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A STUDY OF TWENTY-SIX INTELLECTUALLY SUPERIOR  
GIRLS KNOWN TO THE INSTITUTE FOR  
JUVENILE RESEARCH

by

Bernice Marie Bunnell

A Thesis Submitted to the Faculty of the School of Social Work  
of Loyola University in Partial Fulfillment of the  
Requirements for the Degree of  
Master of Social Work

June

1952

### LIFE OF THE AUTHOR

Bernice Marie Bunnell was born in Minneapolis, Minnesota, January, 23, 1927.

She was graduated from Loretto Academy, Chicago, Illinois, June 1945, and from the College of Saint Teresa, Winona, Minnesota, June 1949, with the degree of Bachelor of Arts.

She began her graduate studies at Loyola University School of Social Work in September, 1950.

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## CHAPTER I

### INTRODUCTION

#### PURPOSE

This thesis is based on an analysis of the case records of twenty-six intellectually superior girls seen at the Institute for Juvenile Research, Chicago, Illinois, for diagnostic study. The purpose of the thesis is to determine group tendencies among this selected group of emotionally disturbed children in regard to, (1) general social data, (2) how the children relate to other persons in their environment, (3) what problems they present in the areas of sex, somatic dysfunction, and socially unacceptable acts, (4) what type of behavior they present, and (5) the psychiatric findings.

#### SOURCES

Case records catalogued under the IBM card system now in use at the Institute for Juvenile Research are the primary source material for the thesis. The card cataloging system covers cases seen from the summer of 1949 up to the present time. The cases used for this study cover approximately two years, from the summer of 1949 to the summer of 1951.

Only that material contained in the original social history, psychological and psychiatric examination reports, diagnostic staff notes, and school and medical reports is used. If the case was re-examined, the material of the second examination is not used, nor is any treatment material.

## LIMITATIONS

The cases studied have been limited to those that meet the following criteria:

- (1) The child must be a girl who has at least one sibling.
- (2) The child must have an intelligence quotient of 120, or above, obtained on a test administered either by the staff psychologist at the Clinic or by the school. There is no limitation as to the test used.
- (3) The child must have been of school age, 6 through 18, at the time of the first examination.
- (4) She must have had no serious physical handicap.
- (5) Both natural parents must have been in the home at the time of the examination.
- (6) There must have been a social history and/or a psychiatric examination report in the record.

Twenty-six of the 2,334 cases catalogued under the IBM card system at the Institute for Juvenile Research are found to fall within the above limitations.

## METHOD

The general social data and the medical findings have been obtained from the records by means of a schedule. See Appendix I. The remainder of the material, that pertaining to relationships, problems presented, behavior, and psychiatric findings, have been taken from the records by means of a system of cards. Direct quotations from the social history, the psychological and psychiatric examination reports, the diagnostic staff notes, and the

school and medical reports have been recorded on the cards. There are sixteen cards for each case used in the study, one card for each of the points of the outline in Appendix I marked by an asterisk. The opinions used in the psychiatric findings on each case are those of the examining psychiatrist or the moderating psychiatrist present at the diagnostic staff.

In the writing up of the material, the categories used have been arrived at by a review of the material gathered on the set of cards pertaining to the particular subject under consideration. If the material seemed to fall into natural groupings, categories have been made to fit the groupings.

In presenting the material, the division into chapters has been made according to the major points of the outline used in gathering the material, namely, the following: (1) General Social Data, (2) How Children Relate to Other Persons, (3) General Behavior, (4) Specific Problems Presented, and (5) Psychiatric Findings. These comprise the main body of the study which is preceded by an Introduction as the first chapter and followed by a Summary as the final chapter.

#### SETTING

This thesis was done at the Institute for Juvenile Research which is a state child guidance clinic. One of the purposes of the Clinic is to study the cases of children whose parents apply to the Clinic because of emotional problems the children present.

The initial study in a given case is made of both the child and one or both of the parents, usually the mother. The three disciplines of Psychology, Social Service, and Psychiatry work together in making this study.



A physical examination is included in the psychiatric evaluation so that any deviant physical factors will be taken into consideration in evaluating the case as a whole. A psychological examination is given to determine the child's present and potential intellectual functioning. The psychiatrist examines the child and the mother, and the father when possible, in order to determine the intra-psychic strengths and weaknesses in the individual cases. The social caseworker obtains from the mother, and sometimes the father, background information relative to the child, to the problem, to the parents, and to the interpersonal relationships in the family.

A diagnostic staffing is then held on each case at which the information obtained by each of the three disciplines is reviewed and a diagnostic formulation is made. At this time it is decided whether or not treatment of some kind is indicated, the case is such that can be treated at the Clinic, it should be referred elsewhere for service, further study should be made before a decision is made. If the case is regarded as treatable at the Clinic, that is, if it is expected that the child and/or the mother will respond to the type of treatment offered by the Clinic, the case is then sent to a committee to see when and if there will be staff available for treating the case.

#### SIGNIFICANCE

Because children of superior intelligence are not "social misfits,"<sup>1</sup> "are not, as a group, socially annoying,"<sup>2</sup> they have not been in the limelight so to speak, of research.

---

1 John E. Bentley, Superior Children, W. W. Norton and Co., New York, 1937, 27.

2 Leta Stetter Hollingworth, "The child of Very Superior Intelligence as a Special Problem in Social Adjustment." Mental Hygiene, XV, January, 1931, 3.

Society on the whole tends to want to study that which is annoying to itself, that which does not fit readily into the harmonious whole. Thus the retarded child, the handicapped child, the neglected child, the delinquent child, the psychotic child have been studied and restudied. However, it was not until recent years that those interested in research took up the cause of the superior child.

Terman and others have presented data to the effect that superior<sup>3</sup> children on the whole are superior in all areas generally, not just in intelligence alone.<sup>4</sup> Hollingworth states that "the child who tests above 130 I. Q. is typically (though of course not invariably) large and strong for his age, healthier than the average, contributes far less than his quota to juvenile misbehavior as socially defined, and is emotionally stable in superior degree."<sup>5</sup>

Studies of superior children have been conducted for the most part to see if the children are superior in other areas besides intelligence, to see what type of environment tends to produce superior children, to see if children of superior intelligence have problems and what type of problems they have, to see what contributions they have made to society.

---

3 It should be noted that thesis studies usually take 130 as the lower limit of the superior group. In this thesis, 120 has been taken as the lower limit because it corresponds to that of the Stanford-Binet intelligence scale.

4 Bentley, Ibid., 27.

5 Leta Hollingworth, Ibid., 4-5.

## CHAPTER II

### GENERAL SOCIAL DATA

Twenty-six of the 2,334 cases catalogued under the IBM card system at the Institute for Juvenile Research are found to fall within the limitations set out in the first chapter of this thesis. The information obtained from these clinic cards by means of the schedule is considered in this chapter. The information is considered under nine headings, (1) Age, Intelligence Quotient, and Grade Placement, (2) Race, (3) Religion, (4) Source of Referral, (5) Medical Findings, (6) Problems Presented at Intake, (7) Sibship, (8) Home Situation, and (9) Occupation of the Principal Wage Earner.

#### AGE, INTELLIGENCE QUOTIENT, AND GRADE PLACEMENT

Superior children between the ages of four and nine tend to have more problems than superior children of other age groups, according to Hollingworth.<sup>1</sup> The problems described by Hollingworth are those that "arise from the combination of immaturity and superiority." As the superior child's emotional and physical growth catches up with his intellectual growth, the problems tend to disappear.

---

1 Leta Stetter Hollingworth, "The Child of Very Superior Intelligence as a Special Problem in Social Adjustment," Mental Hygiene, XV, January, 1931, 3.

Of the twenty-six cases studied, 19 are between the ages of six and nine. Of this nineteen, 17 are between the ages of seven and nine. Seven of the 26 cases then, are over the age of nine.

Table I shows the age distribution of the cases studied.<sup>2</sup>

The intelligence quotients of the children studied in this thesis range from 120 to 158. Twelve of the cases have intelligence quotients in the 120's, five of them being in the lower half of the 120's and seven in the upper half.

TABLE I  
DISTRIBUTION ACCORDING TO AGE

<u>Age</u>	<u>Frequency</u>
Six .....	2
Seven .....	6
Eight .....	6
Nine .....	5
Ten .....	1
Eleven .....	2
Twelve .....	2
Thirteen .....	1
Fourteen .....	0
Fifteen .....	0
Sixteen .....	0
Seventeen .....	1
TOTAL .....	26

<sup>2</sup> See Table I, page 7.

Eleven of the cases have intelligence quotients in the 130's, seven of them being in the lower half of the 130's and four of them being in the upper half. Two cases have intelligence quotients in the 140's, one in the upper and one in the lower half. One case has an intelligence quotient in the upper half of the 150's. Thus, fourteen of the cases have intelligence quotients which fall between 125 and 135. There are five cases having intelligence quotients below 125 and seven cases having intelligence quotients above 135. Table II shows the distribution of the cases according to I. Q.<sup>3</sup>

TABLE II  
DISTRIBUTION ACCORDING TO I. Q.

<u>I. Q.</u>	<u>Frequency</u>
120 - 124 .....	5
125 - 129 .....	7
130 - 134 .....	7
135 - 139 .....	4
140 - 144 .....	1
145 - 149 .....	1
150 - 154 .....	0
155 - 159 .....	1
TOTAL .....	26

Twenty of the 26 cases were given the Stanford-Binet, Form L, which is considered more valid for children. Out of the six remaining cases,

---

<sup>3</sup> See Table II, page 8.

3 were given the Wechsler-Bellvue test which is considered more valid for adults. However, two of these three cases are adolescents. The other case, a seven year old, had been given the Stanford-Binet at school just a few weeks before she was examined at the Clinic. The other three cases were tested at school rather than by the staff psychologist at the clinic. Two were given the Kuhlman-Anderson and the other one was given the Primary Mental Abilities Test.

In considering the grade placement of the cases studied, it is found that twenty-two of the 26 cases are in the first six grades as would be expected from the age distribution of the cases. The range of the grade placements is from the first through the twelfth. More children of the group studied are in the second grade than any other grade. The total distribution according to grade placement is shown in Table III which follows. By using the number in parenthesis in Table III as the correct age for the respective grade, it is found that fifteen of the cases are in their correct grade placement; eight are in one grade below their correct grade; and three are one grade higher than their correct grade. Considering that these are cases of children with superior intelligence quotients, it is suprising that so many of the children are below their correct grade placement, or are not above their correct placement. However, one of the factors that undoubtedly influenced this discrepancy between age and grade placement is that the age of each child was given in round numbers at the time of the examination to the nearest birthday. Also, the trend in education is toward enriching the program for the brighter children in their chronologically correct grade placement rather than accelerating these children's advancement and having them

placed with children older than themselves.

TABLE III  
DISTRIBUTION ACCORDING TO  
GRADE PLACEMENT

<u>Grade</u>	<u>Frequency</u>
First (6) .....	4
Second (7) .....	7
Third (8) .....	5
Fourth (9) .....	3
Fifth (10) .....	2
Sixth (11) .....	1
Eighth (13).....	2
Ninth (14) .....	1
Twelfth (17).....	1
TOTAL.....	26

#### RACE

All of the twenty-six cases studied are cases of White children although this is not one of the limitations of the study. It happened that the cases of Negro girls with superior intelligence ratings seen at the Clinic during the proscribed period, do not fall within the other limitations of the study. Of the first one thousand of the 2,334 cases catalogued under the IBM card system at the Clinic, approximately eighty-four per cent are White.

#### RELIGION

When looking at the cases in regard to the distribution according to religious belief, it is found that over half of the twenty-six cases

studied are of the Jewish faith. However, only sixteen per cent of the first one thousand of the 2,334 mentioned above are Jewish. In tabulating these percentages, the Clinic considered the religion of the parents separately. Sixteen per cent of both parents are Jewish. Forty-eight per cent of the mothers and forty-four per cent of the fathers are Protestant. Twenty-six per cent of the mothers and twenty-four per cent of the fathers are Catholic.

The following table shows the distribution of the cases according to the religious belief of the parents.

TABLE IV  
DISTRIBUTION ACCORDING TO  
RELIGIOUS BELIEF  
OF THE PARENTS

<u>Religion</u>	<u>Frequency</u>
Protestant .....	7
Catholic .....	2
Jewish .....	15
Parents Differ in Religion <sup>1</sup> .....	2
TOTAL .....	26

1 Of the two cases in which the parents differ in religion, both of the mothers are Catholic and both of the fathers are Protestant.

#### SOURCE OF REFERRAL

Eleven of the 26 cases studied have no source of referral reported. Of the other fifteen, over half have been referred by a medical source. It is interesting to note that out of these eight cases having a medical referral, one has no medical report, another has a report of previous glandular fever and mild polio, while the remaining six have medical reports which state that



the child's physical condition is essentially negative. Some type of somatic dysfunction has been reported in all eight of these cases referred by a medical source.

The school referred five of the 26 cases. Therefore, half of the cases studied have been referred by either a medical source or by the school. Other social agencies accounted for only two of the referrals. A table showing the sources of referrals follows.

TABLE V  
SOURCES OF REFERRAL OF THE  
CASES STUDIED

<u>Source</u>	<u>Number</u>
Medical .....	8
School .....	5
Social Agency .....	2
None Reported .....	11
TOTAL .....	26

#### MEDICAL FINDINGS

According to Hollingworth and others, the intellectually superior children are generally physically superior as well. They have few serious physical ailments.<sup>4</sup> Of the twenty-six cases used in this study, 8 have no medical reports. However, of the remaining eighteen, 11 have a medical report of essentially normal physical findings.

---

4 Hollingworth, "The Child of Very Superior Intelligence as a Special Problem of Social Adjustment," Mental Hygiene, XV, 1931, 4.

Seven of the 18 cases having medical reports, have some positive physical findings reported. Of these latter seven, one has a soft systolic murmur, two have slight asthma and nasal allergies, another has a nasal condition and an allergy, another has a few colds and sore throats reported, one has had a mild case of polio and glandular fever, and the last a mild thyroid deficiency.

The distribution of the cases according to the medical findings is shown in the following table.

TABLE VI  
DISTRIBUTION ACCORDING TO  
THE MEDICAL FINDINGS

<u>Findings</u>	<u>Frequency</u>
Essentially Normal .....	11
Positive Physical Findings .....	7
No Medical Report .....	8
TOTAL .....	26

#### PROBLEMS PRESENTED AT INTAKE

The problems discussed here are those that the parents have indicated as being present, either on the application form sent out to them by the Clinic, or to the worker in the initial interview. Although the problems of convulsive behavior, speech defect, and slow in learning can be indicated by the parents, these three problems are omitted from the list in Table VII which follows because they were not found in any of the cases studied.

The listings used in the table are taken from the Clinic "Identifying Information" card that appears on each case catalogued under the IBM card

system at the Clinic.

The problems that are indicated by the parents, the psychiatrist, the psychologist, or the social worker in the actual case material are discussed in greater detail in Chapters III, IV, and V of this thesis.

Of the twenty-six cases studied, no case has more than fifteen problems checked. Every case has at least one checked. The average number of problems checked in a case is five. Sixteen of the 26 cases have from three to six problems checked. Five cases have 9 or more checked.

There are twenty-three problems listed. The frequency with which any one problem is found, ranges from one to fourteen times. Truants and sex misbehavior occur least frequently and restless and excitable occur most frequently. The average frequency is for a problem to occur in six cases.

The list of problems is further broken down into problems of, (1) emotional reactivity, (2) behavior, (3) interpersonal contacts, (4) socially unacceptable acts, (5) somatic dysfunction, and (6) learning.

Some problems of emotional reactivity is indicated in nineteen of the 26 cases, restless and excitable in over half of them. Behavior symptoms are checked in ten of the 26 cases, daydreaming more often than boastful and shy combined. Twelve cases have some problem in interpersonal contacts checked, selfish and failure to adjust more often than the others. Thirteen cases have socially unacceptable acts checked with temper and disobedience appearing most. Some type of somatic dysfunction is checked in twenty-three of the 26 cases. Nail biting, thumb sucking, feeding problems, sleep disturbances, and enuresis appear about the same number of times. Exceptionally bright is checked in four of the cases which have I. Q.'s of 122, 128, 133,

and 139.

It is interesting to note that of the four cases in which "physical complaints" is checked, 3 have medical reports indicating essentially negative physical findings. The fourth of these cases has a medical report which states that findings are essentially negative except for a slight thyroid deficiency.

Table VII which follows shows the frequency of the problems indicated by the parents at Intake.

#### SIBSHIP

One of the limitations of the study is that the children included in the group studied should have at least one sibling. In this way, how the superior children in this selected group relate to their siblings could be studied.

Of the twenty-six cases studied, 18 have only one sibling; 6 have two siblings; and 2 have three.

Ten of the children studied have no brothers. Nine are only girls with brothers. Seven have both brothers and sisters. Of the twenty-six cases, 13 have younger sisters and 3 have older sisters. Seven have younger brothers and 8 have older brothers. There is one set of twins. In one case there is a deceased sibling.

TABLE VII

FREQUENCY OF THE PROBLEMS  
PRESENTED AT INTAKE

TYPE OF PROBLEM	CASE NUMBERS																										FREQUENCY OF PROBLEMS
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	
EMOTIONAL REACTIVITY																											
Restless	x	x			x	x	x		x				x	x			x				x	x	x		x	x	14
Excitable		x		x	x	x	x		x		x	x	x	x							x	x	x		x		14
Depressed									x				x						x	x	x		x				6
BEHAVIOR																											
Boastful									x				x											x	x		4
Daydreaming	x	x			x	x			x							x					x				x		8
Shy									x				x	x													3
INTERPERSONAL CONTACTS																											
Selfish						x			x	x		x	x						x	x							7
Failure to Adjust						x	x		x		x	x						x	x		x				x		9
Prefers Younger Children						x															x				x		3
Fighting						x	x						x												x		4
SOCIALLY INACCEPTABLE ACTS																											
Disobedience	x					x	x		x				x								x				x		7
Temper						x	x		x			x	x	x					x		x	x			x		10
Stealing									x										x						x		3
Lying	x								x	x															x		4
Truants						x																					1
Sex Misbehavior																									x		1
SOMATIC DYSFUNCTION																											
Enuresis		x		x								x						x						x	x		6
Nail Biting	x		x			x	x											x			x	x		x			8
Thumb Sucking		x	x					x						x	x					x	x			x			8
Feeding Problem		x				x			x	x									x		x				x		7
Sleep Disturbances					x	x								x	x	x						x			x		7
Physical Complaints				x							x	x												x			4
LEARNING																											
Exceptionally Bright					x				x		x														x		4
NO. OF PROBLEMS PER CASE	5	6	2	3	6	13	6	1	12	5	3	4	4	11	4	3	0	4	7	3	6	9	3	5	2	15	

TABLE VIII

DISTRIBUTION ACCORDING TO  
CHILDREN IN THE FAMILY

<u>Siblings</u>	<u>Frequency</u>
One Sibling .....	18
Brother Older .....	2
Sister Older .....	1
Brother Younger .....	5
Sister Younger .....	8
Twin .....	2
Two Siblings .....	6
Two Brothers Older .....	1
Brother Older, Sister Younger .....	1
Brother Younger, Sister Younger .....	2
Brother Older, Sister Older .....	2
Three Siblings .....	2
Two Brothers Older, Sister Younger .....	1
Brother Older, Sister Younger, 1 Dead ...	1
TOTAL .....	26

## HOME SITUATION

In studying the cases in this selected group of children, it is found that there is some type of disturbance in the home situation in all of them. In some cases the disturbance is less serious than in others. Because two of the children, the twins, have the same home situation, the number of cases considered in this section is twenty-five.

The disturbances listed in the table which follows are those indicated by the mother in the social history.

Every one of the twenty-five cases has at least 1 problem indicated. The range of the problems is from one to five per case. Two problems per case

is most frequent. Twenty of the cases have from 1 to 3 problems indicated; five of the cases have 4 and 5 problems indicated.

The frequency with which a disturbance appears in the case is from one to eleven times. Economic difficulties and absences from the home appear in eleven cases; father alcoholic, poor neighborhood, and physical violence appear in only one case. Over half of the disturbances listed appear in at least five cases.

It is interesting to note that in the five cases where ill health is indicated, 3 cases where the mother is seriously disturbed mentally. In the other two cases of this group of 5, both parents are mentally disturbed. In one of them, both parents are thought to be near psychotic.

In the eleven cases where absences from the home is indicated, 1 child was absent while she lived with relatives for a time. Five mothers were reported absent a good deal of the time. Four of these mothers worked; the other was absent for unreported reasons. Five of the fathers were reported as frequently absent from the home. Three of this group of fathers were in the Army. One worked very long hours and the other spent most of his time at his parents home.

Table IX which follows shows the frequency of disturbances in the home situation.

#### OCCUPATION OF PRINCIPAL WAGE EARNER

Twenty-five cases are considered in this section because two of the children have the same father.

In all twenty-five cases, the father is the principal wage earner,

TABLE IX

## FREQUENCY OF DISTURBANCE IN HOME SITUATION

TYPE OF DISTURBANCE	Case Numbers																									FREQUENCY
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	
Economic Difficulties	X	X	X	X	X	X			X		X			X				X				X				11
In-Laws living in home	X						X	X	X	X						X	X		X						X	9
Crowded Conditions		X												X				X								3
Constant Quarreling						X			X				X	X			X							X		6
Ill Health				X										X								X	X	X		5
Absences from Home	X	X	X				X	X	X										X	X	X		X		X	11
Frequent moving						X		X		X	X	X														5
Physical Violence		X																								1
Poor Neighborhood									X																	1
Marital Maladjustment											X		X	X	X	X		X	X			X			X	9
Father Alcoholic						X																				1
NO. OF DISTURBANCES PER CASE	3	4	2	2	1	4	2	3	5	2	3	1	2	5	1	2	1	4	3	1	1	3	2	2	3	



although in 3 of the cases, the mother has to work to help support the family.

The occupation of the father is unknown in one of the cases. Of the remaining twenty-four cases, 11 of the fathers have professional, semi-professional, or proprietary occupations; 13 of the fathers are salesmen, craftsmen, service workers, or laborers.

It is interesting to note that in the cases in which the father is reported as a professional person, the intelligence quotient range is from 128 to 158. Two of these cases have intelligence quotients in the high 120's, three in the 130's, one in the 140's, and one in the 150's. The other case having an intelligence quotient in the 140's, is the one case in which the father is working at a semi-professional occupation.

The intelligence quotient range of the proprietor, manager, or official classification is from 120 to 129; the range of the clerical classification is from 122 to 136; the range of the service worker classification is from 121 to 128; the range of the craftsmen classification is from 123 to 137; the range for the laborer classification is from 132 to 139.

The highest intelligence quotients are found in the cases where the father is a professional or a semi-professional worker. However, the range of the intelligence quotients for the cases in which the father is a laborer is also a high one.

Table X which follows shows the classification of the cases according to the occupation of the principal wage earner.

#### SUMMARY

In this chapter, the following general tendencies in the twenty-six cases studied have been indicated:

TABLE X

CLASSIFICATION ACCORDING TO  
OCCUPATION OF FATHER

<u>Classification of Occupation</u>	<u>Frequency</u>
Professional .....	7
Semi-Professional .....	1
Proprietors, Managers, and Officials .....	3
Clerical, Sales .....	3
Craftsman, Foreman .....	6
Service Workers, except Domestic .....	2
Laborers .....	2
Unknown or not given .....	1
TOTAL .....	25

(1) Approximately seventy-three per cent of the 26 children studied are between the ages of six and nine.

(2) The range of intelligence quotients for the 26 cases is from 120 to 158. Approximately half, or fourteen of the 26 cases, have intelligence quotients between 125 and 135.

(3) The majority of the children in the group studied appear to be in their correct grade placement. Approximately seventy-three per cent of the 26 children studied are placed in the first four grades.

(4) All of the children studied are White children.

(5) There are more children in this group who are of the Jewish faith than are of the Protestant and Catholic faiths combined. There are over

twice as many Protestants as there are Catholics in the study group.

(6) Half of the 26 cases were referred to the Clinic by either a medical or a school source.

(7) Of the eighteen cases in which there is a medical report, three fifths of them are essentially normal physically.

(8) The children in the study group tend to present more problems of emotional reactivity and somatic dysfunction than other problems. Restless, excitable and temper are indicated most frequently by the parents.

(9) Approximately two-thirds of the children studied have only one sibling. Only about a fourth of them have both brothers and sisters.

(10) There is some type of disturbance in the home situation of all of the cases studied. Economic difficulties, absences of the child or the parents from the home, in-laws living in the home, and marital maladjustment appear most frequently.

(11) The children having the highest intelligence quotients in the study group have fathers who are professional or semi-professional workers. Half of the fathers of the children studied are either professional men or Craftsmen.

## CHAPTER III

### HOW CHILDREN RELATE TO OTHER PERSONS

The material in this chapter is presented under four headings, (1) How the Children Relate to Members of Their Family, (2) How the Children Relate to Adults Outside of Their Immediate Family, (3) How the Children Related to the Adults at the Clinic, and (4) How the Children Relate to Children Outside of Their Own Family. This is done in order to show how the children in the study, in general, tend to relate to other persons. The headings listed above correspond to those of the outline used in gathering the material from the case record.<sup>1</sup> The material in the form of direct quotations has been taken from the records by means of index cards as explained in Chapter I of this thesis.<sup>2</sup>

In presenting the information gathered from the case records in this and in the following chapters, certain categories or groupings are used. The direct quotations are used in lieu of a definition of the category or grouping and as evidence for assigning the case to that particular grouping.

#### HOW THE CHILDREN RELATE TO MEMBERS OF THEIR FAMILY

This section of the chapter is divided into three parts which contain the information on how the children in the study group tend to relate to

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1 See Appendix I

2 See Page 2.

their (1) mothers, (2) fathers, and (3) siblings.

In presenting the material on how the children of the study group relate to their mothers, if there was any information on this in the psychiatric impressions, it is used in the presentation. If there was no such information, then only the material that the mothers or the children gave is used.

In three of the 26 cases of the study group, information on how the child relates to the mother is not obtainable from the diagnostic material. The other twenty-three cases fall into four groups. In presenting these groupings, direct quotations are used as explained above.

Of the twenty-three cases, 4 of them have evidence to the effect that the mother and/or the child feel that the child relates well to the mother. In one of these 4 cases, "the child is extremely attached to the mother and wants to be with her." In another of the four, the child indicates that "everything is all right in her relationship to her mother." Another of the four "confides in her mother. She prefers her mother to her father because she is with her more." The last of the four "is a good little companion to her mother, however, she also thinks that her mother is against her at times."

In four others of the 23 cases, the child is apparently insecure in her relationship to her mother. The children in this group try to please their mothers. In one case, the child "constantly raises the idea that the mother seems to love everybody better than her." It is the psychiatrist's opinion that "She follows her mother's achievement expectations. The child who feels insecure tries to please her mother." In another case of this group of four, the mother "expects too much of the child because she is so bright."

This child wavers between "her self-sufficiency and her immaturity" in regard to her relationship to mother and other members of the family. In another of the four cases, it is the psychiatrist's opinion that the child "has been pushed in achievement and relationship. She seems insecure in her relationship to her mother." The last child in this group of four "minds, and is a nice child, but she is tense where her mother is concerned." A great deal is expected of her and she tries to please her mother.

In three other cases of the 23, the children appear to relate in a disparaging or a depreciating manner to their mothers. One of the 3 "tries to boss her mother... She feels that she can get away with murder with her mother." Another of the three has "an extremely depreciating attitude toward her mother" the psychiatrist feels. The last of this group of three feels that she "can't trust nothing to her mother." The psychiatrist feels that the child "identifies with her mother, but in a disparaging manner."

In the remaining twelve of the 23 cases, the children are hostile toward their mothers. In some of these cases the hostility is overt; in others it is under the surface. One child of this group of 12 has stated that she "hated her mother." On one occasion she told her mother that "she was ugly. She said she wished she could cut her mother's head off and trample it and throw it in front of a car." Now "she is afraid that the mother will die everytime the mother leaves the house." The second of the twelve on one occasion "looked at her mother and said she looked like a witch." This child has been "afraid of witches for a long time." The psychiatrist feels that the child "is apparently hostile toward her mother because she feels that in view of her mother's preference for sib that her mother prefers boys." The third

of the twelve "complains that her mother has no time for her and indicates that she is very resentful of this. She has spells when she threatens to kill herself or to kill her mother." The psychiatrist indicates that the child is a "child who is trying very, very hard to be independent and self-sufficient on the basis that she cannot expect much from her mother." The fourth of the twelve "shows no affection to her mother now, nor has she ever. She resists her mother's attempts to coddle her, and, since the time she has been able to move about herself, she has pulled away from her mother's demonstrations of affection." The psychiatrist feels that this child is chiefly rejected by her mother. The fifth of the twelve "consents to do something that her mother wants in a very spiteful manner." She likes to make her mother angry and then "sings when she does get angry." The sixth child in this group "refuses to cooperate with her mother. She wants everything her own way but won't give in return. When her mother denies her food, she becomes very belligerent and accuses her mother of not loving her." In talking to the psychiatrist, this child "finally discussed her problem as that of fighting with her mother." The seventh child of this group "has constantly rejected her mother since the age of three." She "would have nothing to do with her mother but went to her father." The eighth of the twelve "clings to her mother and will not go to school." The psychiatrist sites this as "a typical case of school phobia where the child is afraid to leave her mother because she is afraid that her hostile wishes toward her mother might become true." The ninth's main problem is one of belligerence. She fights everything her mother tells her to do. She reacts to punishment with more belligerence and fights back, screams and says she hates her mother." The tenth child's case, the psychia-

trist feels that "enuretic symptoms such as she has are one of the few ways that children have to express their hostile feelings toward the mother." In the eleventh of the twelve, the child "resents looking like her mother very much. She wanted to live with her father when her parents were separated. Now she wants to live with her maternal aunt rather than with her mother." In the last case of the twelve, the child "is active and willful where her mother is concerned." When talking to the psychiatrist she "gave the impression that her mother had killed her brother although this was far from true."

Table XI is a summary of the above information.

TABLE XI

DISTRIBUTION ACCORDING TO TYPE  
OF RELATIONSHIP TO MOTHER

<u>Type of Relationship</u>	<u>Frequency</u>
No Information .....	3
Relates Well .....	4
Insecure in Relationship .....	4
Relates in a Hostile Manner .....	12
TOTAL .....	26

With one exception, the material on how the child relates to her father has been taken from the information given by the mother, the father, or the child. The one exception is in the case where the psychiatrist's material is also used. The psychiatrists in general did not give information as to how the children related to their fathers.

In eight of the 26 cases studied, there is no information on how the



child related to her father. Seventeen of the remaining 18 cases are considered in four groups. The other child did not seem to fall into any of the four groups. All that is stated in the record is that "she feels that her father favors her sibling."

In nine of the remaining 17 cases, the child is affectionate toward her father. In two of these 9 cases, the psychiatrist feels that the father is seductive toward the child. In three others, the father favors another sibling. One child in this group of 9 "obeys her father better than she obeys her mother." She "is very fond of him." Her father "feels she is partial to him." The second of the nine "seems to respect her father's advice and wish to please him." She is "devoted to her father." The third states that "her father is her favorite, that he is a wonderful father." The fourth is "very fond of her father and just loves to kiss him." The fifth of this group of nine "would hug and cuddle in her father's arms for ten and fifteen minutes at a time if her father would let her." The sixth said that "her father is good at doing things." She returns the affection that she receives from him. The seventh "adores" her father. She "feels terrible when her father thinks that she is not doing her best in school." The eighth of the nine says "her father is wonderful, but he is strict." In the last of the nine cases, the child "can twist father around her little finger. She will go up and hug and kiss him a lot." The child says that her father "is nice and patient."

In two of the 17 cases, the children are forming a better relationship to their fathers. One is reported by her mother as "gradually turning more to her father." The other is "becoming very attached to her father."

In two other cases of the 17, the children are afraid of their

fathers. One of those "is afraid of her father because he is always nagging her." The child herself says that she "doesn't like him as much as she likes her mother." The other of the two is afraid of her father "because he is not calm with her when she upsets her mother."

In the remaining four of the 17 cases, the children do not get along well with their fathers. One of these children "provokes her father. She will not take punishment from him and argues him out of it." The second "is depreciating of her father," the psychiatrist feels. "She is usually at a loss in her attitude toward her father and takes her cue from him. If he is severe, she is defiant. If he is indifferent, she attempts to gain his attention. She feels no warmth toward him." The third of this group does not "get along with him because he finds fault with little things and she argues with him about it." The last is reported by her mother as having said that "she hates her father. In her father's presence, she is passive and constantly whinning."

This information is summarized in Table XII.

Information on how the children relate to their siblings has been taken from the material reported by the mothers, the fathers, and the children. The psychiatrists' and the psychologists' opinions are used when they apply to the sibling relationship in a given case.

Two cases out of the 26 studied do not have information as to how the children relate to their siblings. The remaining twenty-four cases are considered in three groups.

In four of the remaining 24 cases, mild sibling rivalry is indicated. In one of this group of four cases, the psychologist reports that the Children's Apperception Test indicates "mild sibling rivalry." In the second of

TABLE XII

DISTRIBUTION ACCORDING TO TYPE  
OF RELATIONSHIP TO FATHER

<u>Type of Relationship</u>	<u>Frequency</u>
No Information .....	8
Unclassifiable .....	1
Relate in an Affectionate Manner .....	9
Forming a Better Relationship .....	2
Relate in a Fearful Manner .....	2
Do Not Relate Well .....	4
TOTAL .....	26

the four, the mother thinks that there is "some rivalry on the part of the child over her father's attention. Other than this she gets along with her sibling fairly well with the usual amount of quarreling." The third expresses that her sibling "gets more things from her mother and father than she does. However, she is glad that she has a sibling." In the last of these four cases the child herself reports that "she fights with her brother and sister," but neither the mother nor the psychiatrist mentions this as a problem.

In three of the 24 cases, the child denies that there is anything wrong in her relationship to siblings. There is nothing in the rest of the material to contradict this. In speaking to the psychiatrist, one child in this group said "that everything was all right between her and her sibling." Another says that "she wants to make her brother happy so that he won't get angry at her and so that they will be friends." The other child in this group did not mention her brother spontaneously, but when questioned about him said

"she was very fond of him. She added that she was not jealous of him although her mother has often said that she could not understand why she was not."

In the remaining seventeen of the 24 cases, rather serious disturbances are indicated in how the children relate to their siblings. In one of these cases, the mother reports that the child "talked with her like an adult concerning her problems in regard to her older brother. During this period the child wanted to be a boy and insisted upon being called a boy's name." This child "is jealous of her brother because he is given too much attention." The second child in this group says that "her mother prefers her sister, that she and her sister fight a lot, and that she does not play with her sister because her sister bosses her and gets her own way with her." The third child in this group of seventeen told the psychiatrist that "she does not get along well with her brother and they fight a good deal." The fourth's mother reports that the child "is very rivalrous with her sibling." The fifth's spontaneous conversation suggests a sibling rivalry problem." the psychologist reports. The mother reports that "the child fights with her sibling." The sixth of this group "denied any dislike of her sister, although in her play she acted out the competition with her sister." The psychiatrist reports that there is an "intense amount of sibling rivalry in this case."

In five of the 17 cases where rather serious disturbances are indicated, it is reported that at the birth of the younger sibling the trouble with the child began or became worse. In one of these cases, the child "seems to have gotten worse since her baby brother's birth. She is very jealous of the baby brother and her mother can not leave her alone with him. She has tremendous hostility toward him and wishes he were dead. She delights in making

her brother completely miserable." The second's mother reports that "the child's fears and brattiness started about the time of her mother's pregnancy with sibling." The psychologist reports that the Children's Apperception Test in this case indicates "primary problem in the area of sibling rivalry." The third of the five in this group was "extremely upset when her brother was born. Now she makes issues in order to see him punished." The psychiatrist reports that "the child's preoccupation with sibling rivalry was shown by the question she asked in the interview." In the fourth of these cases, the psychiatrist reports that "her brother's birth seems to have been a traumatic experience." Her mother reports that she was sent to relatives at the time of his birth. "She was very unruly, hard to manage, and had to be spanked a great deal." The last of this group of five is reported by her mother to have "showed overtly her jealousy of her brother when he was brought home from the hospital." Now she "is likely to lash out at him." She continually asks her mother if her mother likes him better than she does her.

In three others of the 17 cases, the children relate with hostility to their siblings. One of these 3 "verbally states that she hates her brother." "She resents any contact with him. Her relationship with him is getting worse." In another child's case, the psychiatrist reports that "most of the remarks pertaining to her sister were of a very indirect, hostile nature." In the last of the three, the psychiatrist reports that the child "expresses considerable hostility toward her sibling."

In the remaining three of the 17 cases, the children can not, or, have difficulty in, expressing hostility or negative feelings toward the siblings. In one of these 3 cases, the mother reports that the child "plays with

her younger brother for hours on end. As far as the mother knows the child has not shown any jealous feelings toward the sibling. Occasionally she will take her anger out on him, though." This child, in the psychiatric interview, "was finally able to mention some negatives about this younger brother."

Another of this group of three "insists that all the fighting with her sister is just in fun." The psychiatrist reports that "it is quite probable that she has a reaction formation to the jealousy to the sibling and takes this out on other children." The last of the group of children "has an older brother who has always hated her. He never passes her without making some motion to strike her. She cowers away from him, raising her arms over her face. She is unable to take her own part in any way against him."

The above information is summarized in Table XIII

TABLE XIII

DISTRIBUTION ACCORDING TO TYPE OF  
RELATIONSHIP TO SIBLINGS

<u>Type of Relationship</u>	<u>Frequency</u>
No Information .....	2
Mild Sibling Rivalry .....	4
Denial of Difficulty .....	3
Serious Disturbances .....	17
TOTAL .....	26

HOW CHILDREN RELATE TO ADULTS OUTSIDE OF THEIR IMMEDIATE FAMILY

In this thesis, by immediate family is meant the father, the mother, and the siblings. Thus grandparents and other relatives are considered outside of the immediate family and are considered in this section of the chapter

even though they may live with the children of the study group in some cases.

The material presented in this section of the chapter is divided into two parts on how the children in the study group relate to (1) other adults, and (2) teachers.

The information used on how the children relate to other adults has been obtained from the material the mothers of the children gave. Only eight of the 26 cases studied contain any information on how the children relate to other adults.

In three of the 8 cases, the children are reported as having no respect for their adult relatives, although they do respect other adults whom they know outside of their families. Two of the 8 children in this group are very fond of their grandparents. Two others have great respect for maternal aunts. The last one in this group of eight prefers her mother's adult friends to her own.

The material on how the children in the study group relate to their teachers presented in this section of the chapter has been obtained from the school reports which the teachers themselves fill out and send to the Clinic upon the request of the psychology department of the Clinic. School reports are obtained only if permission is first given by the parents.

In four of the 26 cases in the study group, there are no school reports. In one other case there is a school report, but the teacher does not give any information on how the child relates to her. The remaining twenty-one of the 26 cases are considered in three groups into which they seem to fall.

In the first of these groups, the children are reported by the

teachers as relating in a cooperative manner. Fifteen cases come under this heading. This group is further broken down as follows.

In ten of the 15 cases in which the children are reported as cooperative, this is the only thing mentioned about the relationship to the children. In three of the 15 cases, the teachers also report that the children are overly anxious to please, and in two of these 3, the teachers report that the children display excessive demands for the teachers' attention. In one other of the 15 cases, the teacher feels that the child "means to be cooperative, but purely through thoughtlessness is sometimes disorderly." In the last of the fifteen cases, submissive and shy are also checked by the teacher.

In the second group among the twenty-one cases, 5 of the children are reported as relating in a stubborn manner to the teachers. Two of the children in this group are also defiant towards their teachers and make excessive demands for their attention. In another of the five cases, the teacher feels that the child is "stubborn and resentful before the class, but becomes quite docile when spoken to about her behavior privately." In the other two of the 5 cases, the children are reported as "passively" stubborn. Both of these children make demands for their teachers' attention. One "would rather stay in the room at recess and help the teacher than go outdoors and play with the group."

The last case of the twenty-one is in a category by itself. This child relates to the teacher in a submissive, shy manner.

The above information is summarized in Table XIV.

#### HOW THE CHILDREN RELATED TO ADULTS AT THE CLINIC

The material considered in this section of the chapter is divided



TABLE XIV

DISTRIBUTION ACCORDING TO TYPE OF  
RELATIONSHIP TO TEACHER

<u>Type of Relationship</u>	<u>Frequency</u>
No Information .....	5
Relate in a Cooperative Manner .....	15
Relate in a Stubborn Manner .....	5
Relate in a Submissive, Shy Manner .....	1
TOTAL .....	26

into two parts. These parts contain the information on the relationship of the children to (1) the psychologists and (2) the psychiatrists who examined them at the Clinic.

In nine of the 26 cases studied, no information was obtainable on how the child related to the psychologist at the Clinic. In four of these 9 cases, no psychological examinations were made at the Clinic. In the other five, psychological examinations were made at the Clinic, but the psychologists do not mention how the children related to them.

The remaining seventeen of the 26 cases studied are considered in five groups. In the first of these groups, the children related well to the psychologists, the psycholodists report. There are four cases in this group. Two of these 4 were also provocative, one "not unpleasantly so," the other "to the point where she became smart-alecky and overly friendly." In another of these four, the psychologist sensed "some affective restraint." There are no qualifying remarks made about the fourth of this group.

In the second of these groups, four of the 17 children are reported

by the psychologists as having related in a mature fashion to them. These children are described as being poised, self-assured, or as having social confidence. They are also said to be friendly and likable.

In the third of these groups, four of the 17 children are described as relating in a cooperative manner to the psychologists. In two of the 4 cases, the cooperation was "passive." One of the 2 "seemed to be reaching out for a relationship in a passive manner." The other two of the 4 are described as having been "attentive and cooperative, but physically restless." One of the 2 was also provocative.

In the fourth of these groups, three of the 17 children are said to have related to the psychologists in a "shallow or superficial" manner.

In the fifth of these groups, two of the 17 children are reported as having "shown an underlying hostility toward the psychologist that examined them" One is described as having been "conforming and mature on the surface, but with an underlying hostility being evident." The other "accidentally kicked the psychologist under the desk several times," although on the surface she appeared outgoing.

The above information is summarized in Table XV.

The information on how the children related to the psychiatrists at the Clinic has been obtained from the examining psychiatrist's write up on each case considered. In four of the 26 cases studied, no mention is made by the psychiatrist about how the child related. The remaining twenty-two of the 26 cases are considered in three groups as follows.

In the first of these groups, ten of the 22 children are considered to have related well to the examining psychiatrist. These ten are further

TABLE XV

DISTRIBUTION ACCORDING TO RELATIONSHIP  
TO THE PSYCHOLOGIST

<u>Type of Relationship</u>	<u>Frequency</u>
No Information .....	9
Related Well .....	4
Related in a Mature Manner .....	4
Related in a Cooperative Manner .....	4
Related in a Superficial Manner .....	3
Related in a Hostile Manner .....	2
TOTAL .....	26

broken down. In three of the 10 cases, the children are reported as having been initially shy and then warmed up. In five of the 10 cases, the children are said to have related quickly and easily. In the remaining two of the 10 cases, the children "reached out for attention" and seemed "somewhat carefree in manner."

In the second of these groups, seven of the 22 children, did not relate too well to the examining psychiatrist. The psychiatrists describe the children as relating in a "somewhat defensive manner," as "not incooperative, but didn't relate really well," as "outgoing in the interview, but somewhat superficial in relating," as "submissive in manner," as "exhibitionistic", as "putting the relationship on a somewhat provocatively seductive basis," and as "not relating too well to the examiner."

In the third of these groups, five of the 22 children are considered as having related poorly to the examining psychiatrist. One is described as

having been "frankly cocky, flagrant, depreciating, and provocative toward the examiner." Another is said to have "related very poorly during the interviewing situation." Another "was very fearful of the examiner." Another, "although she sat next to the examiner during the entire interview and played with the materials in the box, her relationship with examiner was very poor." The last, "Although she smiled and answered questions, underlying resistance and hostility were quite apparent."

The above information is summarized in Table XVI.

TABLE XVI

DISTRIBUTION ACCORDING TO RELATIONSHIP  
TO PSYCHIATRISTS

<u>Type of Relationship</u>	<u>Frequency</u>
No Information .....	4
Related Well .....	10
Related "Not to Well" .....	7
Related Poorly .....	5
TOTAL .....	26

#### HOW THE CHILDREN RELATE TO CHILDREN OUTSIDE OF THEIR OWN FAMILIES

The material presented in this section of the chapter is divided into two parts which describe the children's relationship to (1) Schoolmates and (2) Playmates.

The information, the children's relationship to their schoolmates, has been obtained from the school reports filled out by the teachers. Only the information given by the teacher has been used. In this thesis, school-

mates are those children with whom the children play or associate in the classroom or on the school grounds.

Of the twenty-six cases in the study group, 5 have no information on how the children relate to their schoolmates. Of the five, 4 have no school reports in the case records, and one has no information on how the child relates to the schoolmates given in the school report in the record.

The remaining twenty-one of the 26 cases studied fall into two categories.

In the first of the two categories, there are six children who relate poorly to their schoolmates. If the teachers report that the children isolate themselves from the group, do not appear to be accepted by the group, do not get along with children of the same or of the opposite sex, or if the teachers report a combination of "tattling," being quarrelsome with other children, or disturbs other children, those children are placed in this category.

In the second category, there are fourteen children who relate well to their schoolmates. If the teachers report that the children appear to be accepted by the group, seek opportunities to do things with other children, appear to get along with children of both sexes, appear to be leaders and not more than two negatives such as interferes with other children or teasing other children are reported, those children are placed in this category. In four of the 14 cases, appears to be accepted by the group is the only thing the teacher reports. In the remaining ten cases of the 14, a combination of the above items are present.

One case of the 21 does not seem to fit in either of the two categories. In this case the teacher reports that the child "seeks to do things

with other children but she is somewhat younger than her classmates, and, therefore rather less mature."

The above information is summarized in Table XVII.

TABLE XVII

DISTRIBUTION ACCORDING TO RELATIONSHIP  
TO SCHOOLMATES

<u>Type of Relationship</u>	<u>Frequency</u>
No Information .....	5
Not Classifiable .....	1
Relate Poorly .....	6
Relate Well .....	14
TOTAL .....	26

The information pertaining to the children's relationship to their playmates has been obtained from what the mothers or the children have said to the psychiatrists or the social workers. In this thesis, playmate means any child the children of the study group play with outside of the school setting.

In five of the 26 cases studied, no information on the relationships to playmates is given. In the remaining twenty-one of the 26 cases, none of the children seem to relate well to their playmates except those who can seemingly relate well to only one friend at a time.

Four of the 21 children in this group get along with only one special girl friend at a time. One of the four has a friend of "the provocative, destructive, trouble-maker variety." Another of the four "depreciates her one friend." Another "goes off by herself and reads when children other than her

special friend are around." The other "had a friend with whom she played, but when she moved away the child did not make other friends."

In six of the 21 cases, the mothers or the children themselves state that the children "do not get along with their playmates." They do not qualify this remark in the case material.

In five others of the 21 cases, the mothers report that the children are the "aggressive, bossy type that do not get along with other children."

In the remaining six of the 21 cases, the children are reported as the type that withdraw from relationships with other children.

This information is summarized in Table XVIII.

TABLE XVIII

DISTRIBUTION ACCORDING TO RELATIONSHIP  
TO PLAYMATES

<u>Type of Relationship</u>	<u>Frequency</u>
No Information .....	5
Relate Well to One Friend at a time .....	4
Do Not Relate Well .....	6
Relate in a "Bossy" Manner .....	5
Withdraw from Relationships .....	6
TOTAL .....	26

SUMMARY

In this chapter the children's relationships to specific persons in their environment has been considered. The following general points are a summary of the findings.

(1) Well over half of the children in the study group do not relate well to their mothers. They tend to relate in a depreciating or a disparaging way, in a hostile way, or are insecure in their relationship to their mothers and strive to please them. Most of the group who do not relate well are hostile toward their mothers. Less than a fourth of the total group of children studied can be said to relate well to their mothers according to the information available in the case records.

(2) Of the seventeen cases which have information about how the children relate to their fathers, over half of them relate affectionately or warmly to their fathers. Approximately one-fourth of the children studied do not relate well to their fathers.

(3) In over half of the cases rather serious disturbances in the way the children relate to their siblings are indicated. Some type of problem in the child's relationship to her sibling is indicated in all except three of the 24 cases in which information on this subject is given in the records.

(4) There is very little information available in the case records of the twenty-six children studied on how these children relate to other adults outside of their immediate family, aside from their teachers and the adults seen at the Clinic.

(5) Of the twenty-one cases in which there is information on the children's relationships to their teachers, approximately three-fifths of them relate well to their teachers.

(6) Of the seventeen cases in which information is contained on the children's relationships to the psychologists, approximately two-thirds can be described as having related well. In this group are included those presented



as relating well, as relating in a mature fashion, as relating in a cooperative manner.

(7) Of the twenty-two cases in which some information on the children's relationships to the examining psychiatrist is present, a little under one-half related well. Less than one-fourth related very poorly.

(8) Of the twenty-one cases which contain information on the children's relationships to their schoolmates, two-thirds relate well.

(9) Of the twenty-one cases which contain some information on the Children's relationships to their playmates, none of them can be said to relate really well to other children generally. One factor which may influence this is that the mothers tend to be preoccupied with the negatives about the children when giving information at the Clinic.

## CHAPTER IV

### THE GENERAL BEHAVIOR OF THE CHILDREN IN THE STUDY GROUP

In this chapter the general behavior of the children is considered under three headings, their behavior (1) at home, (2) at the Clinic, and (3) at school. These headings correspond to items appearing in the outline used in collecting the material.<sup>1</sup> The material presented in this chapter has been obtained on file cards in the same manner as described previously.<sup>2</sup>

#### AT HOME

The data presented in this section of the chapter on behavior of children of the study group in their own homes has been obtained from the social history material and the psychiatric interview material of the mothers, and of the fathers if they were interviewed.

As described earlier, direct quotations from the records are used in lieu of a definition of a given category of grouping and as evidence that the particular case belongs to the category or group to which it is assigned.

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1 See Appendix I.

2 See Page 2.

Of the twenty-six cases studied, one does not have any information on the child's behavior at home. In this case, the mother was too disturbed to give much information.

The remaining twenty-five of the 26 cases studied are considered in five categories. In the first of these categories, the children present extreme acting out behavior. Two of the 25 cases in this category. One child "deliberately aggravates her parents ... tries to rule her parents ... eggs her parents on and snickers at them when they get upset ... has a violent temper and hysterical attacks..." The other child "...is unwilling to recognize authority... is defiant... has a violent temper... acts wild... makes scenes in front of company..."

In the second of these categories, the children present not too extreme acting out behavior. Seven of the 25 children are considered in this group. The first of this group of seven "...is stubborn ... is an actress ... is very active and restless..." The second of this group "...is very active... has difficulty in sitting still... does only what she wants to do ... talks all the time..." The third of this group "...controls situations usually ... is extremely independent ... does what she wants to do ... is not able to concentrate on anything for any length of time..." The fourth "... is noisy and boistrous most of the time..." The fifth "... is active and willful..." The remaining two are described as "belligerent."

In the third of these categories, the children present comparatively mild acting out behavior. Of the twenty-five cases, 3 are considered in this category. One of these children "... seems happy and well adjusted, never seems to complain about anything, and is always dancing around and singing..."

Another of this group is described as having a temper. The last is described as being "a little bold and on the nervous side ... She wants attention..."

In the fourth of these categories, the children are extremely inhibited. Of the twenty-five cases, 6 seem to belong in this category on the basis of the material found in the record. The first of these children "... is extremely shy, fearful, easily frustrated, and quick to cry...." The second "... has many fears ... seems to be afraid of group competition... is mature beyond her age and very observant... is a perfectionist and gets tense if everything is not exactly right ... she always minds...." The third is described as being mainly "fearful of everything." The fourth "... is a perfectionist and is anxious and disturbed when she can not do well ... she is sullen and does not seem to be happy...." The fifth child's main problem is that of phobic fears. The last child in this group "...is tense...has periods of extreme quietness and inactivity...."

In the fifth of these categories, the children are inhibited, but not extremely so. Of the twenty-five cases, 7 are considered as belonging to this category. The first of the group of seven is described as quiet and self-reliant. The second "...is fearful of the dark ... dislikes going to school." The third "...reads a great deal...will not go to parties...not too interested in socializing...." The fourth "...cries a lot...can stand little criticism.. does not socialize...." The fifth "...daydreams...doesn't want to fit into a pattern...shies away from people..." The sixth "...thinks no one likes her... is timid...cries easily...is more loving to animals...." The last of this group of seven is described as easily frightened, nervous and "tends to withdraw."

Table XIX is a summary of the above information.

TABLE XIX

DISTRIBUTION ACCORDING TO CHILDREN'S  
BEHAVIOR AT HOME

<u>Type of Behavior</u>	<u>Frequency</u>
No Information .....	1
Extremely Acting Out .....	2
Not too Extremely Acting Out .....	7
Comparatively Mild Acting Out .....	3
Extremely Inhibited .....	6
Inhibited .....	7
TOTAL .....	26

#### AT THE CLINIC

The data presented in this section of the chapter about the children's general behavior at the Clinic has been obtained from the psychologists and/or the psychiatrists reports on their interviews with the children.

Of the 26 cases studied, one contained no specific information on how the child behaved with the psychiatrist. There was no psychological examination given at the Clinic.

The remaining twenty-five of the 26 cases are considered in two categories. In the first of the two categories are fifteen cases of children who were outgoing in their behavior at the Clinic. The first of this group was "...very verbal...alert...superficially relaxed and friendly...covered anxiety by stream of chatter...." The second was "...extremely restless...spontaneous...rather coy and winsome...smiled easily and quickly...." The third was

exhibitionistic and overtly hostile. The fourth "...walked with a swagger with a male bravado...talked freely...laughed frequently...." The fifth "...showed her aggression openly...chattered continuously yet intelligibly...." The sixth was "...very verbal and outgoing..." The seventh was "...overly confident...chattered continuously...cooperative...extremely distractible...hyperactive...freely displayed her vivid imagination...." The eighth was "...an acting child...provocative...cocky and though...swearing royally in the interview...." The ninth "...reached out for attention...was physically restless...acted out more than verbalized...quite free in playing and asking for things...was provocative...." The tenth "...verbalized quite freely...was somewhat carefree in manner...." The eleventh was "...eager...became freer in acting out...talked constantly...was alert and responsive..." The twelfth was provocative and had a "ready, frank manner." The thirteenth "...cooperated easily...was spontaneous...was poised...was open and direct in answering...." The fourteenth "...was outgoing in the psychiatric interview...was attention seeking...was excitable...." The fifteenth was described as very poised, outgoing and likable."

In the second of the two categories in this section, the remaining ten of the 25 cases are considered. These are the children who tended to be withdrawing in their behavior at the Clinic. The first to be considered "...had little real interest, spontaneity, or particular effort...was passive...had an underlying resistance and hostility...." The second "...was compulsive...actively withdrew when rejection was threatened...had little interest in activities that would normally interest a child of her age...." The third "...was extremely serious...never became involved...frequently gazed into

space...was much wrapped up in her own thoughts...was rather apathetic..." The fourth was "...quiet and retiring...closed up on material outside of the test...adhered to her play ritualistically...was markedly inhibited and constricted...her face was expressionless...." The fifth "...was fearful...refused to play with toys...sobbed continuously...." The sixth "...was evasive...had no spontaniety...was somewhat apprehensive...did not talk much...was somewhat negativistic...." The seventh "...was conforming...had underlying hostility...." The eighth "...somewhat defensive in manner...became lost in her own ideas...." The ninth was "...serious throughout the interview...had affective restraint...." The tenth "...was very polite and submissive...had an ingratiating manner...."

The above information is summarized in Table XX.

TABLE XX

DISTRIBUTION ACCORDING TO CHILDREN'S  
BEHAVIOR AT THE CLINIC

<u>Type of Behavior</u>	<u>Frequency</u>
No Information .....	1
Outgoing .....	15
Withdrawing .....	10
TOTAL .....	26

AT SCHOOL

The data presented in this section of the chapter on the children's general behavior at school has been taken from the school reports filled out by the various teachers of the children in the study group. Because of the form of the school report, this data does not fall readily into the type of

categories used in the other sections of this chapter on the children's behavior. Differing categories are therefore used that seem to fit the material available from the reports better.

Of the twenty-six cases studied, 4 contain no school report. Of the remaining twenty-two, 20 cases have the childrens reactions to success and failure recorded. In thirteen of these 20, the children seem to react fairly normally. The children's reaction to success in these thirteen records are variously described as follows: "with great satisfaction," "enthusiastically," "likes success and continues to do good work," "reacts normally," "reacts in a level-headed manner," "acts very pleased about success," "reacts as normal persons do," "reacts normally to success," "is pleased at progress," "is normally pleased at success," "reacts with pleasure," "enjoys praise," and "it makes her very happy to succeed." Of the thirteen records in this group, 4 do not have the childrens reactions to failure. The nine other records contain the following reactions: "reacts to failure with disappointment," "reacts with disappointment, but pleasant," "Failure doesn't bother her.", "reacts normally," "admits need for greater effort when she fails," "accepts failure as it comes," "reacts as normal persons do," "willing to correct mistakes," and "desires to correct errors when she fails."

In three of the 20 cases, the children are described as either "indifferent to success and failure," or their "reactions are not apparent."

In the remaining four of the 20 cases, the children's reactions seem to be somewhat unhealthy. The reactions are described as follows: one reacts to success "by wanting to dominate the group," and to failure "very disconsolately;" another is "very elated over successes," and reacts to failure



"with defiance;" another is "proud of achievement and pleased with praise," but reacts to failure "by being stubborn and resentful;" and the last has "a pleasant, normal reaction to success," but "becomes sullen over failure."

Of the twenty-two cases containing school reports, 9 have information given by the teachers to the effect that the children are "sullen," "oversensitive," "have temper tantrums," or "act smart," or have a combination of these types of behavior. Two of the group of 9 are also described as restless and excitable.

Of the twenty-two cases containing school reports, 13 have information given by the teachers to the effect that the children exhibit the following types of behavior: "restless," "Difficulty in concentrating," "disturbs other children," "inattentive," and "excitable." Two of these 13 children exhibit only one of the above types of behavior, but the remaining 11 children some combination of types. Three of the 11 children have all types indicated in their reports.

#### SUMMARY

In this chapter the children's general behavior at home, at the Clinic, and at school has been considered. The material presented in this chapter is summarized in the following points.

(1) The twenty-five cases containing information on the children's behavior at home were about equally divided between the acting out group and the inhibited group. One over half of the cases presented inhibited behavior at home. Twice as many children presented extremely inhibited behavior than presented extremely acting out behavior at home.

(2) Of the twenty-five cases containing information on the Chil-

dren's behavior at the Clinic, three-fifths presented acting out behavior.

(3) Of the twenty cases containing information from the school reports on the children's reactions to success, four-fifths of them have a normal reaction. Of the sixteen cases containing information on the children's reactions to failure, One over half of them have normal reactions.

(4) Of the twenty-two cases containing information on how the children behave at school, approximately two-thirds exhibit excitable, inattentive, restless behavior.

## CHAPTER V

### SPECIFIC PROBLEMS PRESENTED BY THE CHILDREN

The material in this chapter is considered under three headings, (1) Sex Problems, (2) Somatic Dysfunction, and (3) Socially Inacceptable Acts. These classifications are used because they are the classifications that appear on the summary cards of each case at the Institute for Juvenile Research that are catalogued under the IBM card system.

#### SEX PROBLEMS

In this section of the chapter, both the overt behavior on the part of the children as reported by the parents and the unconscious material revealed in the psychiatric and psychological examinations that indicate problems in the area of sex are given. However, if there is no material available on the subject in either the psychiatric or psychological material, then only the parents' reports are used.

In five of the 26 cases studied, there is no indication of sexual disturbances in any of the case material. The remaining twenty-one of the 26 cases are considered in four groups.

In the first group are four cases in which the mother only gives evidence of a sexual problem being present. In two of the 4 cases, masturbation is reported by the mothers. Another of this group of four is indifferent to getting sex information from the mother. "She laughs in her mother's face

whenever the subject is brought up by her mother." In the last case of the group of four, the mother feels that the child is overly interested in sexual matters.

In the second group, there are two cases in which the mothers indicate that there are no sex problems and the psychiatrists' examinations indicate that there are. In one of the 2, the mother reports that the child has no trouble in this area. Both the examining psychologist and psychiatrist at the Clinic feel that the child "has an overly strong sexual interest" and "seems caught in a real oedipal situation." In the other case the mother states that the child "has no sexual problems as she got the answers from books." The examining psychiatrist indicates that the child has "a strong sexual conflict which she intellectualizes."

In the third group, there are five cases which have indications in both the parents' and the clinical material that the children do have sexual problems. Three of these children masturbate at home, and, a problem with masturbation is indicated in the clinical material. Another of this group of five has a facial tic about which the examining psychiatrist says, "the eye blinking movements may have originated in the early sexual trauma." This child experienced a trauma when an older boy made improper advances to her on several occasions. In the last case of this group of five, the psychiatrist feels that the child "has trouble accepting her feminine role."

In the fourth group, there are ten cases in which the clinical material only indicates that the patients have a problem in the sexual area. One child in this group of ten "acts like a though little boy. She attempts to deny her feminine role." Another's dream material reveals that she is

"guilty of feelings toward her father." Another's "perfectionism and enuresis are evidence of her father's seductiveness." Two others in this group of ten show "an extreme masculine protest." In another of the ten, there is in the fantasy material "indications of an oedipal conflict." Another of the ten is "sexually competitive with her mother," and has a "primary problem in the area of sex" indicated on her Children's Apperception Test material. In another of the ten, it is reported that the child "at the present time seems to be in the throes of an intensive oedipal situation." Another is "somewhat disturbed about her sexual conflicts but is functioning rather well in spite of the difficult situation. The last of the ten in this group "has a great deal of anxiety concerning sexual activity. Her sexual conflicts are not repressed, rather internalized."

#### SOMATIC DYSFUNCTION

Alexander speaks of the twofold aspect of sickness, "suffering and the gratification of dependence" in his work on psychosomatic medicine.<sup>1</sup> Sontag feels that "The tension-producing, tension-releasing situation which I consider of paramount importance in the problem of psychosomatics in childhood is the working out of the dependence-independence problem."<sup>2</sup> He also states that "Psychosomatic manifestations in children are most often directly

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1 Franz Alexander, Psychosomatic Medicine, W. W. Norton and Company, New York, 1950, 270.

2 Lester Sontag, "The Genetics of Differences in Psychosomatic Patterns in Childhood," American Journal of Orthopsychiatry, XX, July, 1950, 485.

and obviously purposeful and less often a true organ neurosis...They are simple expressions of hostility to parents or methods of getting more of mother's attention as a substitute for love...."<sup>3</sup> Of the twenty-three cases in this study which report some somatic dysfunction, only seven of them have positive physical findings reported in their physical examinations. There are no medical reports on five of the 23.

Of the twenty-six cases in the study group, 3 have no somatic dysfunction reported. The remaining twenty-three of the 26 cases are considered in two groups. In the first of these groups, there are nine cases in which the somatic dysfunction, as it is described in the record, appears to be comparatively mild. In this group of nine, one child "overeats and is overweight. Another bites her nails. Another has been enuretic since she was three; she is seven years old at the time of the examination. Another is a feeding problem and wet the bed until she was five years old. Another "gets a nervous itch while trying to go to sleep." Another "has an itch on her hands that travels." Another has sucked her thumb almost constantly since birth; she is eight at the time of the examination. Another began wetting the bed when she was three. "Now she wets the bed six nights out of seven;" she is seven at the time of the examination; she also still sucks her thumb.

In the second of the two groups are the remaining fourteen of the 23 cases. The problem of somatic dysfunction is more serious in these fourteen cases. The cases are considered under three classifications, those presenting physical complaints, those with tics and those with phobias.

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3 Ibid., 481.

In eight of the 14 cases in this group, the children have physical complaints such as frequent vomiting and pains as well as some of the above complaints. One of the 8 "is a child who can throw up at will;" she also wets her pants at school. Her medical report indicates essentially negative physical findings. In another of this group of eight cases, when the child "didn't want to go to school, she complained every morning that her eyes ached and that she felt like vomiting after she ate. Generally when her eyes are bothering her, she will vomit and the pain will go away." The report on her eye examination was "essentially negative." This child also does not eat well, bites her nails, and sucks her clothing. Another of the eight "vomits easily when her parents try to make her do something. When younger she used to run a very high temperature for no apparent reason." She has a medical report of a slight thyroid deficiency. Two of these eight cases have positive medical findings which relate to the type of somatic dysfunction they display. Both children have had a slight asthmatic condition since they were two years old. One of these two also bites her nails and the other sucks her thumb; these children are both eight years old. Another of the eight children in this group has "pains in her abdomen. She delights in getting prescriptions and has one physical complaint after another." Another of the eight "limped on the way to the examining room at the Clinic; she held her side and told of the pain she frequently has and that her feet hurt." The last of this group of eight has "severe headaches, causing her to hold her head and scream." She has fits of dizziness and has a feeling "described as lightning across her chest." She complains of itching "which travels to different parts of her body." The medical findings on her are "essentially negative physically."

In six of the 14 cases, the children have either tics or phobias. One of the 6 has both. This child who has both has an "occasional forehead wrinkling tic," and has had extreme fears of such things as dogs and witches since she was about two years old. In another of this group, the child "has a facial tic; she opens her eyes widely, habitually. She also pulls her ear lobes and smells her hands." These are described as being "essentially the problem." Another of the six also has a facial tic. "The whole problem is contained in this child's symptoms of tics which have spread from severe eye-blinking to exaggerated compulsive movements of legs, arms and the whole torso." There are medical reports on both of the above cases which state that the physical findings are "essentially negative." Another of the group of six "is fearful that parents will be killed or will desert her. These fears show themselves physically in the form of nausea and diarrhes." Her medical report indicates that she has allergies and has a nasal condition, otherwise the report is "essentially negative." Another of the six has fears that her food has been poisoned and wont eat. "She has attacks of fearfulness described as vague in which she doesn't know whether she is dead or alive." The last of these six cases also has fears that her parents will be killed. "She is a twelve and a half year old girl who weeps and cries in terror to the point where her mother has practically given up going out."

The information used in this section of the chapter has been obtained from the social histories, the psychiatric interviews, and the diagnostic staff notes. The criterion for deciding whether the symptom was one of somatic dysfunction or not, was the list of symptoms appearing under "somatic dysfunction" on the summary card present on each case catalogued under the IBM



card system. However, only those symptoms which are actually discussed or reported in the written case material have been considered in this section of the chapter.

It is noticed that the problems actually appearing in the written case material do not correspond exactly to the problems checked at the point of intake which were considered in Chapter II of this thesis.

#### SOCIALLY INACCEPTABLE ACTS

The information appearing in this section of the chapter has been obtained from reading the written material in the case records of the twenty-six cases in the study group. As explained above, the problems indicated in the written material do not correspond exactly to those checked at the point of intake. It is felt that the problems actually discussed in the case material are those which are the most prominent problems.

Sixteen of the 26 cases studied have no socially unacceptable acts reported. Of the remaining ten cases, 4 have only one unacceptable act reported. Three of these 4 report stealing only, the other reports temper only. The remaining six cases of the 10 in which some socially unacceptable act is reported have combinations of these symptoms. One of the 6 has as many as seven symptoms reported.

Nine socially unacceptable acts are reported in the ten cases. Five of the 10 the acts, setting fires, swearing, tormenting people, destructive element in groups, and truancy from the home are seen in only one case each. Temper, disobedience, stealing, and lying are found in combinations, temper and disobedience being the most frequent combination.

Stealing is reported in six cases. In none of the six is it con-

sidered a major problem. Lying is reported in three cases. The mothers of these three children do not consider it to be a very great problem.

Four of the children of the study group have temper tantrums. In three of these four cases it is an important problem. One of the 3 children "has hysterical attacks in which she doesn't know what she is doing. She has spells when she threatens to kill herself and her mother." Another "has a violent temper which she can not control when she gets angry.." The last "has terrible temper tantrums, screaming, hollering and carrying on in a violent manner."

#### SUMMARY

In this chapter what problems the children in the study present in the areas of sex, somatic dysfunction, and socially unacceptable acts have been considered in an effort to discover general tendencies among the group in these areas. The material presented in this chapter is summarized in the following general points.

(1) Most of the children use somatic symptoms as attention getting devices. Over half of the cases in which some type of somatic dysfunction is reported have more or less serious problems in this area.

(2) Almost all of the children in the study group have problems in the area of sex. However, the mothers do not, in general, regard these problems as serious.

(3) Fewer of the children in the study group present socially unacceptable acts than have either sex problems or somatic dysfunction. However, in the cases where socially unacceptable acts are reported, there are also problems present in either of the other areas.

## CHAPTER VI

### PSYCHIATRIC FINDINGS

In this chapter, material is presented relative to the amount of disturbance evident in the twenty-six children in general. The information used in this chapter has been obtained from the examining psychiatrists reports and from the diagnostic staff notes.

The twenty-six cases of the study group fall into two categories. In one category are the seriously disturbed children and in the other category are the children of the group who are disturbed, but not seriously so. In this second category, there are a number of cases in which the psychiatrists report that the children are less seriously disturbed because they have good intellectual defenses. This leads to a consideration of what correlation, if any, exists between the intelligence quotients achieved by the children in this group and this intellectual defense. Therefore, the range of intelligence quotients in each of the categories is also considered in the following material.

In the first category, there are nine cases in which the children are considered as very disturbed. The following material is presented as evidence for assigning these cases to this category. One child is described by the psychiatrist as "an extremely disturbed adolescent who is acting out in a most psychopathic manner." In another case the psychiatrist feels that it is

a "question of a pre-psychotic child." Another is "a very disturbed child who is phobic and compulsive." Another is a "very inhibited and constricted child who is felt to be seriously disturbed." Another "is a highly disturbed neurotic girl." Another is an "extremely compulsive child." Two are children who have "severe symptomatology of tics." The last is "a child having a severe phobia."

The range of intelligence quotients among the nine children in this first category is from 122 to 148. Four of the 9 have intelligence quotients over 130.

In the second category there are seventeen cases in which the children are considered to be disturbed, but not seriously so. The first eight cases presented here are those in which the psychiatrists do not indicate an intellectual defense. The intelligence quotient range among these eight cases is from 120 to 136. Three of the children have intelligence quotients over 130. The following material is presented as evidence for assigning these cases to this category.

One child of the 8 in this group is described as "minimally disturbed;" another as "having a fairly well organized structure;" another as "only moderately disturbed;" two others as "not seriously disturbed;" another as "a very mildly disturbed child;" another as "having a less internalized disturbance...able to function adequately;" and the last "as disturbed, but functions rather well in spite of home situation."

In the remaining nine cases of the 17 assigned to this second category, the psychiatrists indicate that the children's superior intelligence aid them in forming good defenses. The range of intelligence quotients among

these children is from 126 to 158. Seven of the children in this group have intelligence quotients over 130. The evidence taken from the psychiatrists material follows.

One child of the 9 in this group is described as "a child who uses her superior intellect to get the emotional gratification she needs;" another as "a child who is trying very, very much to be independent and self-sufficient, on the basis that she cannot expect much warmth from her mother...her high intellectual powers are utilized to achieve this end;" another "as an extremely talented child who is acting out in the best fashion she can...it is fortunate that this child has such good intellectual defenses;" another indicates that she has "a formation of a compulsive intellectual defense to control her hostility...she is not seriously disturbed;" another as "an intelligent adolescent who is psychosexually immature but her intelligence is helping her to maintain an equilibrium;" another as having "a compulsive intellectual defense compensating for her very great dependency needs...she is not too seriously disturbed;" another's "superior intelligence helps her to defend herself against hostile impulses she has because of her fear of loss;" another as "a moderately disturbed child who is reacting provocatively to her feelings of deprivation. With her good intellectual endowment she will be able to compensate with a compulsive intellectual defenses;" and the last as "aided in compensating for her dependency needs by superior intellectual capacity."

#### SUMMARY

In this chapter, material has been presented in order to determine the amount of disturbance that exists among the children of the study group in general. This material is summarized in the following general points.

(1) .Approximately one-third of the twenty-six cases studied are very seriously disturbed.

(2) Approximately two-thirds of the total group are disturbed, but not seriously so.

(3) Approximately one-third of the twenty-six cases in the study group, the children's superior intelligence aid them in forming good defenses. The range of intelligence quotients is highest for this group.

## CHAPTER VII

### SUMMARY AND CONCLUSIONS

This study is based on an analysis of the case records of twenty-six intellectually superior girls of school age who were seen for diagnostic studies at the Institute for Juvenile Research during a two period period from the summer of 1949 to the summer of 1951. The purpose of this thesis has been to determine group tendencies among these twenty-six girls in regard to, (1) general social data, (2) how the children tend to relate to other persons in their environment, (3) what problems they present in the areas of sex, somatic dysfunction, and socially unacceptable acts, (4) what type of general behavior they tend to present, and (5) the amount of disturbance generally present in these children.

Summaries of the material contained in the body of the thesis are presented in this chapter in answering the above five questions.

(1) The group tendencies in regard to the general social data on the twenty-six girls is presented in the following general summary.

The majority of the children in the study group are between the ages of six and nine; are placed in the first four grades in school; have intelligence quotients between 125 and 135. All of the children in the study group are white; the majority of them are of the Jewish faith. Most of the cases in the study group that were referred to the Clinic by a designated source were

referred by the school or by a medical source, although the majority of the children do not present school problems and are reported as being essentially normal physically. These children tend to present more problems of emotional reactivity and somatic dysfunction than other problems at the point of intake. Restless, excitable, and temper are indicated most frequently by the parents. Most of the girls have only one sibling. These girls tend to come from disturbed homes where there are economic difficulties, marital maladjustments, in-laws living in the homes, and frequent parental absences from the homes. Their fathers tend to be professional men or craftsmen.

(2) The group tendencies in regard to the children's relationships to other persons in their environment is presented in the following summary.

The children in the study group tend to get along best at school with both teachers and schoolmates. They tend to get along better with the adults at the Clinic or in school than with their own mothers. They tend to get along better where their intellectual capacities are foremost, such as in school or in the testing situation at the Clinic. They tend to relate better to their fathers than to their mothers. They tend to have trouble getting along with their siblings.

(3) The group tendencies in regard to what problems these children present in the areas of sex, somatic dysfunction and socially unacceptable acts are presented in the following summary.

Most of the children in the study group use somatic symptoms as attention getting devices. These symptoms are an important problem in many of the cases. Almost all of the children in the study have problems in the area of sex. However, the mothers do not, in general, regard these problems



as serious. Fewer of the children in the study group present unacceptable acts than have either sex problems or somatic dysfunction. However, in the cases where socially unacceptable acts are reported, there are also problems present in either of the other areas. The socially unacceptable acts presented most frequently in these cases are temper and disobedience. Stealing and lying do not seem to present much difficulty in these cases.

(4) The group tendencies in regard to the general behavior of these children are presented in the following general summary.

The group seemed to be about evenly divided between acting out and inhibited behavior at home. At the Clinic more of the group had a tendency to be outgoing. The children in the study group tend to react normally to success and failure in the school situation. They tend to exhibit excitable, inattentive, or restless behavior at school. It is interesting to note that this type of behavior was also indicated in the majority of the cases at the point of intake.

(5) The group tendencies in regard to the amount of disturbance present are that the children in the study generally tend to be disturbed, but not seriously so. Some of these children are aided by intellectual defenses that their superior intelligence enables them to form.

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## APPENDIX I

### I. IDENTIFYING INFORMATION

A. Code Name _____	B. Case Number _____
C. Age at First Examination _____	D. Grade Placement _____
E. Race _____	F. Intelligence Quotient _____
G. Source of Referral _____	H. Test Given _____
I. Religion _____	J. Number of Siblings _____
_____ Parents Differ in Religion	_____ Number of Brothers
_____ Protestant	_____ Number Younger
_____ Catholic	_____ Number Older
_____ Jewish	_____ Number of Sisters
K. Occupation of Principal Wage Earner _____	_____ Number Younger
	_____ Number Older
L. Marital Maladjustment _____	_____ Number Deceased
M. Home Situation _____	_____ Twin
_____	N. Problems Presented at Intake
_____	_____
_____	_____
_____	_____
O. MEDICAL Findings _____	
_____	
_____	
_____	

### II. HOW CHILD RELATES TO OTHER PERSONS

- A. How Children Relate to Members of Their Family
  - 1. To Mother\*
  - 2. To Father\*
  - 3. To Siblings\*
- B. How Children Relate to Adults Outside of Their Immediate Family
  - 1. To Other Adults\*
  - 2. To Teachers\*
- C. How Children Related to the Adults at the Clinic
  - 1. To Psychologist\*
  - 2. To Psychiatrist\*
- D. How Children Relate to Children Outside of Their Immediate Family
  - 1. To Playmates\*
  - 2. To Schoolmates\*

### III. SPECIFIC PROBLEMS CHILDREN PRESENT

- A. Socially Inacceptable Acts\*
- B. Sex Problems\*
- C. Somatic Dysfunction\*

### IV. CHILDREN'S GENERAL BEHAVIOR

- A. At Home\*
- B. At School\*
- C. At the Clinic\*

### V. PSYCHIATRIC FINDINGS\*