THE STRUCTURE OF THE PERSONALITY IN MENTALLY RETARDED CHILDREN.

Leona Chidester

B. A. University of Kansas, 1930.
M. A. Ohio State University, 1931.

Submitted to the Department of Psychology and to the Faculty of the Graduate School of the University of Kansas in partial fulfillment of the requirements for the degree of Doctor of Philosophy.

J. F Brown
Instructor in Charge

Raymond H. Wheeler
Head or Chairman of Department

June, 1937

The Writer Wishes to Thank:

Dr. J. F. Brown for his interest, encouragement and guidance in the work.

Dr. R. H. Wheeler for his kind help and criticism.

Dr. Beulah Morrison for her many helpful suggestions and interest.

Dr. Karl Menninger for his constant guidance and control of the work, his constant encouragement and for his provision of the material means whereby the work was made possible.

The staff at the Southard School for their patient and extensive cooperation over the long period which the experiment required.

TABLE OF CONTENTS

INTRODUCTION

The present investigation is a combination of clinical and psychotherapeutic methods applied to the study of the personalities of a number of retarded children in a relatively controlled environment of a small boarding school for the treatment and training of behavior problem children. The pupils are all emotionally maladjusted and some are intellectually retarded.

There is a general realization today that the mentally retarded differ from the normal in more than merely degree of intelligence. For example, a ten year-old scoring a mental age of six years has a fundamentally different personality from a six year-old with that mental age. There is a difference in type of achievement, use of knowledge, potentialities for growth, accessibility to social relationships, relative amount of energy available, attitudes, interests, speed of reactions, contact with reality, etc. This has been especially stressed in the writings of Lewin (41) and Anderson (7). The purpose of this study is to investigate the internal dynamic structure of the personalities of the subjects and to show how this structure changed under treatment involving psychotherapy and changes in the structure of the surrounding field.

In the field of clinical psychology there is a need to redefine such expressions as mental retardation, deficiency, amentia, etc., in

terms of the internal dynamics of the personality. Heretofore there has been a tendency to define these concepts in terms of test results, social adjustment, moral standards, anatomical deviations, academic progress or industrial achievements.

The terms became applicable to a variety of very dissimilar conditions having one thing in common--low I. Q. Later the concepts were broadened to include unstable persons of fair intelligence and the so-called moral imbeciles described by Tredgold (63) and defined in the British Mental Deficiency Act. Then the terms were applicable to a greater diversity of conditions having absolutely nothing in common. In other words, the problem was viewed more as a social, economic, legal, or even anatomic one than a psychological one. In general, psychologists are more cognizant of these aspects of mental retardation than of the purely psychological aspects. Only recently have attempts been made to approach the problem from a psychological viewpoint; in terms of the personality. However, the broadening and looseness of terminology just referred to no doubt arose from the fact that scientists were increasingly aware that the mental defective differed from the average person in more than degree of intelligence.

In general, the whole problem of mental retardation has been greatly neglected due to the fact that persons so handicapped have been considered therapeutically hopeless. Only a few modern psychiatrists have deemed the field worthy of their efforts. Clark (16) states: "It is not generally recognized that the number of feebleminded is equal to and may exceed that of the insane, upon whom the interest of so many

laboratories of research is focussed. Yet not one psychological laboratory has ever yet been established for the complete, all-round study of the mental defective."

Certainly a better understanding of what mental retardation means in terms of personality structure and socio-psychological field dynamics is the first step necessary to the approach of the problem.

HISTORY OF THE PROBLEM

Ancient Period

Mental retardation has, no doubt, always been a problem. According to Davies (19) in the early Greek and Roman civilizations the laws permitted all types of defectives to be killed. During the late Roman Empire idiots were often kept as a source of amusement. However, Christianity taught a more charitable attitude toward the helpless. During the middle ages the defectives were at times considered as the blessed Children of God and at other times as possessed of the devil, and were treated accordingly.

Modern Period

Wallin (63) states that scientific interest was first aroused in the training of the deaf and blind and then extended to the mentally retarded. Itard's (35) attempt to apply the ideas of Locke and Rousseau to the savage of Aveyron marks the opening of the modern era. Esquirol, Pinel's pupil, was the first to define idiocy as arrested mental growth and thus distinguish it from psychosis. Until this time there had been neither place nor method for dealing with the backward. The more helpless cases were confined in prisons and alms houses. Seguin (59), Itard's pupil, developed his famous physiological method and also began establishing schools for training them. He, like Itard, believed their condition curable by education. Gugenbuhl, Saegert, White, Wilbur and others, established schools in various countries based on the same optimistic views.

Due to the influence of Seguin, Howe, Wilbur and others, many state and private institutions sprang up in America. These first institutions were schools established specifically for the education and cure of defectives. By employing Seguin's physiological method of sense training it was hoped that these boys and girls accepted at school age would graduate as normal men and women. Davies (19) explains that the failure to attain these long hoped for results, the pressure on the institutions to accept large numbers of children educationally unprovided for, as well as low grade defectives, formerly rejected, and the growing recognition of the need to provide life time care for them, brought about a marked change in the aims and methods of the schools before the end of the nineteenth century. Instead of schools they became asylums for the custodial care of low grade as well as high grade defectives, especially those who were unstable or criminalistic. Training in crude vocational tasks replaced the "physiological method."

By the end of the century Mendelian theories of inheritance had been revived and permeated every branch of biological science. Psychiatry did not escape. Davies (19) explains that this had the effect of making mental deficiency a matter of alarm. The flames of this alarm were fanned by the writings of such men as Goddard (28), Dugdale (21), McCulloch (44), Davenport (18) and others who connected every form of social evil with mental deficiency and its inheritance. Myerson (48) states that "it (mental deficiency) occurs in too large a proportion of the ancestors to be accidental," but admits nothing is known of its origin. In a recent report by Myerson and others (49) there is expressed

the opinion that heredity plays a part in mental defect but how and to what extent it is a factor is undetermined. Rosanoff (56) (55) who some years ago considered mental defect a unitary Mendelian trait recently gives no credence to heredity at all. Wheeler and Perkins (65) express a more recent and conservative attitude toward heredity as follows: "Intelligence is made, not born, and heredity plays but one part in the making." Kofka (37) states that mental development is the result of constant cooperation of internal and external conditions.

Although reports of the earlier writers were built upon insufficient data and perhaps inadequate theory they served to arouse the public to the social problems involved. They inspired movements to institutionalize, sterilize or exterminate all subnormals.

Another step in the care of the mentally retarded was the establishment of special classes in the public schools for them. These developed out of special classes for incorrigible and truant boys, many of whom were found to be retarded. The first of these was opened about 1900 in Providence, Rhode Island. The movement spread slowly at first but as Penrose (51) points out it was accellerated by the wide spread use of intelligence tests, the results of which showed how great was the need to extend the public school system to a vast number of retarded children. Despite the fact that sufficient care is not exercised to limit these classes to the mentally retarded only, that many children suffering from emotional disturbances are placed in these rooms because of academic failures, the classes are of considerable value in training the slightly retarded children who would be unable to keep up with regular class work.

Many of these children later receive vocational training and are helped to fit into the community and make a living.

Newer Approaches

The failure in the attempts to cure feeblemindedness in the early institutions coupled with Mendelian theory had gradually brought about the concept of intelligence as a definite capacity or trait possessed in different degrees by different people but the degree was fixed at birth, was inherited and unchangeable. The intelligence tests created by Binet and Simon (11), Terman (61), Kuhlmann (37) and others were considered as a means of measuring or estimating the amount of intelligence possessed. The I. Q. was dogmatically accepted as an index of the subject's mental ability for all time. It was accepted as infallible and as a complete clinical picture of the entire personality by many and thus served as the basis for diagnosis and prognosis of social, educational, industrial and psychiatric problems. Despite its inestimable value, few scientific instruments have been subject to as much abuse as these tests in their early use.

The concept of mental retardation goes hand in hand with that of intelligence and the attitude toward the former will depend upon the concept of the latter. At a time when scientific thought was atomistic, when everything was conceived of as the summative whole arising out of the coordination of its parts, the human personality could be thought of as the sum total of traits inherited and acquired. Intelligence could be thought of as a unitary, hereditary trait bearing little relation to

the other traits of the individual and being little influenced by environment. Radical changes have taken place in biological science. Recent experiments in biology, anatomy, physiology, neurology and psychology indicate that both the structure and function of the individual are affected by environment. Moreover each part arises from and is dependent upon the internal dynamics of the whole. This is apparent from the work of Child (15), Coghill (17), Lashley (41) and Tracy (62). The same view has been carried over into psychology by such men as Kofka (37), Köhler (38), Wheeler (65) (66), and Lewin (42). Wheeler and Perkins (65) definitely point out that intelligence is only one part of the total personality and therefore governed by it, "the development of the personality is the whole learning process of the individual and this whole is fundamental in conditioning the specialized learning processes....." Brown (12) states that while earlier investigators believed intelligence to be entirely determined by the germ plasm that biologists are at present raising the question to what extent can environment modify heredity. He ventures that the future biologists will consider what we now call hereditary traits as resultants of the embryological field structure. The recent work of Child (15) and others supports this view.

All of this means that the more modern view of intelligence is that of a function capable of fluctuating considerably due to changes in environment as well as changes in the physiological and emotional conditions within the individual. The newer approach to the problem of retardation has therefore been in attempts to manipulate some of these factors as well as through improved methods of personality study.

The test results themselves are not accepted as meaningful except

as a part of the entire clinical picture. An I. Q. of 70 is not accepted as indicating mental defect unless well supported by other clinical data. It is well known that mentally ill patients frequently make low scores on intelligence tests, but an examination of the types of tests wherein there is failure is always important. Besides intelligence tests careful observation as to manner, conversation and general behavior, case history, physical and neurological examinations, psychiatric examination and certain of the personality tests render findings which taken together give a clinical picture. An intelligence test score has no meaning except in relation to the entire clinical findings.

Many of the so-called personality tests are devices created for the purpose of investigating certain nonintellectual factors in personality. Rorschach (54) attempted to study personality by associations to and perceptual organizations (interpretations) of ink blots on cards. Beck (8) applied the Rorschach Psychodiagnostic test to the feebleminded and reports very interesting results. He found that the ability to see the large ink blot as a whole varied directly with mental age. The low grade feebleminded tended to see it as various small wholes. Sharpness or clearness of perception seemed to vary with mental age also. Interpretations of the blots as animal configurations, which is considered a convenient and sterotyped mode of association, was found to be high among the aments studied. The tendency to see parts of the human body as "a hand," "a head," etc., is so common among the feebleminded that it has been considered characteristic of them. They also gave an unusually high number of original responses, the quality of which was exceedingly poor. Beck concludes that this signifies their inability to participate in popular

thinking and hence adapt themselves to their fellow creatures. Perceptions of movement was rarely found and this lack is considered to indicate a lack of inner creativeness which is in accord with the stereotypy which is generally considered characteristic of the feebleminded. The responses to color, which are supposed to indicate fluidity of the affective life, were highest for imbeciles but lower for the idiots and morons, in general. Beck concludes that the low mental energy of the idiots limits productivity and affective reaction and that in the higher mentality of the morons there is inhibition.

Ackerman (2) has devised an ingenious test for studying certain aspects of the personality of children. He calls it a "Construction-Destruction Test." It is composed of some ten units each consisting of a toy (made by placing parts together) and the parts for a duplicate toy lying beside it. The child is given instructions to do whatever he wishes at each of these units. The normal children past a certain age tend to construct the parts either duplicating the first toy or creating a new construction. Maladjusted and retarded children more frequently showed a tendency to destroy the construction they found or to build in an inhibited or stereotyped manner.

Following the World War child guidance clinics thrived. To them came many children who were socially or educationally maladjusted and some who were mentally retarded. In some cases emphasis was laid upon psychiatric work with the child, in most cases the child was studied only enough to understand something of his conflict and this understanding was utilized in guiding the parents to provide better home conditions

and family relations for the child. That is, these clinics found certain pathological behavior in children to be reactions to intolerable home or school situations. When these intolerable situations were changed the children were often capable of readjusting, but since they were helpless in altering their situations, the clinics attempted to do this through the cooperation of parents or teachers, or if this failed, the children were removed from the conflict situations, they were placed in foster homes, etc. Improved social adjustment, school progress and test results were secured in many instances. Sayles (57), Heath (32), Mateer (43), Taft (60) and many others have made excellent reports of some of the results of child guidance. The development of child psychiatry is largely due to these clinics.

Psychoanalytic Approach

The psychoanalytic approach, which has contributed so much to the understanding of the human personality, its formation, dynamic structure and manner of reacting, can contribute much to the understanding of mental retardation. The mentally defective person lacks more than intelligence, as has been stated, the entire structure of the personality is defective and distorted. It can best be understood through the process of character formation. From the analysis of adults Freud (26) and others came to the view that each personality has a rather definite pattern of attitudes and hence social reactions and that these develop as a consequence of the manner and degree that the biological and emotional needs are satisfied or thwarted during the early period of

childhood. No analyst would claim that once the personality is formed it cannot be changed, but the older the person is the less capable he is of change. He continues to repeat the infantile reaction pattern with slight variations due to the difference in situations.

Healy, Bronner and Bowers (31) lay stress on constitutional factors as well as early experiences in accounting for character formation. Thus for psychoanalysts, the evolution of human personality is dependent upon a constitutionally inherent psychic pattern of development specific for and common to the human individual. By virtue of this pattern certain elements of experience are selected out and reacted to because they have special value for human beings, values either pleasurable or traumatic. These writers also state that this constitutional pattern or "structural plan" is highly important because of its reactive relationships with the environmental situation up to the end of the so-called infancy period and".....from then on, the behavior and personality development of both the normal and the neurotic individual tend to follow and repeat infantile prototypes."

White (67) conceives of the individual not as mutually independent parts and not as a separate living being surrounded by an environment but as "material in and through which energy manifests itself in a constant tendency with unremitting effort to develop." He calls this energy libido, but says it is the same whether in the cell, individual organ or psyche. Whether this libido is sexual or nutritional matters little in his opinion but he believes it, like all energy, capable of transformation. Thus like many other modern psychoanalysts he abandons

the instinct theory as essential to the explanation of psychic energy. He accounts for consciousness as due to an effort of this energy to overcome some resistance. The child is born into a ready-made society to the standards of which he must conform and adjust. He must experience delay of gratification as well as thwarting. Thus there is conflict to which he finally makes a compromise or resolution. There are more conflicts and more resolutions. These conflict resolutions form the reaction pattern of the personality.

Clark (16), who is the only one to apply psychoanalytic methods extensively to the feebleminded, describes the dynamic structure and development of personality as follows. The energies which man uses for his emotional life are derived from his instincts which impel him toward satisfactions some of which are not socially acceptable. Such impulses are usually merged with more acceptable ones or modified into more useful forms. That part of the striving which cannot be expressed in daily life is pushed back into the layers of the mind where the individual is not aware of the impulse. This process is called repression and these layers of the mind of which the individual is not aware is known as the "unconscious." The instincts and primitive urges filling the unconscious are designated as the id. Clark considers the impulses in the id to be unorganized and not in accord with social restraints. (White and others would not agree that any aspect of the individual is unorganized.)

Through centuries of experience and necessity there has developed

out of the id a modified part which is more capable of adaptation to the environment. This has been called the ego or self. Perception consciousness, awareness of what goes on in both the inner and outer worlds is the function of the ego. While the id strives to gratify the body, the ego strives to maintain it in relation to its environment, to find appropriate outlets for the id strivings. Therefore, from a social point of view the ego is more purposeful.

According to Clark the development of the emotional life will depend upon the way in which the energies of the individual (libido) are directed and used, which in turn will depend, at least in part, upon environmental conditions. At first the child appears not to need the outside world or seems to consider it as a part of himself. At this period his entire libido, his entire emotional life concerns only himself. Later there is a libidinal attachment to the mother as a means of oral satisfaction and a primary identification with her is established. At first this libidinal expression is mainly oral but later, due to training and development, various other parts of the body also become erotized and anal, urethal and genital outlets are found, normally. Meanwhile the attitude toward the mother (or the one caring for the child) undergoes changes depending upon the extent to which she permits or blocks the expression of libido through these various channels. Each step in psychosexual development is not only a shifting of interest to the different zones of the body but also a stepwise development in the process of identification with the parent and hence interest in the external world.

When libidinous drives are mainly oral, there is an identification with the mother as a means of maintaining the infantile feeling of omnipotence. With weaning there comes ambivalence. With training in habits of cleanliness there is the acceptance of a demand of the mother and the incorporation of it. This is a partial secondary identification with her. With interest in genital gratification and libidinous expression, the child becomes interested in the parents as love objects and generally forms an identification with one and a genital erotic attachment to the other. This is known as secondary identification and with it comes further incorporation of some of the attitudes of the parents. Secondary identification marks the development of the super-ego, the contents of which are the restraints of early teachers incorporated through identification with them.

Sometimes due to environmental situations or to constitutional defect of the individual the libidinal expressions find only meager and unsatisfactory outlets through anal or oral zones or they may find no outlet at all, whereupon the energies, emotions, interests, etc. never expand beyond the horizon of the self, the ego development is weak, the ability to make identifications through projection of libido on the outside world is impoverished, hence the contact with reality, the ability to learn, the feelings towards others (social reactions) are all defective. The ego and hence the direction of libido, is defective. This is Psychosexual, emotional and hence mental retardation.

Clark is of the opinion that since intelligence is a function of the ego, retardation in mental growth results from some injury to the

ego, whether emotionally conditioned or the result of organic lesion. Even in case of organic injury of the brain there are dynamic psychological factors that play a part in the arresting of mental development. The personality development is partly a reaction to these injuries. Thus he explains that intellectual and emotional growth go hand in hand and that it is because grave traumata arrest the emotional development that intelligence is also arrested. Hollos and Ferenczi (33) point out a similar condition in paretics. They state that personality changes are reactions to diminished ability to deal with life situations. Menninger (46) describes patients with juvenile paresis showing their vague insight into their condition.

Child analysis has confirmed the analytic theory of character formation and has given a technique for studying the personality of the child, which is especially useful in the study of retarded children. Hug-Hellmuth (34) was the first child analyst and she saw that the method of treating children had to be different from that of adults because both the situation and the personality of the child are unlike those of the adult. Anna Freud (25) found very much the same true, and as a result she incorporates educational principles in effecting therapy with children. She takes none below school age. She uses various devices to insure their cooperation, devoting a period of time to prepare them for the treatment by attaching them to her and by arousing their desire for treatment as well as an understanding of its need. After this preparatory period the child is supposed to be more in a position similar to an adult coming for treatment and she proceeds accordingly, never requiring the child to lie down, however.

Klein (36) deals with younger children, many of them too young to put their conflicts into work. Her method is essentially that of allowing the child to dramatize his material with toys and she puts into words for him what his play expresses. She works independent of the home instead of seeking its cooperation like Freud. She is of the opinion that much learning disability, awkwardness, disinterest, etc. is neurotic inhibition. (Recently Bender (9) has shown the value of puppets in treating behavior problem children. She does not attempt to interpret the child's conflict to him however, but finds the puppets an excellent vehicle for the expression of conflicts and hence a means of allaying the related anxiety.)

In a recent article French (24) discusses to what extent psychoanalysis can be considered as a learning process. He contends that the neurosis is a result of disturbance in the learning process and points to the experiments of Pavlov and Köhler as supporting this contention. When the animals were required to learn that which was beyond them the attempts at learning were replaced by reactions of frustration or stereotyped reactions which resemble neurosis in the human. He states: "Neurosis probably in every case represents a permanent fixation upon frustration reactions of this sort, resulting from traumatic situations in emotional development in which the patient was unable to take the step in learning that was required of him." French also gives some suggestions as to why the step could not be taken. He says that each step in learning involves the substitution of a new method of obtaining gratification for an old one. However, to search for a new method involves a realization that the old one is not satisfactory. He is

of the opinion that psychoanalysis should reinstate the learning process by making the steps less difficult and by making the patient aware of that the old methods of obtaining gratification are inadequate. From the above concept of learning it might be inferred that mental retardation is the inability to find new methods of gratification and hence involves a retardation in psychosexual development.

Similarly in speaking of learning disabilities Abraham (1) stated that he never knew a case of inhibition of intelligence not preceded by a serious eating disturbance in the child's life. Schmideberg (58), in reporting several cases, states that the emotional disturbance associated with oral incorporation seems to be displaced onto the function of the eyes, ears, etc. Many of the subsequent studies of learning difficulties in children corroborate Abraham's theory. Fenichel (28), Menninger (45), Pörtl (52) and others point out that many cases of pseudo-amentia are the result of early emotional disturbances.

From the psychoanalytic viewpoint then, it is considered that mental retardation is a disorder of the total personality, that it is the result of a profound defect of the ego formation and that this in turn may be the result of neural defect or emotional traumata.

Organismic Approach

Mental retardation can also be understood through an organismic theory of personality development. Wheeler (66) states that personality is the psychological organism and that the laws of its development are

the same as those for the physiological organism. At first the personality is the simple undifferentiated total reaction pattern of the individual. It is founded upon the physical conditions of the body but is molded by the socio-psychological field in which it exists. The process of differentiation of this personality is induced by the manner in which the infant is handled. The character of the stimulus-pattern that surrounds the infant is of profound importance for the development of personality for it determines to considerable extent the rate and direction of differentiation. The stimulus-pattern is determined by the personalities that surround the infant--usually the family group. Normality, then, in the individual depends upon normality in the distribution of traits around him.

Wheeler and Perkins (65) write from a dynamic view point and they do not overlook the value of conflict. They state "Personality must have hardships, something from which to rebound, but when resistance is too great or too slight, inaction of the personality is the consequence." The personality is an expanding and differentiating behavior pattern of the individual. It comes into conflict with the environment and its conflicts are manifold. They keep him under tension, unless too severe this tension promotes growth, but if too great (or too little) they distort and retard the growth process.

They look upon all traits as parts differentiated out of the total personality pattern. Intelligence is one of these traits, e. g., "The development of personality is the whole learning process of the

individual." And what is generally termed intelligence is but a specialized learning activity. As has been said, personality development can be arrested due either to defect of the body, its physiological basis, or to defect in environmental forces (stimulus-pattern.) Such a condition is mental retardation or nondevelopment. The retarded personality is then relatively less differentiated; hence more simple in structure than the normal.

According to the Gestalt school, learning is a matter of gaining new insight into a situation and Köhler (38) defines insight as the reorganization of the field. Mental defect in so far as it is a defect in the learning process must be characterized by a defect in the ability to gain insight, to reorganize the field. The inability to reorganize the field easily is related to the strong gestalten of which Lewin speaks and the stereotypy he finds among defectives. This in turn is dependent upon the dynamics of the total personality.

Lewin (42) states that the internal structure of individuals vary, not only in degree of differentiation, but also in dynamic properties, in degree of fluidity, in psychical material, etc. For example, the infant is not only relatively less differentiated than the adult but his personality is more supple, more yielding. The tensions in the various psychical systems may also exhibit individual differences as well as the tensions in the structure as a whole. The content of these systems may vary from individual to individual and from culture to culture.

It may well be suspected that the structure of the personality of the mentally retarded may differ from that of the normal in more than complexity. Lewin (42) who has attempted to investigate internal dynamics of personality found certain very definite structural differences. Not only did he find the personality of the feebleminded more simple than that of the normal but in general he found its structure more rigid, and the contents of the systems much more infantile. In his experiments with defectives Lewin finds them quite capable of gestalt perception. He states that the ability to see wholes is no less pronounced than in the normal and that they may be even more so. He finds them very capable of enjoying jokes, but what appeals to them as humorous may be very different than what provokes laughter in normal children. This suggests that the content or organization of their thought is different from the normal.

In a study of satiation he reports that the time required for satiation was about that required by the normal, but that the course of satiation was very different. The normal child became satiated with drawing moon faces before the defective child did, but the normal child was generally willing to continue free drawing, while the defective child refused all drawing. Thus defectives seem to show a greater persistence than do the normals. However, the defectives are prone to more frequent pauses for rest and interposed actions. Lewin is of the opinion that the course of satiation in the normal child shows him more elastic, more able to manage the conflict aroused by

satiation and hence to remain in it than the defective child who must stop. Thus the defectives manner of meeting the conflict situation was either to accept it or take flight from it but the normal could compromise and remain in it. Lewin terms this an all-or-none emotional response on the part of the defectives.

Resumption of an unfinished task was almost universal with defectives while it occurred in only seventy-nine per cent of the normal children. In providing a second task when one activity was interrupted, the substitute value of the second task was much less for the feebleminded than for the normal as can be estimated by the fact that only thirty-three per cent of the normals resumed the first task and ninety-four per cent of the defectives resumed it.

Lewin also calls attention to the rigidity which characterizes the feebleminded in the sphere of the will and is manifest in the facing of momentary goals as well as habits. Yet despite this pronounced stereotypy and pedantry, many defectives are satisfied with partial results or even gestures in the direction of a goal. These two aspects of the defect seem to Lewin to be paradoxical. The characteristics of the feebleminded which Lewin reveals in his experiments are those generally evident in dealing with life situations.

Recently Reichenberg (53) has studied the course of satiation in normal and retarded children in an experiment similar to that reported by Lewin and his pupils except when the child refused to continue he

was placed in a joyful situation and after this experience was again returned to the task with which he had been satiated. She finds that, as a rule, retarded children were more quickly satiated, needed more rest periods, did not alter their task as did the normal children (in order to alleviate their satiation) and that the quality as well as the quantity of material produced was in general poorer than that of the normals. However, the effect of the joyful experience was not so effective in relieving the satiation with a given task in the case of the defectives as in the case of the normal children.

Hartmann (30) reports that the Leipzig school, especially Sander and Volkelt have made numerous investigations, the results of which point to the genetic primacy of feeling over perception. Krueger (40) is of the opinion that feelings pass over into consciousness of what one feelings about. "Everywhere isolated sensations, perceptions, relations, also memories, clear ideas, decided volitions--in brief all experience--organization--split off only after some time from the diffuse tendencies of emotion, and secondly they always remain functionally dominated by them." This might be construed to mean that the so-called cognitive processes, such as perception, thought, etc., are differentiated out of a vague, less differentiated background of feeling. Mental defect therefore could result from a defect in the sphere of feeling or from a failure in the differentiation process. This theory, as will be seen later, is of considerable importance to the theory of repression and to the whole theory of personality development.

COMPARISON OF THE TWO APPROACHES

Psychoanalysis and organismic psychology have much in common although certain definite differences also. The two schools of thought have been systematically compared by Brown (12) showing both their point of agreement and disagreement. In relation to this study certain aspects will be compared in detail.

1. Psychiatry and psychology have been gradually becoming more dynamic and have, therefore, been approaching a field theory. The school represented by Wheeler (66), Lewin (42) and Brown (12) and others is truly field-theoretical. Here psychology has achieved dynamics. Likewise the trend in psychoanalytic psychiatry represented by White (67) and others is also truly field-theoretical. The vitalism imposed by such concepts as "instinct," "urges," etc. is gone and in its place has come a field genesis, e. g., White speaks of the individual not as a separate living being surrounded by environment but as "material in and through which energy manifests itself." Libido is for him but another term for this energy. It must be granted that most psychoanalysts have not fully achieved a field theory but still rely on certain vitalistic concepts which do not dynamically and logically fit into their general views. The same may be said of most psychologists today.

2. The field-theoretical school puts its dynamics in technical language similar to the physical sciences, e. g., vectors, valencies, etc. The psychoanalysts have not entirely gotten rid of their vitalistic

terminology and unless these terms are re-defined they cannot be used in a dynamic system.

Although both sets of terminology are used in this report, the running account is dominated by psychoanalytic concepts such as Oedipus conflict castration fear, etc. which are methodologically useful to a therapist in a psychoanalytic institution. The reader should not assume that the writer accepts this phenomenology unreservedly. This is indicated in various places through the manuscript. Rather it is the purpose of this investigation to help pave the way for a better understanding between those who work with the two points of view.

3. Psychoanalysis stresses the structure and conduct of the individual but implies forces in the environment. Organismic psychology, even the field-theoretical school, stresses mainly the dynamics of field forces but implies, and Lewin attempts to describe, the structure and content of the personality. Thus the two seem to be more supplementary than contradictory.

4. Both schools hold that the human personality goes through a gradual process of development and that this development is due to a considerable extent to environment. The organismic school speaks of this developmental process as differentiation and the Freudians speak of it as psychosexual development.

5. The organismic school does not designate the degree of differentiation—the stages of development—by name. Psychoanalysis does

and therefore its terms for these stages were used in this report.

6. Psychoanalysis has not been definite enough in its account of field dynamics and since this is the strong point of the field theoretical approach, its concepts have been relied upon for a better understanding of the dynamics of the present experiment.

7. Psychoanalysis holds that in the beginning of life the infant's mind is made up of primitive impulses toward gratification of biological needs, nursing for example. Some of the organismic adherents, the Leipzig school, hold that the primary aspect of mind is feeling, which may be looked upon as the psychic aspect of physical tension. The field-theoretical school postulates psychic tensions as primary aspect of consciousness.

8. Psychoanalysis holds that because gratification of biological needs is not immediate consciousness arises, the child becomes aware of himself as separate from the world around him, i. e., the ego emerges. The field-theoretical view holds that field tensions are set up within the individual and these tensions produce awareness, but it does not designate what these field tensions are.

9. Psychoanalysis supposes that after the emergence of the ego a part of it becomes more highly differentiated. This part is known as the super-ego. Through the influence of the super-ego the process of repression takes place through which process the cognitive aspects of certain experiences disappear from consciousness while the emotional aspects remain

in and dominate it. The organismic school has no theory of repression but it is only one step ahead of the theory of the differentiation of thought out of feelings to suppose that, through field dynamics, this process could be reversed so that thought is dedifferentiated back into feelings. This need not suppose an unconscious but merely some sort of reorganization of psychic energy. However, this difference is merely one of terminology.

10. Freud postulated the id, ego and super-ego as dynamic forces in the psyche. Lewin postulates systems but does not say what these systems are. He merely says that the personality is structured but since he states that the contents of the systems may vary with culture, these may be similar to what Freudians discuss under "character formation."

11. Lewin speaks of a rigidity or inelasticity of some personalities. For the psychoanalysts the conflict is taken to cause a certain degree of rigidity the inability to change which is apparent in some degree in all neurotic and psychotic patients.

12. From the psychoanalytic point of view mental retardation represents a profound arrest of the psychosexual development resulting in a dwarfing and distorting of the total personality. From a field-theoretical point of view it represents not only a failure in the differentiation of the structure of the personality but as Lewin has pointed out there is a rigidity of the total structure and an infantility of the content of the psychic systems. These views are in agreement.

METHODOLOGY OF THE PRESENT STUDY

The present investigation was undertaken because the Southard School offered an unusual opportunity for the prolonged study of certain children under relatively controlled conditions and especially the opportunity to investigate what factors in the environmental situation might be of psychological importance to the child and the effect upon his personality produced by the favorable manipulation of some of these factors.

School Organization

The aim of the school is to provide an environment that can be controlled and that will be best suited for the young patient's development. The pupils are retarded or maladjusted and are limited to fifteen in number. The group is kept small in order that the atmosphere may more nearly approach that of a home and it also has the advantage that the entire management of the children, including the attitude of the adults toward them, can be prescribed. Before any child is admitted to the school a very thorough study is made of him, including an extensive psychiatric case history, physical, neurological, laboratory, Roentgenological, psychiatric and psychometric examinations. On the basis of these findings a candidate is admitted or rejected. While in the school examinations are repeated periodically in order to check on the condition of the child and to estimate his progress. Detailed daily observations of the

children are recorded as a permanent part of their history records. These are written by all teachers, doctors, or supervisors dealing with the pupils. There are daily staff conferences in which current problems and their management are discussed. In addition all activities and treatments such as medical, educational, recreational, occupational, expressive and psychotherapy are provided depending upon the physical, social and emotional needs of the patient.

Since the treatment of each child is prescribed according to his individual needs there can be no rigid routine group program. Each child is taught by individual tutoring but this does not mean that there is no group activity. A certain amount of group participation is considered necessary for social adjustment but only a portion of the time is allotted to group work. For example, it is considered as much psychological malpractice to herd children into groups and have them all do the same thing at the same time for long periods as it would be a medical malpractice to give all patients the same medical prescription. There are times when no two children in the school are doing the same thing. One may be given a game to improve his posture or coordination, another may have a task which serves to allay his anxiety, while still a third may be calling on a friend or on an excursion to a manufacturing establishment to satisfy his curiosity.

Just as the same activities will not all have beneficial effects on all the children so the attitude expressed by the adults cannot be the same to all children nor always the same to any one child.

One timid, fearful child must be encouraged to protect himself and be more aggressive while perhaps an aggressive, domineering, fighting child must be discouraged from his aggressions. A child who has repressed all his feelings till he seems to express no feeling toward anyone may be treated with warm affection while a child who carresses teachers, children and callers, indiscriminately fondling anyone near him, may be treated with more aloofness. At least he may be encouraged to conform more to social propriety. For some children who have been repeatedly rejected and hence fear punishment and more rejection considerable tolerance is helpful. Some psychotic children who have strong consciencesbut who cannot control their asocial impulses are saved from further regression and anxiety if some form of discipline from outside comes to the aid of their consciences. The attitudes of the adults toward the children is considered the most important factor in their treatment and therefore is regulated with care. The aim, therapeutic set-up, etc., of the school has been well described by Ackerman and Menninger (4).

Methods

Regardless of whether the problem is approached from an organismic or from a psychoanalytic point of view mental development seems to be a matter of meeting life situations and learning to make an efficient adjustment to them. In order for this developmental process to proceed at a maximum rate the child must

not always meet with immediate gratification of his desires. He must be confronted with situations that conflict with his desires and must struggle to master these situations. He must frequently win, but must also learn how to accept some inevitable failures without too great damage to his personality. The function of the parent or guardian then is not to shield the child from all conflict with environment but rather to let the child learn to master some of the conflicts, to teach him how and to aid him where necessary. It is equally important that the child learn that he is not omnipotent, that the world is neither a part of him nor subject to his every wish, that he know reality. This is learned as much through occasional failure as through frequent success. Therefore the child should be permitted some failure and should be helped to build a philosophy for accepting it. He should be shielded only when he is faced with more disappointment than he can accept and remain healthy. With too little conflict (Wheeler (65) speaks of it as restraint) the child never develops beyond the state in which he cannot distinguish the external from the internal world. With an overwhelming amount of conflict with which he cannot successfully deal, the child regresses to the infantile state in which he does not distinguish fantasy from reality.

Mentally retarded children exhibit to some degree both an inability to make effective adjustments and an inability to distinguish irreality from reality. It is a well-known psychoanalytic theory that, in the course of development many children are over-

whelmed by their failure to deal successfully with certain situations to them very important. As a result an emotional conflict arises within the psyche. A great deal of energy is used up in the internal dynamics of the personality instead of being expended on the environment. These emotional conflicts stand more or less as barriers to further development. Much of the person's time and energy are utilized in attempts to reestablish the original traumatic situation and to deal with it more effectively. If this is achieved the person is freed from his conflict, but it is rarely achieved and the person continues to try to turn every similar situation to this end. Once these conflicts are resolved the barriers to further development are removed unless there has taken place a process which Lewin describes as the structure of the personality becoming rigid. Psychoanalysis is a method of helping the person to resolve his conflicts by interpreting the present conflict situations as prototypes of the original traumatic ones, helping the patient to see his role and motive in them, showing him wherein he fails and a better way for him to proceed. Such a method erects new and more socially acceptable goals in place of the neurotic ones and provides more effective and acceptable modes of reaching the goals retained.

This theory of emotional conflict as a barrier to development plus a knowledge of the child's helplessness in changing his environmental situation served as a working hypothesis for the study. While psychoanalysis is carried on by constantly helping the patient

to gain new insight into his difficulties, yet in order for the patient to really benefit by this treatment he must apply this new insight to the management of his affairs. A great deal of this practical application spontaneously results from interpretations but frequently the analyst must remind, encourage or insist upon the analysant utilizing his new understanding by attempting to deal differently with his conflict situation, by altering the situation or his reaction to it. However, it must be remembered that a child is relatively helpless to change his environment and to make a child aware of the need to change it without providing a means for the desired reconstruction is only to emphasize and deepen the existing conflict.

With the defective child there is still another handicap. He is not only less able to understand the interpretations given him but he is also more helpless about applying what he may understand. Therefore to a considerable extent this must be done for him through the cooperation of the therapist and those in charge of the children. While psychotherapy requires the cooperation of environmental forces in the treatment of intelligent children, it is absolutely necessary to manipulate certain aspects of the environment in order to make progress with subnormal children. By manipulation of environment is meant the cooperation of the teachers and therapists so as to make the child aware of certain problems that he may seek help with

them, to provide opportunity to test his new insight and to offer sufficient security that the child is willing to seek new methods of gratification.

In the school an attempt was made to reconstruct the child's personality by reconstructing his attitudes, his habitual manner of reacting. A fairly controlled environment was necessary in order to regulate as much as possible the conflict situations in relation to the child's needs and ability to utilize them. Thus a thorough knowledge of the child was also indispensable. Case histories, examinational material, observations, tests (intelligence and personality) were used. Psychotherapy played a major role in the experiment. It served to provide a more profound knowledge of the child than could be gleaned from objective tests. Material gained from it indicated the degree of emotional development, the type of situations the child had most difficulty in adjusting to and the habitual mode of adjustment (reaction pattern). It indicated frequently in what situations these patterns arose. Psychotherapy was a valuable aid in indicating what factors were or were not a part of the socio-psychological field for a given child and the dynamic effect of these factors.

Psychotherapy affected the child in that the therapist interpreted certain environmental restrictions to him as purposeful or essential to some aspect of his welfare or that of the group rather than an imposition levied on him through revenge. Certain conflict

situations resulting from provocative behavior on the child's part could be interpreted to the child as invited by him and therefore quite avoidable. Not only did the therapist explain to the child his role in the conflict situations but the child was helped to see that his mode of dealing with these situations was inadequate and better ways were suggested. When the child met with disappointment he was given an attitude for accepting it and when unavoidable tragedy happened the therapist comforted the child with affection and reassurance.

Sometimes a handicapped child whose life has necessarily been storm tossed meets with unsurmountable tragedy and in profound disappointment he withdraws his interest from those around him. This is easily done for the handicapped child's object attachments are always weak. The giving of affection and praise, the inflation of the ego and libido, sometimes loosens the narcissism thus healing certain ego wounds and causing the individual to once more make object attachments. The boosting of self-confidence and the assurance of love and understanding are often necessary to emotional development. The weaker the ego development the more this inflation is necessary. Praise and affection from the therapist is a change in the field structure and, in Lewin's (42) terminology, it serves to raise the level of aspiration.

It is never sufficient to merely explain all of this to the child. He must try these explanations and suggestions out in actual

practice to see how they work before he accepts them and before he can gain a better insight into the situation. When he is ready to try out a newly acquired method of adjusting he is ready to take another step in adjustment. Thus psychotherapy provided knowledge of when the child was ready to take a certain step, and when possible, the environmental situation was arranged so as to demand this step. If this first attempt was not wholly satisfactory to the child he was helped to see wherein it failed, encouraged and taught how to try it again.

There is also another type of personality disorder met with in certain mentally retarded children. Not only is mental development arrested or retarded by too many neurotic inhibitions, but also by too few inhibitions. When a child learns reality he learns inhibitions for they are reality's restrictions on his primitive impulses, i. e., he comes to know reality only through its prohibitions. It follows then that a person with too few inhibitions has too weak a grasp of reality for maximal mental development. As Wheeler (65) has said, with too little restraint the child fails to develop. He leads a vegetative existence. Such a child has too little conflict, his environment does not provide adequate stimulation for maximal development. For him the establishment of external restrictions is paramount to the establishment of internal inhibitions and hence stimulation of ego and super-ego development. Even psychotic children who have lost their inhibitions and post encephalitic children who may have never had any often improve with a

certain firmness in the surrounding attitudes. In dealing with behavior problem child without many well established internal inhibitions a kind but firm attitude was taken by the entire Staff and psychotherapy served to make the child aware of his need for accepting prohibitions as a more adequate mode of dealing with various situations.

An example will serve to show how the experiment proceeded. A child enters the school. It may be painful for him to be separated from his parents. Everyone studies him very carefully during his first days there but all the staff are very considerate, kind and desirous of helping him to bridge this painful period of adjustment. Meanwhile the psychotherapist has also made friends with him. She talks with him daily as a friend. She says nice things about him. Soon the child comes into some conflict with the rules of the school. He may have been playing with matches although he would be helpless if he started a fire. He is forbidden to play with matches but he sneaks around and continues to do so. He is firmly forbidden to do so and told that someone may burn to death if he causes a fire. The matches are made inaccessible to him. He borrows some from a man who reads the light meter. He confides this to the therapist explaining that the teachers are unjust to him but he will get revenge. Perhaps he plans a fire. The therapist carefully explains that the teachers like him and she reminds him of

the kind things they do for him, that not he alone, but none of the children and none of the teachers carry matches in the building, that it is an old wood structure and would go up in flames quickly, perhaps before the children could be rescued. She says that of course he would not want that to happen. The child agrees and as evidence of his good faith he insists that she take the matches he has been harboring. The next day he is heard to denounce anyone using matches about the school and fantasies how he would help the teachers to keep a fire from being started. Thus a new goal has been established.

When this same child recalls that he has been taunted by more intelligent children and has been called "crazy," "fool" and "no good" he weeps bitterly and wants to die. This situation the child cannot meet. The therapist is also no magician, but the child is reassured, he is reminded of all he can do and all he wants to do--as though it were all possible. He is told he can do many things, can learn to do more, is a kind, lovable, honest boy and that he is loved by many people and by her. He takes courage and tries again, fortified by her reassurance and affection. In such a period of discouragement he is given simple work by his teacher who also loves him. He begins to feel secure again.

Many children have asocial habits which present them no difficulties because they are accepted in the immediate surroundings. These children do not generally come to the psychotherapist for

help with such habits because they are not aware that they need treatment for the types of behavior which constitute no problem to them. When this happens in the Southard School the teachers and children's nurse bring sufficient social pressure on the child that these social habits become a problem to him and he seeks help in psychotherapy. Perhaps this young patient has one such habit, namely nocturnal enuresis. His parents may have ignored his bed wetting, excusing him on the grounds that he had "kidney trouble" and also accepting it as physically and socially normal for 13 year-old boys because his father may have had this habit till he was nearly grown. At the school the teachers and the other children lend their disapproval but this may not be adequate so he is forced to pay for the laundry of his sheets. Then it becomes a problem to him and he brings it to psychotherapy. There it is learned that he had slept in the bedroom with his parents where he witnessed their marital relations and yet was forbidden all direct sexual activity. His bedwetting constitutes a sexual indulgence and, at the same time, an act of revenge for being stimulated and thwarted by his parents as well as an identification with his father. With insight it is possible for him to overcome this habit, to find a new mode of gratification and to see his goal as partly a false one.

Soon it may be seen that this boy is very provocative. His history shows that he was frequently whipped by his father whom he denounces but to whom he remains singularly attached. A closer study

reveals that the boy was very provocative with his father. If the father refrained from punishing the child, the latter became increasingly provocative, even to the extent of attacking his mother so that the father was compelled to deal with the boy. The father, being ignorant, usually whipped him, but the boy never stopped till he brought the father to this. At the school the child is uncooperative, provocative and abusive. He is never whipped. His guilt finally overcomes him. He feels no one likes him. He talks about this feeling to the therapist for many days. As he talks on and on it eventually becomes clear that he has witnessed his parents in coitus, that he interprets their act as fighting, that he is sexually attracted to his father and wishes to replace his mother. Thus his provoking his father to whip him is symbolic to him of replacing the mother in the father's affection. Hence his attacking the mother also becomes meaningful. Now at the school no one whips him and he becomes depressed and complains that no one loves him. He is helped to see all of this and it is suggested to him that fighting is not love and that being kind to people, being cooperative is a way to love and to gain love. He is advised to try this type of approach on the school psychiatrist. This is communicated to the doctor who accepts these bids for love when the boy offers them and in various ways demonstrates special fondness and comradery for and faith in the boy. He has found a more effective way of dealing with the need to be loved. Had not the physician been cognizant of these

facts and cooperated in the plan, the child's weak bids for love would have been unseen. He would have failed to find a new way of obtaining gratification and would have been thrown back on the old way, knowing it inadequate and his conflict would thus have been deepened.

At another time this boy may have progressed to the place where he was offered no competition by the inferior children at the school. He begins to bring fewer problems to psychotherapy, he loses interest and begins to stagnate and may even appear less happy and less cooperative. He communicates to the therapist his disinterest and his fantasies to leave and perhaps speaks belittlingly and disgustedly of the efforts of the other children. The therapist asks him why he does not try to go away from the school sometimes. He is told about hikes and Boy Scout programs and it is suggested that he might find interest and enjoyment there and he is asked why he does not do something about his boredom. He thinks it a fine idea and says he will talk it over with the school directress. He is ready to take another step in adjustment. When he reaches the directress she already knows what he wants and she agrees. But the boy cannot make this step unaided. She must make some of the arrangements for him. Had this boy been pushed into scouting six months before he might have failed and had he never made this step he might have regressed.

Thus the school and therapist have cooperated to solve old conflicts and meet new ones.

In recapitulation certain theories of personality development were held as basic to the present study. First, personality development is due to a dynamic relationship between the individual and his environment. In other words it is the meeting of life situations and learning to make efficient adjustments to them, the finding of new modes of gratification or the finding of successful modes of resolving tensions and attaining goals. Secondly, many children meet with situations, to which, at their stage of physical and mental maturation, they are unable to make effective adjustments. As a result of the conflict which this produces a great deal of energy is used in the internal dynamics of the personality instead of on adjustments to the environment. There develops a tendency for tensions (energy systems) to be rigidly organized in relation to certain types of environmental situations to which the individual still cannot successfully adjust, i. e., the individual in a rather stereotyped manner repeatedly attempts to resolve his tension by making the adjustment once demanded at a time when he was less mature. This is the emotional conflict and it is this conflict, this unresolved tension, this rigid organization of energy systems that stands as a barrier to making new adjustments, to finding new goals or new modes of gratification, to learning, to attaining a more mature emotional state. No doubt this is the rigidity of the personality of

the feebleminded described by Lewin as well as that seen, perhaps in a less degree, in all neurotic personalities. The repeated and compulsive attempts to resolve the tension in the particular way may be viewed as an attempt at self-cure on the part of the individual.

Therapy that provides the patient with insight into his conflict makes him aware of the inadequacy of his mode of seeking gratification and indicates a more adequate mode which can be accomplished by the patient changing his life situations. The child, especially the retarded child, is helpless to alter his situation. Therefore, therapy proceeded through a direct restructurization of the individual's personality (insight) and an indirect restructurization through a restructurization of the field (manipulating certain aspects of the environment for him).

CASE MATERIAL

The following five cases were selected from twenty-five studied intensively over periods varying from several months to several years while in residence at the Southard School. It should be understood that all the cases at the School are highly selective or they would have been able to get along some way in their homes and the public schools. These five are representative of the entire group and are reported because they illustrate the possibilities and limitations of restructuring the personality in some extreme cases by altering the surrounding field and by psychotherapy. The psychotherapeutic material will be reported in a chronological sequence but necessarily in a rather disorganized manner as it was produced by the children in that way.

Mental Retardation and Delinquency

The following case was briefly reported at a much earlier stage in the treatment as a case of "accidental" self-injury by Ackermann and Chidester (3). The patient, a half Mexican child, is now thirteen years old and has been in the school for one year. She was seriously maladjusted socially and educationally retarded. She had the history of habitual lying and frequent sex misdemeanors. Added to these handicaps she suffered the loss of part of her right hand, the appearance of which was quite unsightly. She was brought to the Southard School

for psychiatric treatment with the hope of rehabilitating her personality to the extent that she might adjust satisfactorily to a foster home.

The patient was the second sibling by her father, a Mexican, but she had four half-brothers and sisters born to her mother, a white woman, in a previous marriage. The parents were unable to adjust to each other and there was continual strife in the home. The mother, having spent what money the father had, deserted him and her half Mexican children when the patient was six years old.

From that time on the history of the patient is not well known, except for certain experiences. She lived with first one parent and then the other. The mother, who apparently was very unstable and impulsive took the children from their father at various times when her guilt consumed her, only to turn on them later, when her mood changed, and beat them, curse them and discriminate sharply between them and her white children. She was given to drunkness, licentious living and neglect of her children. She was frequently arrested for drunkness and disturbing the peace and spent much time in jail during which periods the children were alone wandering the town or they went to the jail and begged the release of the mother. Sometimes the patient was expected to escort her mother and look after her during her intoxication. Moreover the mother's prostitution was well known by the children.

The father was apparently a patient old man who was genuinely fond of and kind to his children. Moreover he demanded little of

them in the way of adjustment. Therefore when the mother once denied having any love for them, they ran away to their father who was unable to provide a home for them. He either left them to their own devices or else wandered the country side with them, begging for food. On one occasion he dug a cave and he and his children slept in it for a time.

In 1933 the patient and a sibling were placed in a semi-boarding school to prevent their irresponsible wanderings. This school reported her to be crude, bold, quarrelsome and domineering. She is said to have fought frequently and to have engaged in numerous immoral practices. She was wholly disinterested in school work. On the various intelligence tests given her, her I. Q. is said to have varied from 65 to 113, (65 on language and 113 on performance tests). In August, 1934, while at this school her hand was injured so she was sent to a hospital.

From the hospital she returned to her mother's home again, the father having died, but the home situation proved to be as unsatisfactory as before. She was generally abused and neglected and while there made no progress in the public school, played truant and was sexually delinquent. She had sexual relations with various men some of whom frequented her mother. It became a means of obtaining spending money.

Since the girl and her younger sister seemed to be nuisances

to the community and in need of more care and supervision than the mother offered them, they were sent to another institution. The adjustment there was still poor and due to the fact that the girls were found to have a venereal infection they were again hospitalized for several months. It had become increasingly evident that this child was suffering from a serious personality disturbance which would have to be treated psychiatrically before a better adjustment would be possible for her. Therefore she was sent to the Southard School.

At the time she entered the school, February, 1936, physical, neurological and laboratory examinations were essentially negative. On the Stanford-Binet test she scored a mental age of eight years, four months and an I. Q. of 70. She scored a little higher on the performance boards. On the Porteus maze test she scored a mental age of twelve years but her drawings scored scarcely more than six or seven years. Her vocabulary was very meager, scarcely more than five year standard, and she had a poor grasp of arithmetic. She could read little more than her name. She entered first grade. In contrast to her test scores and academic achievement this child's social behavior revealed good judgment and alert quick thinking. Her motor ability was superior.

Upon admission she was docile and uncommunicative. Her face and voice were devoid of emotional expression. Her demeanor was mechanical. She volunteered nothing and when addressed she replied "Yes, Ma'am" or No, Ma'am." When asked for an opinion her stock reply

was "All right, I guess." Her whole manner was as though she had been overwhelmed by forces which she did not understand and against which she was helpless and hence had seemingly adopted a submissive, passive disinterest in life. Gradually she became more expressive, becoming very spontaneous, self-assertive, aggressive, etc., striking and domineering the other children. All attempts to approach her in a personal, though kind manner were met with a great rush of tears and loud sobs. Crying was her defense against all unpleasant situations with adults. She was frequently sly and deceitful about her abuse of the other children as she was intensely afraid of apprehension. Her insecurity and need for love were so great that she could tolerate no disapproval and she seemed constantly to fear criticism, punishment or unfair treatment.

Although she was very agile and had excellent motor coordination she injured herself almost daily by falling. First one part of her body then another was painted with mercourochrome, but always some part that was easily seen. She complained and called attention to these scratches and bruises if no one remarked about them. It seemed to be her way of gaining attention. She complained that the other children hit her, when it was known that she was the aggressor and she never missed a chance to weep and, either in word or manner, complain that her feelings had been hurt.

She alternated this type of behavior with a braggadocio, startling her companions with tales of adventure, of her fighting,

jail experiences and other escapades that were a part of her life before she came to the school, giving the impression that she was fearless and well able to take care of herself through physical endurance as well as through cunning and deceit.

After some months in the School it was apparent that this girl was not able to derive the most from her new environment if unaided. Although her behavior had undergone some change it was not an adequate response to the total objective situation. She continued toward the same goals, the same modes of gratification as in her old environment. The personality was not fluid enough to be restructured by the change of surrounding conditions. Due to the fact that the child seemed much more emotionally mature and intelligent in the management of her daily life than her test scores, educational achievements, and volume of knowledge suggested and also due to the fact that her asocial behavior was of a type that indicated a severe emotional disturbance, psychotherapy was recommended as a supplement to the milieu therapy.

She was seen for a period of forty minutes each day. At first an attempt was made to create a friendly relation between her and the therapist. Small gifts were sometimes made and games played with her. She seemed to enjoy these very much. Then it was explained to her that the therapist wished to be her friend and help her but it would be necessary for her to talk about herself.

She had been careful never to tell much about herself to the woman. She accepted it as she accepted every other attempt to study her--with a strong stoic, passive resistance. She asked no questions and volunteered no information; indeed she behaved in the therapy periods very much as she had behaved when she first entered the school. She was as void of expression as possible and would have gladly sat mute, expressless and motionless for the whole period. When questioned she answered "Yes, Ma'am," "No, Ma'am," or "I don't know." When asked her attitude about people, things or situations, her stock answers were "All right," or "I don't know, I guess."

Various mediums of expression were tried including drawing, dramatization with toys, telling of stories, especially encouragement in creating stories and verbal free association. As has been stated she had an exceedingly meager vocabulary and an inability to verbalize her feelings. Her chief mode of communication was action. Feelings were quickly and impulsively translated into immediate, direct action. She was found to be handicapped in her ability to draw. Moreover her drawings at this time were as void of an expression of her attitudes as possible. She generally drew the immediate, the concrete, the inanimate, the factual, that which was of a neutral value to her. Nor did she volunteer much explanation about these drawings. She showed almost no interest in dramatization with toys and when required to dramatize she generally represented material far less revealing than even her drawings. She

seemed too mature to enjoy toys for this purpose. Story telling also proved to be of little value. She either claimed to know no stories or told one with little symbolic value and often with little point. It became very evident that this girl possessed little originality, that her thinking was not creative, that she had little imagination but that she was an excellent imitator. This lack of imagination was apparent in every aspect of her daily life. She had no initiative where imagination was required and though adept at crafts she was extremely dependent on others for her directions and design. She was unable to entertain herself and was very disturbed if left alone. Her dependence forced her to seek company constantly. Her entire interest and attention seemed occupied by the immediate and concrete. Objective tests of imagination confirmed these observations. After these various trials with other media of expression, it seemed that she would probably be most productive with verbalization of her material.

It has been the policy of the school to treat the patient with kindness, to ignore minor aspects of her misbehavior, because the difference in standards of conduct was too great for her to assimilate immediately, but to disapprove definitely when she struck another child. However she was not punished more than given disapproval. In addition to this she was carefully supervised to prevent her from slyly carrying out her hostile impulses against others or seducing

them into sexual practices. Therefore she was enjoying more kindness and less friction with her environment than ever before. Although this was essential in providing her with the idea that people could and did live with less strife than she was accustomed to, it nevertheless was a definite handicap to the therapy for the child, being more comfortable and secure than ever before, could see no need for treatment. Indeed she considered it an imposition levied against her and therefore she offered little cooperation in the matter.

For several weeks the child continued her stoic, passive resistance. She came to the therapist's office, gave out a minimum of information and asked for candy or some small gifts which were granted with decreasing frequency. Despite explanations the child looked upon this procedure as an imposition, she saw no need for it but attempted to utilize it as a means of gaining some little thing desired. The burden of creating a transference situation lay on the therapist. The child's passivity, seeming endless, the therapist took an active role and questioned the child, first about rather neutral situations then about those with more emotion attached. The girl's answers were to the effect that every thing was all right, everybody was all right, everybody was good to her, she liked everybody and everything, etc. Indeed she professed to have no conflicts, hence there was no basis for procedure. Meanwhile the other

children complained that she hit them when not observed by the teachers, that she lied about it and that she domineered them through their fear of her. The teachers also reported her lying, disobedience and ill temper. For a while the therapist never mentioned these reports as it seemed wiser to lead the child into telling of his difficulties but as the child staunchly maintained resistance to the therapy, the therapist decided to face the child with the information which contradicted her statements that everything was all right, meaning that she had no conflicts and therefore no need for treatment. The child at first flatly denied all guilt, but when faced with more evidence and told that the therapist knew of her asocial acts, she confessed but added, "They hit me first" or "They hurt my feelings and made fun of me." Such statements were angry accusations and were always followed by a great flood of tears and loud sobs as she told how everywhere people beat her for no reason at all, children made fun of her injured hand or taunted her for being a Mexican. This picturing of herself as a helpless abused child was one of her most common roles and a potent source of maladjustment.

The fact that the patient did have many bitter conflicts with environmental forces, if not with her super-ego, could no longer be denied and it was utilized to impress the child with her need for treatment. Her statements of having been much abused in the past, though probably exaggerated, were known to have some foundation,

that is, the child had been abused and neglected or she would not have been in the situation that she found herself. Therefore they were accepted by the therapist and sympathy was offered by her and also the child's crying out against intolerable abuses was used to further her realization that she needed help as well as an ally in meeting such situations.

The child responded by many complaints that the children at the school hit her or hurt her feelings when she had done nothing to deserve such. Usually investigation proved her to have been the aggressor, but when faced with this she again took the attitude that she was discriminated against. She seemed always to maneuver situations to get her feelings hurt. Just as she had formerly come to the adults to show them her skin abraisions and complain of the pain, she now came to them sobbing to complain that her feelings had been hurt. Observation revealed that she brought about her hurt feelings quite as much as her bodily injuries. For example she was exceedingly sensitive whenever her father was mentioned, no matter what was said of him. Repeatedly she talked to the other children about their fathers thus indirectly inviting them to ask or remark about hers. Then she would burst into tears and run to the adults sobbing, "They are talking about my father and I do not think it is nice of them. They want to hurt my feelings."

When she was helped to see that she provoked the children to hurt her feelings this exaggerated sensitiveness gradually disappeared

and in its place came fears of people, unknown people. This soon passed into a fear of ghosts and skeletons, especially her father's ghost. For a brief period she had difficulty going to sleep at night because she feared the dead father's skeleton would kill her. Formerly she had been unable to speak of her father except in praise but now she told of the severe whippings he administered to her. She expressed deep guilt for ever having disobeyed her father and reproached herself for not having ascertained his forgivingness before his death. Many tragedies had befallen this child but this seemed the greatest. She was reassured by the therapist that her father had understood and that he had lived a long and disappointed life and that she had been the only one to love him deeply and thus she had made his life happy.

Following this the patient brought only material concerning the conflicts, fights, petty difficulties of the other children and thus avoided speaking of her own troubles. This was explained to her and she was asked to speak of her own experiences instead. At first she was silent, sullen and angry or else she sobbed as though to ward off further probing. If she got sympathy when she cried it was noticed that she cried longer and louder, if ignored she soon quit.

A new trend was begun by her, possibly as a means of escape from the material she had been bringing. She began telling her dreams which were always meager skeletons of plots devoid of all

detail but offered no free associations concerning them. This dearth of free association was one aspect of her lack of imagination and formed an immense hindrance to psychotherapy. Some of these dreams were quite evidently of a sexual nature and when this was mentioned to her she feigned ignorance of all sexual matters, but she seemed to evince a peculiar lack of interest in or curiosity about the subject. Both from her history and manner it was evident that she was pretending. It had already been learned that the most effective way of dealing with this type of resistance in her case was to face her with the knowledge at hand. This was done. Naturally the child tried to protect herself by lying, then she became enraged, screaming that she hated the therapist and did not want to continue work with her, etc. Then she admitted that she had had sexual experiences.

During the succeeding days she refused to come, tried to avoid the therapist or if she came she remained in angry silence. This anger seemed to pass over into a depression. She was treated with kindness and was reassuringly told that she felt bad because she feared that the therapist knowing about her sexual experiences might cease to love her and that she could not bear this but that instead of losing love she would be loved more for she would be understood. She was considerably relieved but by no means convinced of this.

Next she expressed many wishes to return home. These were in

part expressions of her wish to escape the school where she felt she was being forced to reveal her past. She said she had not heard from her mother for a long time and her letters to her mother had been returned as the mother was not at the address. She wondered where her mother was and finally stated, "Maybe she is dead by now. Do you suppose someone killed her?" She was reassured that this was not probable and the therapist knowing the tendencies of the mother asked the child if she did not think it more likely that the mother may have married and moved to the home of her husband. The girl promptly responded with an angry denouncing of her mother saying that she never wanted to go home again if her mother were married, that her father had not wanted her to live with the mother as "she got drunk and whipped us for no reason and went off and left us at home." In contrast to this she always spoke of her father with tenderness and loyalty.

For some days the patient brought forth more hostile charges against the mother, saying that her mother never loved her father but married him for his money and left him when she had spent it all, leaving the old man disillusioned and heart broken. With deep bitterness the child recalled the mother's drinking and frequent abuse of her, calling her names, beating her and saying she did not love her. Most bitterly of all she recalled that her mother and maternal grandfather said they wished her father would hurry up and die and they laughed when they heard he was dead. "I cried

everytime they said things like that about him," she explained. As a gesture of revenge against the mother the girl began telling that her mother cohabitated with other men.

Since it was evident that the child partially identified herself with her mother and thus permitted herself the same sexual freedom of her mother, it seemed wise to attempt to destroy this identification, therefore the therapist used the child's outbursts against the mother as a vulnerable spot to begin driving in a wedge. The patient was told sympathetically that she had suffered a great deal due to the mother's lack of love for her and that she was right in saying the mother neglected her, that her sexual experiences (which she described as rape) had been possible only because of the mother's neglect of her. The child agreed and blamed the mother's neglect also for the fact that her brother has been sent to a reform school. The two older half brothers had also served sentences in prisons and this too she laid to her mother's lack of interest and care. She soon decided that her mother had been a bad one.

Her next topic was concerning the whereabouts and welfare of her younger, illegitimate half-sister toward whom she had played a protective role at times. She was encouraged to write the little sister and send a small gift. She recalled sadly that the younger girl had been in the hospital for a long time referring to her treatment for the venereal infection. This also she blamed on the

mother saying the latter knew the child was being raped and that she did nothing about it.

At this time she was directed to lie down and talk, but this was difficult for her. She seemed anxious, refused to talk, stayed away several days, etc. At last when she did return she lay down to talk but her topics continued to concern the factual, the immediate, and concrete. She remained unimaginative. For this reason the therapist had to take a very active role, interpreting as far as possible, educating a great deal and bridging the gaps ordinarily supplied by imagination. This was necessary as this patient could not free associate far enough to find any interpretations for herself.

Each day she had hurt herself and now she called attention to her injuries. These were pointed out to her as a means of getting attention as a substitute for love and she was told that she needed to be loved more and that there was a better way of obtaining it. Next she began to complain of hurt feelings. She seemed always to be crying because her feelings were hurt. It was explained to her that she was saying, "See, I am a poor hurt child. Therefore pay attention to me." Following this she began to report, "Well, I did not hurt myself lately."

Meanwhile the patient continued to be a problem in school management in that she fought the other children, frequently surrep-

titiously striking them and usually denying it when asked by the teachers. Always when she talked of this in her therapy period she cried and told how she had been mistreated by children in the other institutions and in the various neighborhoods where she had lived, saying that she had to fight. The therapist agreed with her that she had had to lie in order to protect herself in many circumstances wherein she was helpless and misunderstood and that it may have well been the wisest thing she could have done. Likewise her fighting may have been the correct thing to do in a primitive community where everyone fought, but in the School where she was loved and protected such was not only unnecessary but highly out of place, i. e., it was a false goal in the present situation. The child accepted this and seemed to feel that she was understood at last. The effect of this insight was not to eliminate her sadism immediately but only to modify and reduce it. Her physical assaults on the other children were less vicious and frequent, but she became relentless in her domineering and disparaging attitude toward them. These aggressions were disguised as attempts to help the smaller children.

It was now warm weather and some of the children went home for vacations. The child again felt homesick and this homesickness was strengthened by a letter from her mother--one of her spasmodic guilt reactions--in which she spoke of visiting the girl at the school. There was much feeling on the part of the school staff

that a visit from the mother at this time would have had a very derogatory effect on the girl. Therefore she was advised to discourage the mother on the grounds that she might be returning home within a few days. The child reacted immediately by complying but with the attitude of being forced into it. She again assumed the role of a poor abused child and was exceedingly belligerant toward everyone. This disturbance was heightened when, at the end of the alloted period, the philanthropist who was paying for her treatment decided to keep her at the school for six months more.

During this disturbed period the patient frequently injured herself in apparently accidental manner, such as falling and scraping the skin of her knees, stumbling on the steps, etc., and her nocturnal enuresis which had decreased considerably again assumed prominence. She was harassed by many terrifying dreams of fighting between groups of people in which people at the school were killed or the building destroyed or else she was carried away by them. One day she brought a dream in which the mother had started to come to take her home and some man tied up the mother preventing her coming. The younger sister shot the man with a gun. The next day she brought a dream in which she left the school with her mother and then her father, who had forbidden her to leave, was killed. From her dreams it became clear that her conflict about remaining in the school or returning home to her mother was a re-

production of the conflict concerning which parent she should live with and to which she should give her loyalty. Verbally she praised her father and renounced her mother, yet her actions portrayed a partial identification with her mother.

Her feeling of anger and disappointment was reflected in her temper tantrums, manner and in her refusal to cooperate in any of the activities of the school. Meanwhile it became increasingly apparent that this child's conflicts were more externalized and expressed through struggles with her environment. She seemed never to take flight into fantasy to resolve her conflicts, rather she seemed incapable of using her imagination to that extent or in that way. Her lack of imagination forced her to an externalization of her conflicts. She considered herself a poor helpless, abused child, who, being so mistreated, had a right to be hostile and aggressive toward everyone around her. She brought a few brief detailless fantasies to the therapist concerning her mode of resolving her conflict. She would kill the teachers, run away or hurt, even kill herself. These sado-massochistic fantasies revealed that her self-inflicted injuries were expressions of resentment towards others as well as a means of seeking sympathy. She injured herself as she would like to injure those who thwarted her and at the same time the injuries served as a punishment for her aggressions. They seemed to deal with the conflict momentarily, to resolve some of the tension and thus like all symptoms were an expression of psychic

economy. Following the detailed explanation of her accidents, the injuries to her body decreased in frequency, but her masochism was no more cured than was her sadism. It seemed to take another but perhaps more benign form.

Rorschach (54) test results at this time indicated that the patient was extremely emotionally labile, hostile, impulsive, and undisciplined. She seemed unusually extratensive. Her perceptual organization was more like that of much younger children. The blots were not seen as organized wholes.

As has been stated the thought of going home or of receiving a visit from her mother had awakened an old conflict, ambivalence toward her parents and at this period she felt great affection for her mother. In order for the child to learn to make a better adaptation to the conventional modes of living and hence gain greater security it was necessary for her to reject her mother and form an identification with a more stable, socially acceptable woman. For the resolution of the immediate conflict in the school situation it was also necessary. Therefore the therapist searched for a vulnerable point wherein she might attack the child's loyalty to the mother, but it would have to be about such a matter and in such a way as to reenforce the already existing hostility of the child for this parent. Otherwise the child, through her identification with

the mother, would feel herself attacked and rejected.

Opportunity soon presented itself. The patient brought a letter from her little half-sister saying she had received three dolls from her mother. The child felt overcome by this show of favoritism on the part of the mother. She took it as a terrific rejection. Weeping and angry she said, "And she never even sent me anything! She always said she liked my sister best!" The child was helped to see that perhaps the mother did not actually love the younger girl more, but rather this sort of behavior on the part of the mother was an attempt to soothe her guilt for the illegitimacy of the small child. This had the effect of comforting the patient and of allying her with the therapist. Immediately she began to talk of the many times her mother had mistreated her, especially during periods of intoxication, of her mother's inability to love anybody, of her responsibility for the plight of all her children, etc., etc. She blamed her mother for not liking her because she was part Mexican. Then came one of the most crucial points in the treatment. It was pointed out to the girl that her color handicap itself existed because of her mother's selfishness and inability to manage her affairs, i. e., it was not necessary for the mother to have half-Mexican children but she married the old Mexican to get his money and then managed her marriage so as to bring disgrace and sorrow to all concerned.

Immediately following this the girl brought out more accusations of the mother, of her frequent drunken sprees, arrests, fights, prostitution, etc. She also told of her own sexual experiences which she said were numerous. At first she spoke of being forced by men into these relations and bitterly complained that her mother did not protect her. She wholly denied any desire for or responsibility in these experiences.

It is often noticed that a patient will unwittingly act out some of the material of his therapy and this patient who acted out everything instead of attempting to understand it was always in this danger. This constituted a constant, almost insuperable hindrance to the therapy. At this time it was noticed that she had made some sexual advances toward some of the people about the school and therefore required close supervision for a while. She was supervised closely by the teachers but they did not mention her misconduct to her. She was much upset that this should be known but it was explained to her as fortunate in that it helped her to see that she was dominated by strong sexual feelings and that these feelings were normal and desirable and that the therapeutic task was to learn to manage them. The child was not wholly convinced. Reluctantly during the next few days she spoke of her desires to masturbate but she was prevented from such because, "I am afraid I'll lose my other hand if I do." Questioning revealed that she had looked upon the loss of her hand as punishment for masturbation which occurred

while confined in a girl's school where sexual relations with other people were not easily available. Though she was reassured concerning this, mere words left a weak impression compared with the traumatic incident of losing her fingers. It is interesting that this child felt much more guilt concerning masturbation than sexual acts with others.

At this time the child was closely observed and was also rather isolated as most of the children were home for a brief vacation. It was noticed that her bed wetting had increased in frequency and she complained of fears and terrifying dreams. At the close of the vacation she underwent a tonsillectomy which she dreaded and following that she again expressed fears--fears that men on the street were following her, that men might come through her window at night and kill her or carry her away. So intense were her fears that she had trouble falling asleep if the lights were out. These fears were the first attempts to deal with her conflicts internally.

Again she talked to the therapist of her sexual experiences, still denying responsibility in them. Then she told of sleeping with her father and added, "But he never did anything to me." For several days following the production of this material she refused to come for the therapy. Upon her return she told of having terrifying dreams and of being very afraid of her father's ghost or skeleton. She said that she always wet her bed on the nights in which she had

these dreams. Sometimes she dreamed that she was running from a man to keep from being killed or hurt. Several times she reported that she dreamed that in trying to escape she ran into her home where she discovered her mother in bed with a nude man. Another day she told a dream in which a man had a long sharp knife and was going to cut a girl "down where she urinates" unless she married him, so she did. Then the man was going to kill the girl and the police tried to arrest him but he escaped. The next day she brought a dream in which the wife of a certain man was unfaithful. The man returning from town discovered his wife in the sexual act with another man, so he cut off the strange man's genitals. The injured man ran out of the tent only to collapse and bleed to death. The last of this series of terrifying dreams concerned a fight with her father in which she shot him. There were few associations to these dreams but they indicated an increased ability to fantasy.

From them it seemed probable that her enuresis signified both erotic and aggressive strivings. It seemed, too, that she used her bedwetting as a means of inciting punishment--punishment for bedwetting was accepted as punishment for her sexual impulses.

Since some of the fantasies--her dreams--concerned sexual wishes toward the father, she was encouraged to talk about him. This she first refused to do but with reassurance and persuasion she began speaking of the severe whippings he gave her, of her disobediences and finally she ventured to tell of his drinking

and falling stuporously into a ditch and she stopped some highway patrolmen who helped her to revive him. At this point she refused to speak further and for several days remained in sullen silence.

Meanwhile she had formed a close attachment for a boy about her age. The boy had recently reentered the school and was very depressed because he believed his parents had put him in the school as punishment. Both children felt abused so they ran away one afternoon but came back within a few hours. It was evident that she had gone because she did not wish to tell more about her father.

Following this she was more provocative than usual with the teachers. It had been evident for some time that her provocative behavior was an attempt to reinstate the former type of environment with which she knew how to deal and at the same time she wanted to provoke punishment so that she could feel abused and mistreated (her favorite role) and hence justified in further hostile and asocial behavior. Therefore the teachers ignored her provocativeness where possible but there were certain rules to which it was necessary for her to conform. Therefore she was able to create conflict situations and she used her therapy period to tell of the difficulty, blaming the teachers. She was helped to see that she provoked the teachers to correct her because she wanted to believe that she was unjustly treated, that this desire was so great that she frequently misinterpreted rather neutral situations as hostile acts on the part of others. She was also shown that there was a reason for the School

rules other than merely to torment the children and that though the teachers had to make her conform to certain of them they did not stop loving her. She was invited to test their affection for her by asking their aid in some way or by soliciting their friendship or advice. The teachers knowing the situation never overlooked an opportunity to reassure her by their willingness to help her when she came to them. Only after repeated proof did she partially accept this.

Again the child began to bring dreams of a sexual nature and spoke frankly of her desires. In association to a dream she told of her first heterosexual experience. She thought it occurred when she was seven years old but she may have been one or two years older. Her mother had gone to spend the night with a friend and a man, considered a friend of the family came to the house while intoxicated and raped the child. This frightened her terribly but she had no one to confide in as she feared her mother would blame and punish her, so she washed her blood-stained gown and sheets hiding the evidence from her mother. She never was entirely free from the anxiety of the traumatic memory and later she engaged in sexual activity rather compulsively as though to reinstate and resolve the early traumatic situation.

Meanwhile in the school situation the patient had attempted to lure various men into intercourse with her. Her manner was exceedingly inviting yet she denied such intention. Then it was

pointed out to her that though she had not put her invitation in words, she was nevertheless responsible for some of the embarrassing situations she caused. It appeared that this seductive behavior was an attempt to reinstate the situation of her rape and deal with it more adequately so as to rid herself of the related anxiety.

Next she formed a sexual attachment to another girl but close observation prevented this being carried very far. Following this it was noticed that she had scratched the skin on her body in various places. She had clawed the scar on her hand till it bled daily and when it was bandaged she clawed off the bandage. After awhile she was persuaded to leave her bandage on but she again turned to scratching her body and this continued till her entire body was sore. The therapist pointed out to her that she was attempting to destroy herself this way. Immediately the child began telling of some of her sexual experiences with men. It was noticed that when she had refused to talk and therefore wished to hide her material, she would often scratch and when pushed for more material she always talked of some sex experiences but always came to a place where she refused to go further.

Again she began to bring many dreams of sex and of terrific fighting and talked frankly of her desire for the doctors or male teachers. Her dreams showed a desire for sexual relation with her brother and her father. At first she denied the desire for her

brother and then admitted the desire but added, "But he is not here so I can't." She refused to elaborate on the dreams concerning her father but complained of a fear of his skeleton or some man coming through the window and again was having difficulty falling to sleep. The therapist asked her to speak of her father in order that she might be relieved of the fear. She refused and again lay in silence for several periods while with the therapist. All attempts to persuade her to speak only brought out angry screams from her. Again she resorted to vigorous scratching and talked of her terrific fear that kept her from sleeping and which haunted her during the day. It is well known that such abnormal fears frequently serve to disguise unacceptable wishes, e. g., the old maid fear of burglars. This was told her.

During the next few days she brought more derogatory memories of her father. It seemed that he retained so much of the uncivilized mode of living that she could not accept him wholly. This she tried to hide from herself by protesting extreme love and devotion for him. Her ambivalence, her feeling that he was repulsive was revealed by the fact that she prefaced each derogatory statement of him by s ying to the therapist, "Now you will think he is nasty and I don't want to tell it." Finally she told of one of her tramping experiences with her father. They had no place to sleep so the old man asked permission for his children and himself to sleep in a jail. There they became covered with body lice and when they arrived at the mother's home they were filthy and lousy. The mother looked upon

this as gross neglect on the part of the father. She sent him to town to get material to exterminate the lice and while he was gone she cleaned the children and persuaded them to run away with her and hide. The old man returning from town found he had been deceived so he wandered away in disappointment. She saw her father only once more before his death. In one of his wanderings he stopped at the hospital to see her for a few minutes only. The girl felt that her turning from her father had dealt him a terrible blow that brought on his death. Because of this guilt and anxiety the child had since attempted to renounce her identification with the mother.

She was helped to see that her act was natural and that it had nothing to do with his death. Moreover she was given some understanding of the situation of both parents and told that she need not choose between them but could love both.

She bitterly attacked her mother during the next few days but was helped to see that her mother was mentally disturbed and that she was to be pitied, not despised. She spoke again of her enuresis and remembered that she did not wet her father's bed but only that of her mother and it occurred to her that this had been a mode of retaliation against the mother. She had been bitter at her mother for permitting herself sexual pleasure denied the patient as well as for the frequent unjust punishment from her mother. Thus the

enuresis seemed to be an expression of both erotic and aggressive drives.

At last she came to the place where she could accept both parents as sick, unhappy people and could consider their shortcomings with more tolerance. As she relinquished her old attitude toward them it became possible for her to gradually identify herself with the therapist and incorporate her teachings.

In the meantime, the attitude of the teachers, which had at first been one watching to prevent serious misconduct on her part, had become though kind more firm and demanding especially after it had become apparent that her difficulty arose from too few rather than too many inhibitions. At the same time in psychotherapy she was helped to accept the prohibitions from the environment.

Repeatedly she became enraged and uncontrolled following some minor disappointment. Repeatedly she seemed always to arrange matters so as to be disappointed, angry, and to feel deprived, abused, and hence feel justified in more asocial behavior. She seemed always to demand and expect that which she could not have. For example she burst into rages because she was not allowed to go shopping during school hours although she had good reason to anticipate that this was not permissable. Because of her attitude, "I'll do all that I wish or nothing at all" which was apparent in her sullen silence and incooperation as well as her fantasies of

anal retaliation, it became apparent that the struggle against being brought to social acceptability was a repetition of the struggle against being brought to cleanliness. This was her point of psychosexual fixation. She had never been entirely toilet trained, e. g., her nocturnal enuresis, and she had never made a strong, secondary identification with the mother and hence had not developed a strong conscience. This can be easily understood when it is considered that her mother was ambivalent even hostile to her, deserting her for days during this period of her life.

When she had talked over her conflicts her anal traits decreased in intensity and she was able to make more progress. She seemed better able to identify herself with the therapist and teachers and absorb their ideals. This brought a better attitude toward both men and women and an effort to discipline herself. This marks the present status of her therapy.

As a result of a year's treatment at the School this child has made much progress. This once stoical, expressionless child has a mobile, vivacious expressive face which at times is definitely pretty. Socially she is one of the best adjusted children at the School and is generally very cooperative. Her sadism and masochism have dwindled greatly. She accepts her sexual desires as normal and has learned to manage them. She sews, cooks and does well at many domestic tasks. She also excels in swimming, dancing and games.

In school work she has made excellent progress and it is hoped that she will finish fourth grade work this term--which means about three years' work in one year of part-time schooling. When asked why she had not learned before she replied, "Well, they just hurt my feelings all the time so I just laid my head on my desk and did not pay attention." Her I. Q. on the Stanford-Binet test has risen from 70 to 100 but she is only slightly handicapped by a limited vocabulary as this too has improved. On the Porteus maze test she scores sixteen years and the median mental age for form boards is twelve years. Her drawings which scored six to seven years now score about eleven years. Her imagination seems to have developed considerably but she remains a personality whose interest is turned outward.

Some of her most prominent characteristics were her outbursts of anger, bitter oral attacks followed by verbal self-denounciations, her begging and her impulsivity. These indicated a reaction to strong oral thwartings. Her stubbornness, fits of rage and enuresis bespoke inadequate adjustment on the anal level while her terrific fear of masturbation coupled with the fact that she had no latency period but rather continued to have both homosexual and heterosexual experiences indicated that she had been unable to effect a genital adjustment. In psychoanalytic terminology she had never mastered the Oedipus situation, had never made a final identification with either parent.

From a psychoanalytic view point such a characterological disorder would be the natural consequence of a child developing in such a pathological situation. Such unintelligent and hostile parents thwarted the biological and emotional needs of the child from the beginning. She was a twin (the other twin was killed in an accident during infancy) and might have suffered oral deprivations although there is no history of that period. When she was a year old the mother was again pregnant with an illegitimate child. This state of affairs might be expected to bring negligence and impatience in the treatment of the patient. The constant strife in the home, frequent desertions by the mother from this time on, the separation of the parents, the insecurity due to the fact that neither parent could provide a home and the shifting of the children from one parent to another where they were taught to hate the absent parent, would create so much conflict for the child that his energy could not be turned toward normal progress. The hostility of the mother, her severe and unjust punishment of the child would tend to prevent the child from making strong identification with her. The usual deprivation of toilet training which is difficult for any child was more difficult for this child. It augmented the rejection she already felt from her mother. Moreover there was little love to be gained by achieving personal cleanliness. This step in psychosexual development is possibly only through secondary identification with the parent and is accompanied by the incorporation of the prohibitions of the mother, furtherance of the super-ego and repressions.

Being unable to make a strong identification with the mother the child could not completely take this step. She was never completely toilet trained, i. e., she is subject to nocturnal enuresis, she never had adequate repressions. Such an arrest of psychosexual development is accompanied by intellectual retardation. Clark (16) says learning is due to the identification process and a defect in it results in a corresponding defect in the learning process.

Alexander (6) states that the same sort of conflict results in a neurosis in one individual and in asocial behavior, perversions or crime in another. The difference in these reactions must be due to a difference in the structure of the personality. Dembo (20) has invented a technique for studying the reactions to a blocked goal situation. Through this technique it has been observed that some individual reacted by flights into irreality, fantasies in which they solved the situation, often in the most absurd manner. Others took flight into reality, becoming enraged and seeking to break up the situation. Brown (12) explains that some individuals in a blocked goal situation tend to find solutions for their conflict on lesser planes of reality such as play, fantasies or dreams, with a corresponding lesser degree of gratification that found in a reality solution. Griffiths (29) in her extensive study of children's imagination concludes that one of the functions of imagination is the resolution of emotional conflicts through repeated fantasy solutions.

It is generally agreed that when real solutions of emotional conflicts are found, maturation takes place but when the child is overwhelmed by strong conflicts which cannot be resolved on a reality basis, development is retarded. In this case the child certainly was overwhelmed with conflict but she lacked sufficient imagination for her to take flight into fantasy so all of her attempts to resolve her conflicts had to be on a reality basis, through reinstating the conflict in her environment. Hence her delinquency was directly due to her lack of imagination.

Closely allied with this was her ineptitude at abstract or symbolic thinking and hence her exceedingly meager vocabulary and inability to express her feelings bluently in words. One might explain this as due to her cultural background except for the fact that she was not original or creative in any of her activities, in dancing, crafts or play. It seems more probable her lack of inner creativeness sprang from some pathology in the character formation. The inadequency of repressions allowed the primitive impulses conscious and direct expression. Hence there was no need of a "symbolic return of the unconscious"--the well of creative thought and sublimation.

Delinquency in this case was due directly to a defect or lack of imagination on the part of the patient which in turn was due to insufficient repressions, inadequate super-ego. Alexander (6)

describes criminal characters with too little super-ego but he does not show its relation to the development of imagination. Mental retardation occurred in this case due to the same factors that prevented a better development of the imagination, psychosexual arrest.

With the establishment of inhibitions, the finding of new goals or new modes of gratification, the development of strong identification capacity, etc. in the treatment, there came less need for asocial acts therefore an improved social adjustment, development of creative thinking and general intelligence.

From a field-theoretical view point it is not difficult to understand the pathological structure of this child's personality. Wheeler and Perkins (65) state that normality in the child depends upon the distribution of normality in the traits of persons surrounding the child, in the most structured part of his social field, the family. In this family there was no person who approached normality in his adjustments to the family or the community. The mother, an unstable alcoholic prostitute, is probably mentally subnormal. The father, a very old vagabond Mexican, had never assimilated sufficient civilization to live as the white people. Practically all of the patient's siblings were at some time sentenced to penal institution because they were menaces to the community. Because of their asocial behavior all members of this

family were rejected by the community. Even though the family had been more cultured persons, racial prejudice would probably have set up insuperable barriers to a good social adjustment on the part of this child. Added to the barriers set up by the community were those set up within the family circle. The embitterment of the parents toward each other, their separation and the attempts on the part of each to enlist the children against the other, as well as their partial rejection of their children, created tensions for the children unresolvable in a socially accepted manner. The entire field at each stage of maturation was such as to produce a distorted and immature personality structure. Due to the tendency for energy systems to be organized toward certain goals (emotional conflicts) there was a certain inelasticity to the personality, an inability to find new modes of resolving tension, new goals and hence a retardation of the maturation process.

The learning or maturation process was able to be reinstated due to changes in the field structure provided by the school environment and due to changes within her personality, the acceptance of new goals and new modes of seeking old goals. These changes were partly the result of psychotherapeutic interpretations. It is well known that many neurotics pursue false or unattainable as well as socially unacceptable goals and that the disappointment so encountered is always a source of further maladjustment. Insight into the situations helped this girl to accept new goals, to be more amenable to

the school program.

The diagrams in figure 1 serve to indicate the various stages of psychosexual development of the hypothetically normal person, while those in figure 2 represent the arrested psychosexual development in various mentally retarded persons. Figure 3 represents the personality structure of the patient at the time that therapy was begun and the conflict situation which prevented the achievement of a more mature and normal development. The personality of the patient at the present time may be represented by figure 4.

Diagrams in figure 1 indicate the successive stages of the hypothetically normal psychosexual development, i. e., personality structure at different stages of maturation.

Diagrams in figure 2 indicate the personality structure in the mentally retarded. The heavy lines indicate the patient's rigidity his profound arrest at certain stages which makes for the continuation of certain types of behavior rather than finding new modes of gratification, new goals.

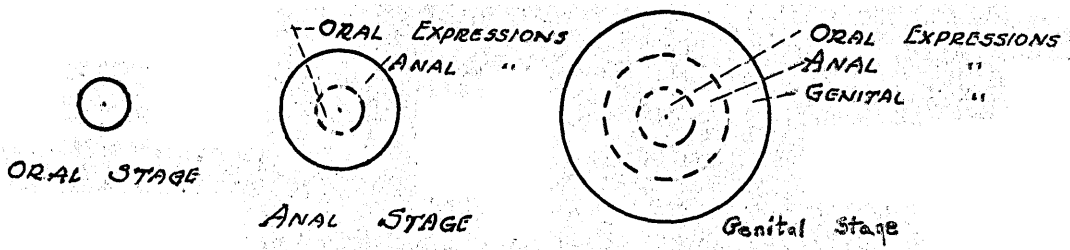

FIG. 1

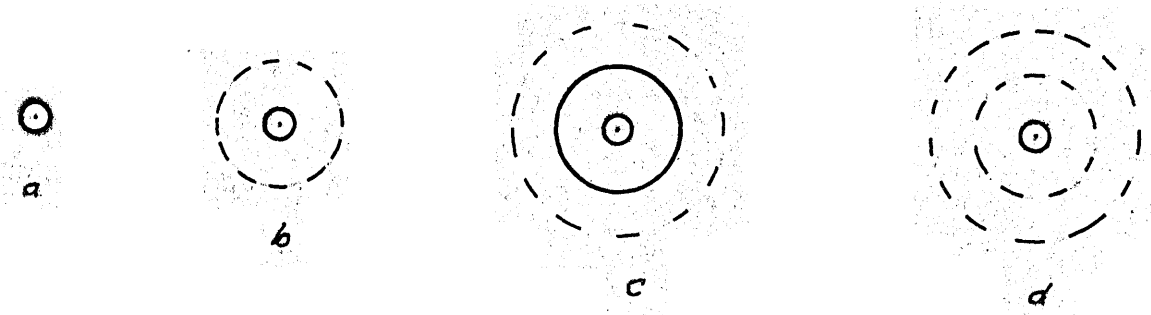

FIG. 2

a--Complete fixation at oral stage.
b--Partial fixation at oral stage with some anal development.
c--Partial arrest at oral and anal stages with some genital strivings.
d--Oral arrest with some anal and phallic strivings.

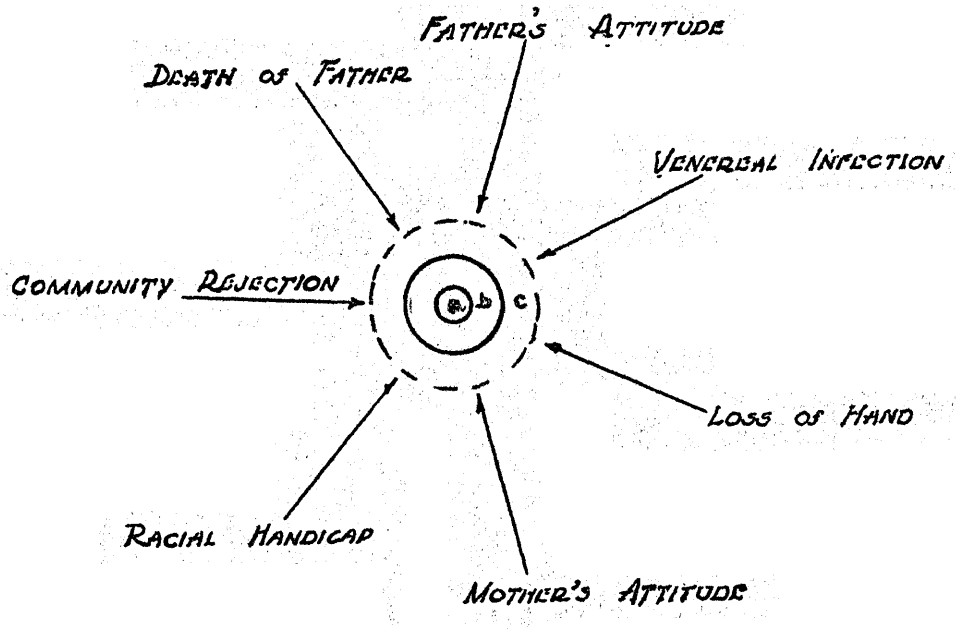

FIG. 3

a = FIXATION AT ORAL STAGE
b = FIXATION AT ANAL STAGE
C = ATTEMPTS TO ADJUST AT GENITAL STAGE

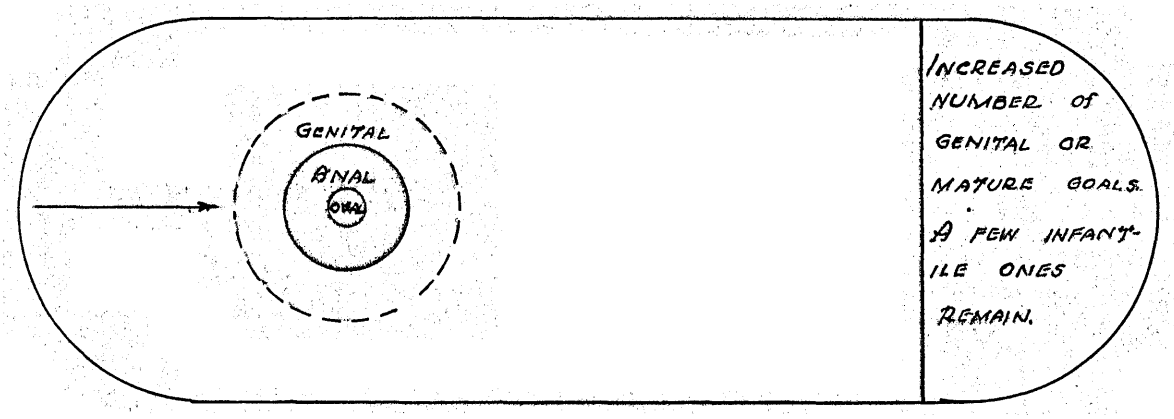
GENITAL
ANAL
ORAL
INCREASED NUMBER OF GENITAL OR MATURE GOALS.
A FEW INFANTILE ONES REMAIN.

FIG. 4

CHART 1

Stanford-Binet Test	Clinical Picture	Psychoanalytic Progress
	February, 1936	
C. A. 11 11/12 yrs. M. A. 8 4/12 yrs I. Q. 70 Vocabulary score--5 yrs. Goodenough drawings-8 yrs. Maze 12 yrs.	Stoic, expressionless passively resigned and deceitful 1st grade school work	Not started
	March, 1936	
C. A. 12 0/12 yrs. M. A. 9 4/12 yrs. I. Q. 78	More expressive domineering, fighting sly, deceitful 1st grade school work	Not started
	June, 1936	
C. A. 12 5/12 yrs. M. A. 10 6/12 yrs. I. Q. 84 Porteus maze 12 yrs. Vocabulary--10 yrs.	Very expressive very aggressive very impulsive 1st and 2nd grade school work	good transference and patient, talked of intimate life but not freely.
	September, 1936	
C. A. 12 6/12 yrs. M. A. 11 4/12 yrs. I. Q. 86 Porteus Maze 13 1/2 yrs.	Very hostile at times, very cooperative at other times, given to violent temper outbursts 2nd grade school work	speaking more freely approaching very intimate problems, expressing fears of skeletons, etc.
	April, 1937	
C. A. 13 1/12 yrs. M. A. 13 yrs. I. Q. 100 Porteus Maze 16 yrs. Vocabulary, 12 yrs. Goodenough drawings, 11 yrs.	Making good social adjustments. Has developed much social grace. Making good progress in school. Not deceitful Frank, generally happy Still some temper outbursts. Has developed much social grace. Fourth grade school work.	Making good progress. Resolved many conflicts. Renounced identification with mother. Formed new conscience and accepts but pities both parents. Accepts race and physical handicap. Understands and controls all direct expressions of sex.

Mental Retardation with Acalculia

The following case is that of a supposedly feebleminded boy who exhibited both general and special mental disability. It was reported at an earlier stage in the therapy by Chidester and Menninger (14). The patient was the first of four children. Birth was normal. Artificial feeding was begun in the sixth month. He walked and talked at a normal age and was said to have been trained in toilet habits very early. He was subject to frequent colds until his third year at which time his tonsils and adenoids were removed.

At the time that the parents were married his father was a university student and was unable to provide a home for his wife, who remained with her parents until several years after the child was born. When the patient was about four years old the mother went to her husband and they established a home of their own, but were persuaded to leave this boy with his grandparents. They had three more children, but the patient was never a part of that household. He continued to live with his grandparents and alone he occupied the room that he had formerly shared with his mother.

A cousin was born into the household of the grandparents when this child was in his fourth year and from birth was his rival for the family's attention.

During the boy's first year in school the grandparents were in

Europe and the boy stayed with his parents and siblings. While there he was neglected and unwelcome. Although he had formerly been considered well balanced he was now a definite behavior problem and was a constant source of irritation to his mother who threatened "to give him to the police" for his disobedience. While with his parents he entered school and did extremely poor work. A school nurse reported his poor vision (16%) but the parents neglected to do anything about it. The child became increasingly maladjusted and unhappy and when his grandparents returned they found him acutely ill with appendicitis. Against his father's will they removed him to a hospital for an operation following which he again lived in the home of his grandparents.

The entire life with his grandparents was one fostering extreme dependence. For example, the grandmother was over solicitous about his health, especially his diet. He was not allowed to eat between meals and was taught that candy, unless eaten sparingly, would make him ill and irritable. Neither grandparent encouraged self-reliance, e. g., at night it was his custom to eat bread and butter with sugar on it and whenever he was at home, even after the age of sixteen years the grandfather cut and spread the bread and handed it to him. The grandfather turned the bath water and saw that it was the correct temperature. He never had any responsibilities either for his person or his room. Punishment of any kind was al-

most unknown to him. Generally speaking he was allowed to lead a vegetative existence without either he or his grandparents being very aware of his shortcomings. His abilities were never exploited, but rather provision was made for him more as a pet than as a child who could and should be stimulated to develop.

After the grandparents took the boy away with them they had his eyes fitted with glasses and started him in another school. He failed several times and passed twice on condition. He made excellent grades in reading and spelling, but his arithmetical comprehension was nil and writing was poor. After five years he was promoted to the third grade because of his ability to read. It was evident that he was wholly unable to compete with boys of his age even in their play. Therefore, he was placed in the Southard School at the age of eleven years. The grandparents first suspected that he suffered some defect only after there repeated failures but they brought him to the Southard School because of his inability to learn arithmetic which they considered his only difficulty.

Entrance examinations revealed little organic pathology except poor motor coordination and defective vision corrected with glasses. A neurologist who later examined the child was of the opinion that he had acalculia due to definite organic lesion such as has been described by Gerstmann (27) and others. He scored an I. Q. of 62 (Stanford-Binet) and his emotional development, gauged by his general interests, was equally retarded.

He was a small boy who constantly hung his head as though abashed.

His deep voice contrasted strangely with his immature appearance and he was extremely awkward. His face seldom lost its pleasant expression and he seemed unmoved by the struggles that went on around him. He appeared to like everyone at the school, but demonstrated no affection for them nor any desire for affection from them. Instead of loving people he seemed to attach his fondness to inanimate objects, and spent most of his time collecting indiscriminately such things as empty cereal boxes, tin cans, milk bottle stoppers, discarded auto tags, and other debris. These he put in his room and carefully guarded them, and when any such possession was lost or discarded in the process of house cleaning, it was nothing less than a tragedy to the patient who burst into tears as though a relative had died.

He was also very selfish. He freely partook of the candy and toys of the other children, but his own he enjoyed in solitude. Though he demanded many gifts he was never grateful for them. In conversation he eagerly asked for information, but volunteered none and when asked the simplest questions was disinclined to give any information. His conversation was often so incoherent as to be unintelligible, and he was exasperatingly slow in all aspects of his behavior like a long drama in slow-motion pictures.

During the first year at the Southard School he studied first grade arithmetic, but was able neither to understand number facts

nor to retain them from rote memory. His writing remained scarcely legible, but he read rather well and enjoyed the newspapers especially. He did not like to play games and refused to cooperate with other children in activities of any kind. He had to be taught how to play the simplest games as he had always avoided all competition and still continued to do so as much as possible.

The school program for him at this time was rather routine with academic studies in the mornings and games, swimming, excursions or other recreation in the afternoon. The teachers were all very kind to him but they pressed him to communicate more freely, to achieve in the classroom, to be less self-centered and more self-reliant and especially he was urged to speed up in those activities in which his extreme slowness and great waste of time was a definite handicap to the group.

In September, 1952, a year after entrance, he was again given psychomotric tests. Although he was past twelve years old, he scored a mental age of eight years and an I. Q. of 65 (Stanford Binet), substantially the same as the year previous. On the performance tests his score ranged from 12 years on the Porteus maze to 4 years on the Seguin board with a median of about eight years on all the non-language tests.

Psychotherapy was undertaken because the patient presented numerous symptoms indicative of a severe long-standing emotional

disturbance. This boy, as all children, was able neither to appreciate his condition nor to assume responsibility for his treatment, so that his degree of cooperation was wholly dependent on his fondness for the one giving the treatment. Hence, it was necessary to devote a period to wooing his affection and confidence. The therapist saw him for an hour each day, during which time games were played and small gifts made to him. After this preparatory period the patient was instructed to lie down on a couch and to express freely any ideas that came to him. The therapist sat a little distance from the head of the couch and out of the patient's sight. Careful notes were made on everything said by both the patient and the therapist. These notes were submitted once each month to a psychoanalyst who directed the experiment.

Some serious disadvantages in the work soon appeared. As has been pointed out a mentally retarded person with a mental age of eight years cannot be compared with a normal eight-year old child. The normal child is spontaneous, has initiative and eagerness for knowledge; he is alert and keen in his perceptions, he has the ability to assimilate and organize isolated bits of knowledge, his thought processes are rapid and his memory is good. He is still emotionally very pliable and most of all he has a rather well-developed sense of reality. The whole personality of the patient seemed to be impoverished, both in ideas and emotions. There was little evidence of spontaneity, he exhibited no initiative in play,

work or study; in general there appeared no eagerness to learn, he was not alert to his immediate surroundings and often could not evaluate what he did see. He produced no memories antedating his coming to the school. Instead of being pliable, his whole personality manifested a quality of inelasticity, a fact that was very discouraging to the experimentor. Moreover his appreciation for reality seemed feeble as manifested by his tendency to day dream excessively, his lack of knowledge about and judgment concerning the objects of his most immediate environment, and his frank delusions. His thought processes seemed exceedingly retarded so that his speech was monotonous, slow, and halting. He often required as much as fifteen minutes to complete one sentence. He was unable to make the simplest analogies, so that interpretations were presented somewhat in the manner of Melanie Klein (36). Because of his lack of knowledge, many facts had to be told him as his treatment progressed.

Every few months during the treatment psychometric tests were administered to the patient as an objective gauge of the progress made during the period between tests. The Stanford-Binet was used with other tests because it is more valid to compare the results on the same test, administered from time to time than to compare the results on different tests. That is, no two tests have a perfect correlation. The patient never knew that he made any mistake on the tests. He was always praised and appeared immensely satisfied with his test results; he made many of the same mistakes time

after time. This eliminated the possibility of "learning" the test because of frequent administration. Various other tests were given with the Stanford-Binet as an additional check on its results.

During the first few months much resistance was expressed in the form of sullenness, tardiness, silence, or constant questioning on the part of the patient. By Christmas the child was consciously resentful of having to come for treatment and at last he asked to be excused from it. He announced that he did not like the therapist and when questioned he gave as his reason the fact that she talked to the other children at the School. This admission of jealousy was an opening wedge for a strong relationship and hence further treatment, for it was explained to him that someone else must have abandoned him for another child. Immediately he admitted that his mother had given him to his grandmother and he felt that the love she once bestowed on him was withdrawn and reinvested to his younger sister. The boy was helped to see that the hostility that he expressed toward the therapist was that which he felt toward his mother. After realizing this the child of his own accord decided to continue treatment, and was much more cooperative. He was also more cooperative with the teachers who realized it was his mother, not they who had rejected him.

He expressed great disdain for his father and for his father's profession and demanded to be called by the name of his grandparents

rather than that of his father. At first he refused to speak of his mother and siblings, and when questioned about them, professed to have forgotten their names, and ages, although he had visited them but a few months before.

One day the therapist came with a new permanent wave, and the boy refused to have anything to do with her. He said that her hair was too kinky and it reminded him of negroes. When asked who also had kinky hair, he replied that his siblings had such hair. After much persuasion he showed their pictures to the therapist. They appeared very negroid and were much darker than the others in the pictures. The boy made numerous remarks to the effect that these children were not smart, not pretty, and not good children.

About this time he began to fantasy that he would like to have a child and be its mother and nurse it. He would want only the one child, he said, unless he got married, and then he might have three more. This was his idea of what his mother had done. That is, he believed himself to be illegitimate.

In February, 1933 psychometric tests were again administered and the patient scored a mental age of 9 years 3 months, rendering an I. Q. of 73 (Stanford-Binet). Results on the performance tests were also slightly improved. Thus in the five months since treatment was begun he had advanced fifteen months mentally. For the first period then his rate of development was three times normal. At

this time his gross clinical picture was little different and his therapy had progressed only to the formation of a good transference and the expression of considerable hostility which he felt.

During the second period he began to relate his dreams and through their interpratations he began to be aware of his hostility toward his father and his desire to replace the latter in his relations with his mother. These were exceedingly weak and short-lived Oedipal fantasies, however. It was also by means of his dreams that he realized his tremendous hostility toward his cousin and his jealousy of the attention which his grandmother gave the boy. Following this awareness of hostility, he, once mild and passive, became very sadistic, kicking and beating the smaller boys with a tuler which he carried concealed in his trousers. The teachers sharply disapproved of his hitting the smaller children but they seldom discovered him do ng it. The few times he fought older children were ignored for it was considered a healthy sign in his case. At the same time that he was surreptitiously cruel to the smaller children he talked to the therapist of the unfair treatment he had received from his cousin. She was able to correlate his behavior with the children at the school with his feelings of anger for his cousin and to interpret his sadism as meant for the cousin. Following this interpretation his sadism receded, and he was again able to adjust better to the school environment because of better insight.

As his confidence in the therapist developed he began to confess his excessive night prowlings. He said that he frequently woke in the night and went through the house and yard naked, touching his penis compulsively to the back of the teachers' chairs and going to the barn loft where he covered his feet and genitals with dirt. On other nights he tried to peep at the women and girls and stole their clothing, especially shoes, hose and pajamas. Sometimes he slept in these articles and fantasied that one of the women was in bed with him. The climax of these erotic fantasies was that they would expose themselves to each other and defecate and urinate together. When the teachers were told of his night prowling the doors were locked and he was forbidden to go out of the house at night, but the teachers did not learn it for sometime, as the boy waited to tell incidents to the therapist long after they happened. How extraordinary it is to get such information and fantasies from retarded children need scarcely be mentioned!

He bought a gaudy ring, wore red nail polish, carried a compact and demanded feminine lingerie. He reported fantasies of having babies and dreams of having intercourse with men. After seeing the moving picture "State Fair" he identified himself with the beautiful trapeze artist and wished "that I could have some nice looking man like that fall in love with me." The realization that he wanted to be a woman and could not be one depressed him for

days. As the depression subsided he began to relate fantasies involving sadistic treatment of women by him. He envied women their breasts and frequently expressed a desire to injure those of the therapist so that men might cease to pay attention to her and turn to him. When angry with the therapist he was generally uncooperative with the teachers and now he was very uncooperative.

Psychometric tests in May, 1933 showed a mental age of 9 years and 10 months and an I. Q. of 77. He appeared less bland and unperturbed by his environment. He was easily angered, often sullen and uncooperative. Little disappointments touched him greatly. He was much less repressed in his hostile expressions.

Most of the next period was spent at home with his grandparents where he was domineering and revengful with his rival cousin. In October, 1933 soon after his return to the Southard School he scored a mental age of 10 years and 7 months and an I. Q. of 80. It had been a year since treatment was initiated. In this year the patient had advanced two and one-half years mentally, according to the psychometric tests.

In the beginning of the fourth period, he wasted much more time than usual and was sullen because the therapist had begun working with another. Repeatedly it was pointed out that this was the jealousy which he felt toward his siblings and his cousin and only partly applied to the situation at hand. Gradually he became

more cooperative, following this reorganization of his psychological field. He was an unusually stubborn child. To the other children he was surreptitiously cruel and with the adults his passive aggression was extreme.

His material at this time began to be concerned with his ideas of retaliation. He felt that he must retaliate for anything that displeased him, whether or not offense was meant. He even sought revenge because his wishes, which he refused to verbalize, were not gratified. If his teachers displeased him, he determined that he would fail in his lessons or else he would wear their clothing as revenge. Thus the wearing of women's clothing was both an aggression, and, at the same time, an erotic indulgence. If the therapist displeased him he refused to cooperate and frequently did not comb his hair or put on clean clothing so that she could not say he was pretty or nice, i. e., he would spoil himself in order to hurt those who were interested in him. When the teachers demanded that he comb his hair, he angrily combed it and appeared with it dripping with water or oil and looked worse than ever. But their demands forced him to bring the complaints to psychotherapy for help.

The child had been habitually constipated since early life and his grandparents frequently administered suppositories. These were discontinued at the school, and although he always spent much time in the toilet he now spent as much as an hour at atime while

the other children stood in line waiting to use the bathroom. His material in the therapy period turned to his anal interests also and he confessed masturbating while in the bathroom both by handling his penis and by inserting his finger into his anus. This required much time and he was gratified to hear the other children beg him to hurry while he ommipotently took all the time he wished. As he related this he was reminded of mutual anal masturbation which he had once carried on with another boy. Then he began to fantasy some kind of anal intercourse with his favorite teacher, had dreams of being kidnapped by bandits and made into a woman, and expressed the wish to be some man's wife and keep house for him, and conceived that this anus could be substituted for female genitals. During this period of anal indulgence, he was making excellent grades in his number work and for the first ti e he had been able to report quite a few perfect lessons in arithmetic. It seemed that when allowed so much direct anal indulgence he could dispense somewhat with his indirect indulgence, acalculia. In general, his school work seemed to have improved rapidly.

He spent a month at home during the mid-winter holidays. Soon after his return to the school, in January, 1934, he was again given tests and this time he scored a mental age of 11 years 3 months and an I. Q. of 83. He had lost his bland marked expression and freely showed his true feelings.

Upon his return to the school two aspects of his behavior were prominent, his insistence on the monopoly of the bathroom and his sadism toward a smaller boy whom he kicked till the child was bruised from his hip to his ankle. But his conversation during the treatment period concerned only his tremendous envy and jealousy of the younger and brighter cousin, his old rival. When his mistreatment of the poor child at the school was interpreted to him and his desire to hurt his cousin he told one of a number delusions which he told, namely, that he had believed that when a boy left the school and later a new boy entered, the new boy was the old one disguised. The boy whom he kicked, he had believed for many months to be the cousin in disguise who had come to spy on him. This was the first recognition of frank delusions in the boy. Later he described hallucinations.

As a punishment for some of his aggressions he was denied the privilege of reading the newspapers for a time. Immediately he became sullen and less cooperative. In reporting this matter to the therapist, he added, "And I was as mad as a hungry bear." At this same time he confessed that he had begun eating garbage and food that had been given a dog. Writing he had equated to the excretion and smearing of feces, and reading what someone also wrote seemed to be a mode of incorporating this valuable substance--a sublimation. And when this sublimation was denied him, he regressed to a more primitive stage, that of eating refuse or unclean matter.

He had become much more insistent on monopolizing the bath. He said he spent much time trying to expel large quantities of feces and would stand and gaze at his excrement for considerable periods. He said he liked to see what large quantity he could get which was the exact expression he used in speaking of his collections of useless objects. He began to go to the bathroom as soon as it was vacated by others in order to ascertain the quantity of their excrement so as to compare it with his. Once after viewing that left by a girl he remarked disdainfully, "That was much smaller than mine." Thus it was possible to see that both his hoarding and his toilet interests were attempts to compensate for his fear of inferiority.

He was able to see that he was annoying everyone but said he wished to annoy his teachers for hurrying him with his number work in which he had become exasperatingly slow and exceedingly inaccurate. When asked what he objected to being hurried in doing, he said, "I don't want to be hurried about my bowel movements." He was told that arithmetic as well as some other things at which he insisted on taking his time were symbolic of the toilet activity. Following this he began to do better school work, for he was helped to see that it was he who was unfair and not the teachers. This insight to some extent reorganized his field for him, hence he reacted differently.

In April, 1934 intelligence tests were administered and he scored a mental age of 12 years and an I. Q. of 87. He was com-

municating more freely but was still stubborn, resentful, retaliating and passively provocative.

At times he regressed in both his arithmetic and in his bathroom habits. At such times he was often resistant to his treatment but it always turned out that he had been unable to stand seeing the teachers giving any quantity of attention to the other children and purposely failed in his arithmetic to provoke the teachers to nag and give him attention. Then he stayed in the bathroom long so that he would be punished, and thus absolve his guilt. With this interpretation both forms of misconduct decreased he was able to get along with less friction and he began to show definite progress.

One day the therapist had an opportunity watch him with his arithmetic. His teacher assigned his lesson, then those of the other children one by one. Then she returned to the patient, who had not written a thing, but who on hearing her approach, scratched his head, knitted his brows, bit his pencil and looked fixedly at his problems. The teacher began, "Why, Henry, haven't you written a thing?" He shifted his position, scratched his head, leaned closer to the paper and made as though to write. The teacher then went to the next pupil. When she returned again he had made a few marks and spent most of the time erasing them. He was no further along than before. This time the teacher was a bit more severe. She stood by

him watching him and told him to get to work. He went through all the appearances of profound cerebration, but produced nothing, offered no explanation, asked no help. Finally as the teacher became very insistent he slowly marked down some answers which were remarkably inaccurate. One was reminded of a mother who has set an infant on the toilet and insisted that he defecate. The child grunts and grimaces and has all the appearances of making strenuous effort to defecate, when in reality he is trying hard not to. He complained to the therapist that his teacher was unfair or too severe but after he saw that he used this special method to provoke her and that he enjoyed thwarting her he cooperated somewhat better.

His progress continued till he went home for the summer again, returning in the fall. In September, 1934 he scored a mental age of 12 years 4 months and an I. Q. of 88. His open hostility was still a prominent part of his behavior, but was considered a better indication than his lack of interest.

Upon his return in the fall he was sullen and resistant with the therapist. He had many nocturnal emissions and refused to talk of anything but his jealousy of the other patients or his sexual fantasies. After some weeks a new trend was begun by his seeing an article in a newspaper about a man who was arrested for hitting

women. He said he would like to hit women on the breasts or beat their abdomens if the latter were large. "I would like to beat her so that she could not use her front opening to help her husband make a baby." He also wanted to hit the therapist for paying attention to the other children. Following this he related many fantasies of cutting or biting off the genitals of unidentified men.

Meanwhile his interest outside the treatment period was again turned to collecting, an activity he had abandoned for many months. He now collected and wore as many as a dozen political badges. He was anxious to join, and to belong to various groups with which his grandparents were identified. The teachers discouraged the asocial aspects of the collecting, thus thwarting him and forcing him to bring that matter up in therapy where it appeared that he wanted to reassure himself that he belonged with his grandparents and to them. Also he identified himself with the thrown away articles and felt compelled to save them.

One day he began to talk of a white man helping a negro woman make a baby and that it should not be done for the baby would look queer. He was asked who looked queer and replied, "My sister, I guess." He continued to think of his mother as negro until sufficient material was related by him to be interpreted as a "sour grape," illusion, created by him to protect himself against the

pain of being rejected by her. Rather than saying "My mother rejects me," he could now say, "I reject her. She is not my mother, but a negress. I am the son of the people whom I call my grandparents."

Again he talked of wanting to castrate men and beat women. He said," I would like to cut off some man's penis so he could not help his wife make a baby, so that he would pay attention to the boy he already had instead of spending his time making more." He fantasied beating the woman's abdomen so as to prevent sexual intercourse with her husband and also if there were a child inside her he would thus kill it. Then he would beat the woman's breasts so that if the child were born despite all his efforts to the contrary it would starve to death. "Then she would pay attention to the boy she already had." He was asked who these people were, and he replied, "My mother and father, I guess." While relating of this fantasy he had a very noticeable erection. It was as though he had witnessed the primal scene and had been both sexually aroused and extremely angry at the same time, (basis for his sadism.) It also portrays his profound feeling of rejection by his parents.

A tremendous improvement in his attitude toward the other children in the school and his general ability to make adjustments now made its appearance. This improvement was short lived however as he soon went home for his mid-winter vacation and returned in bad humor. This gave place to a good humored indifference to his treat-

ment. The bad humor concerned disappointment over his Christmas gifts. The patient was never grateful for anything given him and now it became clear to him that he would not acknowledge a gift because he felt he would be expected to give in return. In order not to have to give he would consider what he received as valueless. Thus he was not able to evaluate what he received or anything around him.

Little has been said of the attitude of the teachers toward him. Superficially the boy appeared to be a model child. He was passive in his aggressions and such behavior cannot easily be attacked. He was pressed to work faster but many of his aggressions were overlooked because he was so very mentally ill. All effort was made to keep him as busy as possible. He had too much imagination and too many repressions. He had taken flight from reality and now was content to solve too many of his conflicts in fantasy instead of in reality.

In March, 1935 he scored a mental age of 12 years and 7 months and an I. Q. of about 90. Thus his intelligence was beginning to approximate normal. He remained more concerned with his surroundings but when displeased still refused to cooperate in anything asked of him.

With the hope of hastening the work with him the therapist and teachers now began to require more of him and he became very

resistant and day after day seemed to regress in the type of material he brought, in his school work, and in his general attitude. An eating disturbance appeared and although he was given five meals a day he steadily lost weight. In June, 1935 when he was again given psychometric tests, he scored an I. Q. of 75 on the Stanford-Binet and much worse on the performance tests. In this regressed condition he went home for the summer. When he returned in the fall he still scored very low on the tests and he seemed less able to adjust to situations around him. The therapist felt that either there was an organic deterioration, or more likely, there was insufficient gratification to permit progress. Therefore, his weekly earnings were reinstated and he was praised for his efforts. Very soon his interests improved and his psychomotor retardation lessened. He began to bring new aspects of his conflicts and seemed able to accept and assimilate interpretations. On tests given in his improved condition he scored a mental age of 13 years 2 months, and an I. Q. of about 88 on the Stanford-Binet, and a mental age of 15 years on the Porteus maze tests. The performance tests were solved correctly but slower than normal.

For the first time he was aware that he had hallucinations that some situations appeared real and some unreal to him, and discovered that his participation in a situation, particularly if he were able to make decisions, enhanced its reality value for him.

He began to see himself in relation to his environment and made definite efforts to be like others and to accept reality, but the efforts were yet weak.

During the early part of the following year he met two traumatic experiences; first he was not permitted to go home for his Christmas vacation, a period of from four to six weeks. As a result he became very sullen and uncooperative, making little progress in any of his activities. This blow was followed by another, the death of his rival cousin which aroused tremendous guilt feelings. For some months he appeared apathetic. He rehashed old material, seemed to regress in some ways and was more stubborn and rigid than he had been for sometime. Therapeutically he was at a standstill.

After the summer vacation he seemed somewhat improved. He was less irritable and less stubborn but still seemed to make little progress. Fortunately for him a girl, a few months older than he was admitted to the school that fall. She was a very pretty girl of an unusually sweet disposition. Due to a slight deformity she felt exceedingly unloved and therefore was untiring in her attempts to receive and give love. She was attracted to this boy and although he at first showed no interest in her, she pursued him relentlessly showering him with attention, praise, caresses, reassurances, etc. He first reacted to her as he had to everyone, he rebuffed her gestures of affection but she was not easily

discouraged and soon she had the patient following her like Mary's lamb. They were inseparable. At every opportunity she walked by him, talked to him, held his hand and finally embraced him, holding him close to her, kissing him tenderly and passionately. At last she succeeded in doing what no one else had ever done. She convinced the lad that he was loved and convinced him that he loved her. Devoted and faithful was he to her, so much so that he had no time or thought for school work.

He spent much of his time day dreaming about her and at night he attempted to masturbate while building fantasies of her and although quite sexually excited he was disappointed to find that he could not complete this sexual activity. He complained to the therapist that he had never experienced seminal ejaculation except when on the toilet. It had been his custom to handle both his anus and penis and to experience an ejaculation at the moment when the stool was expelled from his body. He had never brought this to therapy as a problem for it had never been one to him. Only now when he had made a hetrosexual libidinal object attachment did he realize this handicap. And only then was it possible for the therapist to convince him that his anal interests dominated his entire life and handicapped his development and progress. How rare it is to find such strong, complete and undisguised fixation of the libido at the anal level of psychosexual development can scarcely be realized!

It was recalled that he frequently brought dreams of people having two penises--one in back and one in front, that early in the treatment he wore women's clothing and fantasied sleeping with them and that the climax of these sexual fantasies was defecation instead of coitus. And now it could be understood how completely he identified the anal and phallic functions and how by accepting anal prohibitions he had at the same time accepted terrific phallic prohibitions too. Hence his inhibitions in permitting phallic gratification except in the very restricted circumstances limited to defecation, i. e., since the two were equated, the one was permitted only where he had been trained to permit the other.

With the development of such extreme repressions there was strong mother identification (transvestitism) and strong conscience with the consequent flight into fantasy as an escape from too severe a reality.

The boy was discouraged from masturbating when on the toilet and told that with increased sexual desires he might find himself able to masturbate under other conditions and thus gradually separate the two activities and hence their common repressions. He was encouraged to enjoy the companionship of the girl as much as possible and to develop erotic fantasies concerning her. This was an attempt to help the boy overcome his rigid and fixation and enter

the genital stage. It need scarcely be mentioned that such a type and quality of fixation is almost insuperable therapeutically!

As he incorporated these interpretations there came a change in his manner. He seemed freer, more expressive, more cooperative, happier, more earnest in his efforts in school work, more tolerant of others and more able to accept new prohibitions. In psychotherapy material was given out more freely and had much less difficulty understanding and accepting subsequent interpretations. There had been some reorganization of his attitudes.

Suddenly the materialhe brought to psychotherapy changed. He was no longer engaged with anal erotic fantasies but rather he talked of marriage and marital relations. He had a pronouncedly possessive attitude toward the girl. Stingy as this boy had been he now in a small way began to spontaneously give and share with the girl. This seemed to be a good sign, although it was noticed that the girl generally gave him much more than he gave her. Any spontaneous giving was new for him. He became interested in wood work although crafts had always disgusted him and wanted to make a lamp for her; he wanted to take her to shows, buy her candy, etc. More than that when this love appeared to be progressing out of the limits of propriety, the young people were talked to about it and its consequences and the boy assumed far more responsibility than the girl did and declared his desire to protect her.

At this time he began to discard much of the trash that filled his dresser, desk and wardrobe. He threw away red nail polish and other articles that had served to enhance the female identification, saying he had decided it did not look nice and that he wanted to be a man and marry his "girl." His transvestitism was gone and with it the underlying conflict. He also threw away pictures and other articles which had served to arouse him sexually and explained that he preferred to enjoy a real person now that he had found "her." His relationship with the outside world seemed to be expanding, indicating an internal change, a change in attitudes, goals, etc.

Unfortunately for the patient, the girl was confined to her room for some weeks with a foot infection. The separation was difficult for him, he finally decided that she stayed in bed because she did not love him and he told the therapist that he wanted a more stable sweetheart, that he no longer cared for this girl. She replied that if he no longer cared for the girl then he was through with her and it would be a problem no more. Faced with the suggestion of giving her up the boy wept and said "But I do want her. She is the only one I can love. The other children think I should give back the souvenirs she gave me but I won't! I love her more than anyone in the world!" He was assured that this was fortunate for now he could see how little he was capable of loving. It was pointed out to him that he wanted the caresses and assurance she gave him, that he was not considerate of her

comfort or feelings, that he was not truly generous with her, etc. It also helped him to understand his tendency to interpret many situations as rejection when there was no objective basis for it. When she was ill, which was often, he always seemed to regress somewhat and make a little more advancement when she got well and could be with him.

Recently a very small rather helpless girl came to the school. The patient was encouraged to help her at the table. The little child being extremely affectionate and demonstrative was very responsive to him and showered him with praise and adoration. She accepted him as her favorite. Due to this attitude on the part of the little child, he became attached to her and desirous of being more helpful to her. This boy who had been little interested in anyone but himself is now making weak but definite attachments to others. His field may be thought of as expanding.

The patient is still stingy, stubborn and rigid but much less so and he has become aware of his need for love and interest in people, he has developed a weak but definite object attachment and seems to have resolved some of his conflicts, having made a definite masculine identification and chosen a feminine love object and has begun to exchange feelings and ideas with people. Needless to say his feelings of unreality are rare or gone and he has been showing better ability to reason, to understand and to

truly learn, though of course he is years behind where he should be in school work and still dislikes arithmetic. However, he has become able to calculate well enough that his acalculia could not have been due to such specific organic lesion as is described by Gerstmann and his collaborators.

Attention should be called to the fact that this child seemed to be mentally impoverished, to have few ideas to express. He seemed to be merely a feebleminded boy with a sterility of associations which is characteristic of mental deficiency. A closer investigation revealed that he had a very rich and detailed fantasy life and that his dreams were massed with details as to both forms and movement. Such rich, lively, detailed moving dreams and fantasies are foreign to the feebleminded and are produced only among individuals with considerable inner creativeness coupled with insurmountable inhibitions. The child seemed much more sterile of mind than he was because he was inhibited from expressing himself. All modes of self-expression suffered by the influence of his strong anal repressions.

In psychoanalytic summary of the case, the boy had an extremely traumatic early childhood. There is much evidence that he was never wanted, that he was grossly rejected and that the entire situation was hostile to him. For example, his mother had no home of her own, the husband, if there was one, was unable to support her and there is reason to believe the child was illegitimate. At any rate he was an unwelcome intruder in the grandparents' home. Weaning at a very early age soon followed by severe and too early sphincter training augmented his insecurity. At the age of four he was abandoned by his mother and shortly afterwards a rival cousin was born in the household and his uncle and aunt naturally turned to their own son thus further rejecting him. At the age of six he was deserted for six months by his grandparents and was forced to be an unwelcome guest of his parents. At this time he entered public school with such visual handicap as to make competition with other pupils im-

possible. The grandparents were ambivalent toward him as is manifest by their overprotection of him. They treated him as their duty and as they might a pet dog, providing no stimulation for development and encouraging no independence on his part. Added to all these traumata there is the possibility that he may have had some brain damage, which would have handicapped him in achieveing and thus would have added to his emotional traumata. Moreover too few avenues for gratification were left open to him. With all these traumata another child might have made a relatively better adjustment who at the same time had more types of gratification open to him, i. e., more ways of getting around or through these barriers to further progress.

The deprivations of weaning and sphincter training coming at a time when the child was too immature to take these steps in learning or as French (24) says steps in finding new modes of gratification the psychosexual development was almost completely arrested at these stages of maturation and likewise libidual gratification remained fixated at these early levels. In other words the regressions concerning sphincter function were so overwhelmingly powerful that they controlled the entire functions of the personality. For example, the sexual function of the penis was inhibited along with its excretory function as is evident from the fact that

masturbation was for him permissible and possible only at the time of defacation. Thinking, speaking, seeing, and doing were all inhibited. Indeed his reaction to everything that was expected of him in life was the same as his reaction to toilet activities. At home whenever too much was expected of him and too little gratification offered him he became constipated knowing that this never failed to disturb his grandmother who was always greatly concerned with the regularity of bowel functions. For hours he thwarted his grandmother who finally gave him a suppository which was sexually gratifying to him. This was diligently sought by him as his only avenue of sexual stimulation. Securing this he immediately gave up his stool. In his daily life at the School when he was displeased his entire activity was constipated, wasting much time and effort to give the appearance of trying to do that which was expected of him and which in reality he did not intend to do at that time if at all.

The hostile rejection of everyone about him was also that toward his grandmother arising from his unsuccessful struggle against training in cleanliness. His female identification (transvestitism) also sprang from that period. He had made no progress in the genital stage of psychosexual development, was even incapable of anything but anal masturbation and hence had never entered the Oedipus conflict nor made a male identification. Overwhelmed by too many demands, too much conflict against which situations he was helpless,

he took flight into fantasy or resorted to extreme passive aggressions. Only when, and to the degree that his anal fixations were loosened and more modes of gratification provided, more ego and libido inflation offered, did he make progress in learning, relinquish some of his passive aggressions, accept reality and enter into a relationship with other people.

From a field-theoretical point of view it can be seen that the field forces during the infancy period exerted such a tremendous pressure on the personality at a time when the internal structure was too weak to resist it that the maturation process was arrested. Koffka (37) attributes personality growth to the constant cooperation of internal and external forces. In this case the external forces were such as to retard rather than stimulate development. In other words, in a very insecure situation the child was prematurely forced toward certain goals with the result that there was a preservation of these infantile goals. These infantile goals were constantly revived by forces in the field, e. g., it was always a point of anxiety on the part of the grandparents as to the regularity of time, mode and amount that the child ate and excreted. Not only did the attitude of the grandparents tend to retain these infantile goals but they permitted few new goals, i. e., they encouraged extreme dependence and offered little security.

This perservation of infantile goals constituted the arrest of

personality development, the arrest of the learning process and emotional development. It also constituted the rigidity and all of the pathology of the personality later.

In the school environment the child's social field was reorganized and certain frictions with it forced him to cooperate sufficiently in psychotherapy for his socio-psychological field to be reorganized (through insight), hence he was able to seek new goals and both his field and personality began to expand and differentiate. There was an improvement in intelligence and emotional conditions. All of this implies a lessening of the rigidity.

Figure 5 is a diagram of the probable field forces causing arrest while figure 6 represents the patient in his socio-psychological field at the time treatment was begun. Note that all mature goals were outside of his field and that he was propelled in the direction of infantile goals. Figure 7 represents the patient in his socio-psychological field at the present stage of treatment. Here the field has expanded, there is a striving toward some genital goals though some infantile ones remain. With the change in field and goals there is also a change in the personality structure. It is somewhat less rigid and there is a feeble beginning of the differentiation of the genital stage.

The following chart indicates briefly his progress at various periods during the treatment.

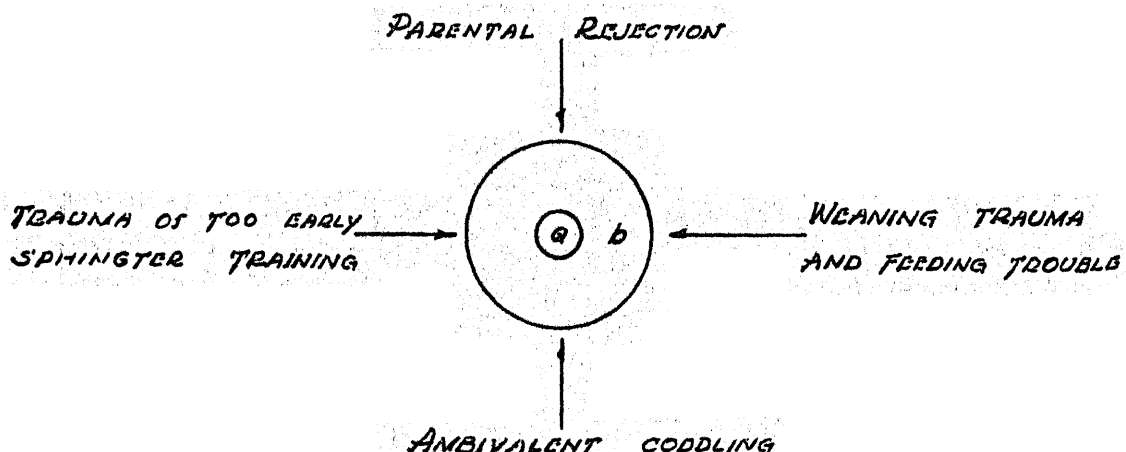

FIG. 5

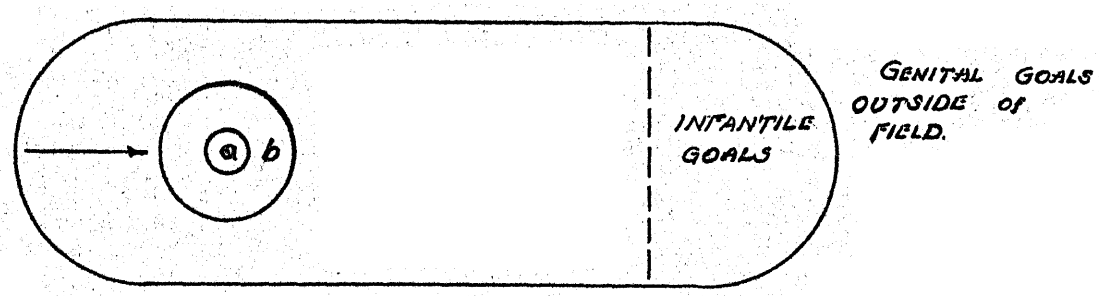

FIG. 6

a--oral stage
b--anal stage
c--genital stage
Note: Heavy lines are used to show rigidity of structure or psycho-sexual fixation.

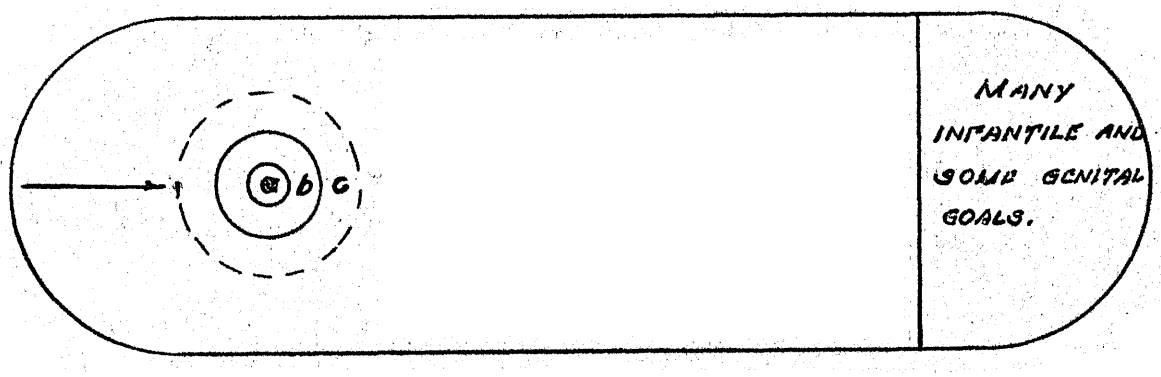

FIG. 7

a--oral stage
b--anal stage
c--genital stage
Note: Heavy lines are used to show rigidity of structure or psychosexual fixation.

CHART 2

Stanford-Binet Test	Clinical Picture	Psychoanalytic Progress
	September, 1931	
C. A. 11 3/12 yrs M. A. 7 yrs. I. Q. 62	Bland, smilingly masked Showed no disappointment or concern any time. Very inhibited. Not interested in people. A collector.	Not initiated.
	September, 1932	
C. A. 12 3/12 yrs. M. A. 8 yrs. I. Q. 65	About the same	Began
	February, 1933	
C. A. 12 8/12 yrs. M. A. 9 3/12 yrs. I. Q. 73	Not much change	Good transference Expression of hostility
	May, 1933	
C. A. 12/11/12 yrs. M. A. 9 10/12 yrs I. Q. 77	Less bland. More openly hostile and uncooperative Less inhibited.	Giving free expression to his hostility and jealousy. Talked of female identification.
	October, 1933	
C. A. 13 4/12 yrs. M. A. 10 7/12 yrs. I. Q. 80	Much more sullen and uncooperative. Retaliating	Was expressing sibling jealousy and fear of rejection by therapist as by his mother.
	January, 1934	
C. A. 13 7/12 yrs. M. A. 11 2/12 yrs. I. Q. 83	Openly aggressive and hostile. Uninhibited in hostile expressions but more cooperative.	Became aware that he had delusions and that his hostility and sadism were meant for his family more than for those in the immediate environment.

	April, 1934	
C. A. 13 10/12 yrs. M. A. 12 yrs. I. Q. 87	At times very stubborn and retaliating. At other times cooperative More alert to external situation.	Talked more freely Became aware that his arithmetic was inhibited as an anal activity.
	September, 1934	
C. A. 14 3/12 yrs. M. A. 12 4/12 yrs. I. Q. 88	Still subject to open hostile expressions More anxious. At times more genuinely cooperative.	Was spending much time talking of sexual fantasies, Oedipus fantasies, fantasies of retaliation for rejection by parents.
	March, 1935	
C. A. 14 10/12 yrs. M. A. 12 7/12 yrs. I. Q. 90	Remained more concerned with his surroundings and more anxious than formerly. Still stubborn.	The problem of giving and receiving was again prominent. Could not appreciate gift because of fear of having to give in return. Never grateful.
	June, 1935	
C. A. 15 yrs. M. A. 11 3/12 yrs. I. Q. 75	Withdrawel of interest Loss of weight following increased demands on him.	Very resistant
	September, 1935	
C. A. 15 3/12 yrs. M. A. 11 6/12 yrs. I. Q. 77	Still withdrawn. Disinterested.	Resistant
	November, 1935	
C. A. 15 5/12 yrs. M. A. 13 2/12 yrs. I. Q. 88	More interested with lessening of certain demands and offering more praise and other forms of gratification.	Spoke of his hallucinations. Became aware that things had not seemed real to him.

April, 1936

C. A. 15 10/12 M. A. 13 2/12 yrs. I. Q. 86	Very disturbed following two major disasters including the death of his cousin.	Rehashed old material. No progress. Was reassured and comforted.

September, 1936

C. A. 16 yrs. M. A. 13 2/12 yrs. I. Q. 88	Revival of his meager interest in external events. Interest in a girl.	Good transference again and new material concerning his interest in the girl. Masculine identification with the Oedipus Conflict.

Mental Retardation with Constitutional Anomalies

The following case is one that moved very rapidly and in which the technique and progress are graphically demonstrated. In some of the other cases progress is exceedingly slow and the continual repetition of material would not only require much space but the steps in progress are difficult to follow. Therefore the daily work with the child will be reported in considerable detail.

The patient is a nine year-old boy who has shown retardation in motor development and coordination since infancy and has been a behavior problem most of his life. He was the older of two children, having a sister a year younger who was always mentally superior and more aggressive.

The child was born during the first year of the parents' marriage and neither of them desired children so soon. The birth was a difficult breech delivery but no instruments were required and the boy was considered normal at birth. Because he was undernourished he was placed on artificial feeding when a few months old and immediately gained weight.

Teething was normal beginning at five months. Training in cleanliness was started at nine months by placing the child on the toilet chair periodically, though no undue discipline was used. He was given suppositories every night for a considerable period and occasionally was given enemas when constipated. He did not soil

himself after he was about one and a half years old and there was no enuresis after the second year.

The patient did not sit up till he was nine months old, he first stood alone at thirteen months and walked at one and a half years, but he was clumsy, often falling until he was more than two and a half years old. He was awkward in the use of his hands, seeming not to know how to handle objects even when placed in his hands. (He now walks normally but is still awkward with his hands. When he is excited his arms move up and down rapidly and his hands tremble.) Speech was also delayed, making only unintelligible sounds until two years of age. Words were formed at the age of two and a half years and sentences when he was three and a half to four years old. At this time he began to speak very rapidly and there was blocking which was taken to be stammering. During the last three years preceding his entrance to the Southard School, his speech improved considerably, but it was still rapid, slurred and difficult to understand.

He had measles, chicken pox and mumps. At the age of two and a half years his clavicle was broken but it healed uneventfully. He has some memories of this. At the age of three and a half he underwent tonsillectomy and adenoidectomy, evincing no fear either before or after the operation. At the age of seven years his wrist was fractured. He had always had visual difficulty and was fitted

with glasses two years ago.

From early infancy he took little initiative but always expected and demanded others to do things for him, and was quite aggressive, stubborn, and negativistic, not inclined to be submissive or respectful in his manner. Beginning at the age of one and a half years he began to have temper tantrums in which he cried and stamped his feet and for which he was frequently punished by spanking. The temper tantrums recurred at varying intervals since that time and in the last year before coming to the Southard School they had become more frequent and had sometimes been more violent; the patient occasionally threw objects about the room. The most conspicuous feature of his behavior was his stubbornness and negativism. He would do the very opposite of what was expected or asked of him. The patient showed a good deal of antagonism toward his mother and also some toward his father, whom he feared because of very severe discipline. In the past years when his mother was not able to make him obey she resorted to the remark, "When your father gets home, I'll tell him and he'll take care of you."

The patient's father is 35 years of age, a Protestant, and in the furniture manufacturing business, with the patient's paternal grandfather. He is nervous, tense, emotional, impatient and is easily irritated. He frequently scolded and criticized the patient, often comparing him unfavorably with other children, and quite

frequently with the patient's own sister, saying, "Other boys can do that, why can't you?" or "Sister can do that, why can't you?" The patient's father was much more demonstrative in his affection toward the sister than toward the patient. The mother says he has been quite severe in his discipline of the patient, at times having beaten the patient with a belt for disobedience.

The patient's mother is 34 years of age, a devout Catholic, and of fairly easy-going temperament. She tried to be calm most of the time with the patient, but often lost patience. She made an effort to yield to his many requests and oftentime yielded to certain requests of his to which she could not in herself give whole hearted approval. Her attitude toward the patient, however, was rather inconsistent. She indulged him a great deal for the purpose of keeping him satisfied and peaceful, and minimizing his nervousness, but when she finally lost patience she became very irritated and for a time refused all of his requests. She admits having been disappointed in the retarded motor development of the patient and made known her disappointment in this child to other members of the family, but never expressed her disappointment verbally in his presence. She admits having resented the early arrival of this child more so than her husband did, but states that in no way did she make this resentment known to the child. The patient was often very ill-behaved in her presence attempting to dominate and bully her. To overcome this sort of behavior she often took resource to threats

that his father would discipline him when the father came home. In this regard she was also inconsistent, in that when the father disciplined the child too severely she came to the boy's aid against the father. The mother states that the relationship between herself and her husband is a satisfactory one, though often there was considerable dissension in the household provoked by the father many times in the presence of the children.

At five years of age the patient went to kindergarten which he enjoyed very much. He made a fairly good adjustment but the teacher believed his motor development was not normal. At a little less than six years he entered the school proper, but remained there only three weeks as the teacher stated that he was too nervous, too restless and could not concentrate. He then returned to kindergarten where he remained two and a half months and got along somewhat better. His mother then realized that she would have to give him some special assistance in making his school adjustment and therefore arranged for his admittance to a private school in Chicago, where he remained from the age of six to seven and a half years. The director told the mother after a period of observation in this school that there was something organically wrong with the boy, but he thought the difficulty was entirely in the nature of an emotional disturbance. After one and a half years the mother found that his progress at this school was not quite satisfactory and did not believe that he had improved sufficiently. Therefore, she took

him home where he remained from the age of seven and a half up to the time of his admission to the Southard School at the age of eight and three fourths years. At home the patient was not happy because of numerous instances of friction with his family, and unfavorable comparison with his sister concerning the fact that he could not join the other children in their attendance at a public school. He often asked if he could return to the private school and was very happy when he was told he was to come to the Southard School.

Entrance examinations revealed the following pathology: Undescended testis, slight spasticity of lower extremeties, slight genu valgum, slight dysdiadockinesis, knee reflexes not demonstrable, tendency to oxycephaly and inconstant internal left-sided strabismus. Roentgenogram revealed distinct convolutional markings and moderate osteoporosis. Laboratory findings were negative. On the Stanford-Binet he scored a mental age of seven years four months and an I. Q. of 84, he scored seven years on the Porteus maze test, seven years six months on the Goodenough drawing test and about the same on form boards, with which he was markedly awkward. On educational tests he scored six years and six months but on the Vineland Social Maturity test described by Yepson (68) he scored ten years, giving a social quotient of 114.

When the patient entered the School he was quite well behaved, except when his mother was with him, at which time he was extremely hostile and provocative. Soon it was noticed that he tried to

provoke the teachers and other children with loud talk, screaming, noisiness, negatism and teasing. He interrupted others when they were talking only to turn away when he was given attention. He frequently volunteered his assistance to the teachers but never completed any task. He appeared interested in school work but relinquished his efforts as soon as the teacher turned her attention to another child. Despite this great distractibility and incorrigibility the child evinced excellent reasoning at times as well as inventiveness and creative thinking.

A very prominent aspect of his behavior at this time was his frequent tantrums. If thwarted in any way he became enraged, screaming, kicking the floor, crying or beating on the furniture to make noise. He did little about his disappointment except to demand that he have what he wanted and he was unusually persistent, being hard to dissuade. One thing that always provoked his anger was for him to see people close doors leaving him outside. Whenever there was conference and the office doors were closed he stood outside kicking and screaming but did not open them. Similarly, if two people talked together, leaving him out of their conversation, he began screaming and kicking the floor, but if they turned to him he seemed no longer interested, had nothing to say.

From the time of entrance this boy was managed with unusual tact on the part of the teachers. His tantrums, noisiness and negativism were ignored as far as possible. When this was not possible

he was reminded that he could participate in the more gratifying parts of the school program only because these parts were made possible by cooperation of the group in the other work. Usually he responded to this form of persuasion. On rare occasions when he refused to comply with major rules that could not be dispensed with, he was taken by the hand and led where he was to go.

Perhaps the most effective form of discipline was that weilded through the children's Court of Honor. This had been organized as a means of providing some degree of self-government, mutual criticism and group spirit. Until its establishment there was lacking in the school that form of discipline and stimulation that one child normally receives from the group of children with whom he is associated. It also served as a means of providing some justice and airing the grievances of the less aggressive children. The children took turns at being judge of the court and they tried and fined those among them whose misbehavior was a source of annoyance.

This boy's tantrums, screaming, especially in the ears of the others, his beating and kicking the table and his negativism was so frequent and so disturbing that the children tried him, found him guilty and after warning him a few times they began fining him a few cents which he had to pay out of his allowance. Since he had a keen appreciation of the value of money these fines were real punishment to him and were quickly effective in reducing some

forms of his misbehavior. And although he first resented the court very much, he soon became fond of it, paid his fines without much resentment and gradually took an active part in pressing the court duties.

The court served the purpose, in many instances of making this boy aware of some of his difficulties in adjustment and he later brought them to psychotherapy for aid in understanding and solving them.

He frequently had night mares and screamed out at night but could never remember what he had dreamed.

Psychotherapy was recommended for the child because his disturbed emotional condition was such a prominent part of his clinical picture and because it seemed to be, in part, determined by his feeling that he was rejected by his parents who seemed to prefer his sister. Due to his speech defect as well as his frequent inability to carry on a coherent conversation, a play technique was used in which he was encouraged to talk all the time he played. The course of the daily progress will be reported in considerable detail.

The patient had been exceedingly curious about the psychotherapy. He had asked the other children what they did in the room with the therapist, he had peered curiously through the door, then

he had ventured in and inspected the toys and asked the therapist questions concerning what she had been doing, why she took the children in there and when she would take him. He had tried to listen and peek at the keyhole. Then he began screaming in the hall, as he always did when doors were closed leaving him outside. He definitely felt that he was left out and begged to be admitted to therapy. When at last he heard that therapy was to be offered him he was exceedingly joyous but on his first day he did little but ask questions.

October 21, 1936

The boy was told that he could come and play in the play room a while. There he sat on the couch, head bowed and face turned away from the therapist. An attempt was made to converse with him. He gave the impression of dejection. He answered questions without looking up or evincing interest in either the person or conversation.

Finally the boy looked around the room, found some toys with which he occupied himself and began to talk but not to anyone. The therapist gave him a toy gun which seemed to delight him. After shooting a toy rabbit he began to shoot at pictures he saw on the wall. He played that he killed "the old woman in the shoe" because "she whipped her children so much." He also shot "Jack in the bean stalk" because "he was bad" and "Cinderella" too. There was a picture of a very pretty little girl on the opposite wall which he spared.

When questioned about this he explained, "Oh, no, I did not want to kill her, she is too sweet to kill."

With great glee he played that he shot the men he saw pass in the street and fantasied that he cut them to pieces with an axe. Armed with the toy gun and a small banner which he used for the axe he repeatedly played that he killed and chopped the therapist saying, "And that's all of you!"

By this time his manner had changed and he was more accessible. He was asked if his mother ever whipped him. He replied, "Not much but my Dad sure does plenty of that!" Then he was asked if he preferred to shoot men or women. "Men," he replied. Next he was asked which parent he preferred and he replied, "Lulu, she's my sister."

The shooting and chopping play continued till he announced that he had killed everyone because he hated them. Then he shot himself. He was asked if he shot himself because he felt he should be killed as punishment for the other murders. To this he replied by denying that he shot himself and saying that another man shot him but "I shot him too."

October 22, 1936

The shooting then continued the next day. Finally he took from his pocket a little sacred heart of Jesus given him by a visiting priest.

He shot it too, announcing, "I am one of those mean men and I will nail Jesus to the cross. Now that's the end of him."

He soon became interested in a table that had been taken apart and spent much time trying to put it back together. His motor coordination was poor but the child persisted tenaciously showing ability to sustain interest and effort for a considerable period.

These first two periods indicate how profoundly hostile the child felt towards a world that rejected him.

October 25, 1936

The patient has rejoicingly told everyone that he is going to therapy today. Everytime a child came for an appointment this little fellow presented himself also and at last when it was his turn he was found in the hall where he had been waiting and watching everything he could concerning what went on in the therapist's play room. He was overjoyed, jumped, clapped his hands, etc. Most of the period was spent asking questions such as "What did Pat do in here? What is that? Did Henry come in here too? What did he talk to you about? What do they do? Yes, tell me. I must know what they do, etc., etc." Each of his questions was answered and he was invited to play whatever he might wish with the toys he saw. Each of them was examined and he asked who owned them, where they came from, etc. At last he became interested in three

small dolls dressed to represent two cowboys and a cow girl. These he called Tom Mix, Mrs. Mix and Tim McCoy.

October 26, 1936

The child again presented himself before time anxiously waiting his turn and also trying to listen through the door to what another child was doing. He again asked questions and examined articles in the room. Then he turned to the dolls. These he put on boards and moved the boards about the room. Then one of them was put on a separate board. Then another was placed in a toy aeroplane. Then he was placed by the side of the second one. (Who are those dolls supposed to be, Son?) "I told you yesterday they were Tom Mix, Mrs. Mix and Tim McCoy." (What are they doing?) "Well they were in China. Then Tim McCoy came to America and he got sick so Tom and his wife start back but Tom leaves the ship and takes an aeroplane." (What is the matter with Tim?) "He had a nose bleed all night. That's all I can tell you, so don't ask any more." He seemed anxious so was not pressed further. He continued to play in the same manner for the rest of the period.

October 27, 1936

The play with the dolls continued. He said they were still Tom Mix, Mrs. Mix and Tim McCoy "because they are cowboys." He had them continually travelling on ships, aeroplanes, cars and

trains. Daily they were injured or died but were revived again. When asked how and why they were hurt or who they might actually represent he became anxious and refused to answer saying he did not know or "That's all I know so don't ask me any more!"

October 28, 1936

The same theme continued with little variations but the people continued to travel and to be injured or killed.

October 29, 1936

Much the same material as previously.

October 31, 1926

The same theme was repeated and when the patient was pressed for more explanation he again refused to tell saying "I don't know so don't ask me!" He was then asked if the dolls were not people he knew and wished injured. This he denied and ran from the room.

October 31, 1936

Talked of Hallowe'en party, carefully abandoning the theme that aroused his anxiety yesterday.

November 2, 1936

He resumed his play with the dolls as before. They again did

nothing but make trips but the reason for and destination of these trips was not divulged. They all became sick or were killed. (Why must they be sick?) "I don't know. They just called me last n ght saying they were sick." (But you must want them to be sick or you would not make it happen in your play.) "No, I don't. I can't help it! I am the doctor--and if they die it isn't my hard luck. We do all we can for them." The manner in which this speech was made indicated his hostile desires.

November 3, 1936

The same theme was again resumed today. The dolls were ill and were taken to a hospital. On every hand people were dying of heart trouble, tuberculosis, etc. (Of course, Son, you may want some people to die. Everyone is not good to you, but let's talk about who they are and what they do to you.) The child related a fantasy of having a gun that would automatically kill everyone as they entered his room. "But not the big people nor Tommy, they are good to me. The children are mean to me. They make me pay fines and they fined me for locking up Miss E..... but I did not do it. I did not see who did do it. And I told them I did not do it and no one would listen to so I had to pay." The patient was comforted, was told that it was now known that he was innocent and he was advised to ask the children's school court to give him back his fine.

November 4, 1936

Former material was repeated. The patient seemed unwilling

to bring out new ideas.

November 5, 1936

Today he found the toy gun and played that he killed many people, saying he was angry about being fined and would kill all the children at the school except Tommy. He hastened to say that he was not fined this week but was warned. (What had you done?) "Well Gene said I was going to ask Jane for some of her urine but I never did it. I only said I was going to." (Why did you want urine?) "To put something in, to put dirt in and then drink it." (Why?) "So my mouth would be dirty. I like it dirty." Immediately following this he related that he was persuaded to engage in fellatio with another boy, but protested that he did not want to and only consented because the other boy threatened to fine him in the children's court. The therapist knew this was probably not the true reason as the child's history is to the effect of having engaged in such practices before. (Why did you not call one of the teachers?) "No, Gene is always fining me 26¢, 21¢ and 5¢ and lots of money. I'll write my mother to not pay my bill and then I'll have to go home. I want to go home and get rid of these kids!"

The child had actually been fined by the other children only because he persisted in screaming and pounding the dining room table, especially screaming in the ears of the little children till they cried. In truth he had fined Gene for persuading him

into sexual misconduct. Thus he projected his guilt to protect himself from more anxiety than he could stand.

November 6, 1936

Continuation of theme that he was fined too heavily. Planned heavy fines on everyone else.

November 8, 1936

The boy resumed interest in the three dolls again and spent the entire period loading them in an ambulance. "Because they must die" but refusing to elaborate further. He stubbornly rebuffed all questions and with much anxiety said, "I don't know so don't ask me any more!"

November 9, 1936

He again put the dolls in the ambulance saying they must die. (But who are they?) "Tom Mix, Tim McCoy and Mrs. Mix." (Why do you want them to die?) "They hurt my feelings. (How?) "They take out my penis and play with it." (Who does that?) "Gene. And he talked about naked people in the living room when Mr. and Mrs. Smith were here." From this the patient went into such a rapid and indistinct denounciation of Gene that all could not be understood. Mainly he was frightened, he said, because Gene had told him he would have an Indian cut off his head with a tomahawk. He was reassured against such fears but it was evident from the source of his ideas that his fear had not so much to do with the loss of his head as that of his genitals. Immediately upon being reassured the boy began beating on a hassock

saying he wanted a tom-tom and a tomahawk. (Do you want to be an Indian and hurt someone?) "No, I'll be a cowboy."

He resumed the play with the ambulance and dolls. He said he was operating on people, that he took urine out of them, tasted it and drank it. Announced, "He is about to die. Blood comes out of his penis instead of urine. It bled all night and his brother's wife stayed up and emptied the bottles." (What is wrong with his penis?) "I don't know," he screamed anxiously. "That's what we have to find out. My time is up! I want to go! I want to go!"

November 10, 1936

He again played with the dolls, saying that he was a doctor and must operate on the doll as its penis is bleeding. He seemed very anxious and again expressed a fear that damage had occurred to his genitals which could not be repaired. He was reassured that he was all right and would continue to be so and then he left the dolls and taking the clock sat down by the feet of the therapist, leaning against her as though for reassurance and security.

As he sat there he related the following, "I have seen my father naked and I have seen his penis and my sister's but not Mummy's. I wish my penis was big - clear to the floor. It could start from here," pointing to the top of his head, "and go clear down through my body and come out here," pointing to region of his genitals. "And it could go clear to the floor and clear up to the skies and it could reach China

and go clear around the world and people could suck it and I could suck it and it could be the earth and people could sit on it. And they'd ask whose big penis it was and they'd say it was mine. And I'd write my name on it. And when I came up here it would stick out of the window. And it would be bigger than anyone else's. It would be the earth and people and cows could live on it and they could suck it and it would give milk - penis milk. And do you know how I'd make it grow? I'd eat everybody else's, my sister's, my mother's and Y-O-U - no, nobody's I know - people's I don't know." (I believe it is something else of mine that you want.) "Yes, your breasts" He dropped his head as though trying to look under her skirt. Then put his hands on his own chest and genitals. "I wish I could see them." He became anxious, withdrew and wanted to leave, so he was dismissed.

For some days this boy had been playing with his little companion, Gene, who was very disturbed and Gene's anxiety about his genitals and talk concerning nude people and their anatomy had heightened this child's already existing anxiety so that he brought this material to psychotherapy sooner than he might otherwise have found the courage to do so.

November 11, 1936

The patient resumed his wishes for an enormous penis, but suddenly became timid and said he was not to talk so. He was reassured that he might speak of anything that came to his mind in the therapy room, providing he did not talk about it outside. He bargained to do

this and thus the therapy began to take on additional meaning in that it offered freedom but definitely restricted him from uninhibitedly speaking his primitive thoughts before everyone. It served to strengthen his repressions and yet allow freedom for progress.

He fantasied that by urinating on someone else's penis he could make it immense. Suddenly he began to speak frankly of his envy of his father's genitalia. When asked why he wanted a large penis he replied, "So I can use it like he does." But when pressed as to how it was used, he became anxious and said he did not know. "I can't see, I am in another room. They shut the door. My father is in the furniture business. He made me a bed but I had to give it to sister. I'd like to sleep with my father. I guess I'll ask Santa Claus for a big penis." Again he referred to his furniture that his father made him. Then suddenly he became anxious and demanded to leave although he had stayed but 25 minutes. He was reassured that he will grow big and that his genitals were all right.

November 12, 1936

Continuation of the theme of the day before.

November 14, 1936

Repeated old themes.

November 15, 1936

Screamed in the hall in front of the door and did not cooperate during therapy.

November 17, 1936

The boy was active and noisy. He beat the window pane with his fist, found the hammer and beat the couch, then the hassock. He was heard to mutter, "I'll beat the hell out of her!" When asked whom he was beating he replied, "Nobody, it's just a tom-tom." After awhile he said he did not like Amy and Gene. The therapist asked if he wanted to beat them. "No it's not people. It's meat. It's lamb. I paid $1 and I cook it and eat it and then go to sleep." Resumed his vigorous beating of the hassock and again muttered, "I'll beat the hell out of her." It was explained to him that it must be the therapist whom he wished to beat for he was actually destroying her hassock. He slashed a ruler through the air about the therapist's head and finally hit her slightly. Then it was possible for her to convince him that it was she he wanted to beat.

"I am a giant who eats people!" he roared. (Yes you would eat me, what have I done?) "No it is someone else. She hurts my feelings by saying she will harm me so I cut her up and eat her." (Who is she?) "Her name is the same as mine." (Your mother?) "No, a cranky old lady. Is my time up? Can I go? I want to leave!"

It is evident that the therapist represented the mother in the transference situation and he had acted out his ambivalence but at the point when the thoughts were differentiated clearly enough that he faced his hostility toward the mother he could not tolerate it so left.

November 18, 1936

He was late in coming and was noisy, revealing little of his ideas.

November 18, 1936

He played with the therapist's fur coat, running his fingers through it, burying his face against it. Asked where it came from, etc.

Next he played with a mirror watching therapist in it. Talked of his penis and then exclaimed, "I hate Amy because she said she was going to cut off my penis - that she wanted to but would not." He was reassured. "Well I'd cut off some one's breasts - my mother's--no, my sister's--no yours." (Why?) "So they won't cut off my penis. Yes, I'd cut off yours and beat the hell out of you and cut you open and see what's inside of you." (What do you think is inside of me?) "I'd cut off--oh I don't want to say it. Well I'd take your push (feces) too. Well I'd cut you open and take out your push and penis. Women don't have penises except one inside." (How does it get inside?) "From her daddy. They cut her open and sew one inside." Pause. "Oh a baby. If I heard you were going to have a baby I'd go to your house and cut you open and take the baby home with me and sew you up before the doctor got there and when he came you would not have any baby."

Took clay and started to make the breasts, penis and "push" of the therapist but, as though overwhelmed by anxiety he turned them

into candles and then stopped and would not work further.

November 20, 1936

The patient asked a few questions and wanted to go but reconsidered and decided to stay till his time was up.

Finding people were talking outside of the door he peeked through the keyhole, listened and then screamed and kicked the door noisily. This was his typical reaction when people got behind closed doors, excluding him. The people went away and he told of his parents saying that they excluded him from their room and he was angry for he thought that they exposed themselves and played with their feces - that which was forbidden to him. He was helped to see that he screamed because he felt angry and thwarted on these occasions and that he reacted likewise at the school. "Yes, and I scream because I like to. I scream in Tommy's ears to make him cry. And I like to go in the hall undressed! I like for the girls to see me. Naked people! Naked people!" (Yes you like to do that because it makes people mad. You want to show them you too have a penis and you too can expose yourself.)

November 21, 1936

Today he wanted to play with clay. He said that he was making the therapist's "push" and penis. As he worked he shouted, "Old lady Jones." "Old lady Jones!" That is his family name. (What does Old lady Jones do?) Acted as though he were eating the clay he was designating as feces. "Well they shut the door and won't let me in. They

play with their push and toots (breasts). Lu is there and she goes to their bed and sees it. When I try to get in they say 'Stay Out!' (What do you then?) "I play with my penis." (Yes, you feel left out so you console your-self so. It is also a way to get even with mother for she tells you not to.) "Yes. Well I am going to make a penis," resuming work with clay. "No its an ice cream cone. See me eat it." (Do you want to eat a penis?) Became anxious and wanted to leave.

During the next few days the patient refused to come, left early and did not cooperate. When other children were in the therapy room he tried to peek in and to listen. He was also less cooperative in the general school environment during this disturbed period.

November 27, 1936

He insisted on leaving the door open--saying he wanted people to hear all of his private affairs. He was told that the door must be closed. He screamed and refused to do anything but keep the alarm on the clock sounding. Again he talked of wanting to steal and play with feces and see people defecating, etc. He seemed to want to be provocative. He was told that all the things that he wanted to do such as undressing, handling his genitals and feces he might do, but only when alone in the bathroom. It was explained to him that there was a time and a place for everything, it was not forbidden to him, but restricted as to time and place. He became unusually quiet and happy.

During the next two weeks the boy did little except scream. The therapist ignored this screaming and he threatened to expose himself. This behavior was common in all his activities. The children fined him for being so noisy and he complained of it to the therapist who pointed out to him that he had been reassured that he could do all that the other children could do, but that he would not be permitted to do what they were not permitted to do, namely annoy everyone with his noise. He was interested and seemed to understand.

During the following week he continued to seek reassurance that he could do whatever was permitted others and so long as he was sure of it he was willing to relinquish his aggressions. For example, he wanted to go to the school room with his face covered with clay but when reminded that the others were not permitted to do so, he washed his face. His aggressions and hostile behavior indicated goals due to distortion of his socio-psychological field. He became quieter and more cooperative in all the school activities and no longer beat the table and screamed during meals. In the play room he reacted similarly. Where, but a few days before he had splattered the room and therapist with muddy water he now insisted on cleaning every speck of clay from the floor and washed the rags which the clay was wrapped in. All at once he seemed to exhibit an unusual sense of cleanliness. Along with this reaction it was noticed that he seemed more alert and more intelligent and seemed to apply himself better. For the first time too he began to evince a definite fondness for people and tried to

please them. He became very winsome. Apparently his dirtiness, noisiness and inability to apply himself were reactions to a belief that he was rejected and discriminated against. Important is the fact that he rejected the goals set by the group so long as he did not feel himself a part of the group.

Christmas brought a set back for the child however. He received news that he had a new bbby sister and although he appeared happy and though he called his parents to help them name her he became very disturbed and he again became provocative, had frequent tantrums and swore.

December 30, 1936

The patient had a tantrum because he was not allowed to see what the other children did with the therapist.

December 31, 1936

He said he was angry that the therapist did not cry when he tried to tease her and said he wanted to kick her for ignoring his tantrum. He said that he wanted to kick his parents also because he still thought they engaged in fecal play in their bedroom and would not let him join them. He had carefully avoided speaking of his new sister during his therapy period. He was asked if he was actually angry because he believed this or if there was not another reason. At once he responded by saying he would like to kick the baby. At first he refused to tell why and later he said that he thought babies were made by mixing up feces inside of someone's body.

January 2, 1936

He drew today, making the old lady who lived in a shoe. He told little about this picture except that he hated the old lady.

January 4, 1937

Today he drew pictures of people having enemas, fantasying that he would like to crawl through their bodies. He was very angry when his baby sister was mentioned, became very hostile saying that he wanted to kill his father but would not tell why.

January 5, 1937

He went to the bathroom and played that he was a plumber. He washed the bathroom, then tried to dip out all the water. He persisted in this activity for most of the period. Sang and was happy in this activity.

January 6, 1937

Yesterday's theme was continued. He carefully examined the toilet stool, tried to stop it up, etc. When he was pressed for an explanation he merely said that he was a plumber and that this work had to be done. His joy was most noticeable. As he played he fantasied that he crawled through a girl's body from anus to head.

January 8, 1937

The same theme was resumed. He was asked what he wanted to stop up and he replied, "Nothing. I don't know. Just the toilet, that's all." (I believe it is somebody.) "You - no my mother - no she can't have any

more babies." He turned with his face to the wall awhile and then bitterly denounced babies saying he did not want anyone to have them, they were no good, etc. etc. "I wish my mother never had it."

January 9, 1937

The young patient was occupied with fantasies concerning rectal thermometers, saying that he wished various women and girls would become ill so that he might peep and see the nurse inserting the thermometer. His fantasy changed to the subject of enemas, wanting the therapist to give him one, but when it was explained to him that this could not be done, it was not the work of the therapist, he fantasied giving enemas to others, especially to the women. "You know how I'd give enemas? I'd urinate in the enema bag and squirt that in their bazockus or I could put my penis in their bazockus and urinate water into them." (Yes, Don, that is what you meant to do, that is what you think your parents do.) "And they won't let me in to see them." (No doubt you went in and saw them doing something. This is what you thought they were doing. They put you out of the room so you have been wanting to do it ever since.) The child became anxious and wanted to leave.

January 11, 1937

Again he tried to stop up the bathroom. (Yes you are doing it again today.) "I want to stop you up so you can't have any children." Soon abandoned the bathroom and snatched up the therapist's purse, taking out of it her money and keys. Then he went about locking all the doors and trying them and wanting to make them still more secure.

(Why do you do that?) "I took your money because I was angry at you. You might want another boy." (You are angry at mother for having the new child. You want to punish her by taking something from her.) "I'll take her push and penis away from her." (And what are you locking up?) "I don't know." Resumed his locking. (Is it I?) "No, my mother. I am locking up her bazockus so she can't have any more babies--but it's too late now, isn't it?" Continued his locking of doors, drawers, etc.

January 12, 1937

He resumed his fantasies of giving women enemas. Following this he expressed great fear that his mother would bite off his penis because he exposed himself, handled his genitals and played with feces. Again he asked if the therapist really meant that he could do all of these forbidden things. He was assured that he could if he was alone in the bathroom but that he could talk about all these things during the therapy period. He reacted by producing a fantasy that he had exposed himself to the therapist. She did not consent. Suddenly he announced that he wanted to beat his mother and get rid of the new baby sister. Asked how women get babies. It was already evident that he knew none of the facts of birth. What he did not know was how the baby got inside of the mother. This was explained to him and he was told that he must have witnessed coitus between his parents and interpreted it as an enema. This he vigorously denied and wanted to leave.

He had been receiving antuitrin extract because of his undescended testis and it had recently descended. The child was happy when the physician told him but he did not mention this to the therapist.

He was given a Stanford-Binet intelligence test today and demanded to know what it was and why he was given it. When this was explained he appeared happy and worked hard, being determined to make a good score. The mental age was 8 years 11 months and the I. Q. 98. There was a 14 point rise since October.

January 13, 1937

The child was joyous to see the therapist's fur coat again. He hugged it and called it Mummy. He lay on the couch and covered himself with it and giggled. Much time was spent so. He explained that he was inside his mother's body and therefore could play with her feces and sleep there. He was hilarious and continued this play for some time. Next he fantasied he performed an operation on the therapist, but he would not divulge the nature of the operation.

January 14, 1937

Again played with the toilet, keys, etc. Talked of enemas and a strong wish to see the body of his mother. He said he wanted to give his mother an enema and also the therapist one, using his urine instead of water. (Do you mean that you want to do what you saw your parents do?) "No. No I don't. I am afraid my mother would bite off my penis with her bazookus like this," demonstrated with zipper of a purse. Incidentally, he was always afraid his finger would get caught

when he took money from the purse, though he always returned all the change. Then he began screaming and pounding the wall and asked to leave.

January 15, 1937

He again played with the coat, saying he was inside of his mother. It was pointed out that he wanted to be the baby. He agreed. This play was so fascinating to him that he spent the entire period with it.

January 16, 1937

One of the psychiatrists of whom the patient has been unusually fond had a newly born baby. The boy had been very curious about it and told the therapist about it today, but did not seem perturbed, only interested. He again played that he was the baby inside of his mother but when he was told, "You do not have to be the baby, you can now be the man for you have both testis," he denied such.

January 19, 1937

The child had been quite upset. Immediately on coming to therapy he told of seeing the physician's baby and how nice it was. He refused to play and lay on the couch with his face toward the wall. Finally in a burst of anger he denounced the doctor for having the baby, saying he would have nothing to do with him anymore, that he hoped the man lost his job so he could not buy food for the baby and it would die.

Then he wished his baby sister would die. Cried. (And then you would be the only one left for them to love?) "Yes." (You want to be their only child?) "I want to be the only child of everyone in the world. I want to be your only little boy. I don't want you to have any more children."

January 20, 1937

Started to play with keys but changed his play. He went in a little closet and closed the door and directed the therapist to open the door and to find him. She was to say, "Oh there is my darling child! My only little boy!" and be glad to find him. He repeated this play several times. Then he covered himself with her coat saying he was inside of her and that he had to be born and she must help him. Pulling the coat off him she said, "Now you are born." He laughed and repeated this play. No sooner than the coat was off of him he covered himself again.

January 21, 1937

Played in the closet again. This time it was an elevator and therapist had to ride in it while he ran it. She and he took turns at being in it. This was explained to him as another guise of his fantasy of intrauterine life and birth.

January 22, 1937

The boy had heard from home in a letter telling all about the new baby. He was terribly angry, wished it had never been born or

could die, said that had he been home and known it was coming, he would have given his mother a kind of poison that would not kill her but would kill the baby inside of her. Planned he would talk to his father about the mother and added, "But it's too late now isn't it?"

January 23, 1937

More fantasies of how he could get rid of the new baby were related. He wept and would be consoled only by playing with the fur coat under which he snuggled contently.

January 30, 1937

During the last week the child had repeatedly dramatized his birth fantasies with the coat and the closet. Sometimes he had played that the therapist was to be born to him, but usually that he is to be born to her. Twice he said he was going to operate on her because she was ill but would not say how she was ill. It was remembered that he fantasied cutting her open to steal out a baby sometime ago and when this was told him, he gleefully admitted it.

February 1, 1937

He still persisted in dramatizing the same material and seemed to be making little progress so it was suggested that he be born, that people can be born only once. He rejected this idea saying he wanted to be the one who owned his mother. He was told that only after he was born could he really know and own his mother. He wept and begged to continue the play.

February 6, 1937

During the last few days it had been possible to help the patient see that his being continually in the process of birth meant that he wanted to be the only son born to his parents. This he accepted and fantasied that every time a child was to be born, lo he was delivered, much to the surprise of his parents.

February 8, 1937

The child was ill and the therapist goes to his room. The boy directed her to "look at that thing on my dresser." Weeping he said, "See that there! That's what came out of my mother. I don't like it, I did not want it to be born. I would rather have a brother with a penis like mine. It's better than what girls have!" He was comforted and became quieter. Then asked if the doctors cut his mother open to get the baby out. He was reassured that this was unnecessary and was comforted and told that he was loved, that no one rejected him and no one could take his place.

February 10, 1937

Birth fantasies were again dramatized. A psychiatrist who had been interested is permitted to sit in on the session. Immediately the theme of the play changed. He went to the bathroom and ran the water saying he was in the bathroom talking to his mother and scalded her to death with hot water for scolding and beating him. Played that he pulled out all of her hair. Next he played that he flushed his entire

family down the toilet because they would not let him come home and he was mad and jealous.

Suddenly he emerged from the bathroom and approached the therapist with a hammer with which he acted as though he would hit her. He screamed and slashed the air about her head with the hammer. Screamed that he was a giant and would eat her up. He said he hated her, wished she had never been born, etc. Then he shouted that he hated all the people and wanted to get rid of them, especially the doctors, screamed that he hated the doctor who was present "for you are going to let him be your only boy. I want to kill you for letting him come in here!"

February 11, 1937

A new theme was begun. The patient announced that he is the therapist's husband. "I am your son too. I am two people." He was told that he wanted to be both, that he wanted to possess the mother in both ways and could not give up either role.

February 19, 1937

For some days the boy had been gradually relinquishing the role of the only child of the therapist and finally today announced that he was getting married to her and that he was going to have children by her.

February 20, 1937

The child had stubbornly resisted going to church until he came to the school. Since then he had gone to catechism class every

Saturday, but fought against going. The therapist asked him why he did not like to go and he said that he did not like to hear them talk of God because he was afraid of God. (Why?) "I am afraid he will send me to hell for all the bad things I say about my mother." He was reassured that God knew and understood and was not angry, that his mother knew and that she was not angry. Furthermore, he was told, if he talked all this about his mother he would be helped and would not hate her anymore nor say bad things about her and then he could go home to live. He was told that his mother sent him to the school for help in this matter and she wanted him to say all so he could get over it. This explanation seemed to arouse his anxiety. He acted disinterested and changed the subject.

The psychotherapeutic interpretations affected the behavior of the child in that they tended to reorganize his field and hence set up new goals. For example, within the next few days the effect of the explanation could be seen. His attacking on the mother were gradually weakened and with increasing assurance he set himself up as the father's rival, refusing entirely to play the role of the child. He spoke of the difference in religious faith of the parents and finally said they should be separated. Furthermore he thought if they were separated he could be the husband of his mother. The therapist explained to him that his parents loved him and wanted him and that as long as they remained together, loved each other and maintained a home they would love him, i. e., his security in their affection was partly a function of their

faith and security in the affection of each other. He was offered a more practical solution of his conflict when he was told that he would grow up and be a man and find another woman to marry and then he would have a home and be the father of some children.

This was followed, a few days later, by an outburst of rage against the therapist who now represented the father to him. He withdrew, refused to cooperate and was angry, accusing her of rejecting him in favor of the other children. He was helped to see that his anger toward the therapist was unwarranted and that his father had not actually rejected him. Following this the trend of his fantasies changed. He occupied himself with some dolls, toy aeroplanes, cars, ambulances, etc. First he played that he was in the ambulance going to the hospital but the ambulance could not get there. In great anxiety he rushed out of the play room. The next day he did very little and left early. Then some days later he resumed the play with the ambulance and other vehicles. As he played one day he talked as follows.

"This is my plane and my cousin is with me. I push him out. There he goes. The police cars are looking for the pilot but they can't find him. I am the pilot and they ask me if I didn't and I tell them I could not help it if he fell out, I did not know it. No, you see he was asleep and rolled out. I tried to catch him but could not."

Momentarily he abandoned this play, then returned to it with a change of scene. "The police find this pilot and ask him why he did it. It isn't me, it's someone else and he says he did it because he wanted

to. Now they take him to court and he is sentenced for life and fined $1,000,000--no $4,000,000."

Again he abandoned the play temporarily and returned later to say that his cousin was not dead, just hurt and that he himself was taking him to the hospital where he will get well.

This play revealed the child's rivalry with other children, his desire to get rid of them, the super-ego function and repression or denial of the hostile impulses as a means of dealing with the anxiety. Each time when the anxiety became too great he stopped his play and returned to it only after he had repressed some of his hostility. The play also revealed how able the child was to relieve his tension by flight into a plane of lesser reality.

For a period of several weeks this boy was exceedingly noisy and provocative. He was easily irritated and could tolerate little thwarting. He made little progress in psychotherapy and the transference was strongly negative. He was very jealous of all the other patients and seemed to feel that he was unfairly treated. He had no idea why he did not want to work and why he did not like the therapist. He screamed at her and on one occasion spit at her. Then one day he began saying, "I hate you. I want to kill you. I want to steal your penis and your 'push' (feces.) I want to get even with you." (Why?) "That's what I think you did--you are going to do to me."

Some days later he expressed the thought that his mother had stolen his large penis and left him a small one and that was why his was small and his father's large. At the same ti e he said that the reason his mother had taken it was so that his father would love her more. Thus he had expressed the feeling that he was unloved because he did not have a large penis.

Some days he said he had been robbed of both his "push" and penis. Then he was helped to see that he equated the two, that he was confused as to which was which. Now it was remembered that he had placed a very high evaluation in his excretions and he could see why--because he felt they were a part of his body. Gradually he accepted that his deprivation was that of training in cleanliness and that his excretions were in reality of no value. It is not probable that he was wholly convinced of that, but his behavior changed, he seemed to feel less deprived and better able to stand real deprivations. Temper tantrums were greatly reduced in frequency.

From the evidence presented it seems probable that this boy's fear of castration originated as a feeling of rejection being augmented by sphincter training and then took this form due to actual threats on the mother's part to cut off his penis, i. e., his anxiety concerned general deprivation (castration). His lack of motor skill may have added to his feeling that he had been severly deprived and might suffer even more physical deprivations.

During this disturbed period he had refused to write home. Now

he willingly wrote nice letters.

Another problem which was touched but not wholly resolved was that of his inability to use his hands. He can scarcely write and had tantrums when he was asked to use pencil or pen. In psychotherapy he demanded pen or pencil. He equated the pen to the therapist's penis he said and therefore demanded to play with it squirting the ink out saying, "There goes your urine, I am taking it from you." From this it seemed that inhibition in writing or use of the pen was displaced anxiety concerned with masturbation and only in the presence of the therapist who restored to him freedom to masturbate did he feel free to write or draw. He has lost much of his disability since this interpretation but in general his writing and the use of his hands for similar work is quite poor.

The therapy is not completed. The patient still finds some difficulty in adjustment. He occasionally has tantrums when he feels thwarted and his jealousy is easily aroused. Nevertheless he has made remarkable progress. His tantrums are relatively infrequent, he is much less noisy and aggressive. The distractibility is greatly diminished and he is able to apply himself well. His conversation is no longer incoherent and most noticeable is the improvement in speech. When excited there is still a slight tendency to repeat phrases but his enunciation is distinct and he is easy to understand. He has formed strong attachments to people and likes to please them, rarely being provocative. He has found some resolution of his castration anxiety

and therefore he has been able to accept the prohibitions concerning the exhibiting of his nude body and handling his genitals and feces before others. He has also dealt with his feeling of being rejected by his parents and the Oedipus conflict as is manifest in his friendly attitude toward both men and women, his accepting their prohibitions and his increased security. Certain socially acceptable activities (sublimations) have replaced the unacceptable activities and this has enhanced his security. Motor coordination, which at one time was so poor that he was considered a case of birth injury, has also improved. He applies himself at school and learns quickly. His intelligence test scores now within the range of normality, may be taken as an objective indication of improvement. Most important, however, is the fact that the child seems happy.

In considering this case it is evident that this boy enjoyed a more advanced personality development than some of the other cases studied. Although he evinced many characteristics of the oral stage there was a fixation at the anal stage of psychosexual development as manifested by anal aggressions, type of speech defect, negativism and anal Oedipal fantasies. The compulsive masturbatory activity and fear concerning his genitals bespeak phallic strivings which belong to the early genital period. The work so far seems merely to have made this step possible to him by lessening the fear of castration as well as the fixation at the anal stage.

The history as obtained from the mother throws little light on

the causes of the child's condition. The parents did not want the boy and the child seemed to have been born with certain constitutional anomalies which hindered the development of motor skill and made him appear mentally subnormal. This was a great disappointment to the parents and caused them to reject him further as is evident from their frequent nagging him for his inability to perform as other children, their hostile comparison of others with him, especially his younger sibling. This rejection, as is manifest from his talks in the therapy constituted a grave trauma to him. The fact that there was a younger sibling who enjoyed the parents' favoritism was intolerable to him. Nevertheless, there was a period of undernourishment and early weening. Sphincter training was begun at nine months. Very likely this was too early for this child whose motor development was handicapped. Therefore it probably constituted a severe trauma. Added to these traumata is that of the thwarting he constantly experienced when he found himself unable to manipulate the world about him with his hands, the feelings of inferiority and insecurity; undoubtedly much of his irritibility and temper outbursts were reactions to his physical handicap, in part. Frequent punishments for these outbursts and actual castration threats by the mother were too much for the child. All of this was climaxed by a final rejection of being sent away to school while the mother had still another child.

It is evident that the child never made an adequate adjustment at the anal level of psychosexual development but since he had to accept sphincter prohibitions, his hostile tendencies found other outlets, outbursts of rage in which he screamed, shouted that which was forbidden

and kicked or pounded the floor and furniture. It is no wonder that his neurotic inhibitions affected the functions of his voice and hands! He was prevented from taking the next step in development, was arrested at the very entrance of the genital stage because his parents rejected him too strongly for him to take the step, to make a final identification with either of them. The inability to make a final identification constituted a defect in his ability to incorporate the ideas of others (learn), a defect of conscience and a rigidity of attitudes.

Considering the case in the light of field dynamics it seems probable that parental rejection rendered the boy extremely insecure and that early feeding difficulty and premature sphincter training as field forces were more able to determine the infantile reactions and goals in an unusually strong manner during the infancy period. However, in order to account for their continuation instead of the finding of new and more mature modes of resolving tension by the patient it is necessary to see that certain forces in the field retained them. Parental rejection, severe sibling rivalry, motor handicap and actual castration threats by the mother offered too little security for the acceptance of new modes of gratification. More goals were closed to him, leaving him only the infantile goals as possible modes of resolving tension or seeking gratification. Therefore, the field forces forced him to retain the infantile goals by

making other goals impossible to him. As has been stated the perseveration of infantile goals is manifest in intellectual and emotional retardation and a rigidity of the total personality.

During treatment he was in an environment where he was not rejected but where he enjoyed considerable favoritism. He was reassured concerning his motor handicap and taught other ways to excel his rivals and most of all the castration threats were denied and he was permitted phallic gratification. Moreover he was given so much love by everyone and was especially loved and reassured by the therapist that he could identify himself with these parent surrogates and new modes of gratification, new goals were available to him. Psychotherapy, giving him insight into his difficulties, showed him wherein his goals were inadequate, caused his field to be reorganized and hence new goals set up. With the change in personality structure is a lessening of its rigidity and a reinstatement of its development manifest in improved social adjustment, acceleration in learning, improved speech and coordination, improved intelligence test scores and more mature attitudes.

Figure 8 indicates some of the field forces that seemed to have arrested the personality development while the heavy boundaries indicate the stages at which fixation took place or at which the structure manifests rigidity. The dotted boundary indicates incomplete differentiation of the genital stage of development. Figure 9 represents the child in his socio-psychological field at the time that therapy was begun while figure 10 represents him in his present field. The less

heavy boundaries of the oral and anal stages indicate the lessening of the rigidity or fixation. The more complete boundary of the genital stage represents further development. In figure 10 the field, goals and personality all have expanded.

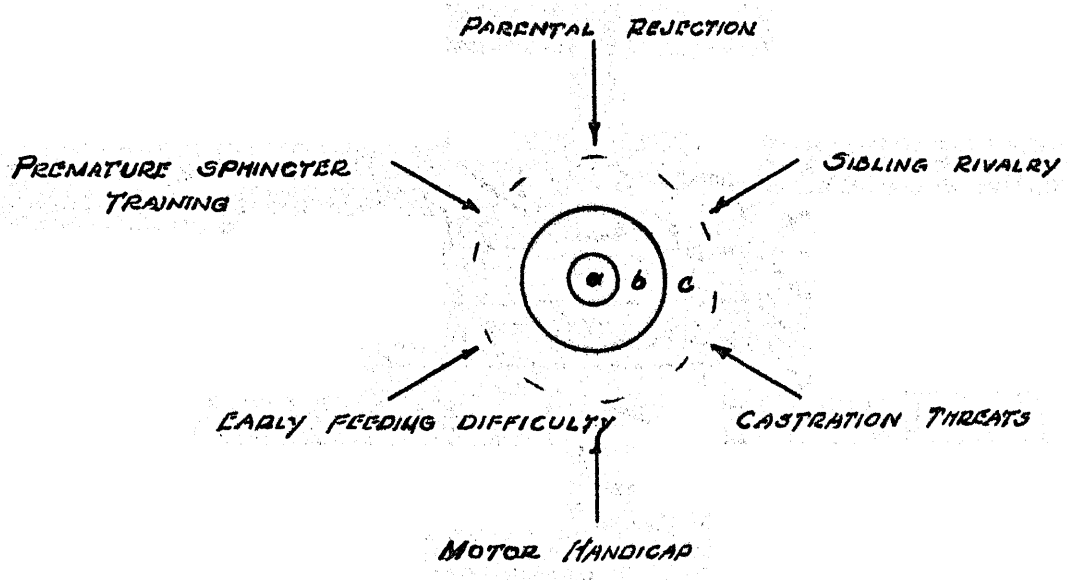

FIG. 8

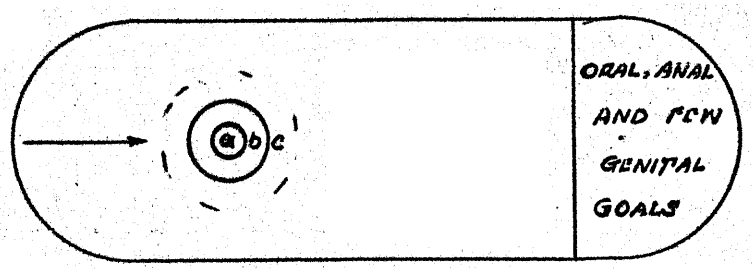

FIG. 9

a : ORAL STAGE
b : ANAL
c : GENITAL

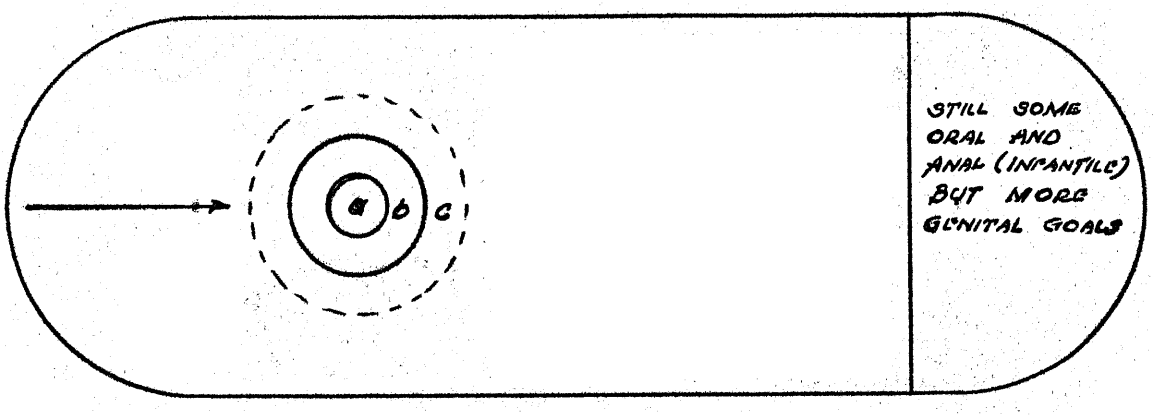

FIG. 10

a = ORAL STAGE
b = ANAL "
c = GENITAL "

Mental Retardation with Psychosis

The patient, a mentally retarded and psychotic boy, was brought for treatment when nearly grown. He was the last of several siblings, the rest of whom were mentally superior and apparently well-adjusted young people. He came from an economically and culturally superior American home. The father was a capable surgeon and the mother was a prominent sportswoman.

The child's birth was normal except that he was in an unusual position. For some time after his birth there was a perceptible but slight head deformity. Otherwise he was a plump, pretty child. Artificial feeding was necessary and he was weaned at the age of 10 months. He cried a great deal but he did not talk at all till after he was 2 years old and then only when it was unavoidable. He walked when 13 months old.

At the age of 5 years he was in an accident and fell striking his head on a stone and is said to have been delirious for 3 days, talking constantly. After this he complained of his back, neck and shoulders and he also evinced more difficulty in speaking. At this time many fears were noticed and the children teased him because they liked to see him run. The speech difficulty appeared at such times.

At an early age he had several diseases common to children, but was not very ill apparently.

When he was 7 years old he entere d kindergarten, and his mother reports, he did well but the teacher said he was unable to progress and that she did not want him. Therefore he was dismissed from the school.

The parents had not been worried about his mental condition because a pediatrician had examined him when he was 2 years old and had pronounced him normal. They had not worried about the delay in his speech as the other children had also been slow in learning to talk. Now his dismissal upset them and they took him to two neurologists. One the mother reported as saying that the boy's brain was all right but he could not get it under control. The other diagnosed his difficulty as endocrine dysfunction and prescribed pituitrin and thyroid therapy. However, these medications produced no apparent result.

From this time until his entrance in the Southard School, he was home on a farm with his mother where he learned some small poems and stories. On the advice of the family physician no attempt was made to discipline him in any way, rather he was allowed to spend his days wandering about as he pleased. He never seemed to sense his social inadequacy and always wa ted to be with the family and do whatever his brothers did. He was taken on many trips but tired easily and always looked distressed.

At the age of 10 years he began treatment with a physician who explained to the mother that the boy's brain did not receive sufficient

nourishment because of a pressure on the neck region due to birth injury. At the end of three years the mother decided to discontinue these treatments as the boy did not improve as she had hoped.

In early adolescence he was considered short of stature and sexually under-developed. Then he again received endocrine substances, especially pituitrin. At this time he suffered a nervous twitching condition, but during the next 15 months his physique developed rapidly.

He was admitted to the Southard School at the age of 15 years. Examinations revealed little pathology except the deep reflexes were hyperactive, though equal and there was some irregular thickness of the skull and osteoporsis of the frontal and parietal regions. This was considered of no importance to the problem at hand however. He was mute and cooperated too little for psychometric tests to be possible at that time.

When seen first by the therapist a year later his psychological picture had changed only slightly. He was a tall, gaunt, peculiarly stooped boy, 16 years of age. He usually looked at the ground or off into space with a vacuous stare, which now and then was replaced by a flicker of animation. Sometimes when left alone he mumbled and broke into a hideous, braying laughter which sounded more like agony than joy. This laughter seemed to arise from hallucinations for it was apparently unprovoked by the exterior situations and generally occurred when he was alone. Sometimes he appeared very distressed and excited as though

engulfed in anxiety. His body jerked and he grimaced violently, covering his face with his hands. When these spells of excitement passed he was quiet, dejected, aimlessly pacing from room to room seldom lifting his gaze from the floor.

His gait was awkward and irregular. When excited he ran and jumped, pounding the floor violently with his feet and beating the air with his arms. When calm he dragged his feet as though they were too heavy to lift.

His voice was harsh and it seemed to require much effort for him to speak, which he rarely did. With much persistence and pressure he could sometimes be persuaded to say "yes" or "no."

Voluntary attention seemed poor for he spent most of his time in fantasy, ignoring his surroundings. However, orientation for persons and places seemed good. The amount of hallucination was not easy to judge because of his inaccessibility, however, he talked more to himself or to inanimate objects than to people, e. g., he was often seen fondling and caressing a bronze bust and his own image in the mirror as though they were people.

He showed an excessive dependence on adults. At times he clung to them both physically and emotionally. When taken for walks or excursions he seemed frightened and insecure, holding tightly to the arm of the teacher. When in a crowd he repeatedly insisted on kissing

the teacher accompanying him. This dependence was evident in his attempts to occupy himself for he generally quit working if left alone. Though not able to cooperate for any considerable time in working with any one, his feeling of well being and security seemed definitely enhanced by the presence of one of the women who took care of him.

Much of his activity was very compulsive, for example he had to sit on certain chairs and turn on and off certain lights before going to bed or before leaving the school and any change in the daily program disturbed him. His pacing the floor was compulsive and if prevented he was filled with anxiety. If any of his compulsions were forbidden, he found it difficult to obey at all and would lie awake at night and then get up and carry out his ritual before he could fall asleep.

He was also destructive, tearing up toys in an apparently aimless manner. Gradually, however, he restricted his destructions to leaves from trees.

His eating was quite indicative of his general behavior. He hurriedly and anxiously gulped down all the food on his plate and rushed it back to be filled again. His appetite seemed limitless and he ate long after his appetite was satisfied. He often ate till he was in pain. Yet this boy could eat politely.

A prominent feature of his activity was his frequent exposure and handling of his genitals. If disturbed or disappointed in some way he

generally paced the floor and handled his penis. If told to stop he did, for a brief while, but always looked as though he had been rejected and injured. At such times he became more excited and anxious, running through the house and yard, beating the air with his hands and grimacing. Due to his tendency to expose himself in public, there was strict prohibition of his masturbatory activity. Following this prohibition he was in terrific anxiety and scratched his fingers and hands daily till they bled.

Psychometric testing was possible after some months at the school. On the Stanford-Binet he scored a mental age of 46 months and an I. Q. of 24. On the performance boards his median mental age was 7 years. This discrepancy was doubtlessly due to his language handicap. Much of his behavior was more in keeping with his performance score. He could swim, ride horse back and dress himself except for his tie. His emotional expressions in some ways seemed more nearly that of a two year old, however. He seemed engrossed in infantile narcissism.

For a period sodium amytol was given him in an attempt to get him to speak. As this experiment met with no success it was abandoned. Although he never spoke while under the sedative, his relationship with people seemed a little freer. He was freer from anxiety and therefore paid more attention to and demonstrated more interest in what was going on about him. He made more demands for attention by trying to imitate and cooperate.

At the end of the year it was decided that he needed more exercise. Therefore the therapist took him for long walks daily and tried to stimulate his interest in things he passed. At first he paid no attention then he would glance momentarily at the object pointed out. Finally he would repeat the name of the spoken object pointed out to him. During this period it became evident that this boy was not as devoid of interest in people as might have been supposed. He was never lost. Sometimes his companion told him that she was lost, where upon the boy turned her about and pushed her in the direction she was to go. It was also noticed that he never allowed her to step into the street if a car were dangerously near. As time passed it was noticed that he sometimes spontaneously said the names of objects he saw.

A psychoanalyst became interested in him and decided to study him. She worked with him a half hour a day for some weeks giving him modelling clay and showing him how it could be used. He made figures of men with huge genitals and he designated these figures as members of his family and as himself. He was given scissors and paper and with them produced much the same material. He was interested in drawing but was unable to draw but would bring the paper and pencil to the analyst telling her, "Make Frank!" He thus began saying something about the things he made and it was discovered that he had a much better vocabulary than was evident at the school.

The analyst, for unavoidable reasons, abandoned her work with and the present therapist again worked with him. He was provided with

dolls which he named as members of his family and began investigating their bodies and expressing hostility toward the one that represented the father, finally tearing it to pieces. The mother doll he investigated and fondled but seemed dissatisfied and began making clay figures with breasts, genitals, etc. It was noticed that some of these were no sooner made than destroyed. He seemed to make them in order to destroy them. He also utilized drawings and it was soon discovered that he could draw but seemed to fear to do so and therefore insisted that the therapist draw nude people for him. Many days this continued and finally he lost enough fear that he drew for himself, but only after securing permission (assurance) from her.

As he worked he began speaking spontaneously, at first only a word or so during his therapeutic period, and each time the therapist repeated what he had said in an effort to assure him and encourage him to continue. He spoke more and more but everything he said had to be repeated by the therapist often several times, or else he became anxious and could not work. Foll wing this cue everything he said was repeated and slowly his talking increased from a few isolated words to phrases, then sentences and finally paragraphs. His sentence construction was always crude and he always used his name instead of I or me. For a long time he had only present tense with which to express himself but gradually developed use of past tense but the future was expressed inadequately. Nevertheless his speech progressed and he was not only

willing to talk but seemed pressed to talk as fast as he could the entire time he was with the therapist.

In every activity of the school program he likewise received much reassurance. He was told what to do, patiently shown how to do it, and praised for his efforts. He was very sensitive to approbation and any disapproval aroused his anxiety to the point that he could not work, therefore, the most meager results of his efforts were praised. At first he seemed indifferent then later he seemed pleased and at a still later period he reacted by looking very tenderly at the teacher or by patting her on the cheek. With this reassurance he learned to do many simple tasks quite well.

The content of his talk was extremely interesting. He constantly talked of traumatic instances of his past and of prohibitions and scoldings which he had apparently accepted as profound rejections. He spoke of many experiences at his home, displaying an excellent memory, and of his coming to the school and then his mother leaving him with the explanation that he was a big boy and had to go to school. His history states that he was very disturbed, that he became ill and that he had a skin eruption at the time his mother left him. Tearfully he said, "Mama take Frank to the School. Mama stay at hotel take Frank to school. Mama sleep at hotel. Mama cry. Take Frank to school. Leave Frank at school. Mama say 'Frank is a big boy. Frank must go to school.' Mama go way in cab. Mama go on train. Frank stay at school."

With the same pathetic, yearning manner he told of other people

going away, including the analyst. He was comforted by the therapist who frequently patted his shoulder or head and was told that all these people had to go away but that they all loved him.

He recalled that he had been forbidden to handle his genitals when home when "Frank was little" and that he had scratched the skin off his penis which was then bandaged and he was forbidden to touch himself. Next he recalled the incident of his exposing himself in front of the school a couple of years before and that he was scolded and prohibited. For some weeks his anxiety was great and he was difficult to manage in the school milieu. At the same time he talked of prohibitions on his sexual activity and of other prohibitions which he did not understand but which he took as rejections and as threats against him. For example, he was frequently taken to swim at a public pool but since he compulsively played with one of the swings so that no one else got to use it the other children forbade him playing with it, telling him he could use the slide but not the swing.

Such complaints and feelings of being rejected and threatened were common. In the therapy period he was always patted on the shoulder and reassured and where possible he was helped to find a solution for his troubles. In this case he was told that he could swing at the pool but must take his turn. Concerning his masturbation he was told that he could engage in this activity if he wished but must restrict such to his bedroom. These compromises were accepted by him and had the effect of reducing his anxiety.

So gradually that the steps were not discernable the patient became quieter, better adjusted to the school, able to sustain attention and apply himself to simple tasks. He was generally quiet at night and slept well. The periods of extreme anxiety were fewer and less severe and he seldom handled his genitals. His eating had changed too, he ate less and no longer anxiously gorged himself. There had been a steady gain of weight till his body was well proportioned and his posture was good. Hallucinations were seldom in evidence. His negativism and compulsiveness though still present had diminished considerably. He had come to the place where he could and would if assured sufficiently express himself verbally. His intelligence test rating also showed improvement, scoring a mental age of 6 years on the Stanford-Binet and a median mental age of 10 years on the performance boards. However, he was still dependent and even helpless in many ordinary situations that young children can usually manage.

After some months the parents withdrew the boy from therapy and therefore the effect of further work was not ascertained. What had been done to free him of his anxiety and to interest him in the external world had been accomplished by reassurances and affection (ego and libido inflation) during therapy and by the reassuring attitude offered by the teachers and program of the school.

From his mutism, voracious appetite, negativism, compulsiveness, extreme dependence, and narcissism there seems to be fixations at the

oral and anal stages of psychosexual development.

From his compulsive masturbatory activity, from his castration dramatization in psychotherapy, and from the memories he later produced there is reason to suppose that he had attempted a weak phallic adjustment but there is no evidence that he ever came to any resolution of the Oedipus conflict. Indeed this may well have been the point of his regression. Most of his anxiety concerned fear of various deprivations as well as frank castration fear. From an indirect source it was learned that his parents had punished him very severely for masturbation. The fact that his penis had bled and had to be bandaged due to his scratching it indicates his tremendous struggle against masturbation and hence also indicates that it had been strongly prohibited. More evidence supporting this hypothesis lies in the fact that his difficulty began or became much worse when he was about five years old, the time at which such activity is a part of normal development. That is, phallic urges are prominent at about that time. All goals being blocked at this level by severe prohibitions there being no way of relieving tension, the boy was forced to regress to an earlier level where he could find gratification, where some of his intolerable amount of tension could be resolved. In therapy the castration threats were greatly reduced, and while certain prohibitions had to remain as barriers, these were restricted in their effect so that his goals were not entirely blocked, e. g., he could masturbate freely in his own room.

Therefore, to some extent he was able to accept these goals, to reaccept reality and its prohibitions and hence to improve socially, emotionally, and intellectually.

Figure 11 represents the patient in his field at the time treatment was instigated. The field is small being scarcely more than his own body. Figure 12 represents him in his field when he was withdrawn from therapy. The field is definitely larger and includes more of his social environment. The fixations of libido are somewhat loosened, the rigidity of the personality structure is lessened while his goals include some which pertain to the genital level.

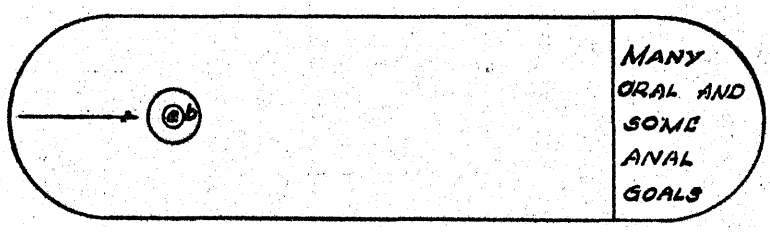

FIG. 11

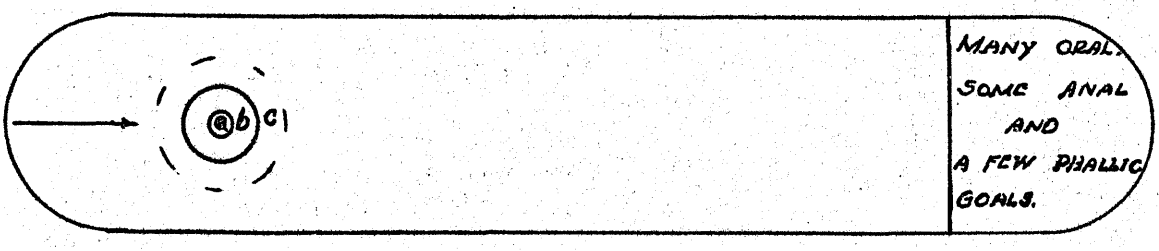

FIG. 12

a = ORAL STRIVINGS
b = ANAL "
c = GENITAL "

Mental Retardation with Post Encephalitic Behavior Disorder

The following case is exceedingly interesting in that it demonstrates the failure of psychotherapy but also reveals the relationship between repression and mental development. The patient is a 15 year old boy who was at the school for a period of two years, where it was observed that he presented many physical and mental anomalies.

The patient's mother was 25 years old and in good health when the child was born, but it is believed to have been an instrumental delivery. The parents are reported to be intelligent American people, though the father was a ne'er-do-well. The parents separated when the child was born and were later divorced. There was a sister two years older than the patient who seemed normal at age five but has not been heard of since. When the infant was ten days old he was taken by his foster parents though he was not legally adopted until he was a year old. He was small and sickly and needed special care, being carried in a padded jacket or pillow and there was soon feeding difficulty until a special baby food was given. He cried little and had no spasms. Talking was late, the child said some words as "car" and "bye-bye" between 18 months and two years. He was also slow in walking; at two years he scooted around in a sitting posture until he walked. Walking was poor because of poor eyesight. At age two and half glasses were fitted and he seemed to do much better at walking and took more interest in toys.

His eyes showed improvement during the last three or four years before coming to the school, especially during the last year. There was an operation for rectal fistula at 18 months. Had pneumonia at four years; measles and chicken pox between the seventh and eighth years; had whooping cough ate 11 and was sick for six months. He has always been subject to colds and constipation, requiring frequent enemas. He had an excellent appetite for what he liked but refused fruit and vegetables and while he liked exercise he avoided games because of his visual handicap.

Between the ages of 4 and 5 he was in a private school where lunch was served and he refused all vegetables there though he had eaten them at home until then. He did not mix well with the other children, preferring to watch the games than to take part in them and also refusing to take a nap with them. At the age of five years he was placed in a public school in a sight saving class. He got along fairly well with the other children and learned some things. The following year and a half he was tutored at home for two hours daily. This was much more satisfactory for he learned spelling and the multiplication tables. The foster mother died several years ago due to heart trouble. She had a calm disposition and was never excited around the child. She worried about him, however. The foster father was living and well at the age of 48. He was calm and was very fond of the child, had always gone to see him about once a month when he had been away from home. He wanted to give the boy "every chance." Since the mother's death the

child lived with an aunt in the country; he liked it there and enjoyed doing chores. The patient had been fond of his foster parents, probably preferring the mother and he spoke of her frequently since her death. He has had little contact with other children but is very rough with them, enjoys telling them that he is strong. He apparently did not recognize the difference in the sexes and was not known to masturbate.

Because of his marked mental defect and incorrigibility he was placed in the Southard School at the age of 12 years. Entrance examinations revealed the following pathology:

1. Outstanding physical factors
    a. Brachycephaly
    b. Short, stocky, obese
    c. Hairy skin
    d. Imperfect teeth
    e. Muscle weakness--Simian posture
    f. Simian flexion creases of hands
    g. Scar at rectal sphincter
2. Outstanding neurological factors
    a. Smell keen
    b. Imperfect vision, heavy convex lenses
    c. Left internal strabismus
    d. Facial asymmetry
    e. Imperfect platysm
    f. Vertigo slight to right
    g. Gait slight irregular, hanging back
    h. Pseudo ataxic--stooped shoulders
    i. Poor muscular coordination
3. Outstanding psychodynamic and psychological factors
    a. Visual and motor handicaps
    b. Friendly and cooperative attitude
    c. Stereotyped repetitious inquiring attitude
    d. Good associative and memory faculties
    e. I. Q. 56 (Stanford-Binet)
    f. Marked schizoid make-up
    g. Conspicuous obsessional and compulsive traits (toilets, cars, trains, and weather)
    h. Aggressive behavior with noticeable masochistic inversion.

The boy was short and somewhat stocky. Most unusual was his expression; he seemed to grimace showing his large strong teeth and stared as though trying to see people through his thick convex lenses. Sometimes he leaned forward and stared in a questioning manner. As soon as he was introduced in the school he approached the children in an innocent tranquil manner and then suddenly caught the hand of one and bent back his fingers mercilessly, or appearing to repent he put his arm around the other child's neck and then suddenly gave a tremendous unexpected hug, choking the child and at the same time pushing the side of his heavy jaw into the soft neck or cheek of the victim until someone pried him away. When one of the women tried to restrain him b holding his hands, he tried to bite her. With all this vicious, energetic, cruel activity his expression was one of surprise as though he had just happened into the room and saw the children crying. He even asked what was the matter as though he had had nothing to do with it. Later he was seen to express remorse, even shedding tears but at the same time he would commit another similar offense. Children, adults, animals, toys, everything he passed suffered yet he seemed strangely hungry for affection, begging to be told that he was loved.

Quite in contrast with his need for love he would ask, "Can you whip?" "Can he whip?" "Will he whip if I do this?" or "Why won't she whip? Will you ask her to?" etc. etc.

His vision was poor especially for close objects and he often depended on his keen olfactory sense to discriminate his clothing from

that of others or food on his plate. His equilibrium was also defective and he often staggered or veered when he walked. Attention was long sustained only on the things that were of obsessive interest to him. Motor coordination was exceedingly poor, e. g., he frequently used his fists instead of his fingers in handling tools.

His interests were meager. Besides food his greatest interest concerned the toilet, with which he never tired playing. If allowed he would flush it by the hour, constantly watching the water with keen pleasure. He liked to stop up the plumbing and all manner of articles, including his clothing and that of others, soap, books, toys, etc., were flushed down the toilet. Similarly he filled all openings in the piano, stove, telephone and wall. He liked wind, thunder and trains because, he said, they were like the toilet.

He did not care to play games with the other children and when among them he constantly hurt them, tried to provoke them to attack him, even asking them to, and when they did attack him he made no attempt to defend himself nor did he cry out for help. He insisted that they not be punished, for hitting him saying, "I wanted him to." Not only did he provoke people to attack him but he was given to self-mutilation, biting the ends of his fingers till they bled and scratching his hands and legs till they were covered with sores.

He much preferred to fantasy rather than play games or study. In relating experiences it was evident that he was not always able

to distinguish fact from fantasy. These day dreams also carried out his sadomasochistic scheme of life. He told many escapades in which he played a provocative role by being sadistic and all his fantasies ended by his being whipped with the hair brush or horse whip. One of the hindrances to working with him was the fact that any kindness on the part of a teacher resulted in his being very attached to her and he then made her the object of some aggressions, throwing her things in the toilet or defecating in her coat, etc.

Eating presented a problem in his management. At first he refused all food except meat, fried potatoes, ice cream and candy bars. If he did not find these articles on the table he refused to eat. Gradually he was encouraged to eat everything and always had an extremely large appetite.

In the school room he also presented a problem. He did nothing except under pressure. Most of his time he spent annoying the other children, looking out of the windows watching the wind blow the trees, biting the ends off all the pencils and continually expelling flatus or belching loudly. At the end of the first year he could do third grade arithmetic but his reading was only first grade work and his writing was hardly legible.

He evinced little interest in occupational therapy and generally destroyed whatever he was working on soon after he began work on it. He preferred to spend his time sifting sand through his fingers and

fantasying about deaths, funerals, and injuries to others and himself.

He seemed to have no repressions whatsoever and therefore required constant supervision. He was given kind, but firm treatment to prevent his carrying out his most infantile and primitive impulses. At the end of the year he was somewhat improved physically and mentally, but he presented much the same picture as he did at the time of his admittance. For example, though he was much less sadistic at the school when he was any place else, perhaps Sunday School, he bent the fingers of the other children, scratched them, choked them and punched his finger in their eyes. Even at the school he could not be trusted alone for five minutes as he would throw allmanner of things in the toilet, defecate in the coats of the teachers, etc. Suppression but not repression had been effected and that under stringent control.

During the second year psychotherapy was undertaken with him. It was begun wholly as an experiment and with the hope that his sadomasochism might be relieved enough to effect a better adjustment. After some months, however, this procedure with him was abandoned. His sense of reality was too weak for there to be a basis for such work and because, having no repressions, as he became more aware of primitive impulses he was unable to control them and with great vehemance carried them out immediately. For example, one day he fantasied he wanted to choke various people and when asked if he also wanted to choke the therapist he said, "Yes I do!" and running to her he could scarcely

keep his hand off her throat. Trembling with eagerness he begged, "Can I? Please let me. I want to." On a similar occasion he wanted to punch out her eyes and later went around trying to do it to the other children. When he talked of his interests in the toilet, he was allowed to construct a play toilet and carry out his impulses with it in the hope that he would not be compelled to carry out his compulsions in the bathroom. Instead of this play satiating this drive it seemed to stimulate it further and immediately following the period with the therapist he ran across the hall and threw his shirt in the toilet.

Such was found to be the result when any such fantasies or play was encouraged during therapy and when an attempt was made to show him why such could not be allowed, it was merely a waste of effort. Moreover he never went deeply enough into his fantasies to reveal their meaning so that little progress was possible with him. Finally, because this stimulation of his asocial activity made him more of a problem in management and therefore rendered him increasingly less secure and less happy, the therapy was abandoned. The results of the experiment seemed to indicate that psychotherapy was an incorrect procedure in his case and that he would probably make a more acceptable and happier adjustment if he were kept occupied and in a simple routine environment and treated kindly but with great firmness.

Most striking result of the experiment was the implication that psychotherapy is only applicable with those persons who have a definite

sense of reality or who are capable of repression. Where there has never been repressions there is nothing to analyze. Furthermore, any such attempt to deal with asocial impulses, in such cases, is but to stimulate their expression. This child could not be considered as neurotic personality. His condition more nearly resembled a psychosis, but was not actually that for he apparently had not developed sufficiently for such.

Undoubtedly the growth of this child's personality was limited by a far reaching organic pathology of the nervous system which is evident from the many pathological findings reported. The infantile goals may have been set up by the difficult and prolonged efforts to training for sphincter control in a child so defective but they were probably retained because the organic condition limited him to finding new goals or new modes of gratification. His goals had to be within his field and his field was scarcely more than himself. His behavior indicated that his goals were not greatly influenced by the social aspects of his surroundings but were mainly determined from within, i. e., the field was extremely limited.

Figure 13 represents the patient in his field before, during and after the therapeutic attempts with him. The fixations were unusually rigid and the goals unusually primitive.

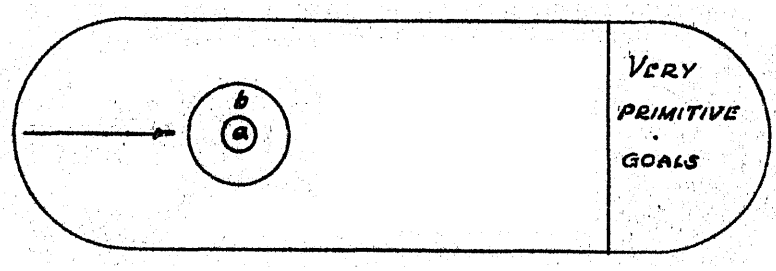

FIG. 13

a = ORAL FIXATIONS
b = ANAL "

RESULTS

1. Although it has been more or less accepted for some time that intelligence is but one aspect of the total personality here we have further evidence of this relationship because:

(a) In every case of intellectual retardation there is a marked retardation of the development of the total personality as well as a defect of its structure and an infantility of its contents, goals, etc.

(b) With a change in the structure of the personality, with a lessening of its rigidity and with its further differentiation there was improved intelligence quotients.

2. While it has been more or less recognized for some time that intelligence and emotion are closely related in the organism here we have good evidence of their relatedness.

(a) In every case of intellectual retardation the emotional retardation was equally conspicuous, i. e., the attitudes, interests, etc. were infantile.

(b) The intelligence quotients, as well as the ability to manage life situations improved with improved emotional status. The entire therapeutic program was one aimed at emotional reeducation, an attempt to restructure the attitudes through both psychotherapy and environmental changes. In every case where emotional reeducation took place, intellectual improvement was also observed.

(c) The intelligence quotients as well as the ability to manage life situations declined with regressed emotional condition, e. g., the case of Mental Retardation with Acalculia. In this case the regression was graphic, closely following the emotional condition of the patient

as was evident from his adjustment, school work and intelligence test results. At various times during the treatment in all of the cases there were brief periods of regression and less stability when the patients were more infantile in their manner and interest, less well adjusted and did poorer school work.

(d) The intelligence quotients and ability to manage life situations were little altered in those cases in which the emotional condition was only slightly affected by the therapy, e. g., the case of mental deficiency with post encephalitic behavior disorder. This child was tested several times each year and his intelligence quotient, the management of his daily affairs, his types of reactions, goals, interests, attitudes remained remarkably constant for the entire period of two years at the school. From the history he seems to have been much the same for some years preceding his entrance.

3. In good agreement with the Leipzig school it also appeared that emotion was a more central aspect of the personality structure than intelligence because:

(a) From the history it appeared that the intellectual retardation may have arisen secondarily to emotional or psychosexual retardation.

(b) And in cases of regression the emotional regression seemed to be primary, i. e., libido regression seemed primary and the ego regression secondary.

(c) Intellectual improvement was secondary to emotional improvement, i. e., intelligence quotients went up, learning improved only after new libidinal outlets were found.

4. Although we no longer believe intelligence to be determined by heredity alone but we believe as a part of the total personality to be determined by heredity and environment and here have striking

evidences of the effect of environment or socio-psychological field dynamics on mental growth in that:

(a) In the early traumatic environment the entire personality development as well as that of intelligence was retarded.

(b) And by the manipulation of environmental factors so as to gratify certain emotional needs and provide new goals, the growth of intelligence seemed to be accelerated.

(c) In the case of mental retardation with post encephalitic behavior disorder, little change occurred in any aspect of the child's personality. In this case the changes in the surroundings probably did not affect his field which had scarcely expanded beyond the horizon of the self.

5. But what are the factors in the environment which are important to personality growth? Undoubtedly the importance of physical, economic and sociological factors cannot be denied but we have showed the immense importance of these factors stressed by psychoanalysis, e. g., weaning sphincter training, family attitudes and restriction of various modes of libidinal expression.

6. Quite in agreement with Lewin we offer evidence that the personality of the retarded child is different from that of the normal in that it is more rigid and less differentiated as to structure and more infantile as to content. But we go beyond Lewin by showing:

(a) That the rigidity is actually due to a fixation of interest on infantile traumata, to a perseveration of concern with infantile goals.

(b) And that whenever the patient could be helped to find new goals there seemed at the same time to be a resolution of his infantile conflicts and a lessening of the rigidity. That

> is the resolution of conflict and lessening of rigidity seemed to come by way of finding new goals. For example, in the case of mental retardation with acalculia the partial resolution of the anal conflict and the loosening of the libidinal fixation (rigidity) at that level came by way of a new goal, a new mode of gratification--sexual interest in a girl.

7. Since the structure of the personality is the result of field dynamics, its restructurization or reorganization is dependent upon a reorganization of the entire socio-psychological field and this must come from changes in the social field and in the psychological field. For example, a change in the environment did not necessarily constitute a change in the individual's socio-psychological field and likewise an interpretation given the patient in psychotherapy did not provide insight (reorganize the field) unless the social aspects were such as to offer new goals, new modes of resolving tension, new modes of gratification. Hence psychotherapy fails in those cases where the patient due to either organic or environmental limitations cannot utilize new modes of resolving tensions. Therefore, a special combination of milieu and psychotherapy is here offered as a method of studying and, in some cases, restructuring the personality of retarded children.

SUMMARY

An extensive study of the internal dynamic structure of the personality of five cases of mental retardation is presented, the results of which offer a contribution to the understanding of retardation from the viewpoint of personality development, structure and function. There is also presented an experimental and therapeutic attempt to restructure these personalities by restructuring or reorganizing the socio-psychological field by means of providing insight into the life situation through psychotherapy and at the same time alter the environment so that it provides the emotional needs specific to the individual as indicated by the content of his psychotherapy material. The results of this experiment offer a contribution to the understanding of personality structure and of retardation from the viewpoint of personality development, structure and function. A contribution to the concept of learning as well as a method of investigating such cases is presented.

CONCLUSION

In conclusion, intelligence and emotion seem to be aspects of the total personality but emotion seems to be a more central part of the personality structure than intelligence. The total personality and hence intelligence seems to be, at least in part, environmentally determined and its restructurization seems to be possible to the extent that the socio-psychological field can be reorganized--restructured. Mental retardation appears to be but one aspect of a total personality defect and to arise secondarily to the major defect. Psychotherapy as a mode of stimulating personality development is effective only in cases in which the finding of new modes of gratification, new modes of resolving tension, new goals is not prohibited by field (organic or environmental) conditions.

REFERENCES

1. Abraham, K. Selected Papers. Hogarth Press, London. 1927

2. Ackerman, Nathan. A Test for Construction - Destruction Tendencies in Children. To appear in Am. J. Orthopsych.

3. Ackerman, Nathan and Chidester, Leona. "Accidental" Self-injury in Children. Arch. Ped. 53:711 (Nov.) 1936

4. Ackerman, Nathan and Menninger, C. F. Treatment for Mental Retardation in a School for Personality Disorders in Children. Am. J. Orthopsych. 6:294. 1936

5. Alexander, Franz. The Influence of Psychological Factors upon Gastro-Intestinal Disturbances. Psa. 2. 3 501-538, 1934.

6. Alexander, Franz and Staub, Hugo. The Criminal the Judge and the Public, MacMillan Co. N. Y., 1936

7. Anderson, J. E. Happy Childhood, Appleton Century Co. N. Y., 1933

8. Beck, S. J. The Rorschach Test As Applied to a Feebleminded Group. Arch. Psych. (May) 1932.

9. Bender, Lauretta, A. A. and Woltman. The Uses of Puppet Shows as a Psychotherapeutic Method for Behavior Problems in Children. Am. J. Orthopsych. 6:341. 1936.

10. Berry, R. J. and Gordon, R. G. The Mental Deficiency. MacMillan Co., London 1931.

11. Binet, Alfred and Simon, Th. The Development of Intelligence in Children. Pub. No. 11 Training School at Vineland, 1916.

12. Brown, J. F. Psychology and the Social Order. McGraw Hill Book Co. New York. 1936.

13. Chidester, Leona. Therapeutic Results with Mentally Retarded Children. Am. J. Orthopsych. 4:464-472 (Feb.) 1934.

14. Chidester, Leona and Menninger, K. A. The Application of Psychoanalytic Methods to the Study of Mental Retardation. Am. J. Orthopsych. 6:616-625 (Oct) 1936.

15. Child, C. M. The Psychological Foundations of Behavior. Henry Holt & Co. New York. 1924.

16. Clark, L. P. The Nature and Treatment of Amentia. William Wood and Co. Baltimore 1933.

17. Coghill, G. E. Neurological Foundations of Behavior. MacMillan Co. New York 1924.

18. Davenport, Charles B. Heredity in Relation to Eugenics. Henry Holt Co. New York. 1911.

19. Davies, S. P. Social Control of the Mentally Deficient. Thomas Crowell Co. New York. 1930.

20. Dambo, T. Der Aerger als dynamisches Problem. Psych. Forsch. 15:1-144, 1931

21. Dugdale, R. The Jukes. G. P. Putman's Sons Co. New York. 1877.

22. Estabrook, A. H. The Jukes in 1915. Pub. No. 240. Carnegie Institute of Washington. 1915.

23. Fenichel, Otto. Outline of Clinical Psychoanalysis. The Psa. Q. Press, New York. 1934.

24. French, T. A Study of Learning in Psychoanalytic Treatment. Psa. Q. 5 : 148-195 (April) 1936.

25. Freud, Anna. Technik of Psychoanalysis. Nerv. and Ment. Disease Publ. Co. N. Y. 1928.

26. Freud, S. Collected Papers. Hogarth Press. London. 1925.

27. Gerstmann, J. Zur Lokaldiagnostischen Verwertbarkert des Syndroms: Fingeragnosia, Rechts-Links-Störung, Agraphie, Akalkulie. Jahrb. f. Psychiat. u. Neurol. 48:135-143, 1932

28. Goddard, H. H. Feeblemindedness, its Cause and Consequences. The MacMillan Co. New York. 1923.

29. Griffiths, Ruth. Imagination in Childhood. Kegan, Paul, Trubner, Trench. London, 1933.

30. Hartmann, G. W. Gestalt Psychology. The Ronald Press Co. New York. 1935.

31. Healy, Wm. Bronner, A. and Bowers, A. M. The Structure and Meaning of Psychoanalysis. Alfred Knopf. New York. 1930.

32. Heath, E. The Approach to the Parent. Commonwealth Fund. New York. 1933.

33. Hollos, S. and Ferenczi, S. Psychoanalysis and the Psychic Disorder of General Paresis. Nerv. and Ment. Dis. Publ. Co. New York. 1925.

34. Hug-Hellmuth, H. Zur Technik der Kinderanalyse Int. Zeitschr. f. psa. Ed. 7 1921.

35. Itard, J. M. G. Rapport sur le Sauvage de L'Aveyron. Paris. 1807.

36. Klein, Melanie. The Psychoanalysis of Children. Hogarth Press. London. 1932.

37. Koffka, Kurt. Growth of the Mind. Harcourt Brace & Co. New York. 1925.

38. Köhler, W. The Mentality of the Apes. Harcourt. Brace & Co. New York. 1925.

39. Kuhlmann, F. A Handbook of Mental Tests. Warwick and York Inc. Baltimore. 1922.

40. Krueger, K. Wittenberg Symposium on the Feelings and Emotions. Clark Univ. Press. 1928.

41. Lashley, K. S. Brain Mechanisms and Intelligence. Univ. of Chicago Press. Chicago. 1929.

42. Lewin, K. The Dynamic Theory of Personality. MacGraw Hill Co. New York. 1935.

43. Mateer, F. The Unstable Child. D. Appleton & Co. New York. 1924.

44. McCollough, O. C. The Tribe of Ishmael. 1888.

45. Menninger, K. The Human Mind. Alfred Knopf. New York. 1930.

46. Menninger, William. Juvenile Paresis. Williams & Wilkins. Baltimore, 1936.

47. Miller, E. Emotional Factors in Intellectual Retardation. J. Ment. Sci. 79: 614-625 (Oct.) 1933.

48. Myerson A. The Inheritance of Mental Diseases. Williams and Wilkins Co. Baltimore. 1925.

49. Myerson A. et al Eugenical Sterilization. MacMillan Co. New York. 1936.

50. Piaget, J. Language and Thought of the Child. Harcourt Brace & Co. New York. 1928.

51. Penrose, L. S. Mental Defect. Sedgwick and Jackson. London. 1933.

52. Pörtl, A. Profound Disturbance in Neutritional and Excretory Habits of a Four and One-Half Year Old Boy. Psa. Q. 4: 25. 1935.

53. Reichenberg, W. The Effect of a Joyous Experience. Unpublished.

54. Rorschach, H. Psychodiagnostik. Hans Huber. Bern, 1932.

55. Rosanoff, A. J. Manual of Psychiatry. John Wiley and Sons. Inc. New York. 1920.

56. Rosanoff, A. and Inman-Kane, C. V. The Relation of Premature Birth and Underweight Condition at Birth to Mental Deficiency. Am. J. Psychiat. 13: 829 (Jan.) 1934.

57. Sayles, M. B. The Problem Child at Home. Commonwealth Fund. N. Y. 1932.

58. Schmideberg, M. Intellectualle Hummung and Esstorung. Zeitschrift f. Psa. Pädagogik. 8:109-116 (Mar.-Apr.) 1934.

59. Seguin, E. Idiocy: And Its Treatment by the Physiological Method. Teachers College Columbia University. New York 1907.

60. Taft, Jessie. An Experiment in a Therapeutically Limited Relationship with a Seven Year old Girl. Psa. Rev. 19: 361. 1932.

61. Terman, L. The Measurement of Intelligence. Houghton Mufflin Co. Boston, 1916.

62. Tracy, H. C. The Development of Motility and Behavior.

63. Tredgold, A. F. Amentia Wm. Wood and Co. New York. 1929.

64. Wallin, J.E.W. The Education of Handicapped Children. Houghton Mufflin Co. Boston. 1924.

65. Wheeler, R. H. and Perkins, T. F. Principles of Mental Development. Crowell Co. New York. 1932.

66. Wheeler, R. H. The Laws of Human Nature. Appleton Co. New York 1932.

67. White. Wm. A. Mechanisms of Character Formation. MacMillan Co. New York. 1920.

68. Yepson, Lloyd. A Scale for Measuring Social Maturity. Training School Bull. Vineland, 1936.