

This is a statistical analysis based upon 500 case records of children examined at the Michigan Child Guidance Institute.

It tries to prove the hypothesis -- children exposed to fundamentally different patterns of situations will exhibit fundamentally different patterns of maladjustment.

This study focusses on the situational pattern in the home, and does not attempt to deal with admittedly significant items in the child's environment outside the home. It focussed on the domestic conditions because (1) family dynamics seem to be the distinguishing element in this environmental backgrounds of problem children and (2) the social workers who wrote the case histories centered on the domestic situation. "This emphasis by experienced clinical workers gives weight to the assumption that within this realm of family dynamics are to be found differential situations which not only accompany, but logically explain, differences in forms of maladjustment expressed by children experiencing them"(59).

#### SITUATIONAL PATTERNS

1. The Pattern of Parental Rejection (represented by nine unit-situational items):

- |  |  |
|--|--|
| 39 a. Illegitimate pregnancy                     |  |
| 72 b. Pregnancy unwanted by father               |  |
| 123 c. Pregnancy unwanted by mother              |  |
| 51 d. Post-delivery rejection by father          |  |
| 58 e. Post-delivery rejection by mother          |  |
| 92 f. Mother unwilling to accept parent role     |  |
| 69 g. Mother sexually unconventional             |  |
| 52 h. Mother-person openly hostile to child      |  |
| 115 i. Loss of contact with both natural parents |  |
- 101 out of 500 had at least 3 items in this group which is considered exposure to Parental Rejection.

2. The Pattern of Parental Negligence and Exposure to Delinquency Patterns (represented by twelve unit-situational items):

- |                                  |  |
|----------------------------------|--|
| 95 a. Interior of home unkempt   |  |
| 74 b. Irregular home routine     |  |
| 119 c. Lack of supervision       |  |
| 76 d. Father's discipline lax    |  |
| 134 e. Mother's discipline lax   |  |
| 43 f. Mother mentally inadequate |  |
| 71 g. Father's discipline harsh  |  |
| 32 h. Mother's discipline harsh  |  |
| 54 i. Mother shielding           |  |
| 41 j. Sib reputedly delinquent   |  |
| 40 k. Sib officially delinquent  |  |
| 61 l. Urban deteriorated area    |  |
- 78 out of 500 had at least 4 items in this group which is considered exposure to parental negligence and exposure to delinquent patterns.

3. The Pattern of Parental Repression (repre. by seven unit-situational items):

- |  |  |
|--|--|
| 65 a. Father's discipline inconsistent |  |
| 24 b. Father hypercritical             |  |
| 55 c. Father unsociable                |  |
| 30 d. Mother unsociable                |  |
| 69 e. Mother dominating                |  |
| 52 f. Mother compensated rejection     |  |
| 85 g. Sibling rivalry                  |  |
- 106 out of 500 had at least 2 items in this group which is considered exposure to Parental Repression.

4. The Pattern of Physical Deficiency (repre. by seven unit-situational items):
- |  |                          |
|--|--------------------------|
| 20 a. Central nervous system disorder        |                          |
| 57 b. Abnormal growth pattern                | 95 out of 500 had at     |
| 55 c. Convulsions (past or present)          | least 2 items in this    |
| 45 d. Auditory defect                        | group which is consider- |
| 72 e. Speech defect                          | ed exposure to physical  |
| 82 f. Diseased tonsils or adenoids (present) | deficiency               |
| 82 g. Chronic physical complaints            |                          |

Inspection of the intercorrelation coefficients obtained among the several items included in each of these situational patterns indicates that only in the first one, that of parental rejection, are most of the coefficients positive in direction and dependable in size. In the remaining three patterns many of the items are either negatively or negligibly correlated with each other. In these cases the grouping together of such items must be justified on the basis of their similarity of logical implications rather than on the basis of a demonstrated greater-than-expected concurrent incidence in the case records of the general clinic population. Nor are these latter three structuralized situational patterns as well established and easily recognized in the literature as is the pattern of parental rejection.

Nevertheless, these four situational patterns do imply rather distinctly different sets of conditions to which or within which the child must make some kind of adjustment. The relatively low correlations existing between these four situational patterns indicate little overlapping among them except for the pattern of family repression, which is moderately correlated with both parental rejection and physical deficiency. In both of these instances some overlapping might have been anticipated inasmuch as the conceptualized repressive family as defined is at least suggestive of conditions which might be interpreted as parental rejection by the child. Furthermore, it is not altogether unreasonable to suppose that the parents of a physically deficient child might easily develop patterns of response similar to those described in the socially repressive syndrome. The remaining coefficients of intercorrelation between these four situational patterns are consistent with expectations, and give support to the assumed differentiation.

What society calls patterns of maladjustment is simply for the children who are doing the adjusting "patterns of adjustment" to situational patterns.

There seem to be discernible syndromes of adjustment or what can be called fundamental maladjustment patterns which have high internal association. In the following syndromes of adjustment (1) each trait listed has a positive tetrachoric correlation coefficient of not less than .30 with all or nearly all of the other included traits, (2) the number of items is sufficiently limited (to six) to rigorously define the fundamental maladjustment pattern.

#### Fundamental Patterns of Maladjustment

1. Unsocialized Aggressive Behaviour (is highly correlated only with the situational pattern of Parental Rejection):
 

35 a. assaultive tendencies	
119 b. initiatory fighting	52 cases out of 500
51 c. cruelty	with 3 or more items
207 d. defiance of authority	
50 e. malicious mischief	
26 f. inadequate guilt feelings	
2. Socialized Delinquency Behaviour (is highly correlated only with the situational pattern of Parental Negligence and Exposure to Delinquency Patterns):
 

101 a. bad companions	
20 b. gang activities	

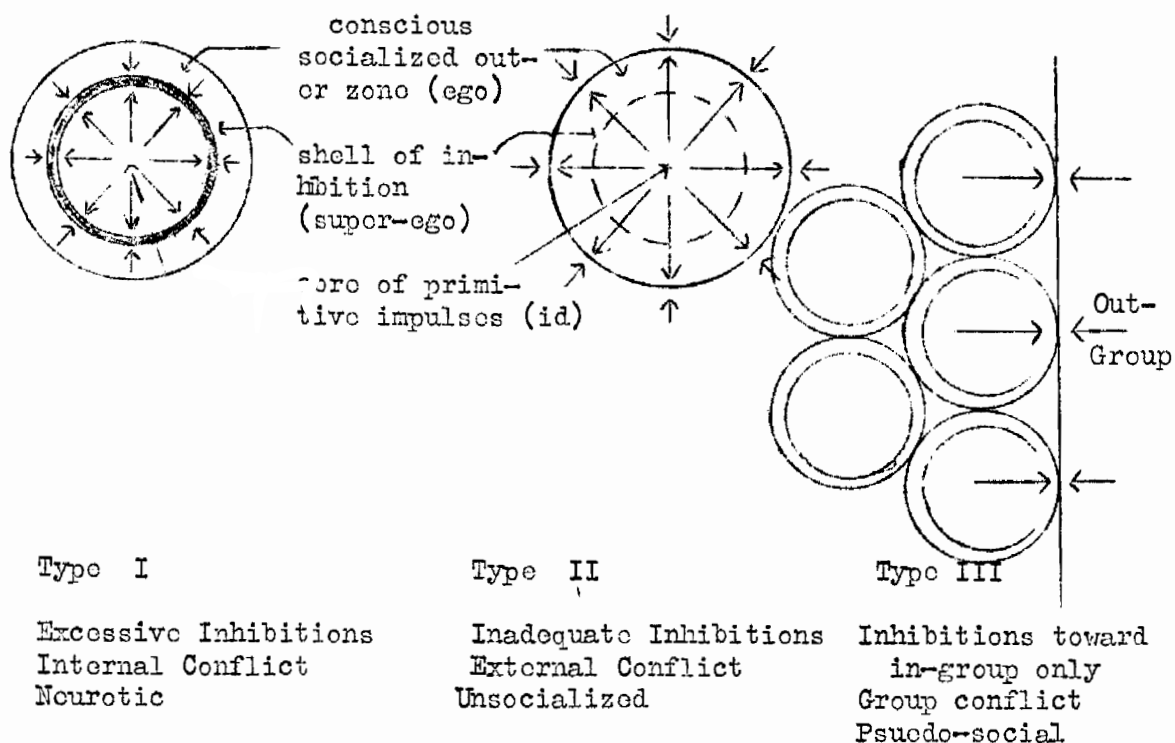
- 35 c. co-operative stealing
- 83 d. furtive stealing
- 84 e. habitual school truancy
- 71 f. truancy from home
- 98 g. staying out late nights

70 cases out of 500  
with three or more items

3. Overinhibited Behaviour (is highly correlated only with the situational patterns of Parental Repression and Physical Deficiency):

- 111 a. Seclusiveness
- 100 b. Shyness
- 61 c. Apathy
- 67 d. Worrying
- 161 e. Sensitiveness
- 36 f. Submissiveness

The Three Major Types of Personality Structure Encountered in Child Psychiatry



Type I. Overinhibited Personality Structure.

Here we have an individual who has an excessive development of the shell of inhibition. As a result of this the primitive impulses are denied adequate expression. Tension mounts within the personality and strong pressures develop in the struggle between the primitive impulses and the repressive forces. This individual is chronically in a state of internal conflict. Here we have the overinhibited individual likely to react to these internal conflicts by developing terror dreams or anxiety attacks, or to solve them by developing physical symptoms or illness, by conversion hysteria, or to defend himself from them by compulsive rituals. We do not as a rule see such well-developed symptoms of shyness, seclusiveness, fears, clinging, tics, sleep disturbances, nail biting, and other common evidences of tension and anxiety with which the child guidance worker is familiar. The essential points are to recognize that the person with severe internal conflict is, as a rule, the overinhibited individual.

Typically, the overinhibited personality structure develops in an atmosphere of parental repression. Typically, the parents are cold and unsocial, the mother compensating for some rejection by over-protection and over-restriction, the father perfectionistic and intolerant. Both parents are restrained, socially disciplined persons. They are typically of a social stratum and a level of education above the clinic average. The mother is likely frequently to be ill from one affliction or another. The child himself is likely to have experienced unusual amount of illness which contributes to his insecurity and dependence. He is likely to be jealous of his siblings in their relation to the parents, presumably feeling his own relation less secure.

The method of therapy for this type of personality is non-condemnatory free association, the therapist developing a parental relationship to the patient, and putting him under the discipline, parentally enforced, of free association. Almost any kind of interpretation will act to reduce the insecurity responsible for the excessive shell of repression. The repression itself is not as tight and impenetrable as it was before. The primitive impulses can more readily find some overt and, we hope, not too unsocialized expression, and the inner conflict is in great part abated. The anxieties disappear, and the neurotic symptoms are no longer needed to solve a conflict which is at least reduced in its intensity.

## Type II. Unsocialized Aggressive Personality Structure.

This type of personality has an inadequate shell of internal inhibitions. As a result the primitive impulses come not only into consciousness but into expression very directly, providing there are no external pressures which constantly check them. Such an individual is unsocialized and aggressive in his actions and is continually coming in conflict with others -- the authorities and the police -- as a result of his freely giving vent to his primitive impulses. This represents a type of personality totally different from Type I....The expression (neurotic) should not be used for this type of personality which allies itself rather with the psychopathic personality of asocial and amoral character.

The family background is one of overt parental rejection, particularly maternal rejection, from birth. The product of this background is a child of bottomless hostilities and endless bitterness, who feels cheated in life, who views himself as the victim although he is constantly the aggressor in his relations with others, who is grossly defective in his social inhibitions, or if you prefer, in his super-ego, and who is grossly lacking in guilt sense over his misconduct. We may think of his hostility as springing from three sources. First, there is the hostility of the individual who has a need for and, by our common judgment, a right to expect, love from his parents and receives none. Even adults who have developed a good deal of social restraint often become hostile and sometimes even violent when they find themselves rejected in a love relationship, and certainly the reaction of resentment and bitterness is natural to a child who is rejected by his mother. In the second place, this child has lacked an effective affectional tie to any adult through which he could incorporate standards of behaviour, or if you prefer, from which he could develop a super-ego. In the third place, the example of behaviour which this child sees before him is one which is highly selfish and inconsiderate and by our conventional standards, objectionable if not delinquent. This background has given us a personality hostile, uninhibited, tending to act with direct violence to any provocation or to any desire. He has cause for insecurity and cause for anxiety, but the anxiety usually leads him to attack.

The therapeutic approach to this type of personality is quite different from Type I. Such a child as is represented in Type II does not have too much super-ego; he has too little. One does not seek to relieve guilt-anxiety. One seeks to create it. This is done in essentially the way that taboos are planted at

any time of life, whether in the early training period of child when the process is normally most intense or in later life adjustments as upon induction into the Army. It requires the use of authority, firmness, planned limitation, and, at times, punishment. What is necessary for success is first of all a warm accepting attitude on the part of the parent or parent substitute. This is particularly important for the unsocialized, aggressive child who feels rejected and expected to be rejected. Until one has convinced such an individual of a fundamental interest in his welfare, therapy is not likely to be successful....Having established such a relationship, the next step is to establish and effectively maintain pressure toward required kinds of behaviour and against certain objectionable types of behaviour. This must be done step by step and often in very small steps. An effort must be made to develop so far as possible and to exploit personal loyalty to one or more socialized adults, but it must be recognized that this child's capacity for loyalty and identification is definitely feeble. ...Encouragement of free expression of aggressiveness does not lead to improvement....The well of hostility is bottomless....The results will be to develop somewhat the inadequate shell of inhibition, to stimulate foresight and an enlightened self-interest, and to develop certain patterns of conformity.

### Type III. Socialized Delinquent Personality Structure.

There is none the normal shell of inhibition toward members of the in-group. Toward members of any out-group there is a deficit of inhibitions, no sense of obligation and a free expression of primitive impulses. In child-guidance we see here the pseudo-social boy, the loyal gang member, the good comrade of the delinquent sub-culture who is socialized - often highly socialized - within a delinquent group and regards the rest of the world as fair prey.

In contrast to Type II, the unsocialized aggressive child tends to be bitter, hostile to the world, without standards and without guilt-sense, ready to rob, injure, or double-cross anyone. The socialized delinquent tends to be loyal to his own gang and faithful to his own code which includes not informing on his companions. The socialized delinquent usually has a background of parental negligence and exposure to delinquency patterns. He received an adequate fundamental socialization in his relationship with his mother, later, as a result of his socialization, the failure of parental functions, and the neighborhood devolution pressures, he fell under the influence of the delinquent gang, and reaching his adolescent socialization within a delinquent group he became such.

The therapy for such a personality is not as "psychiatric" and is much closer to the technique for influencing normal adults. His fundamental socialization pattern indicates that he has an outstanding capacity for loyalty. His capacity to identify himself with a masculine, socialized adult if he gets the "breaks" is the element on which one must depend. Real interest in him is the prime need since he is suspicious toward and well-armed against adults related in his mind to authority. He must be separated from his group or the whole group must be treated effectively (as Clifford Shaw has done in Chicago with his area projects). Particularly suited for work with this group are strong masculine personalities with capacity for warmth of response, for generosity of feeling, and for utter fairness and for uncompromising fixity of purpose.