavior theory. 2. Experiences of prohibition, fear, and "must" give way to experiences of preference, self-respect, and "ought". This shift becomes possible in proportion as the self-image and value-systems of the individual develop. 3. Specific habits of obedience give way to generic self-guidance, that is to say, to broad schemata of values that confer direction upon conduct. (2, p. 73).

In the process of developing a concept of the normal personality, Shoben (62) seems to stop short of propiarte conscience in his model of integrative adjustment. For him the development of internal controls is sufficient as long as the person assumes responsibility for his actions. Burch (33) criticizes Shoben's work on the grounds that it tends to reduce normality to the mere control of impulses.

Cole (9, Ch. 24) attempting to set up standards of normality takes the position that these standards are entirely personal and uniquely organized for each individual person. Each patient is supposedly a kind of individual experiment who can probably be best understood by those omniscient artists called clinicians (pp. 862-863). If this were true, it necessarily follows that we would have no yardstick with which to measure abnormal behavior. And yet, Cole makes some interesting observations of two extremes that represent abnormal behavior:

...on the one hand, those who have so thoroughly suppressed their natural cravings that, nature having been denied, the very strength of the ego is so weakened and warped that it is a failure even in its sacrificial labors. Yet these egos are so bound within their self-imposed limits that anxiety and intolerable guilt feelings threaten any other compromise. Compulsively good, these egos justify their abnegation and resist the clinician whose advice seems too near that of the average sensual man. In affirming their values they establish

barriers against those who would help them. At the other extreme the clinician sees the selfish ego, with its impulses to dominance, independence, control over others, so hypertrophied that the need for love, for a oneness with others, seems completely suppressed (p. 856).

Arnold and Casson state that, "we must know how the human being ought to function before we can recognize the disturbance represented by a symptom" (3, p. 390). This is an implicit assumption for Cole (9), but it is an explicit assumption for psychology as a normative science.

C. SOME CONSIDERATION OF IMPULSIVE BEHAVIOR.

Sanford, Webster, and Freedman (57) in working with large numbers of female college freshmen observed that they could be divided into two groups; 1) those who are rigid, over-controlled and apparently not amenable to broad experiences; and 2) those who are rather impulsive and primarily in need of self-discipline. The initial research was focused upon changes that occur in personality during college years. A test battery including scales that accented control on the one hand, and impulsivity on the other, was assembled by the authors. From this battery of 677 true-false items, the authors culled 123 items. Seven of these items were discarded and eight new items added for a total of 124 items. This final assembly of items was called the Impulse-Expression or J Scale. The scale items were arranged in clusters and classified in terms of Murray's variables. In comparing college freshmen with college seniors significant scale differences were found. The authors pointed to need for additional research and they also acknowledged that they were not prepared to offer a comprehensive theory for their findings. Therefore, they suggested interpretive schemes along the following lines: libidinal types, radical sentiments, masculinity-femininity, gratification-seeking, disturbances of object relations, self-actualization, etc.

Twain (66) in an attempt to delineate the kinds of behavior regarded as impulsive, selected sixteen tests purported to measure the following aspects of behavioral control: 1) Speed, 2) Change, 3) Exocathexis, 4) Sociability 5) Optimism 6) Aggression, 7) Autonomy, 8) Ideational Fluency, 9) Height, 10) Weight, 11) Withstanding Discomfort, 12) Motor Inhibition, 13) Attitudes toward the Germans, 14) Attitudes toward the Chinese, 15) Perseveration, and 16) Persistence. This battery of tests was administered to 142 women students at Pennsylvania State University. A correlation matrix was developed and factor analyzed by the complete centroid method. The oblique reference axis was rotated to a simple structure. The following six factors were determined:

Factor I, flexible motor control, indicates that good control over the motor abilities involved in tracing a line very slowly is associated with the ability to withstand the discomfort of a protracted period of holding the breath. Also represented here is an element of freedom from conflict; or flexibility. In an "impulsive outburst", therefore, a rather independent factor might be the erratic behavior displayed. This factor lends itself to the term "lability" referring to the motor aspects of the term.

Factor II, physical status, appears to be dependent on physical development solely.

Factor III, positive progressiveness, seems to be concerned with the tendencies toward a positive type of orientation and progressive attitude. One thinks of the descriptions of impulsive behavior which utilize such phrases as "happy-go-lucky", "enjoying competition, and action-oriented."

Factor IV, tenacious self-control, appears to be involved with self-control of a "holding-in", conforming nature. Its extreme lack is associated with impulsivity. Phrases that seem apt in this regard are: "unable to delay reactions" and "uncontrollable."

Factor V, aggressive instability, has loading depicting forcefulness, a negative orientation, irascibility, and the strong desire for change. In contrast to the "happy-go-lucky" description, impulsive behavior is sometimes described as "aggressive", "autonomous", and very "negative".

Factor VI, did not suggest any clear-cut interpretation (p. 136).

This study is clearly revealing of the fact that impulsivity is not a unitary characteristic of personality.

In their massive comparative study of five hundred institutionalized delinquents with five-hundred non-delinquents, Glueck and Glueck (17) found that the delinquents were distinguishable along the following lines:

...(1) physically, in being essentially mesomorphis...; (2) temperamentally, in being restlessly energetic, impulsive, extroverted, aggressive, destructive (often sadistic) - traits which may be related more or less to the erratic growth pattern and its physiologic correlates or consequences; (3) in attitude, by being hostile, defiant, resentful, suspicious, stubborn, socially assertive, adventurous, unconventional, non-submissive to authority; (4) psychologically, in tending to direct and concrete, rather than symbolic intellectual expression, and being less methodical in their approach to problems; (5) socio-culturally, in having been reared to a far greater extent...in home of little understanding, affection, stability, or moral fiber...(pp. 281-282).

The extensive antropological, social, psychiatric, and psychological data from which the above tentative causal conditions were logically deduced, should be thrown into a correlation matrix and subjected to a factor analysis. Such an experimental design would be a substantial aid in the mapping of the field of juvenile delinquency. On the basis of inspection it would not be unwise to assume that conditions #2, #3, #4, and #5 above, are explicable in terms of Factor V, identified by Twain (66) as "Aggressive Instability". We do not mean to imply that the causal conditions of delinquency can be explained in terms of a single factor. We do mean to imply that what Block and Flynn (7) call "Elusive Causes" of juvenile delinquency, may be elusive only because we have not yet gotten around to the study of the intercorrelations of available data.

D. IMPULSE-CONTROL BALANCE AND THE T A T.

We wish to know whether or not there is a linear relationship between Thematic Apperception Test fantasy productions and the overt behavior of juvenile delinquent subjects. Lindzey (47, p. 18) indicates that the problem of establishing the conditions under which the relationship does and does not hold is one of the most crucial problems we face in the use of projective techniques. In the absence of such knowledge our inferences based upon projective data are likely to be grossly in error.

Working on the assumption that the TAT reveals that which subjects are unwilling or unable to tell, Lindzey and Tejessy (48) tested the hypothesis that TAT measures of aggression would correlate high with clinical ratings and correlate low with self-ratings. Ten TAT measures of aggression were selected from a survey of TAT generalizations. The subjects were twenty Harvard College sophomores. The Picture-Frustration Study and observer ratings were used as measures of intermediate magnitude relative to TAT measures. The authors were surprised to find that the results were just the opposite of what they had hypothesized; the TAT indices correlated low with clinical ratings and high with self-ratings. These findings are said to indicate that normal subjects will tell directly all that they reveal in TAT stories. The authors conclude that the TAT "signs" used were ineffective measures of covert aggression; certain methods of TAT analysis may not be sensitive to covert aspects of behavior; in doing research with the TAT it is important to specify the method of analysis, personal characteristics of subjects, administration circumstances of testing, and the level of behavior under scrutiny (p. 575, 576).

Mussen and Naylor (52) working with a group of lower-class youngsters used

the TAT to ascertain the relationship between overt and fantasy aggression. The following hypotheses were made: 1) individuals scoring high on fantasy aggression will manifest high overt aggression; 2) individuals who manifest high fantasied punishments relative to their fantasied aggressions measured by the punishment-aggression or P/A ratio, will manifest low overt aggression; and 3) lower-class individuals with low P/A ratios will manifest significantly more overt aggression than those lower-class youngsters with high P/A ratios. The subjects were twenty lower-class white boys and nine lower-class Negro boys ranging in age from 9-0 to 15-8. All subjects had been referred to the Columbus, Ohio Bureau of Juvenile Research because of their conflicts with school and court authorities. Overt aggressive behavior was measured by means of a daily check list and a weekly rating scale. These measures of overt aggressive behavior covered a two-week period of observing each youngster. Using Fisher's Exact Probability Test, the authors found hypothesis #1 to hold at the .046 level of confidence. For hypothesis #2, $p = .165$. Although this probability is consistent with an hypothesis of nullity, the authors felt the results to be mildly supportive of hypothesis #2 because the difference was in the predicted direction. Hypothesis #3 was found to be significant at the .003 level of confidence. Since hypothesis #3 is a combination of hypotheses #1 and #2, the validity of #2 is supported. This study is supportive of the TAT predictive validity relative to overt aggressive behavior among lower-class children.

Stone (65) attempted to develop a TAT aggressive content scale. The purpose of this undertaking was to relate TAT aggressive content to overt behavior. The scoring system weightings decided upon were as follows: Non-

aggressive responses = 0; verbal aggression = 1; physical aggression = 2; and death concepts = 3. The reliability of the scale was determined by having three judges independently score 120 randomly selected TAT stories. High percentage agreement (the lowest being 89.16%) was obtained between the judges, suggesting that the scale can be consistently scored by different judges. In order to ascertain the predictive validity of the scale, the TAT was administered to three groups of army prisoners at the United States Disciplinary Barracks at Lompoc, California. Group 1, N=25, considered least aggressive, were men confined for AWOL or desertion in combat in Korea. This group had no previous offenses. Group 2, N=27, considered as medium aggressive, were men confined for two or more AWOL or desertion offenses in combat. Petty larceny and narcotics charges were also included in this group. Group 3, N=31, the most aggressive group, was composed of men confined for murder or assault with intent to commit murder. Each member of this group had a record of at least two assaultive offenses. The groups were statistically compared by means of "t" ratios and the following results obtained: 1) Groups #3 and #2, $p = .01$; 2) Groups #3 and #1, $p = .06$; 3) Groups #2 and #1, $p = .01$. These results were all in the predicted direction even though not all were significant. Stone attributes his failure to obtain overall statistically significant results to the fact that "our original conceptualization of these groups as existing on a gradient of aggression is theoretically unsound..." (p. 450). Inasmuch as the TAT Aggressive Content Scale differentiated only assaultive and non-assaultive groups, only partial validity can be claimed.

Interestingly enough, Najjar (67) in an attempt to ascertain the validity of some non-verbal characteristics of the MAPS Test also used Stone's TAT

Aggressive Content Scale. The subjects of this study were two groups, each composed of thirty delinquents from the Illinois State Training School for Boys at St. Charles, Illinois. Two hundred youngsters were given Siegel's Manifest Hostility Scale. High and low hostile groups were obtained by using the P.E. to establish cut-off points. The groups were then selected by matching subjects in the high and low groups on the basis of race, age, I.Q. and education. Although Najjar found only trends in the predicted direction relative to non-verbal MAPS Test variables, he found that the TAT Aggressive Content Scale as applied to the MAPS Test stories of his subjects, statistically discriminated between the two groups at the .01 level of confidence. This is evidence for the concurrent validity of Stone's TAT Aggressive Content Scale.

Jensen (43) in a study of the relationship between TAT responses and overt behavior concerned himself with both the formal or behavior sample aspects of the TAT and the thematic content per se. Subjects were selected from an all-boy high school in an industrial community. Teachers were asked to rate students according to a description of types presented by the author. From 408 students he obtained three groups selected on the basis of the number of teachers submitting their names and the rank assignment. The groups were typed as follows: 1) "Aggressive-Bad", N=25; 2) Aggressive-Good, N=22; and 3) Passive, N=27. Subjects ranged from fifteen to seventeen years of age. TAT aggressive content variables included: 1) "Total Aggression Score"; 2) "Hero Aggressor Score"; 3) "Proportion of Mild Aggression"; 4) "Proportion of Strong Aggression"; 5) "Proportion of Hero Victim"; 6) "Proportion of Hero Aggressor". Variables considered to be modifiers of aggressive fantasy are as

follows: 1) "Aggression with Punishment"; 2) "Aggression No Punishment"; 3) "Aggression with Defense"; 4) "Aggression No Defense"; 5) "Aggression With Punishment or Defense"; 6) "Aggression No Punishment or Defense"; 7) "Natural Death Present"; 8) "Natural Death Non". The formal or behavior sample variables included: 1) "Sex"; 2) "Tabooed Sex"; 3) "Tabooed Language"; 4) "Tabooed Violence"; 5) "Combined Taboo (#2, #3, and #4)". The findings did not support the hypothesis that TAT fantasy aggression is related to aggressiveness in overt behavior. The findings did, however, support the hypothesis that TAT behavior-sample variables are related to aggressiveness in overt behavior.

Jansen states:

The obvious conclusion is that the behavior-sample elements of the TAT response, when elicited under the testing conditions described in this study, are much more highly related to overt behavior than the projective or thematic elements. The reason is simple: the formal and trait-sample elements are the overt behavior. An analysis of the TAT stories from the behavior sample point of view reveals more about the S's overt personality than an analysis of the thematic content per se (43, p. 11).

Granting the importance of TAT behavior-sample elements as correlates of overt behavior, Purcell rightly states:

...previous investigations attempting to correlate covert needs and overt behavior have tended to neglect the role of inhibiting or defensive forces in modifying the behavioral resultant of covert needs (54, p. 449).

Working on the assumption that TAT fantasy aggressions are correlates of aggressiveness in overt behavior, Purcell (54) added the idea that anti-social behavior must be viewed as a disequilibrium between an impulse system and a control system. Use is made of both the quantity and quality of fantasy aggressions in relation to anticipated external and internal punishment themes in TAT stories to measure the impulse-control balance. Hence, the impulse-

control balance is held to be the TAT correlate of overt aggressive behavior.

The subjects of Purcell's research were fifty-seven male Army trainees ranging from seventeen to twenty-six years of age. All were psychiatric referrals to the Fort Dix Mental Hygiene Clinic. Patients suffering organic or psychotic disorders were excluded from the group. On a gradient of social to highly antisocial behavior, three groups were formed: 1) Group I, N=24, least antisocial; 2) Group II, N=19, intermediate; 3) Group III, N=14, most antisocial. This behavior gradient was established not only by checking military histories but also by carefully checking civilian histories and verifying information by obtaining data from reformatories and other institutions. Cards 1, 3BM, 4, 6BM, 7BM, 8BM, 12BM, 13 MF, 14, and 18BM of the TAT were used. The impulse system was scored by counting the frequency of fantasy aggressions such as fighting, assault, getting angry, running away, lying, cheating, etc.. The control system included an external punishment score, an internal punishment score, and a remoteness rating. The external punishment score is obtained by counting the frequency of assault, injury, discomfort, rejection, etc., directed toward the hero. The internal punishment score is based upon the incidence of guilt, shame, remorse, injury to loved ones, and the like. Remoteness ratings are based upon the degree to which each instance of fantasy aggression varies from direct to indirect relative to continua of object, time, place, level, and social context. The results revealed, in accordance with the authors hypotheses: 1) A significant positive relationship between TAT fantasy aggression and antisocial behavior; 2) As measured by the ratio of remoteness ratings to fantasy aggression, antisocial individuals are significantly more crude and direct in their expressions of aggression; 3)

As measured by the ratio of external punishment scores to fantasy aggression, antisocial behavior varies inversely with the amount of anticipated external fantasy punishment; 4) As measured by the ratio of internal punishment scores to fantasy aggression, antisocial behavior varies inversely with the amount of anticipated internal fantasy punishment; 5) As measured by the ratio of internal punishment to external punishment, internal punishment is the most significant inhibitor of antisocial behavior.

Another major hypothesis tested by Purcell was one derived from the work of Redl and Wineman (26) relative to the ability of the "delinquent ego" to justify or defend the free expression of impulses. The hypothesis: "Among antisocial individuals themes of external punishment are more likely to serve as justification for aggression..." was confirmed. Purcell concludes, as we have previously pointed out, that punishment is not a cure but rather it serves to beget more impulsive behavior of an antisocial nature. More important to us is the fact that:

The basic importance of internal control in the inhibition of antisocial behavior is amply demonstrated by the data. Certainly the evasion of guilt, shame, or remorse is a far more vital mark of the delinquent than any lack of awareness concerning potential external punishment consequent to antisocial behavior (p. 455).

This study by Purcell established the predictive validity of the impulse-control balance as a correlate of aggressive antisocial behavior. In addition, the study provides the methodological framework for the present research.

E. FURTHER CONSIDERATIONS OF IMPULSE-CONTROL BALANCE. In a comparative study of delinquents and non-delinquents, Healy and Bronner (20) found that the non-delinquents held strong feelings about right and wrong conduct. These youngsters expressed strong conceptions of themselves as being "good." The

delinquents, on the other hand, were able to express consciously the fact that their wayward behavior represented wrong conduct; yet, these expressed ideas were not assimilated and hence did not serve as preventatives. Further, whereas the non-delinquents had an active allegiance with one or both parents such was rarely the case with the delinquents.

Using role-taking theory, Gaugh and Peterson (38) developed a sixty-four item Delinquency Scale. The theoretical assumption was that delinquents would be unable to integrate self as a social object in terms of realistic social expectancies. In a validation study of the scale with 1430 cases of both delinquents and non-delinquents, male and female subjects of high school age, the authors found the scale to differentiate delinquents from non-delinquents beyond the .01 level of confidence. Moreover, in two successive cross-validation studies similar results were obtained. The important point for us is the fact that Gaugh and Peterson found that the Delinquency Scale items seemed to fall into the following four clusters:

1. Role-taking deficiencies, insensitivity to interactional cues and the effects of one's own behavior on others.
2. Resentment against family, feelings of having been victimized and exploited in childhood.
3. Feelings of despondency and alienation, lack of confidence in self and others.
4. Poor scholastic adjustment, rebelliousness (p. 209).

Glueck and Glueck (18) found that the parents of delinquents resorted much more frequently to physical punishment and much less frequently to reasoning relative to misconduct. And yet, physical punishment was found to be ineffective in controlling the transgressions of these youngsters. Moreover, the delinquents were by and large the objects of hostility for their parents. As

a consequence, these children were found to be unattached and void of identifications with their fathers.

Psychiatrically, the delinquents were more aggressive, prone to excitement, acting without consideration of consequence, and markedly inclined to indulge their appetites. In addition, they tended to "act-out" their conflicts directly. The non-delinquents, on the other hand, were found to be more inclined to "act-in" their conflicts. Independently obtained Rorschach data on the same groups of youngsters were found to be highly similar to the psychiatric findings (18).

Reckless, Dinitz, and Murray (55) shift their efforts to an attempt to ascertain what it is that insulates non-delinquents against delinquency. Working in high delinquency areas in Columbus these workers had thirty sixth-grade teachers nominate male pupils who would not become delinquents. The teachers were also requested to give their reasons for nominating each boy. After checking police and court records to eliminate previous offenders, 125 "good" boys were obtained. Each of these boys was given: (1) a delinquency proneness scale; (2) a social responsibility scale; (3) an occupational preference scale; and (4) a scale purported to measure the concept of self, family, and other interpersonal relations. Simultaneously, an open-ended questionnaire was used with each mother to determine the child's patterns of association, developmental history and family circumstances.

Compared with reformatory inmates and school behavior problems of previous studies, the "good" boy was found to be significantly lower on the delinquency scale and higher on the social responsibility scale. A correlation between the scores on these two scales yielded a significant negative association (-0.605).

The self-concept scale found the "good" boy to be more obedient, strict about right and wrong, and striving to live up to the expectations of parents, teachers, and others. Intense interest and close supervision of activities and associations were typical of the parental relationship. These authors conclude

"Insulation" against delinquency on the part of these boys may be viewed as an on-going process reflecting an internalization of non-delinquent values and conformity to the expectations of significant others. Whether the subjects, now largely unreceptive to delinquent norms of conduct, will continue to remain "good" in the future remains problematic. The answer to this question, it is felt, will depend on their ability to maintain their present self-images in the face of mounting situational pressures (p. 746).

Redl and Wineman (26) view delinquency as an imbalance between an "impulse system" and a "control system." In accordance with the psychoanalytic frame of reference of these authors, the "impulse system" is a function of the id. The "control system," on the other hand, is a function of the ego and the superego. The processes of perceiving, doing, thinking, feeling, and synthesizing external and internal demands are assigned to the ego. Some twenty-two different arbitrarily selected disturbances of ego functioning are listed as causes for a breakdown of this part of the control system. These ego disturbances may be singular or in combination. The superego is said to be the "conscience" or value demands (Ch. II - V).

Sarbin and Jones (58) contend that delinquents have never managed to acquire appropriate "impulse-control." Inadequate impulse-control for these researchers means distortions in social perceptions, an inability to bind tensions and a deficiency in planning ability. A series of hypotheses were developed relative to these theoretical assumptions. In a comparative study of forty-one institutional delinquent boys with a control group of forty-nine non-delinquents, significant differences were found. A battery of tests that

included: Aircraft Range Test, Bender Gestalt Test; Dart Test; Empathy Test; Failure Tolerance Test; Kinesthetic After-Effect Test; MacQuarrie Test of Mechanical Ability; Rod and Frame Test; Street Gestalt Test; Sears Hovland Test; and the Steadiness Test were used. The findings indicated that delinquents are inadequate in tension binding, less realistic in their evaluation of their own performance, show poor co-ordination of motor responses with traces of perpetual processes, and they show inaccurate performance on tasks requiring difficult discriminations. Only the hypothesis that delinquents in the presence of ambiguous cues will show impulsive performance was not substantiated.

Nye (24) approaches the problem from the theoretical standpoint that delinquency occurs as a result of the absence or ineffectuality of social controls. The concept of social control is broadly defined to include: (1) internal control; (2) indirect control; and (3) direct control. Internal control means the development of a conscience - the internalization or integration of the mores of the society as one's own. Nye holds that where this type of control is completely accomplished the need for the other types of control becomes unnecessary. Indirect control stems from an affectional relationship with others - parents in particular - that leads to conforming behavior in order to save the loved one(s) from the hurt or embarrassment that follows social deviation. Direct control includes such things as disapproval, ridicule, ostracism, physical restraint imposed by parents, police, the courts, etc.

Nye's problem entailed the selection of a delinquent and a non-delinquent population from a non-institutionalized population. A twenty-three item

delinquency scale was developed and administered as an anonymous questionnaire to ninth through twelfth grade students in three small cities. The delinquency scale was cross-validated on a Training School population. In the cross-validation study the scale was found to correctly place eighty-six per cent of the subjects and to "misplace" only fourteen per cent. The scale was then used to obtain a population of 780 non-institutionalized delinquent and non-institutionalized delinquent and non-delinquent subjects. The subjects for both groups include boys and girls from the lower, middle, and upper socio-economic stata.

The highlights of the findings indicate that there are no significant differences in the amount of delinquent behavior in different socio-economic levels. Less delinquency was found in families that regularly attended church. There is a differential reaction to the delinquent behavior of youngsters from broken homes by police and court agencies in particular. However, there is no significant difference in the number of delinquencies committed by youngsters from broken and non-broken homes. More delinquent behavior was found in unhappy, unbroken homes than in broken homes. In terms of social control theory this means that a child's internal and indirect controls may not be markedly disturbed by a broken home, but it is doubtful that these controls can survive in an unhappy unbroken home. Internal and indirect controls thus appear to be correlates of integrated famial relationships. There was also found to be an increase in the delinquencies of girls of employed mothers. In this instance the loss of supervision constitutes a breakdown in direct controls. Mutual rejection between parent and child correlates highly with delinquency; unilateral rejection was not significantly related to delinquency.

Responsibility and trust coupled with direct supervision and control enable the adolescent to develop indirect and internal controls; this was found to be least associated with delinquent behavior. Family recreation tends to increase affectional identification with parents and thereby increases the development of indirect controls. Antisocial behavior on the part of parents is related to delinquent behavior (24).

Both implicit and explicit in all of the considerations of impulse-control balance that have just been cited is the assumption that conformity rather than deviation must be learned. This approach lends itself to a partial understanding of the dynamic transformation from infantile impulsivity to the process of socialized becoming. In this context the unsocialized horror that we call delinquency stems not so much from controls that have broken down; but rather it is to a large extent the result of controls that were never developed. In other words, most delinquents do not develop and lose their controls; they had probably never achieved them in the first place. It is perhaps for this reason, coupled with the nuances of impulse-control balance, that most delinquents do not fit psychiatric diagnostic classifications.

F. SOME TREATMENT PROBLEMS. In the previous chapter it was indicated that the guiding principles for effective rehabilitation of institutionalized juvenile delinquents rest upon the assumption that the entire training school micro-community must be mobilized to help the child. This is all that Gardner meant when he described "the Institution as therapist." He states:

The therapist is "the Institution treating" - treating through all of the constructive personal relationships and through all of the activities that it is able to offer. And regardless of the presence of highly skilled individual or group psychotherapists that we so sorely need, treatment success will only be assured when the Institution is genuinely treatment oriented (35, p. 72).

This is the working philosophy of Ernst Papanek, Director of New York's Wiltwyck School for Boys - a private institution serving delinquent boys. The aim of the Wiltwyck staff is to impress upon each child the consequences of his actions. Consequences are held to be effective only when combined with constructive help by staff members (53, p. 18).

In 1953, McCord and McCord (48) attempted to ascertain the effects of two different institutional programs upon the personality of delinquents. In order to accomplish this, thirty-five Wiltwyck boys were compared with thirty-five boys from a public reformatory. The public reformatory was fictitiously named the "New England School for Boys" to preserve its anonymity. The New England School was held to be typical of public institutions serving delinquents. This school used harsh discipline, corporal punishment and a disciplinary cottage to maintain order. Boys were placed in the disciplinary cottage for attempting to run away, stubbornness, disobedience, thievery, and sex offenses. While in the disciplinary cottage, all privileges were denied. The school was generally repressive and great emphasis was placed on work and a three "R" academic program.

Wiltwick, on the other hand is non-punitive, with a permissive atmosphere in which the children are allowed to verbalize their feelings. There are no disciplinary cottages and the children are neither beaten nor scolded. Heavy emphasis is placed upon individual, group and art therapies and the efforts of counselors, supported by a general treatment milieu.

The groups from these two contrasting schools were matched for age, intelligence, socio-economic background, ethnic origin and approximate period of institutionalization. The groups were compared with a battery of psychological tests. The results were as follows:

The Wiltwyck boys showed significantly greater affection toward and identification with the school counselors. Woltwyck's therapy decreases prejudice, anxiety and authoritarianism. New England's program does not affect (or, actually increases* prejudice, anxiety, and authoritarian tendencies. Neither school significantly reduces aggressiveness. The values of the Wiltwyck boys centered around constructive activities, affirmative etc ideals, and optimistic views of the world. The New England boys evidenced a preoccupation with destructive activities, negative and confused ego-ideals, and a punitive view of the world. Wiltwyck's experience with seriously maladjusted youths show that delinquents can be "cured" (p. 463).

In a later study, McCord and McCord (22) turned their attention to the problem of trying to determine the ways in which the Wiltwyck program tends to modify the personality of its youngsters. This time 107 children were given a battery of test and behavioral ratings by counselors. These children were retested approximately eight months later. Youngsters were grouped into the diagnostic classifications of neurotic, borderline psychotic, behavior disorder and psychopathic. These diagnostic classifications were the psychiatric findings of Kings County or Bellevue Hospital. These hospitals perform the diagnostic study on each child who enters Wiltwyck.

The findings indicate that neurotic and psychotic children are least affected by the Wiltwyck program. However, these children did show a reduction in unrealistic self-estimations, and they became less fearful of authority. The behavior disorders manifested many striking changes: 1) their aggressive fantasies decreased significantly; 2) guilt response increased; 3) positive attitudes toward authority figures developed; 4) positive ego ideals developed;

and 5) self-understanding improved significantly. The psychopaths too showed a significant decrease in their aggressive fantasies; increased internalization of guilt; decreased punitive views of authority figures; increased positive ego ideals; improved capacity to maintain affectional relations; and a realistic acceptance of frustration (22, Ch. 6).

Not much work of a scientific nature has been done in the area of group psychotherapy with juvenile delinquents. There are perhaps a number of reasons for this: one being the fact that we are still largely preoccupied with the development of procedures and the understanding of processes in group psychotherapy. Another likely reason is that the clinical disciplines have buried their skills so deeply in the problem of classifying and treating psychotics that they have neglected the disturbances of the juvenile delinquents. According to Shelley (61, p. 187) this is particularly true of clinical psychology. Still another reason, and perhaps the most important, is the fact that the administrators of public institutions serving delinquent children are inclined to limit the role of clinical disciplines to that of giving "scientific respectability" to their institutions.

In 1950 McCorkle (50) surveyed the status of group psychotherapy in 312 American correctional institutions. Among other findings there was evidence to support the fact that the responding institutions tended to subsume their activity programs, orientation programs, and occupational programs under the heading of "group therapy". McCorkle interpreted these tendencies on the part of correctional institutions as an attempt to redesignate their existing activities as group therapy in order to be fashionable.

In another publication sociologist McCorkle (51) writes of an approach to

the treatment of juvenile delinquents which he calls "guided group interaction." This is an euphemism for group psychotherapy designed to eliminate any implications of mental illness. Guided group interaction assumes that group interactions will provide socializing experiences for its participants without threat. The therapist functions as a guide - a catalyst for group interactions. In a preliminary study of the technique with twenty-five youthful offenders, a sentence completion technique was used to measure changes. The post treatment findings were suggestive of increased ego strength, a more realistic appraisal of self, and a more hopeful attitude toward the future. However, increased tendencies toward depression were also found. The author points out that these preliminary results were not obtained in a typical institutional setting. Rather, these results were obtained in a setting somewhat similar to the Illinois Forestry Camp program described in Chapter I. McCorkle argues that group psychotherapy cannot be effective in a typical correctional institution because the participants never have the privacy to experience their weaknesses. In other words, each member of the group is constantly on the lookout for signs of weakness in every other member. It is not unlikely that this argument is more in keeping with the pathological organization of correctional institutions than with the inmates involved.

Schulman (59) contends that group psychotherapy is unsuitable as a technique for the treatment of juvenile delinquents. He argues that the delinquent's narcissistic orientation tends to nullify the development of a positive transference - "the basic element in all dynamic therapy". Hence, he suggests the use of group psychotherapy with delinquents only to initiate positive relationships that will ultimately be exploited in individual treat-

ment.

In a later publication Schulman (60) tends to modify his previous assumptions. He observed that institutionalized delinquents are not die-hard criminals. As a consequence they are inclined to conform to institutional rules in order to avoid more serious confinement. This conformity is said to be a rudimentary control of impulses that is suggestive of tendencies toward the reorganization of the self. The development of controls is aided if the therapist is willing to assume some responsibility for the length of the delinquents institutional stay. This is done by telling the child that his stay will depend upon his personality changes. In assuming this authoritative role the therapist must at all times remain benign and understanding. The hostility which the delinquent directs toward authority must be interpreted for him as a sign of his emotional problems. Schulman describes this approach as a combination of environmental therapy and psychotherapy.

Gersten (36) in group therapy experiment with forty-four institutionalized juvenile delinquent boys from the New York State Training School superimposed group psychotherapy upon the general treatment program. The forty-four boys were divided into an experimental and a control group of twenty-two subjects each. The average age of the subjects was 15-5 with a mean IQ of 85.6. The subjects were matched for age, I. Q., race, education, and socio-economic background. The experimental group was sub-divided into three therapy groups of seven or eight boys each. An activity-interview type of group therapy was used. This consisted of group discussions combined with handcraft activities for a period of approximately twenty weekly sessions. Therapy sessions were phonographically recorded.

A battery of tests were used to compare the groups before and after the therapy period. The test battery included the Wechsler-Bellevue, Stanford Achievement, Maller's Personality Questionnaire, the Haggerty-Olson-Wickman Behavior Rating, and the Rorschach. The results indicated significant improvements in intellectual performance and school achievement for the experimental group. Relative to emotional security and social maturity only directional tendencies toward improvement by the experimental group was demonstrated.

G. SUMMARY. The effective rehabilitation of the juvenile delinquent is contingent upon our understanding of the area or areas of disturbance within the personality. All too often our inclinations are to apply the nosological system developed for the classification of adult patients to the personality disturbances and behavior problems of children. This is suggestive of clinical tendencies to perceive the child as a miniature adult - an assumption which an objective appraisal will not substantiate.

In presupposing that the juvenile delinquent is abnormal, we are necessarily assuming a concept of the normal personality. In developing a concept of a normal or healthy personality we must include both rational and strictly determined functions. In addition our concept of the healthy personality must be such that it will allow us to account for the dynamic transformation from infancy to normal adulthood. The development of a conscience is an important process in this transformation. Moreover, it appears that some facets of this dimension of personality lend themselves to measurement by means of the impulse-control balance.

There is a growing concern for the measurement of impulsive behavior. This concern appears to have broad implications for a better understanding of

personality development. Impulsivity, however, is not a unitary characteristic of personality. Consequently, it may be fruitful to map the field of juvenile delinquency with the mathematical technique of factor analysis. In this way the so called "elusive causes" of juvenile delinquency might prove to be less elusive than we have hitherto considered.

For a long time the formal or behavioral aspects of the TAT have been of value both in clinical practice and for research purposes. On the other hand our attempts to correlate covert needs with overt behavior has been spurious and ineffectual. The main reason for this ineffectuality seems to have been our neglect of the control or defensive forces as modifiers of covert needs. The ratio of fantasy behavior to varied aspects of control is the impulse-control balance. Using this approach, high predictive validity with the TAT has been demonstrated.

Other studies are highly suggestive of the construct validity of the impulse-control balance. This is particularly true of current research by psychologists and sociologists. It is not unreasonable to assume that systematic inquiries into the impulse-control balance might serve to affect a rapprochement between psychology and sociology in the study of juvenile delinquency. In addition, inquiries along these lines may ultimately serve to refine diagnostic classifications.

Relative to the treatment of juvenile delinquents, there is strong evidence to support the effectiveness of a general milieu type of treatment. Such treatment programs are to be found in private rather than public institutions serving delinquent children. Public institutions are essentially punitive and have not been demonstrated to affect any significant changes in personality.

The milieu approach of private institutions seems to be much more effective in the rehabilitation of youngsters classified as behavior disorders and psychopaths, than with those classified as neurotic and borderline psychotic.

Studies of the effectiveness of group psychotherapy as a technique for the rehabilitation of juvenile delinquents are inconclusive. In the milieu approach of private institutions, group psychotherapy is an integral part of the program that has never been isolated in order to ascertain its distinct contribution. Public institutions call all sorts of activities "group psychotherapy" in order to be fashionable. Systematic inquiries of the effectiveness of group psychotherapy in public institutions serving delinquent children are generally scarce. This is also true of research per se in these institutions.

CHAPTER III

PROCEDURE

A. Subjects. Thirty-eight male juvenile delinquent subjects from the Illinois State Training School for Boys at St. Charles, Illinois participated in this study. The subjects were divided into two groups of nineteen subjects each. One of these two groups of subjects was exposed only to the institution's general treatment program (G.T.P.). The other group was exposed to the institution's general treatment program with group psychotherapy superimposed (G.P.S.). The two groups were matched for race, place of residence, age, education, and I. Q. as shown in Table I.

By inspection it is apparent that the two groups are comparable with respect to race and place of residence. Relative to age, education, and I.Q.'s, CR's were calculated. The obtained t ratios were .04, .62, and .75 respectively. None of these ratios are significant. The hypothesis of nullity is tenable and we thus assume that the groups are adequately matched for age, education, and I. Q. variables.

A further description of the groups on the basis of commitment offenses is given in Table 2.

TABLE 1
Composition of Groups

Population		Groups	
Variables	G.T.P. (N=19)	G.P.S. (N=19)	
Race			
White	17	17	
Negro	2	2	
Place of Residence			
Urban	15	15	
Rural	4	4	
Age			
Mean	14.88	14.89	
S D	.25	.23	
Range	14.58 - 15.42	14.50 - 15.25	
Education			
Mean	8.37	8.58	
S D	.93	1.04	
Range	7 - 10	7 - 10	
I.Q. (W-B Form II)			
Mean	93.32	94.84	
S D	10.58	12.51	
Range	76 - 111	72 - 120	

TABLE 2
Commitment Offenses of Groups

Commitment Offenses	G.T.P. (N=19)	Groups	G.P.S. (N=19)
Arson	1		0
Assault	3		0
Auto Larceny	10		10
Burglary	4		7
Forgery	1		0
Truancy	0		1
Vandalism	0		1

Table II does not mean that the commitment offenses of these youngsters constitutes their first contact with the law. It means only that these were the offenses that led to their being adjudicated juvenile delinquents and committed to the Illinois Youth Commission. This was the first commitment for all youngsters in both groups. However, prior to commitment, each boy had had previous contact with the law for similar delinquent behavior.

Of our two groups of subjects, that group which was exposed to the institutions general treatment program with group psychotherapy superimposed (G.P.S.) required a further breakdown. The G.P.S. group was thus broken into three sub-groups of seven, seven, and five subjects respectively. This sub-

grouping was aimed at optimum numbers of subjects for the group psychotherapy sessions.

Subjects suffering from organic, pre-psychotic, or psychotic disorders were not included in the experiment. Also excluded were all youngsters who could not participate maximally in the Training school program because of physical infirmities and disorders.

B. Time. In the original design of the experiment it was planned that the group psychotherapy sessions would be held two times per week, one and one-half ($1\frac{1}{2}$) hours per session. No modifications in this part of the plan were made. However, it was also planned that the overall length of the experiment would cover a six month period -- a period consistent with the average length of boys stay in the Training School at that time. Although administration approval had been obtained to conduct the experiment over a six month period, this approval was later denied. As a consequence, our group psychotherapy experiment covered a three month period rather than six.

The writer was told that the original approval for a six month experimental period was denied because it was "against institutional policy to hold boys who had been recommended and approved for parole." Actually, at that time the number of commitments was extremely high. No legislative or administrative policies exist that enable the Youth Commission to control its intake. As a consequence, the indeterminant sentence was and still is used to control the population by trying to make the number of boys leaving the institution balance the intake. No great problems were entailed in this procedure because no pre-parole clinical evaluations were made. Neither did there exist criteria for rehabilitation related to personality changes. Institutional adjustment

was largely the criterion for rehabilitation and this was defined for the most part by cottage parents.

Thus, at the end of three months, when the groups began to break-up because youngsters were being paroled, the writer decided to post-test all subjects in order to hold constant the variables of time and group composition. This does not mean that group psychotherapy was terminated at the time of post-testing. Actually, those therapists who so desired were allowed to continue their groups until such time as only one patient remained. However, no further testing was done.

C. Therapists. The group psychotherapists were three trained workers; two psychologists; and one social worker. All therapists had had previous experience in individual psychotherapy. Only the writer had previous experience in group psychotherapy. Consequently, six weeks of preliminary instructions in group psychotherapy and group dynamics were given. Two additional Training School staff psychologists received these instructions even though they did not participate in the experiment proper. The major theoretical emphasis of instructions was upon the works of Bach (4) and Powdermaker and Frank (25). Moreover, during this training the workers held group psychotherapy sessions among themselves with each member rotating as therapist from session to session. After each of these sessions there was a critique of the therapist's role and activities as well as an evaluation of group and member dynamics.

D. Observers. During the preliminary instructions the therapists were also trained as observers. When the experiment started no two groups met at the same hour of the day. A therapist whose group was not meeting served as the

observer for a group that was meeting. Observers recorded individual and group dynamics that were evident in each session. The recordings of the observers were used only to aid the therapists from session to session in their treatment efforts. These recordings were not intended for experimental use in the analysis of data. Hence, no experimental analysis of these data will be made at this time.

E. Method. A trained psychologist who had no other functions in the experiment was assigned the task of administering, individually to each S, the following twenty TAT cards: 1, 2, 3BM, 4, 5, 6BM, BM, BM, 9BM, 10, 11, 12M, 13 MF, 14, 15, 16, 17BM, 18BM, 19, and 20. These cards were used for both the pre and post treatment testing. The instructions given each S were in accordance with those developed by Hartman (39) which are as follows:

(a) I am going to show you some pictures, one at a time, and I want you to make up a story about each one. Your story should tell what happened before, what is going on now, and then what happens in the end. And be sure to say what the people in your story are thinking and feeling. You can make up any kind of story you wish; there is no right or wrong answer.

(b) Remember, in your story try to tell what happened before, what is happening now, and what happens in the end - how it turns out. And also tell what the people are thinking and feeling.

Instructions for card #16 (blank) were as follows:

Now I want you to make up your own picture story on this card. Tell what you can see on this blank card. Imagine some picture there and make up a story about it just the way you have been doing (p. 6).

The obtained TAT protocols for both the G.T.P. and G.P.S. groups were then typewritten and coded by the use of random numbers in order to eliminate identifications as to group and pre or post treatment testing. The coded protocols were then rated independently by two psychologists. The scoring

instructions are given in Appendix II. The forms used by the judges to score each protocol are shown in Appendix III.

The independent protocol ratings by the two judges were used to determine the indices of scoring reliability for our several TAT variables. Using the Pearson's r as the reliability measure, the following results were obtained: Fantasy Aggression Score, $r = .94$; Remoteness of Fantasy Aggression Rating, $r = .91$; External Punishment Score, $r = .93$; and Internal Punishment Score, $r = .90$. These results are consistent with the indices of scoring reliability obtained by Purcell (54, p. 450).

F. Statistical Design. The Thematic Apperception Test variables used for testing the hypotheses of this research were as follows: the frequency of fantasy aggressions; the ratio of remoteness ratings to fantasy aggressions; the ratio of external punishment themes to fantasy aggressions; the ratio of internal punishment themes to fantasy aggressions; and the ratio of internal punishment themes to external punishment themes. It is assumed that these variables are continuously distributed. Consequently, a parametric statistical design was employed.

It is to be remembered that our two groups (G.T.P. and G.P.S.) were compared on the TAT variables from pre to post treatment testing. We had no control of these variables prior to the assignment of the two groups to experimental conditions. In this respect we could not equalize the groups on the variables to be studied prior to the experiment proper. In order to make an adjustment for this source of variation, an analysis of covariance statistical design was used. The formula was one suggested by Edwards (13, Ch. 17).

CHAPTER IV

RESULTS AND DISCUSSION

A. Plan of Analysis.

In the analysis of the findings a rather simple organization for treating the data will be followed. After presenting a table of descriptive statistics for all experimental variables, attention will be directed to the validity of the corollaries. Each corollary will be dealt with separately. The G.T.P. and G.P.S. groups will be compared on the initial test data and on the terminal test data by an analysis of variance to indicate statistical significance of mean difference. Inasmuch as the two groups could not be controlled by matching on the experimental variables, it is necessary that some adjustment be made for the influence of initial differences upon terminal findings. This adjustment will be made by an analysis of covariance. After the significance of each corollary has been determined, the validity of the major hypotheses will be stated.

Table 3 contains the descriptive statistics - mean, standard deviation, and sample size - for both groups relative to each TAT variable. Terminal test data as well as initial test data are included. This makes it possible for the reader to see at a glance the group comparisons that are to be made.

B. Corollary #1.

In the first corollary it was stated:

The number of manifest aggressive thoughts expressed in TAT stories will decrease significantly from pre to post treatment testing.

This corollary rests upon the assumption that there is a direct relation-

TABLE 3
Descriptive Statistics for the
TAT Variables

Variables	Group*	Initial		Terminal	
		M	SD	M	SD
A. Fantasy Aggression	G.T.P.	12.74	8.10	10.84	5.36
	G.P.S.	8.74	3.65	10.05	4.31
B. <u>Number of 1 and 2</u> <u>Remoteness Ratings</u> <u>Fantasy Aggression</u>	G.T.P.	.99	.03	.99	.03
	G.P.S.	.99	.03	.99	.03
C. <u>External Punishment</u> <u>Fantasy Aggression</u>	G.T.P.	.48	.20	.48	.18
	G.P.S.	.35	.10	.47	.17
D. <u>Internal Punishment</u> <u>Fantasy Aggression</u>	G.T.P.	.21	.15	.20	.13
	G.P.S.	.19	.16	.19	.12
E. <u>Internal Punishment</u> <u>External Punishment</u>	G.T.P.	.77	1.20	.64	.87
	G.P.S.	.70	.68	.46	.34

* N = 19 for each group.

ship between impulsivity and the number of manifest aggressive thoughts expressed in TAT stories. It is further assumed that inasmuch as the subjects

of this research are drawn from a delinquent population, they are highly impulsive. Table 4 presents the analysis of variance for the G.T.P. and G.P.S. groups on the fantasy aggression variable. Although the two groups differ in

TABLE 4

Analysis of Variance for the GPS and GTP
Groups on the Fantasy Aggression Variable

Testing	Source of Variation	df	Mean Square	F	P
Initial	Between groups	1	152.00	3.65	N.S.
	Within groups	36	41.70		
	Total	37			
Terminal	Between groups	1	5.91	.24	N.S.
	Within groups	36	24.99		
	Total	37			

the initial testing, the F test reveals that this difference is not significant. A similar result was obtained in the terminal comparison of the groups. When the groups are equated on both initial and terminal testing by use of the analysis of covariance technique in Table 5, the F test reveals that the groups do not differ significantly; the null hypothesis holds. In short, it can be concluded that the number of TAT fantasy aggressions for our two groups of subjects was unchanged either by the institution's general treatment program, or the general treatment program with group psychotherapy superimposed.

TABLE 5

Analysis of Covariance for the GPS and GTP
Groups on the Fantasy Aggression Variable

Source of Variation	df	Mean Square	F	p
Total	36			
Within groups	31	11.10		
Adjusted means	1	11.04	.98	N.S.

C. Corollary #2.

The ratio of crude and directly expressed acts to fantasy aggressions in TAT stories will decrease significantly from pre to post treatment testing.

In this corollary it is assumed that there are qualitative differences in fantasy aggressions that accompany variations in impulsive behavior. Thus, in our evaluation of this corollary the ratio of one and two remoteness ratings to the total fantasy aggression score is the variable used for group comparisons. Table 6 reveals that the groups differed neither on the initial testing nor on the terminal testing for this variable. The F value of the analysis of covariance in Table 7 confirms the hypothesis of no difference.

TABLE 6

Analysis of Variance for the GPS and GTP Groups
on the 1 and 2 Remoteness Ratings/Fantasy Aggression Variable

Testing	Source of Variation	df	Mean square	F	p
Initial	Between groups	1	.00	-	N.S.
	Within groups	36	.00		
	Total	37			
Terminal	Between groups	1	.00	-	N.S.
	Within groups	36	.00		
	Total	37			

TABLE 7

Analysis of Covariance for the GPS and GTP Groups
on the 1 and 2 Remoteness Ratings/Fantasy Aggression Variable

Source of Variation	df	Mean square	F	p
Total	36			
Within groups	35	.00		
Adjusted means	1	.00	-	N.S.

It is apparent that the quality of TAT fantasy aggressions expressed by our two

groups of subjects was unchanged from pre to post treatment testing. This means that neither the institution's general treatment program with group psychotherapy superimposed were effective modifiers of this variable within our subjects.

D. Corollary #3.

The ratio of anticipated external punishment themes to fantasy aggressions in TAT stories will increase significantly from pre to post treatment testing.

In this corollary it is assumed that impulsivity varies inversely with the amount of anticipated punishment from external sources. Since it is our basic assumption that overt impulsive behavior is directly related to the amount of fantasied aggressive behavior expressed in TAT stories, it follows that the ratio of external punishment themes to fantasy aggressions would be one measure of the control or defense against the impulsive tendencies of our subjects.

TABLE 8

Analysis of Variance for the GPS and GTP Groups
on the External Punishment/Fantasy Aggression Variable

Testing	Source of Variation	df	Mean square	F	p
Initial	Between groups	1	.17	.07	N.S.
	Within groups	36	2.61		
	Total	37			
Terminal	Between groups	1	.01	.33	N.S.
	Within groups	36	.03		
	Total	37			

In Table 8 the analysis of variance for the GPS and GTP groups on the ratio of external punishment themes to fantasy aggressions is presented. The F test reveals that the groups did not differ significantly in the initial testing. Moreover, similar results were obtained from the terminal testing; there were no significant group differences. When the groups were equated on both initial and terminal testing by use of the analysis of covariance technique in Table 9, the F test reveals no significant differences.

TABLE 9

Analysis of Covariance for the GPS and GTP Groups
on the External Punishment/Fantasy Aggression Variable.

Source of Variation	df	Mean square	F	p
Total	36			
Within groups	35	.03		
Adjusted means	1	.01	.33	N.S.

The ratio of anticipated external punishment themes to fantasy aggressions in the TAT stories of our two groups of subjects was unchanged by the institution's general treatment program, or by the general treatment program with group psychotherapy superimposed.

E. Corollary #4

The ratio of anticipated internal punishment themes to fantasy aggressions in TAT stories will increase significantly from pre to post treatment testing.

This corollary assumes that impulsive behavior varies inversely with the number of TAT themes of anticipated punishment from an internal source. Internal punishment as we are using it here primarily refers to guilt and shame themes.

TABLE 10

Analysis of Variance for the GPS and GTP Groups
on the Internal Punishment/Fantasy Aggression Variable.

Testing	Source of Variation	df	Mean square	F	p
Initial	Between Groups	1	.06	.06	N.S.
	Within Groups	36	1.01		
	Total	37			
Terminal	Between Groups	1	.30	.65	N.S.
	Within Groups	36	.46		
	Total	37			

In Table 10 the analysis of variance for the GPS and GTP groups on the ratio of internal punishment themes to fantasy aggression is presented. The results follow the pattern of the previous variables. The groups differed significantly neither in the initial testing nor in the terminal testing. When the groups were equated on both initial and terminal testing by use of the analysis of covariance technique in Table 11; the F test again revealed no significant differences. Hence, we conclude that the hypothesis of no

TABLE 11

Analysis of Covariance for the GPS and GTP Groups
on the Internal Punishment/Fantasy Aggression Variable.

Source of Variation	df	Mean square	F	p
Total	36			
Within Groups	35	.47		
Adjusted means	1	.29	.62	N.S.

difference is tenable. Our two groups of delinquent youngsters were unaffected by the institution's general treatment program or by the general treatment program with group psychotherapy superimposed.

F. Corollary #5.

A ratio comparison of the number of TAT themes of internal punishment to the number of themes of external punishment will reveal a significant increase from pre to post treatment testing.

In this corollary it is assumed that TAT themes of anticipated internal punishment are more significant indicators of adequate control than are themes of anticipated external punishment. From this assumption it logically follows that if our treatment efforts - generalized or specialized - have been successful, the ratio of internal punishment themes to external punishment themes would increase significantly from initial to terminal testing. The data are in Table 12.

TABLE 12

Analysis of Variance for the GPS and GTP Groups
on the Internal Punishment/External Punishment Variable

Testing	Source of Variation	df	Mean square	F	p
Initial	Between groups	1	.01	.50	N.S.
	Within groups	36	.02		
	Total	37			
Terminal	Between groups	1	.00	.	N.S.
	Within groups	36	.02		
	Total				

The results of the analysis of variance of this corollary follow the findings of the previous variables: the groups are significantly different neither in the initial testing nor in the terminal testing. The analysis of covariance in Table 13 also reveals no significant differences. We, therefore, conclude, that on the variable of internal punishment themes to external punishment themes the groups were not significantly changes by the institution's general treatment program or by the general treatment program with group psychotherapy superimposed.

G. Hypotheses.

Now that the statistical analyses of the corollaries have been completed,

TABLE 13

Analysis of Covariance for the GPS and GTP Groups
on the Internal Punishment/External Punishment Variable.

Source of Variation	df	Mean square	F	p
Total	36			
Within groups	35	.02		
Adjusted means	1	.00	-	N.S.

we are in a position to determine the validity of our major hypotheses: Inasmuch as our analysis of the data revealed no significant changes on the measures of impulse-control balance we must conclude that Hypothesis A was not substantiated; the institution's general treatment program was not effective as a program for the rehabilitation of our delinquent subjects. Moreover, the general treatment program with group psychotherapy superimposed was not effective as a program for the rehabilitation of our subjects. Hence, Hypothesis B was not substantiated. Finally, the general treatment program with group psychotherapy superimposed was not found to be more effective as a program for the rehabilitation of our subjects than the institution's general treatment program alone. Consequently, we conclude that Hypothesis C was not substantiated.

From the obtained data it has been systematically indicated that there is actually no difference between the effectiveness of our two (2) experimental conditions - the institution's general treatment program and the general

treatment program with group psychotherapy superimposed as measured by the impulse control balance. Extending the analysis, it is reasonable to assume that if the change in the impulse control balance for the two groups is not different then the proportions of treatment successes and failures among the two groups will not be significantly different.

Treatment success for the purpose of this study is defined as parole from St. Charles followed by no further institutionalization in a correctional facility within a period of time less than two years from the date of parole. The fact that some of our subjects have been re-institutionalized several times since being paroled after the termination of this experiment is of no concern to us here; only the first re-institutionalization will be counted in computing experimental treatment failures. In keeping with these definitions, the incidence of successes and failures among the groups is presented in Table 14.

By inspection of Table 14 it is apparent that according to the major hypotheses the incidence of successes and failures are not in the predicted direction. Moreover, the proportion of successes and failures in the GPS group and the proportion of successes and failures in the GTP group are .37, .63, .42, and .58 respectively. Combining both groups, the proportion of successes is .39 while the proportion of failures is .61.

Using a standard error of the difference between proportions formula suggested by Edwards (13, ch. 5), the groups were compared on the basis of successes and failures. The obtained standard error value was .16. The

TABLE 11
Distribution of Successes and Failures
Among the Groups

	Failure	Success	Total
	(a)	(b)	
GPS Group	12	7	19
GTP Group	11	8	19
Total	23	15	38

computation of the z ratio corrected for continuity yielded a value of 0.00. Using a two-tailed test of significance, the probability of this obtained z ratio is .50. Consequently the null hypotheses is tenable. We therefore, conclude that there are no significant differences in the proportions of treatment successes and failures among the GPS and GTP groups.

CHAPTER V

SUMMARY AND CONCLUSIONS

A. Problem. The rehabilitation or treatment effectiveness of one state institution serving delinquent children - the Illinois State Training School for Boys - was the subject of this investigation. More specifically, the problem was to compare the effectiveness of the institution's general treatment program with that of the general treatment program with group psychotherapy superimposed. There is ample evidence in the literature to support the assumption that the most effective rehabilitation programs for delinquents, are those guided by a philosophy of treatment rather than custody or punishment. Moreover, individual or group psychotherapy must be integrated with an institution program that is treatment oriented in order to maximize its effectiveness. If the institution is not treatment oriented as a whole, if it is primarily custodial and/or punitive in its orientation, then any kind of psychotherapy would necessarily have to be superimposed. In addition, the custodial and/or punitive program will tend to nullify psychotherapy.

In an effort to establish the context of the present research it was necessary to scrutinize the annals of history relative to the Illinois State Training School for Boys in order to give the reader a proper perspective. This analysis led the conclusion that St. Charles is essentially a mass-custody institution. However, regardless of the philosophical guiding principles, it is all of the experiences to which youngsters are exposed from commitment to

parole that we call "the institution's general treatment program."

The present research problem was planned and organized to explore answers to the following questions: 1) Is the institution's general treatment program (G.T.P.) an effective program for the rehabilitation of delinquent boys? 2) Is the institution's general treatment program with group psychotherapy superimposed (G.P.S.) an effective program for the rehabilitation of delinquent boys? 3) Is there a significant difference in the effectiveness of G.T.P. and G.P.S.?

B. Procedure. Changes in the impulse-control balance were the criteria used to measure the effects of treatment upon our delinquent subjects. The TAT was the instrument by which information relative to the impulse-control balance and its changes was gathered. The subjects of this experiment were thirty-eight male juvenile delinquents ranging from 14.5 to 15.5 years of age. These subjects were divided into two (2) groups and matched for race, place of residence, age, education, and I. Q.. One group of nineteen (19) subjects was used as the G.T.P. group, while the other nineteen (19) subjects became the G.P.S. group. Subjects suffering from organic, pre-psychotic, or psychotic disorders were excluded from the experiment. Also excluded were those youngsters who were physically unable to participate maximally in the training school's program.

Twenty (20) TAT cards were administered to each subject at the pre-treatment testing. The same TAT cards were again administered to each subject at the time of post-treatment or terminal testing. The experiment ran for a period of three (3) months. This was the length of time between initial and terminal testing. Inasmuch as the subjects of the G.P.S. group received group

psychotherapy, this group was further subdivided into three groups of seven, seven, and five subjects respectively. The group therapists were three trained workers: two psychologists and one social worker. Group psychotherapy sessions were held two times per week, one and one-half hours per session for each group throughout the experiment.

The initial and terminal TAT protocols for all subjects of the experiment were typewritten and coded by the use of random numbers. The coded protocols were rated independently by two psychologists. Ratings were based upon a scoring system suggested by Purcell (54). Using the Pearson r as the index of reliability for the independent ratings by the two psychologists, the following results were obtained: Fantasy Aggression Score, $r = .94$; Remoteness of Fantasy Aggression Ratings, $r = .91$; External Punishment Score, $r = .93$; and Internal Punishment Score, $r = .90$.

Having established that the method of scoring is highly reliable, the next step involved the computation of needed scores and ratios from the TAT protocol of each subject. This entailed the following computations: 1) frequency of Fantasy Aggressions; 2) the ratio of 1 and 2 Remoteness Ratings to Fantasy Aggressions; 3) The ratio of External Punishment themes to Fantasy Aggressions; 4) the ratio of Internal Punishment themes to Fantasy Aggressions; and 5) the ratio of Internal Punishment themes to External Punishment themes. These were the impulse-control balance variables by which the groups were compared.

The G.T.P. and the G.P.S. groups could not be matched on the experimental variables at the beginning of this investigation. Consequently, a statistical technique to compensate for this lack of experimental control was needed. The

analysis of covariance was chosen because by this technique an adjustment can be made for initial and terminal differences on each experimental variable in comparing the groups.

Two years after the termination of the experiment a follow-up study was made. This involved a comparison of the G.T.P. and G.P.S. groups in terms of success or failure while on parole or after discharge during this two year interval. A standard error of proportions formula was used to compare the groups.

C. Results. Within the limits of the present investigation, there is evidence to support the tenability of the following findings:

1. The impulse-control balance variables of personality for juvenile delinquents committed to the Illinois State Training School for Boys are not significantly modified by the institution's general treatment program.
2. The impulse-control balance variables of personality for juvenile delinquents committed to the Illinois State Training School for Boys are not significantly modified by the institution's general treatment program with group psychotherapy superimposed.
3. There were no significant differences between the changes in impulse-control balance for that group of subjects exposed only to the institution's general treatment program, and that group exposed to the institution's general treatment program with group psychotherapy super-imposed. Both groups were essentially from the same population relative to impulse-control variables, both before and after treatment.
4. There were no significant differences in the proportion of successes and failures among the two groups in the follow-up study two years after the

experiment proper. The proportions of successes and failures for the G.T.P. group were: .42 and .58 respectively; while those for the G.P.S. group were .37 and .63 respectively.

D. Conclusions. The findings of this study suggest that the impulse-control balance personality variables of our juvenile delinquent subjects were not significantly changed by the institution's general treatment program. Moreover, the impulse-control balance of these children was not significantly changed by the institution's general treatment program with group psychotherapy superimposed. This does not mean that group psychotherapy per se is ineffectual as a technique for the treatment of delinquents. Rather it may mean that within an institution serving delinquent children, group psychotherapy is likely to be ineffectual if it is superimposed upon an ineffectual general treatment program.

In general, our subjects seem to have been highly impulsive at the time of commitment and highly impulsive when they were paroled. At the time of parole, they were a little older, a little heavier, and a little stronger but their personality problems were essentially unchanged relative to the dimension of their personalities selected for study. In this respect, they were, for the most part as prone to antisocial behavior at the time of parole as they were at the time of commitment. In this context, the institution's general treatment program made these youngsters neither "better" nor "worse", it simply failed to rehabilitate them.

It thus appears that the Illinois State Training School for Boys may still be faced with the task of developing an effective program for the rehabilitation of its juvenile offender population. Although little has been

said about the institution's population of youthful offenders, it may be hypothesized that unrehabilitated juvenile offenders become youthful offenders; and the unrehabilitated youthful offenders are prone to adult criminal careers.

Finally, the present investigation is by no means definitive. It is limited in the sense that the impulse-control balance variable is but a single dimension of personality. Consequently it is a restricted criterion for rehabilitation. Undoubtedly there are many other criteria that can and should be explored. In addition, the size of the sample was small and the age range of the subjects was very narrow. This places restriction upon the generalization that can be made about the overall juvenile population of the Training School. Further, the treatment period for the two groups was only three (3) months rather than the six (6) months that was originally planned. This may be too short a period of time to expect significant changes relative to the conceptual system that was used. A similar argument may be raised relative to the length of the training period for the therapist. Needless to say, this investigation points up the need for much more research in the Illinois State Training School for Boys and throughout other Illinois Youth Commission facilities and services. An intensive research program could be a substantial aid to the Commission in its efforts to achieve sound effective programs.

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APPENDIX I

REPORT OF THE TREATMENT COMMITTEE ON DIAGNOSTIC CATEGORIES

The tentative diagnostic categories discussed in this paper are the result of a series of meetings by the Treatment Committee of the Clinic at the Illinois State Training School for Boys. These categories represent the Committee's attempt to place our institutional population into groups that appear to make diagnostic sense, as well as to eventually have specific treatment implications. The delinquent symptom occurs in all of them. Therefore, in our population, delinquency per se is not a significant point for a differential diagnosis, however, the type of delinquency will have diagnostic implications. The categories actually have to do with personality types and take into consideration the totality of the individual's experiences, activity, basic endowment, and dynamic relationships.

It is intended that these categories be used in terms of their value for the planning of a treatment program for the boy. There is thus at this time the assumption that a treatment program will correlate with these categories. This suggests that the boys placed in one category would tend to have prescribed a similar type of treatment. This problem will concern the Committee at its future meetings.

It should be remembered that these categories are, at this time, based on the experience and personal judgements of the Committee members. No research has been carried on as to their validity, however, reports of categories used by others in this and related fields have been taken into account.

This paper is submitted to you primarily for the purpose of your reflection and discussion. The Committee would be most happy to get from you the statement of your reactions to and impressions of this work-up. A series of questions are included to be returned to the Committee with your comments and reactions.

It will be noted that all of the categories follow the same general scheme, namely that of considering the genetics, dynamics, and signs and symptoms, in a systematic manner in each syndrome.

NORMAL ADOLESCENT SYNDROME: #1

Genetics:

This category creates certain problems since no single standard of what is "normal" is universally accepted. Hence, it becomes necessary to declare what basis is being used here.

It is assumed that each child goes through various stages of development. In order to progress and mature, certain conditions must exist and these are supplied primarily by and through the parents. As the child continues to mature various experiences help him to acquire knowledge and skill to meet the environment and to satisfy inner needs within the framework of a cultural and a social structure. Thus, "normal" would assume for our purposes:

The child is born with a healthy body, and all his faculties. The parents are adequate and relatively mature. They are capable of love and of willingly accepting the responsibilities of their position and able to provide a secure and need satisfying environment. They are able to teach by association and direct instruction behavior which is suitable to the culture; (giving freedom and setting limits.) Child's development continues toward maturity. His inter-personal relationships are satisfying and are formed without difficulty. There is generally no trauma, indulgences or deprivation. His intelligence is within normal limits. Identifications are established with significant persons in his life.

Dynamics:

The ego is formed well, permitting flexibility and good contact. The forces are well directed to satisfying ends and other than continued learning and trial and error, there are no serious conflicts or distortions.

The super-ego is largely formed, but is not reinforced by an experienced ego and it has not been tested to strengthen it for handling all impulses. The boy is not able to support his super-ego as yet with a life philosophy due to his naivete. Thus, strong id impulses when supported by papers or circumstances occasionally break through and are acted upon.

Defenses are not of the futile energy wasting type principally. They tend to be more transitory and associated with growth stages. Impulse strength, particularly of the direct sexual nature, is strong. Desire for status, recognition, independence and masculinity is strong.

Conflicts are the result of imbalance between impulses and the inability of the growing ego to consistently handle them. Also, the super-ego, which is incomplete and vacillates, at times punishes and at times permits acts or impulses.

Hostility is not excessive and creates little anxiety. It is suppressed and modified in its expression. Rebellion is in part due to the indirectness of hostile expression, but hostility is not excessive and is usually related to reality or frustration of impulses.

Guilt feelings of inadequacy and confusion are present at times as the boy tries to decide on goals and to find a direction. These create periods of groping and anxiety. Peer group identities are strong as he feels rapport with this group.

Symptoms:

Outward signs of aggressivity and deviant behavior from a social standpoint are frequent, rejection of parents' supervision, and impatience with custom are marked.

A great amount of physical activity and the development of finer muscular control.

A revival of many previous feelings, difficulty in discussion of problems, and general struggling for direction.

Continued signs of growth toward maturity.

IMMATURITY SYNDROME: #2

Genetics:

Parents are usually immature themselves and have few education and vocational goals. This tends to provide an unstimulating home life, and poor direction. The parents display little interest in the child after he reaches the anal stage, and in general their effect is apathetic, although not hostile or ambivalent. Parents show little interest in vocational and educational goals for the children. Parents deprive rather than reject children. The general environment is unstimulating, inadequate and lacking socially. Peer group relationships are mainly used as expressions of dependency.

Dynamics:

Ego development is quite retarded and the personality shows such characteristics as having been hindered in establishing defenses, interpersonal deprivation. Feelings of inadequacy are present but with little anxiety. Dependency is strong and is the main defense. Impulses are mainly of the nature of satisfying dependency and are disorganized. Hostility is low and is held in check by need to keep his hold on dependent situations. The super-ego is weak, has little effect as a control and cause little guilt. Oral period was satisfying but anal period represents onset of parental neglect or interest wanes; hence, this is the point where development was arrested. A return to oral period is evident.

Symptoms:

A general apathy and colorlessness is prominent. There are few defenses and little open anxiety. Usually dependent in approach to people. Delinquency is usually not hostile in nature but is more an attempt to satisfy dependent needs through the environment, is impulsive and represents a failure of previous source of need satisfaction. Peer group identification follows this same pattern of search to meet dependency needs.

ENVIRONMENTAL (CULTURAL) SYNDROME: #3Definition:

A type of delinquent boy whose social development, personality structure, and relatedness to people, has been influenced largely by the environment, and which environment is pathological in that it is a deviant sub-group with values which are in conflict with the larger social order and more generally accepted values.

This sub-group exists either as a family unit where the values and standards of the parents are delinquent in nature, or as a larger neighborhood unit with a cultural pattern that is delinquent in nature. In the latter, the role of the parent is either accepting of the neighborhood mores, or at least indifferent to the effect it has on directing their children.

(Some writers feel that from a socio-psychological standpoint the hostile feelings of depressed groups toward the propertied group is expressed through the attack on the property which is a symbol. This is motivated by the rejection and depressed group experiences, and by the satisfaction of acceptance experienced through doing and feeling identified with the deviant sub-group.)

Genetics:

Influences of this nature occur early (from birth) and are character forming and attitude forming. Impulses are given direction by home standards and group standards. The family structure is often seen as disorganized or indifferent, and the relationship to the father is absent or weak.

Dynamics:

The ego is usually integrated, although tending to be immature. The significant figure is the mother, who has given in early life, but tends to be limited after child passes through infancy stage. Father tends to be distant and little relationship exists. The development is centered around the preoedipal stage, pleasure principle level, and the boy's

prospective is narrow. The super-ego is developed along the lines of the group mores and thus little guilt exists.

Symptoms:

General distrust of authority figures, and the feeling that authority is imposed from outsiders as a restrictive measure. (Inability to identify with authority.) Peer group loyalties are strong and the feeling of belonging to the peer group supplies many needs. (Parental substitute, goal formation, direction for action, etc.) Hostility is directed toward authority and property and guilt is not strongly felt, although anxiety and/or fear of retaliation is strong. Identification with social institutions of larger society is weak - i.e. school. Goals are diffused and immediate, and pleasure seeking is a strong drive.

A long discussion followed this presentation in which several other viewpoints were expressed. The basic problem was the weak father person and the substituting of the peer group for the father. The environmental delinquent could occur in any setting when through the above situation the boy sought a substitute paternal figure through the group. The group thus takes the place of the paternal control; and by the same idea, in the middle of a highly delinquent area, a boy could get enough from identification with an adequate father figure to avoid delinquent activity. The former could also account for boys seeking out and becoming attached to a delinquent group even in the so-called better neighborhoods.

CHARACTER DISORDER SYNDROME: #4

Genetics:

The child's character and personality develops in a defective manner because of the withdrawal of the mother's love when he is at the oral phase of his development and is highly dependent on the mother. There is also no other person available who can act as a substitute for the mother's love. This tends to produce much hostility in the child toward the mother and also creates much anxiety with which he has to struggle. But the child hasn't enough strength to handle the anxiety. In order to cope with his environment and survive, he encapsulates and binds the anxiety in such a way as to develop a defective personality structure. This generally takes place before the ego has been formed. If the child is given love over a significant period of time, this diagnosis cannot be made.

Dynamics:

The ego is generally fairly well integrated. Super-ego development is either defective, in that guilt is experienced in some isolated areas while lacking in others, or it is non-existent. The ego defenses are rather firmly established. Little or no anxiety permeates the personality

structure but if present is generally firmly bound or encapsulated in some way. Impulses are strong and highly narcissistic in nature. There is no evidence of conflict. Vocational goals are lacking or are of an anti-social sort. Feelings of inadequacy are present and frequently very strong, but they are compensated for and handled by a rigid defensive system. Little or no insight is present into his difficulties. Feelings of insecurity are minimal. Dependency feelings in some cases are strong but are displaced onto the peer group. Feelings of hostility are usually very strong and lie pretty close to the surface. Practically always, they are directed toward the environment rather than toward the self. In their relationships with people they are generally aloof, distant, and somewhat distrustful; however, some of them may appear to be outgoing, friendly, and ingratiating. Whatever may be their overt behavior in their contacts with people, underneath the emotional bond is shallow, loose, and strong attachments are non-existent.

Symptoms:

In their overt behavior, these boys are usually sophisticated in the area of their delinquency. They are impulsive in the expression of their needs but create an impression of being secure, mature and adequate individuals. They are capable of relating easily if they feel the situation is worth it, otherwise, they are indifferent, aloof and distant. They generally feel that they are very different from people who conform with the social customs and mannerisms. Their delinquent acts are generally highly anti-social in nature, including such things as homosexuality, narcotic addiction, criminal assault, frequent alcoholism, etc.

NEUROTIC SYNDROME: #5

Definition:

The neurotic syndrome consists of an ego structure dominated by persistent anxiety and conflict, arising from the repression of complexes into the unconscious mind, and leading to inefficient ego functioning, difficulty in adaptation to reality, symptom formation, or any combination of these.

Genetics:

The origin of neurotic conflict is seen in ego formation, when there is difficulty in resolving the conflict between the id and the super-ego. It may also be a conflict between different pathways for id impulses in the ego, the pathways being mutually exclusive. This may occur during the period of the oedipal and castration complexes, or it may occur later, in adolescence, when there is difficulty in adapting to increased libidinal forces.

Attitudes toward parents are usually conflicting and ambivalent, and this may occur through ambivalence toward each parent, or a positive feeling

toward one parent and a negative feeling toward the other. Such feelings may occur as a result of ambivalent feelings on the part of the parent toward the child.

The conflict may be one between the parents, or it may involve rejection of the child by the parents. Such rejection may be centered in internal relationships, or in internalized values which form the super-ego. Parental attitudes may be those of over-severity or over-indulgence. Relationships with siblings also may be involved, where competition for the attention of the parent, or competition in other respects, such as in various areas of achievement where recognition can be gained, takes place.

Neurotic reactions in childhood can also result from very traumatic experiences, involving sudden severe deprivation, fear, or shock. Especially if guilt is involved, such traumatic experiences can at times have lasting effects.

Neurotic reactions can occur in children of any intellectual level, but tend to be more severe when intellectual functioning is higher, because of the opportunity for developing more complex confusion of personality forces within the ego.

A reaction can hardly be called neurotic in a child of less than four or five years of age, but neurosis can occur in any person at a later age. The neurosis can be regarded as a failure to reach equilibrium among various personality forces, resulting in inadequate ego formation, particularly toward the id and reality. Since this conflict is never fully solved, there is always some basis for neurotic development. Since residual cathexes from previous developmental stages remain as a part of the unconscious mind, they preserve an ever present source of neurotic conflict, and potential solution by regression.

Dynamics:

At the basis of any psychoneurosis there is always emotional strain and inter-personal stress, which may be of several forms, or their combination. These may be referred to as anxiety, if anxiety is defined as any source of inner tension or distress. Anxiety may be regarded as tension resulting from conflict between the id and reality, which must be dealt with by the ego. An increase in such tension may produce psychosis, but in most cases, a neurotic type of ego structure is formed as a means of relieving the tension involved. Such distress may involve frustration, or the blocking of id or ego activity by reality or the super-ego; or guilt, or the failure of the ego to meet super-ego demands, as in a narcissistic neurosis. It may involve hostility, externally directed anger or hatred, or it may involve depression, in the form of anger and hatred directed internally. Depression may be the effect of prolonged apparent or complete frustration.

The conflicts which exist are usually basically between the reality principle and the pleasure principle. They are repressed in the unconscious mind, and one may therefore regard the neurosis as lying basically within the unconscious. There is a lack of ego integration as a result of the stress involved, and the forces of the personality are not in balance. For instance, the ego may not properly mediate between the id and reality, or the super-ego may be so strong that the id cannot keep it satisfied. In other words, the ego-ideal may be too high. The neurosis may also involve inappropriate libido-cathexis, such as occurs in defense mechanisms, and in reactions such as phobia, hysteria, or psychosomatic symptoms. As a result of the lack of ego-integration, the goals of the person are confused and often conflicting, the forces of the id pushing or pulling against themselves. The id may be dealt with by means which are artificial, and do not provide adequate outlet for the libido.

Resorting to a neurotic mechanism involves secondary factors, taking the form of ego mechanisms. The ego functions as a means of seeking satisfaction, and when libido forces are compromised, neurosis is formed. As has been seen, conflict can come from several sources, and the formation of the neurosis is formed when the ego fails to handle the anxiety adequately. When repression of complexes into the unconscious occurs early, there may be some distortion of reality.

In the neurotic the ego is under such strain that it does not function up to its capacity, can assume only limited responsibility, has trouble making choices, and sometimes experiences the reality distortion already mentioned. Solutions to neurotic conflict are unsatisfactory usually, and lead to a maintaining of the neurotic pattern by various defense mechanisms, which are fairly typical of neurosis because they represent compromise forms of adaptation to stress, without solving the real source of the problem. For easier identification, these mechanisms can be listed as follows:

Condensation	Introjection	Reversal
Conversion	Isolation	Sublimation
Dream Work	Projection	Symbolization
Idealization	Rationalization	Transference
Identification	Reaction-formation	Turning against the self
Inhibition	Regression	Unconscious fantasy
Displacement	Repression	Undoing

In the course of neurotic reactions, inter-personal relationships are unavoidably affected, but this occurs in so many ways that they must be identified in terms of each individual case. Characteristic ways are over-attachment, demands of a dependent nature, and continual excuses. These

may be directed toward members of the person's family, or others.

Symptoms:

Neurotic symptoms constitute a means of relieving neurotic tension, but do not ordinarily diminish it, since the tension merely results in more discomfort to the ego because of the symptom. Some sort of discomfort characterizes every neurosis, the neurotic being characteristically unhappy. Since neurotic behavior has its source in complexes repressed in the unconscious mind, the nature of the distress is seldom recognized by the patient, and he attributes it to the symptom itself. The reality testing of such a patient is therefore usually unsuccessful and non-constructive.

In applying the concept of neurosis to delinquent behavior, the delinquent act is considered to be an expression of the neurotic conflict. For instance, in delinquent behavior, projected hostility may lead to a need for revenge, and a neurotic expression of aggression against reality. When guilt forms the basis of the emotional stress, delinquent behavior may occur as a means of seeking punishment to satisfy the guilt. Sometimes the behavior may be a symbolic acting out of a conflict based on anxiety, especially if parental ambivalence is its source.

Any of the sources of neurosis can be experienced consciously by the patient as a source of his distress. This applies to anxiety, guilt, frustration, hostility, or depression. These forces may be compensated by such means as the use of fantasy for satisfaction, or the development of psychosomatic symptoms such as headaches, indigestion, enuresis, insomnia, and many others. Such symptoms are indicative of neurosis when no organic basis for them can be found on physical examination, and when other evidences of ego strain can be found which would tend to produce such symptoms.

PSYCHOTIC SYNDROME: #6

Boys placed in this category are characterized by serious deviation in their mental life, in their overt behavior, and in their relationships with people. Their faulty reactions to life's situations are varied, depending on the personal, social, and environmental factors that have been operating in their past lives. The nature of their reactions determines the specific category which they fall into within this syndrome.

Genetics:

These boys, early in life, have become intensely dissatisfied with the situations they have found themselves in. Almost always, one or both parental figures are highly inadequate people, either because they are psychotic themselves and impose their deviant habits on the boy, or they are extremely depriving and rejecting in their relationship with him.

Frequently a complete loss of emotional bondage with the mother is experienced. Generally, the relationship is highly imbalanced so that the dynamic forces within the boy's personality structure become very unstable. The growth process has become impaired and he has been unable to successfully pass through the various stages of psychosexual development. Frequently, very rigid moral standards have been imposed which he is unable to abide by. In the paranoid disorders, an excessive amount of identification with one or both parental figures has taken place. The sexual development becomes distorted largely in terms of threat by homosexual impulses.

Dynamics:

Because of the developmental process, the ego has broken down and become disorganized. This has resulted largely because of the inability to handle the intense and unbearable anxious feelings which have arisen. Guilt feelings are also intense in the earlier stages. Loss of contact with reality is a defense and reaction against anxiety and guilt. In these boys, repression of impulses, frequently sexual, is always present. Hostility is almost always directed toward the self instead of the environment. Personal satisfaction is derived largely from an extensive and unrealistic fantasy world which they have constructed. Their touch with reality is either completely or in part lost. Feelings of inadequacy are very strong. Inner controls in some or in all areas are lacking and impulses are freely expressed. Feelings of insecurity are present to a high degree, but frequently are covered up by inadequate defensive mechanisms.

Symptoms:

The overt behavior is highly varied. The personality is highly introverted and self-centered, although this may not necessarily appear on the surface. Their emotional contact with those about them is generally weak, but in some cases feelings of dependency are very pronounced. The majority show great difficulty in forming emotional attachments to persons or objects other than themselves. Much difficulty is present in socializing with other children and they are unable to find a workable means of forming friendships and expanding their contacts. They are unable to give and receive satisfactions. Need for adult approval in some cases makes these children appear well behaved, quiet and cooperative. Their school work usually is considered retarded, although with the paranoid disorders academic achievement is frequently very high. They spend much time in day-dreaming, are shy in manner, and tend to be alone. Some impairment in the thought processes is always present. Their orientation with regard to the world about them is poor. Difficulty in abstract thought is evident and judgement is practically always impaired. The thought content is always characterized by the presence of illusions, delusions, or hallucinations to a greater or lesser extent.

MENTAL DEFICIENCY SYNDROME: #7Definition:

Mental deficiency may be defined as a state in which intellectual development is lacking to a degree that the individual concerned requires supervision, control, or external support from others in order to maintain his existence, and cannot adequately adapt himself to the ordinary social environment in which he lives.

Genetics:

Mental deficiency originates at birth, either through hereditary or congenital influences. Parental relations are usually affected by the awareness of the parents that the child is defective, and can take the form of over-indulgence toward the child, or a more exacting attitude toward the child, or a rejection of the child because of his mental deficiency. Sometimes the parents refuse to acknowledge mental deficiency in smaller children, and insist that the child achieve at a normal level, which he is usually not able to do.

In relationships with other children, a mentally defective child is easily victimized, and may experience pressure from them to keep up with their activities, and ridicule from them if he does not. Since the mental defective does not attain a mental age above childhood, he does not form identification readily with other people or figures.

Intelligence in mental deficiency develops slowly, and one of its characteristics is a retardation of function from a very early age. The greater the retardation, the earlier it is noticed. Generally, mental defectives are thought to constitute about the lower 2% of the population as far as intelligence is concerned.

Dynamics:

Because of limited intellectual functioning, the mental defective does not form social relationships as adequately as a person of more normal functioning. His ego is fairly simple in its structure, and usually is inflexible in its operation, having difficulty in relating concepts, or using abstractions. Super-ego development is limited, although there is discomfort following the violation of social expectations, which may be considered guilt. This sense of guilt is greater as the intellectual functioning of the individual is greater. The defenses of the mental defective consequently are not elaborate, and usually consist of a simple avoidance or attraction, dependent seeking for support, or immediate reactions of pleasure or pain. Impulse strength is often unimpaired, and delinquents may act irrationally through a lack of intellectual control, in this manner showing exaggerated impulsive expressions which make their adaptation to society all the more difficult. Since they

Lack comprehension of social expectations, they are less capable of controlling impulsive behavior, and show poor judgement.

Conflict is minimal and of short duration, since far-reaching goals are not visualized, and conflict situations exist only as regarded in the immediate present and near future. This counteracts the formation of neurotic patterns, and makes simple maladjustment the most likely degree of emotional disturbance. Hostility can be intense, but is usually directed toward specific objects in the form of anger, although it can be built up in the form of avoidance of and resistance to situations which have been found repeatedly painful. Guilt can be experienced, but usually in the form of immediate remorse rather than abstract unworthiness.

Mental defectives are usually either supported or threatened by other persons, and can be persuaded easily, since they do not have the capacity for anticipating consequences of their actions. In some instances, they do not feel inadequate or insecure, being unable to recognize their own deficiency, but in other instances they are well aware of and sensitive to their relative inability to deal with other people. Anxiety, when found, is of short duration, and satisfaction is usually found by simple means, when immediate goals are attained.

Symptoms:

Mental deficiency is characterized by an inability to support self except on an extremely limited subsistence level, extremely poor judgement demonstrated in previous history, educational attainment not above fourth grade, and vocational level not higher than the commonest kind of unskilled labor. It is characterized by low functioning which is not the result of mental deterioration due to disease or injury after reaching maturity. The condition must be permanent, and beyond amelioration, and should not be associated with blindness, deafness, or other sensory or motor defects. It must be traceable to heredity, birth injury, trauma in early life, or cultural deprivation.

The State of Illinois defines mental deficiency as follows: "Mentally deficient person, when used in this act shall be construed to mean any person whose mental abilities have been arrested from birth or whose mental development has been arrested by disease or injury occurring at an early age who requires care, detention, and training in an institution or under a guardian or conservator for his own welfare, or the welfare of others, or for the welfare of the community, and who does not come under the provisions of the Revised Mental Health Act approved July 24, 1945 or subsequent additions or amendments."

For commitment to a State School for Defectives, psychologists in Illinois have stated the following conditions as necessary for the condition to be postulated: Social inadequacy, due to intellectual retardation, existing from birth or an early age. Social inadequacy is based on findings in the

social history, and intellectual retardation is based on adequate psychometric evaluation, consisting of at least two individual tests with a diversity of verbal and non-verbal items supplemented by qualitative evaluations of the subject's reactions to the tests. The existence from an early age should be established by a history of maturational development, particularly school progress and school achievement. Personality structure also needs to be investigated for an identification of this condition, to determine whether the limited intelligence is a function of a more basic, underlying emotional disturbance.

Defectives tend to show lack of social responsibility, a lack of practical knowledge, inability to handle money, short span of interest in work activity, inadequate care of personal appearance, enjoyment of childish recreational activities, poor control of sexual impulses, and a lack of academic skills such as reading and arithmetic. Deliberate prevarication may sometimes be used as a defense, but it is usually recognized because it is poorly concealed.

Although the results of mental tests are useful in identifying mental deficiency, they are significant only as they accompany other indications such as those already listed. Scores of such tests are used as guides when they fall in the lower two or three percent of the population, as determined by the standardization of the measure.

ORGANIC SYNDROME: #8

This diagnosis should be made only as a clinical diagnosis when organic factors produce aggressive or acting out symptomatology. Thus, a boy who has been diagnosed as epileptic would not be clinically considered as an epileptic, but would be diagnosed in terms of one of the existing categories. However, could it be demonstrated that the epilepsy was the major aspect of his behavioral difficulties, then the organic diagnosis would be applied to him.

The Medical Unit may well make the organic diagnosis as a Unit diagnosis on particular boys. This, however, would then be secondary in terms of the diagnosis arrived at by the Clinic Staff. For example, the diagnosis could be immaturity syndrome with epilepsy.

Genetics:

Genetically, this syndrome is applicable to those individuals who have demonstrable pathology in the brain, which pathology in turn has specific influences on behavior. This pathology may be due to injury, disease or genetic structure.

Dynamics:

The dynamics of this syndrome are difficult to describe, inasmuch as they vary widely. Generally, the organic has difficulty in inter-personal relationships and thus one tends to see a decided limitation in their scope. There is generally a lacking of spontaneity in inter-action. Ego functions are reduced and restricted. Feelings of inadequacy may be present.

Symptoms:

As in dynamics, the symptoms vary widely. Some of the following, however, are usually seen. The person has difficulty in abstractions. Tremors and motor symptoms are frequently seen. Loss of affect is common and there is a rigidity of contact. Certain organic problems present specific symptoms which can be only diagnosed by a medical doctor. If these signs and symptoms are present, the individual should be referred for neurological examination. Reference should be made to the history in order to determine the nature of the birth, as well as diseases and accidents the individual may have undergone.

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APPENDIX II

SCORING INSTRUCTIONS FOR TAT STORIES

Read each story carefully. Score and rate each TAT story according to the instructions given below.

1. Fantasy Aggression Score: One point of credit is given for each instance of aggression such as the following: fighting, criminal assault, getting angry, criticizing, running away, resisting coercion, being negativistic, lying, cheating, stealing, dominating or restraining someone, rejecting someone. Include also the occurrence of death, illness or accident to parents or other loved objects as instances of aggression. Since we are concerned here only with extrapunitive aggression, such items as suicide, self-injury and self-depreciation are not scored as fantasy aggression.
2. Remoteness of Fantasy Aggression Rating: For each instance of fantasy aggression counted in a TAT story, a remoteness rating is to be made. Assume a seven-point scale of equal appearing intervals. Let scale value one represent the most direct form of fantasy expression, and scale value seven the most remote form of fantasy expression. The following considerations are to be averaged into a single rating for each instance of fantasy aggression counted in a story:
 - (a). Object of Aggression — person, society, animal, inanimate object.
 - (b). Time — present, past, future.
 - (c). Place — customary habitat, other countries, other planets.
 - (d). Level — behavior, wish, memory, daydream, nightdream, special states of consciousness such as intoxication, dissociation, drug addiction, insanity.
 - (e). Social Context and Instigator — hero instigates aggression, merely tags along with crowd, or even has nothing directly to do with aggression, e.g. death due to disease or accident.
3. External Punishment Score: One point of credit is given for each such story theme as the following when directed toward the hero: assault, injury, threat, quarreling, deprivation of some privilege, object or comfort, domination, physical handicap such as blindness, etc., rejection.

4. Internal Punishment Score: One point of credit is given for each story theme of hero suicide, self-depreciation, and feelings of guilt, shame, or remorse. Since a broad definition of punishment encompasses "injury to a loved object," instances of death, illness, or accident to parents or other loved objects also receives one point of credit. Instances where the hero of the story is the direct agent of aggression, e.g. husband striking his wife, internal punishment is not scored except where there is a clear expression of remorse or shame. By contrast, accidental injury, death, or illness of a loved one always received one point of credit unless the hero specifically denies anything resembling guilt feelings.

APPROVAL SHEET

The dissertation submitted by George Ridley Lewis has been read and approved by five members of the Department of Psychology.

The dissertation is therefore accepted in partial fulfillment of the requirements for the Degree of Doctor of Philosophy.

June 20, 1919
Date

Paul Finney
Signature of Assistant Dean