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Mental hygiene as an aid to the teacher in dealing with maladjusted school children

Miriam. Pomerantz
University of Massachusetts Amherst

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MENTAL HYGIENE AS AN AID TO THE TEACHER IN
DEALING WITH MALADJUSTED SCHOOL CHILDREN

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SUBJECT

MENTAL HYGIENE AS AN AID TO THE TEACHER IN
DEALING WITH MALADJUSTED SCHOOL CHILDREN

MIRIAM POMERANTZ

THESIS SUBMITTED FOR

DEGREE OF MASTER OF SCIENCE IN EDUCATION

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MENTAL HYGIENE AS AN AID TO THE TEACHER IN
DEALING WITH MALADJUSTED SCHOOL CHILDREN

INTRODUCTION

My objective in writing this thesis is to contribute material in the way of enabling teachers to recognize and, if possible, solve behavior or maladjustment problems. Though there are many books dealing with child guidance and mental hygiene, I have endeavored to assemble concisely and in tabular form such mental hygiene facts as will be most helpful to the teacher in recognizing, meeting, and solving behavior problems and in preventing more serious maladjustment in later life.

The teacher's responsibility in shaping the personality of the child is second to that of parents'. Her task of instilling facts is subordinate to that of being a friend and counselor. Educators are aware of the fact that children retain very little book knowledge; but the habits, attitudes, and ideals that the children develop in school are of permanent importance. The development of personality is continuous and dynamic; and an integrated well-balanced personality has its origin in early childhood.

The teacher who possesses a knowledge of the essential facts of mental hygiene, that is, a knowledge of the prevalent types of maladjustments, with symptoms, causes and remedies, and the personality disintegration and unhappiness involved, is in a

position to give outstanding and lasting service to her pupils and the community as a whole.

An appreciative understanding of mental hygiene will make the teacher alert to the meaning and causes of the child's attitude, successes, failures, interests, and indifference. Few teachers, however, are sufficiently acquainted with mental hygiene to be prepared to evaluate correctly the relative seriousness of behavior problems. Any behavior problem is considered by the teacher to be undesirable in direct proportion to the extent that the specific problem infringes upon her authority and integrity. Teachers prefer the less active, more agreeable behavior of girls to more aggressive, self-assertive, and independent activities of the boys. Withdrawing, submissive, and dependent types, which arouse the teacher's sympathy and interest, are seldom classed by her as troublesome behavior problems. Mental hygienists, on the other hand, differ from teachers in their estimation of the relative importance of various types of maladjustments. The teachers are interested primarily in the educational accomplishments of the children; the mental hygienists, in the emotional and social adjustment of the individuals. The teachers are disturbed by behavior problems because these problems make the present situation unpleasant for them; mental hygienists are more concerned with behavior problems as they forecast future maladjustments.

The variance in the attitudes of mental hygienists and teachers toward behavior problems clearly emphasizes the need for

the latter to become sufficiently well acquainted with mental hygiene as to be adequately prepared to deal intelligently with behavior problems.

For my purpose I have found it expedient to divide the thesis into seven sections.

The first two sections, namely, the "Meaning of Mental Hygiene" and the "History of the Movement", serve to orient the teacher unfamiliar or scantily acquainted with mental hygiene.

The third and fourth sections--"Why Every Teacher Should Have a Knowledge of Mental Hygiene" and "Comparison of the Attitudes of Teachers and Mental Hygienists Toward Behavior Problems"--specifically show the need of mental hygiene for successful teaching.

All possible causes of maladjustment are brought together in the fifth section; while the sixth section is devoted to seven main types of maladjustment with explanation and case to clarify each type. Each type is followed by a concise tabulation of specific symptoms, causes and remedies. This tabulation is to enable the teacher to classify the maladjustment into a specific type or types by symptoms and causes, and thus be in a position to use pertinent remedial measures.

My conclusion follows in the last section.

MEANING OF MENTAL HYGIENE

SECTION I

It is a common practice among the lay man, as well as professionals who are not acquainted with the important aspects of mental hygiene, to consider mental hygiene as something related primarily to subnormal, delinquent, psychopathic, neurotic, or markedly peculiar individuals, in other words, the study of the "queer"¹.

Mental hygiene, however, is concerned with the mental health and happiness of the average normal person.² By mental health is meant the successful adjustment of the individual to his environment. An individual who is mentally healthful is one "who is integrated and balanced in all phases of his being;"³ and balance implies continual adjustment, an enthusiastic outlook, and varied reactions. An unbalanced individual will frequently use one type of action in varied situations.

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1. Morgan, J. J. B. Psychology of Abnormal People.
 2. Williams, F. F. Adolescence Studies in Mental Hygiene.
 3. Morgan, J. J. B. Psychology of Abnormal People, P. 598.

An individual is normal who is capable of meeting and adjusting to the everyday problems of life as found in the social, racial, and economic level to which he has been born, under what might be termed average conditions. ⁴ Florence Mateer calls a child normal "who has nothing so vitally wrong with him but that we hope for his continued development physically, mentally, morally, and socially."⁵ Morgan considers an individual's ability to make social adjustments as the test of a normal person.⁶

Modern mental hygiene is positive, aiming to prevent mental disease by the development of habits of health--"on the physical side, a high health level and habits of health; on the mental side, integration and healthful mental attitudes". ⁷

Dr. C. Macfie Campbell, Professor of Psychiatry at Harvard University and Chairman of the Committee on Education of the National Committee for Mental Hygiene, gives his explanation of mental hygiene in Mental Hygiene (July, 1921). The following is an excerpt:⁸

"Mental Hygiene is not concerned merely with those serious forms of mental disorders which require treatment in State hospitals;

4. Thom, D. A. Everyday Problems of the Everyday Child.

5. Mateer, Florence. Just Normal Children, VIII.

6. Morgan, J. J. B. Psychology of the Unadjusted School Child, P. 6.

7. Burnham, W. H. Normal Mind.

8. Beers, C. W. A Mind That Found Itself.

it is concerned with those other forms of mental disorders which do not necessarily mean the removal of the individual from his ordinary social environment. A disorder is a mental disorder if its roots are mental. A headache indicates a mental disorder if it comes because one is dodging something disagreeable. A pain in the back is a mental disorder if its persistence is due to discouragement and a feeling of uncertainty and a desire to have sick benefit, rather than to put one's back into one's work. Sleeplessness is a mental disorder if its basis lies in personal worries and emotional tangles. Many mental reactions are indications of poor mental health, although they are not usually classified as mental disorders. Discontent with one's environment may be a mental disorder if its cause lies, not in some external situation but in personal failure to deal with one's emotional problems. Suspicion, distrust, misinterpretation, are mental disorders when they are the disguised expression of repressed longings, into which the patient has no clear insight. Stealing sometimes indicates a mental disorder, the odd expression of underlying conflicts in the patient's nature. The feeling of fatigue sometimes represents, not overwork, but discouragement inability to meet situations, lack of interest in the opportunities available."

Thus, briefly, mental hygiene concerns itself with attaining and maintaining a sound mind. "The ultimate in mental hygiene means mental poise, calm judgment, and an understanding of leadership and fellowship."⁹

HISTORY OF THE MENTAL HYGIENE MOVEMENT

SECTION II

The mental hygiene movement is a comparatively recent one. About thirty years ago Clifford W. Beers wrote his monumental work, A Mind That Found Itself, the autobiography of a person temporarily insane. During his insanity Mr. Beers had been fully aware not only of the harsh treatment accorded him and his fellow sufferers but of his emotions and the activities of his diseased brain. When fully recovered, Clifford Beers gave to an unenlightened world a book that became the direct cause of the first Mental Hygiene Movement.

Mr. Beers' autobiography, however, was not the first stimulus to an interest in mental hygiene. In the last decade of the Nineteenth Century, psychologists, psychiatrists, and physiologists had begun to show a marked interest in child study and in the nature of insanity. Previously the mind specialists had been concerned with the symptoms and statistics of disease terms, but from 1890 and on, psychiatrists became increasingly appreciative of the value of the patient's history in connection with the home, the schools, and teachers.¹⁰

The first society for mental hygiene was founded in Connecticut in 1908. After experimenting to some extent, the Connecticut Society undertook to launch a National Society for the Study of Mental

10. Schurman, J. G. The Cause.

Hygiene. On February 19, 1909, Mr. Beers brought together at the old Hotel Manhattan, New York City, the first official representative body of men and women. Forming this body were Frederick Peterson, physician and author of books on mental diseases; William James, physiologist and psychologist; Jacob Gould Schurman, philosopher and President of Cornell; Julia Lathrop, humanitarian and important figure in Hull House; Horace Fletcher, author and lecturer in the field of human nutrition; Anson Phelps Stokes, banker and author; Russell Henry Chittenden, university professor and physiologist; Lewellys F. Barker, physician and specialist on the nervous system; August Hock, psychiatrist and versed in psychopathology; and Marcus M. Marks, Director of Young Men's Hebrew Association. 11 *

When the first National Society for the Mental Hygiene Movement was formed, the primary purpose was to improve hospital conditions through better housing, treatment, and care, and to instill in the public a more tolerant and sympathetic viewpoint of those who were psychopathic or otherwise abnormal. The movement, thus, started as an humanitarian program.¹²

In connection with the Mental Hygiene Movement it became evident early in the twentieth century that treatment was but one

11. Ruggles, A. H. Twenty-five Years of Work.

* Who's Who 1912-1913, 1916-1917.

12. Morgan, J. J. B. Psychology of Abnormal People.

phase of a successful program. Equally important, if not more so, were preventive measures. A campaign of prevention obviously necessitated work with children. Few indeed are the mental disorders whose origin can not be traced to childhood. Such a realization led to the development of Child Guidance Clinics.¹³

Child Guidance Clinics are clinics to which maladjusted children are brought for help. Child Guidance Clinics "mark a definite break with the age-old superstition that children are 'born that way', a definite confession of ignorance as to what they are born with, and a definite seeking for enlightenment as to how they get that way."¹⁴

During the World War many opportunities were afforded medical experts to see the incipient stages of nervous disorders and to consider preventive as well as remedial measures. In spite of the fact that the Mental Hygiene Movement had not been enthusiastically received by the public or medical and scientific centers, the war had found the United States far better prepared to deal with neurological cases than any other country.¹⁵ This preparedness, as well as increased enlightenment of neurological and pathological diseases observed in the war, aroused a strong interest in the Mental Hygiene Movement.

13. Ruggles, A. H. Twenty-five Years of Work.

14. Chicago Association for Child Study and Parent Education.

Building Character, P. 167.

15. Ruggles, A. H. Twenty-five Years of Work.

Children today are considered to have rights which the State must protect. The old educational viewpoint had been "Spare the rod and spoil the child". Now the rod has been displaced by complete liberation. 16

According to the new point of view, the child and his present environment must be studied together. The more enlightened are realizing that environment is a potent factor in making the child what he is. Efforts to adjust the child have proved unsuccessful when an adequate study of the patient's environment had been neglected. 17

More than ever education is turning attention to preparing the child for a well adjusted life; consequently, all interested in the welfare of the child are thinking more objectively about conduct disorders. 18 Thanks to the Mental Hygiene Movement and the effective work of Child Guidance Clinics, parents are taking a more vital interest in the welfare of their children. They are demanding help and expect to get it. Nor are they satisfied with preachment. The parents desire interpretation of the maladjustment as well as instruction. 19

Attention continues to center largely around what the child is doing; but more thought is being given to the relation of the home

16. Blanton, M. G. and Blanton, Smiley. Child Guidance.

17. Zachry, C. B. Personality Adjustments of Children.

18. Wickman, E. K. Children's Behavior and Teachers' Attitudes.

19. Groves, E. R. Personality and Social Adjustment.

and family to the patient. Psychiatrists and social welfare workers are cooperating with parents to help them solve their own difficulties first so as to be more fully prepared and qualified to meet the behavior problems of their children. Mental hygienists are recognizing the fact that parental attitudes have a genetic history.²⁰

The National Committee for Mental Hygiene was the first such national organization in the world. Today in America alone there are fifty-seven societies. Outside of the United States, National Societies have been organized in thirty-five countries. In 1930 during the meeting of the first International Congress on Mental Hygiene in Washington, there was organized the International Committee for Mental Hygiene.²¹

No one science has contributed to the ^ew_alth of information that has made the Mental Hygiene Movement and Child Guidance Clinics so successful. Modern physiology with its recent studies of the endocrine glands has certainly made outstanding contributions toward the development of the science of behavior. The extent of damage that mal-functioning endocrine glands do to the emotional stability of an individual is almost incomprehensible. A knowledge of the nervous system, moreover, has clearly indicated that integration is the essential characteristic not only of the normal and well-adjusted body but of the normal mind.²²

20. Allen, F. H. Evolution of Our Treatment. Philosophy in Child Guidance.

21. Hincks, C. M. Next Quarter Century.

22. Groves, E. R. Personality and Social Adjustment.

Psychiatry, which is the science studying and treating of mental disease, has shown the possibility of preventing many forms of mental disorders. Psychiatry started as the science of mental disorders; but in the process of treating and curing patients, psychiatrists have increasingly recognized the importance of the relationship of earlier habits and later mental disturbances. Psychiatry has also made it evident that many cases of mental disorders are characterized by disintegration of the personality. Psychology has shown the importance of correct mental attitudes toward proper adjustment. Psychoanalysis, the science dealing with the discovery of repressed emotions, has emphasized the importance of normal emotional and instinctive life in early childhood.²³

23. Burnham, W. H. Normal Mind.

WHY EVERY TEACHER SHOULD HAVE
A KNOWLEDGE OF MENTAL HYGIENE.

SECTION III

The teacher's responsibility in molding the personality and character of the child is second to that of the parents'. Were the teacher's task merely that of inculcating intellectual facts, it would be difficult enough; but the teacher must also play the more important role of friend and advisor.²⁴

The teacher must learn to see things as they are and not distorted. A teacher who has a knowledge of mental hygiene--a knowledge of the means of attaining and maintaining a sound mind--will gain a clearer insight not only into the children's difficulties but also into her own.²⁵ She will be in a position to interpret without bias her own mental and emotional life and to make the necessary personal adjustments. Without a personal check up, how can the teacher possibly be a fair judge of the "why" of children's difficulties?

Unless the teacher knows the meaning of the child's attitude, successes, failures, interest, and indifference, she is being unjust both to herself and pupils.²⁶ When Mary fails on an English exam-

24. Thom, D. A. Everyday Problems of the Everyday Child.

25. Miller, H. C. New Psychology and the Teacher.

26. Teft, Jessie. Relation of the School to the Mental Health of the Average Child.

ation, laziness might be the cause of failure; on the other hand, failure might be due to illness at home, some physical handicap, or the arrival of a new born baby.

Many teachers consider unsocial behavior on the part of school children as personal attacks directed against them; consequently, they make counter attacks, which may take the form of criticizing the child publicly, shaming him, requiring an apology or confession, and other means of outlandish punishment. Unless the teacher considers the cause of misbehavior, punishment is unjust and of temporary satisfaction.²⁷

I have in mind a case of a fourteen year old boy of average intelligence. John had come to a new junior high school from one near the vicinity of Boston. The reputation he brought with him was a severe handicap. In a short time it became apparent that John hated his mathematics teacher and under no conditions could live harmoniously with her. The principal, a woman of deep insight, decided to investigate the origin of John's hateful attitude toward this one particular teacher. The boy told the principal that his mathematics teacher had called him the "scum of Boston". The teacher vehemently denied this accusation. Whether or not the teacher used those very words, she no doubt offended his pride by some hostile remark. So bad had been John's reputation that what might have been considered a slight misdemeanor on the part of some children was considered a major offense as far as John was concerned. The principal decided to take him out of the mathematics class and give

27. Wickman, F. K. Children's Behavior and Teachers' Attitudes.

him private tutoring. Had the principal decided that the boy remain in the room, the lives of not only the teacher and John but of the principal and the children would have been in constant misery.

Strict teachers, unfortunately, convey the impression that they themselves have made a poor adjustment and have difficulties in their social contacts. Obviously the teacher's reactions to the behavior problems of the youngsters are to a great extent determined by the effect these problems have had on her.²⁸

By counter attacking, instead of aiding the child the teacher may increase the child's aversion of accepting authority and decrease his chances of making a proper adjustment. On the other hand, if the teacher favors the submissive or withdrawing type of a child, she unconsciously encourages an attitude of refusing to face reality.

If a child is caught lying, cheating, or stealing, this offense alone is by no means an index to his character.²⁹ A knowledge of mental hygiene will enable the teacher to appreciate the fact that unsocial types of behavior are not necessarily evidence of moral degradation. They are symptoms of mal-adjustment and occur in the life of many children as part of the process of growing up.³⁰ Many a child has lied or stolen to win the favor of his fellowmates and thus gain coveted popularity.

28. Wickman, E. K. Children's Behavior and Teachers' Attitudes.

29. Chicago Association for Child Study and Parent Education. Building Character.

30. Thom, D. A. Everyday Problems of the Everyday Child.

Thom cites the case of a lad who had been very happy in a small boarding school; when transferred to a larger school, he found competition more keen. He had few acquaintances and no intimate friends. John knew, however, that wealth and position were among the most effective means of gaining recognition. He, therefore, lied about summer and winter homes and palatial yachts. John craved popularity.³¹

Adults are usually unaware of the unhappiness and personal problems among children. Parents and teachers are too prone to think that childhood is a care-free golden age and that children are never truly unhappy.³²

No two human beings are alike. Every teacher knows this. "Democracy does not mean equality of position, of possession, or of freedom. It means an equal right to happiness."³³ Every child has his peculiarity. Teachers must recognize this fact.

The teacher is in a position to influence more children than any other individual in the community. Many teachers, however, regard children's behavior as annoying obstacles to their aims of instilling facts instead of accepting the children's behavior as part of the task of educating them morally, socially, and emotionally, as well as intellectually.³⁴

31. Thom, D. A. *Normal Youth and Its Everyday Problem*.

32. Wickman, E. K. *Children's Behavior and Teachers' Attitudes*.

33. Morgan, J. J. D. *Psychology of the Unadjusted School Child*. P. 257.

34. Dexter, F. H. *Treatment of the Child Through the School Environment*.

Educators are cognizant of the fact that children carry away little book knowledge; but the attitudes and habits children develop at school are of vital importance. Habits are learned in youth and personality manifestations (boldness, submissiveness, suggestibility, etc.) in young children are the heralds of adult character traits.³⁵

It is the privilege and duty of the teacher to make her children happy and secure. The relationship of teacher and pupil must not be one of master and slave but rather of salesman to customer.³⁶ The teacher cannot achieve her goal of advisor and friend in the form of a misunderstanding and intolerant tyrant for

"Power, like a desolating pestilence,
Pollutes what e'er it touches; and obedience
Bane of all genius, virtue, freedom, truth
Makes slaves of men, and of the human frame
A mechanical automaton."

Shelley³⁷

Fortunate are the children and communities which possess teachers who have trained themselves "to see through the child's eyes, to approach him from his standpoint, to touch with his fingers, to question with his mind--that is the basis of understanding."³⁸

36. Chicago Association for Child Study and Parent Education. Building Character.

37. Schurman, J. G. The Cause.

38. Blanton, M. G. and Blanton, Smiley.

COMPARISON OF ATTITUDES OF TEACHERS AND MENTAL HYGIENISTS
TOWARD BEHAVIOR PROBLEMS OF SCHOOL CHILDREN.

SECTION IV.

Any behavior problem is considered by the teacher to be undesirable and serious in direct proportion to the extent that the particular problem questions the teacher's authority, integrity, or position. As previously mentioned in Section III, the attacking or bold types of behavior are classed by the teacher as very serious; whereas, the withdrawing or submissive and dependant types, which arouse the teacher's sympathy and interest, are rarely classed by her as troublesome behavior problems.³⁹

In the eyes of the teacher the shy and sensitive pupil who is unaggressive and not at all antagonistic is far more desirable than the bold child. Teachers prefer the less active, more agreeable behavior of girls to the more aggressive, self-assertive, and independent activities of the boys; thus, those very maladjustments--submissiveness, shyness, suggestibility, etc.--which society neglects or tolerates are viewed by the teacher as comparatively insignificant.

A study centering around an investigation of behavior problems

39. Wickman, E. K. Children's Behavior and Teachers' Attitudes.

of children was made by E. K. Wickman. Wickman conducted this investigation during 1925-1926 in a Cleveland public school. The project was undertaken in cooperation with the Bureau of Educational Research of the Cleveland Board of Education. To control the study, data was taken from another investigation undertaken by the author in 1924 in a Minneapolis public school. The tables which follow are taken from the author's book, Children's Behavior and Teachers' Attitudes, and show the results of this investigation.

Table I, is a list of the reactions of over 500 teachers in a Cleveland public school. In as much as the school and the teachers are characteristic of American standards, the analysis may be considered typical of teachers' attitudes.

TABLE I⁴⁰

Most Serious Behavior Problems

Stealing	Unreliableness
Heterosexual Activity	Temper tantrums
Obscene Notes	Truancy
Masturbation	Cruelty, bullying
Profanity	Impertinence, defiance
Smoking	Impudence, rudeness
Disobedience	Destroying school material
Untruthfulness	Quarrelsomeness
Cheating	Disobedience in class

Less Serious Behavior Problems

Shyness	Unsocialness
Fearfulness	Suspiciousness
Imaginative lying	Over critical of others

40. Wickman, E. K. Children's Behavior and Teachers' Attitudes. P. 98.

Table II₁ is an analysis of behavior problems observed by teachers to occur at least twice as frequently in boys as in girls. ⁴¹

TABLE II₁

Tardiness	Defiance
Truancy	Cruelty, bullying
Destruction of property	Rudeness
Stealing	Meddlesomeness
Profanity	Acting smart
Smoking	Nervousness
Masturbation	Enuresis
Interrupting	Slovenliness
Overactive	Suspiciousness
Physically lazy	Suggestibility
Disobedience	

41. Wickman, E. K. Children's Behavior and Teachers' Attitudes. P. 45.

Table III₁ contains an analysis of behavior problems that were reported about one and one-half times as frequently for boys as for girls. 42

TABLE III₁

Untruthfulness
 Imaginative Tales
 Cheating
 Disorderliness
 Lack of interest in work
 Carelessness in work
 Failure to study
 Irresponsibleness
 Quarrelsomeness
 Sullenness
 Day-dreaming
 Resentfulness
 Fearfulness
 Physical Cowardliness

Table IV₁ shows the traits in which boys outranked the girls very slightly.⁴³

TABLE IV₁

Whispering
Inattentiveness
Tattling
Stubbornness
Temper outbursts
Domineering
Over critical
Unhappiness

From the above four tables it is apparent that boys outrank the girls in so called mischievousness and aggressiveness and that teachers identify the problem child as one who is antagonistic to authority, who violates the teachers' standard of morality and integrity, and who does not make proper application to prescribed school work.

43. Wickman, E. K. Children's Behavior and Teachers' Attitudes.

Unlike the teachers, who are disturbed by behavior problems because these problems make the present situation unpleasant for them, mental hygienists are more concerned with behavior problems of the children as they forecast future maladjustments and with remedial measures.

The teacher is essentially interested in the educational accomplishments of the children; the mental hygienists, in the emotional and social adjustments of the individuals. Tables VI and VII make this fact evident.

Differing from the usual teacher, the mental hygienist realizes the tremendous importance of correcting deviations in nutrition, glandular balance, hearing, vision, respiration, attitudes of fear and other emotional disturbances. Unfortunately, few teachers are sufficiently appreciative of the importance of correcting physical deviations for the attainment of adjustment and happiness.

Where as the teachers of the Cleveland public school considered shyness, sensitiveness, fearfulness, unsociableness, and daydreaming as least serious manifestations of behavior difficulties, mental hygienists classified them together with unhappiness, depression, discouragement, resentfulness, suggestibility, physical cowardliness, and an overcritical attitude as foremost in seriousness. Teachers and clinicians gave temper tantrums and cruelty similar emphasis.

Table V₁ shows the ratings by thirty clinicians on the relative seriousness of behavior problems in children.

TABLE V₁ ⁴⁴

Rating of Clinicians

Rated Seriousness of Behavior Problems of Children.

Type of Problem

Unsocialness	Shyness
Suspiciousness	Physical Coward
Unhappy, Depressed	Selfishness
Resentfulness	Temper Tantrums
Cruelty, Bullying	Dreaminess
Easily Discouraged	Nervousness
Suggestible	Stubbornness
Overcritical of others	Unreliableness
Sensitiveness	Truancy
Domineering	Untruthfulness
Sullenness	Cheating
Stealing	Heterosexual Activity

TABLE V₁ (continued)

Lack of interest in work	Thoughtlessness
Enuresis	Restlessness
Obscene Notes, talk	Masturbation
Tattling	Disobedience
Attracting attention	Tardiness
Quarrelsomeness	Inquisitiveness
Impudence, rudeness	Destroying school materials
Imaginative lying	Disorderliness in class
Inattention	Profanity
Slovenly in appearance	Interrupting
Leziness	Smoking
Impertinence, defiance	Whispering
Carelessness in work	

Tables VI₁ and VII₁ show in concise form the comparative attitudes of teachers and mental hygienist toward behavior problems.

TABLE VI 45
1

The Cleveland Teachers considered

<u>More serious than</u>	<u>More serious than</u>	<u>More serious than</u>	
Stealing	Disorderliness	Domineering	Shyness
Untruthful-	in class	Attracting	Unsocialness
ness	Inattentiveness	attention	Sensitiveness
Cheating	Lack of interest	Sullenness	Fearfulness
Sex Problems	in work	Interrupting	Suspiciousness
Impertinence,	Carelessness	Veddlesomeness	Imaginative
defiance	Laziness		lying
Temper out-	Unreliableness		Dreaminess
bursts			
Impudence,			
rudeness			
Truancy			

TABLE VII₁⁴⁶

The Mental Hygienists view

	<u>Less serious than</u>	<u>Less serious than</u>	<u>Less serious than</u>
Immoralities	Violations of	Extravagant	Withdrawing
Dishonesties	orderliness in	aggressive	recessive
Transgressions	classroom	personality	personality
against	application to	and behavior	and behavior
authority	school work	traits	traits

46. Wickman, F. F. Children's Behavior and Teachers' Attitudes. P. 130.

POSSIBLE CAUSES OF MALADJUSTMENT

SECTION V

A child is a behavior problem not primarily because he takes pleasure in being one. There are certain underlying causes which tend to make the individual unhappy and maladjusted. To determine the causes is to get at the roots of the maladjustment. These causes have an environmental and hereditary origin.

Up to date scientists have not been able to settle the problem as to whether environment or heredity is more important than the other in influencing the life of the individual.⁴⁷ Neither heredity nor environment, however, is significant apart from the other. The human organism is a mass of potentialities; and only as the individual is exposed to specific conditions do these potentialities become realities.⁴⁸

Merely because an individual inherits the basis for a set of characteristics is no reason for believing that he has also inherited the characteristics. "What one inherits is certain material that under certain conditions will produce a particular characteristic; if those conditions are not supplied, some other characteristic is produced."⁴⁹

47. Morgan, J. J. B. Psychology of Abnormal People.

48. Chicago Association for Child Study and Parent Education. Building Character.

The following case clarifies this statement: 50

A girl of ten years of age was brought to a psychological clinic by her mother with the report that the girl was nervous. She was not so orderly as other girls. She (the girl) was determined to climb trees and go swimming. One day she ran down the road for a mile and was later found wading in a stream. This child had been examined a year before coming to the clinic by a psychologist, who concluded that the case was probably one of inferior-mentality coupled with "neurotic tendencies" due to hereditary causes. He based his deduction on these reasons:

1. Mother had had a nervous breakdown four years before child had been brought to the clinic.
2. When the mother was 14 years of age, it was feared that she was going to have St. Vitus' dance.
3. The grandmother who entertained this fear was reported nervous as well.

49. Blanton, M. G. and Blanton, Smiley. Child Guidance. P. 11.

50. Burnham, W. H. Normal Mind.

This looked as though the child inherited her nervousness until one came to examine the child. In the presence of the mother the child did several queer things. She twitched at times and tended to be silent when questioned; but when taken from her mother, she was quite different. She talked in a natural manner and her nervous symptoms disappeared. As a matter of fact, the mother's reactions had no connection with dangerous situations on the part of the girl. The mother was simply not happy unless the child was sitting quietly in her sight. She took out her instability by whipping her daughter when she had been frightened by some innocent or harmless activity of the child. Living with them was a cousin who was more irritable than the mother. This cousin also continually punished the girl.

In this case the environmental situation was certainly the more important. The mother and relatives were more of a problem than the child.

Frequently a child develops personality traits similar to those of his parents. While heredity has furnished the basis, it is, in reality, the training, imitation, and association--the environment--which has produced the similarity.⁵¹

51. Blanton, M. G. and Blanton, Smiley. Child Guidance.

The child inherits tendencies toward certain mental traits and physical characteristics. Since his physical and mental equipment determine his emotional life, the individual inherits tendencies that control his emotional life to a marked degree.⁵²

There are very definite stages through which an individual must pass in the process of proper adjustment. At the moment of birth the infant is required to make strenuous readjustments. From an almost perfectly sheltered environment he is thrust into a situation where he encounters the unpleasantness of the atmosphere, etc. Kant said of the first cries of the infant: "A cry of wrath at the catastrophe of birth".

Though the second stage, that is, early life, consists almost entirely of eating, sleeping, and playing, the child must learn to carry out these activities not according to his whims and capriciousness but according to the wishes and demands of his parents. In his play with children he soon discovers that to give free vent to his impulses is to court the ill favor of others.

Not until the child enters school, however, is he called upon to make his first real adjustment. The requirements of the teacher and school in regard to conduct and social decorum are inexorable.⁵³

52. Matar, Florence. Just Normal Children.

53. Wickman, E. K. Children's Behavior and Teachers' Attitudes.

Is the child prepared physically and mentally to meet the normal requirements? Are his auditory, visual, and other sensory faculties in good condition? Has any child sickness, such as whooping cough, mastoid, etc. left his mind dull and impaired? Does he suffer from some chronic heart disease that is apt to make him irritable and his actions sluggish?⁵⁴ Is his appearance congenial and pleasant or is it disgusting and repelling? Surely, no teacher is oblivious to the importance of possessing normal physical and mental traits in making proper adjustment in a social organization that demands normality? Is it to be wondered that there are behavior problems as long as there are handicapped children who are not recognized and who are given treatment accorded to normal children? How can teachers possibly expect normal reactions? Caroline Zachry cites the case of a boy whose troublesome character was due primarily to polyglandular difficulty.⁵⁵

Dick Boyd was the ten year old son of American parents. He was reported by the school because of constant behavior episodes in every grade. He upset all group activities in the classroom and on the playground. He told lies of the imaginative and the self-defensive type. He had, however, always been successful in school work. Dick was slight, wiry, and delicate in appearance, fidgety, irritable, assertive, arrogant, and egotistical. He always attempted to hold the

54. Wile, I. S. Challenge of Childhood.

55. Zachry, C. B. Personality Adjustments of School Children. Chap. III.

center of the stage.

His year in the first grade had been on the whole successful. In the second grade he and his teacher were very antagonistic. He was sent to the principal constantly. The third grade teacher thought Dick bright and clever but that he did not employ this qualification for the good of himself or another. He was considered self-centered and selfish by his fourth grade teacher.

Health of the child.

At the age of two tantrums developed. His tonsils were found to be enlarged and full of pus, and his adenoids were in bad condition. Dick's sinuses had been opened twelve times. Dick showed great irritation before sinus trouble started. Dick had had rickets, bulging knees, and at the age of six, mumps and measles.

Fears.

Dick was very much afraid of fire and afraid to fight though intensely interested in this activity.

Physical indications and past health history made the visiting teacher decide to have the boy take a thorough glandular examination. X-rays revealed a small pituitary gland and the presence of a thymic shadow in the chest. It was advised that the boy receive one-half grain pituitary twice a day since his behavior varied with glandular disturbance.

The thymus gland is relatively large at birth but should begin to decrease in size after the second year. So long as the thymus persists sexual development is inhibited.

This fact was of both physical and emotional significance to Dick. He was small and slight with feminine features. Not having been as strong as other boys, he was physically handicapped in a fight. We can well imagine Dick's feelings in regard to his lack of masculinity.

Over activity of the thyroid tends to make individuals highly excitable, emotional, and anxious. Children suffering from such over-functioning of this gland "need guidance in activities that are satisfying and at the same time are not too stimulating. Their guide should be one to whom they can confide their anxieties without the fear of blame. Their environment should not be one likely to produce outbursts."

When the individual reaches the adolescent stage, he is naturally antagonistic. He is becoming a man and will not tolerate childish treatment. Well may a teacher question the adjustment of an adolescent boy or girl who never rebels against authority and immature treatment. Such rebellion is part of the adolescent heritage.

Though heredity is of paramount importance, it is coming to be increasingly less of a satisfactory factor in the sole explanation of maladjustments.⁵⁶ Previously all peculiarities and eccentricities were laid at the door of heredity. Today the environmental conditions of the maladjusted individual are minutely examined, analyzed, and studied.

Not only do no two families maintain the exact requirements for the behavior of their children but children of the same family and in the same home⁵⁷ do not live under identical conditions. To be specific: The first child in addition to his own problems has the interplay of the personalities of his parents. The second child comes in contact not only with his own personality characteristics and problems and those of his parents but also with those of the first child. Thus the younger children of the family have a fuller personality heritage---good or bad---than those enjoyed by older brothers and sisters.

To illustrate further the variations in the environment of sibling (brothers and sisters of same parents): Mary was the youngest of three sisters; of all the members of her immediate family she alone had an absorbing love for flowers. Neither her mother nor her father possessed this interest. Why did Mary? Every summer the two older children went to camp, while Mary, ever since a tot, was sent to her grandfather's, whose very life breathed with the joy of gardening and flowers. It is obvious that through association Mary had cultivated a similar taste. Mary's sisters⁵⁸ in spite of direct contact, had not developed an interest because their habits, tastes, and ideas were already set.⁵⁸

The first six years of childhood are the most plastic and flexible. It is during these years that parents and teachers, who have a fair knowledge of mental hygiene, are in a position to instill

58. Blanton, M. G., Blanton, Smiley. Child Guidance.

proper attitudes and habits without the strenuous and drastic measures that are so often required when the child is older and in need of adjustment. The first six years are the foundations upon which may be built a sturdy, integrated, and well-adjusted personality.

It is in the home that the child gets tendencies and develops habits of dependence or independence. It is at the home that he experiences his first feelings of jealousy and fear. What child is not jealous of a brother or sister who is the favorite with all? Can it truthfully be said that brothers and sisters living together have identical environment?⁵⁹

Mothers, especially, are often the cause of poor adjustment and unhappiness on the part of the child. In attempting to satisfy her need for affection and success, a mother will handicap her child by making him dependent upon her. She not only thinks for him, but has the child actually live her life. Such a parent is aptly called a "devouring" parent.⁶⁰ When such a child enters school, handicapped as he is, he is expected to be independent and well-adjusted regardless of negligent home training.

There is another type of parent who is so anxious to see her (his) child succeed that she (he) applies pressure most unwisely.

59. Taft, Jessie. The Relation of the School to the Mental Health of the Average Child.

60. Zachry, C. B. Personality Adjustment of Children.

Perhaps the child hasn't the facilities to work with? Parents and teachers then ponder over the cause of the child's nervousness and restlessness.

On the other hand there are parents who, being poorly adjusted themselves, are so suspicious of and anxious about the development and activities of their child that they make the youngster's life intolerable with excessive watchfulness, nagging, worrying, and over-severity.⁶¹ Frances G. Wickes in his Inner World of Childhood gives the following case of the influence of parental difficulties:⁶²

"An anxious mother came to consult me about her son. He was failing in school and his reports were growing more and more unsatisfactory. On a test, given by 'rule-of-thumb psychologist', the boy had a rating far below normal. This was written on a report and accompanied by comment as to his marks to the effect 'Doing as well as he can with his grade of mentality'. The card, not enclosed in an envelope, was given him to take home.-----A Remark of the mother's was most significant. 'When I got that report I knew it was no use. It was true; he just couldn't succeed'. Evidently the mother's fear had antedated the report.

"The boy was a fine, manly-looking young fellow, yet in the presence of his mother his actions were those of a much younger child.-----.

61. Blanton, W. G. and Blanton, Smiley. Child Guidance.

62. Wickes, F. G. Inner World of Childhood. P. 42-45.

"In his talk with me he showed lack of initiative and an acceptance of himself as an inevitable failure.

"From all this my intuitions were that the situation was one rooted in the mother-son relationship and that my real task lay with mother. We worked back slowly through her fears until we came to the underlying cause. She had an only brother to whom she had been greatly attached. This boy, who had evidently been the mother's favorite, had failed completely in his masculine adaptation whenever he found a situation too hard, the mother decided that he was ill. He learned to take advantage of every slight cold and indisposition.-----

Consciously she (mother) was deeply solicitous about setting him well so he could take a position; yet she invariably pulled him back by her anxieties.

"The sister had been closely identified with him.---- She feared that if she ever had a son he, too, would be a failure. When her daughters were born she had not feared and had been happy in them, but when her newborn son was first shown she had thought, 'He is a boy, he will fail'. Deep down in her unconsciousness she felt the sense of an impending fate. To compensate for this she bent every conscious energy toward making him succeed, but all her efforts were surcharged with anxiety. The boy, who could not know that in her mind he was completely identified with an uncle whom he had never seen, felt her anxiety and accepted it as something for which he

must in some way be responsible.-----.

"When all this was raised into the mother's consciousness she was able to see that not only was the boy a separate entity but that in reality he was an opposite type from her brother. She could see, also, that even in her brother's case the failure was not so much due to lack of potentials as was to the mother's desire to keep him with her as her child. This unconscious desire had been instrumental in making her nourish every weakness. The fate, which she had considered inevitable was only her own tendency to repair this mistake of her mother's."

Very often the teacher has children who lack self-confidence. Neither she nor the child can explain this attitude; but a visit to the home of the child and a talk to his parents might bring to light the fact that the child is teased and mistrusted at home and that his family laughs at any independence or initiative the youngster might show. In a comparatively short time, a child who is thus treated loses self-confidence and becomes a shy, sensitive, and withdrawing type of individual.⁶³

There is a tendency on part of the child to emulate the parent of the same sex. This characteristic is disastrous, unless curbed, if bad habits or traits are emulated. White relates the case of a ten year

63. Sayles, W. B. The Problem Child in School.

old son who treated his mother abominable. His father, whom he idealized, was beastly to his wife. The son was merely emulating his ideal, who happened to be an uncouth person.⁶⁴

In accordance with the same tendency a younger brother will frequently imitate and glorify his older brother. Mary B. Sayles gives an interesting case about six year old Peter who endeavored to emulate a delinquent brother nine years of age. The following two paragraphs are excerpts from the case history:⁶⁵

"Peter at six and one-half was enthralled with the romance of thievery. And why not? Had not his big brother Paul, aged nine, already been 'sent up for crooking' after five arrests, and hadn't he returned to the family bosom bursting with tales of wild adventure and hair-breadth escape, gleaned from his comrades in the correctional school?

"Peter's teacher in the first grade was much concerned about him. He was wildly restless and distrustable, with an unending flow of conversation most upsetting to classroom discipline. What was worse, he stole at every chance. He would go out of the building with his class, then return and pick up any little thing he saw lying about.

64. White, W. L. Mental Hygiene of Childhood.

65. Sayles, M. B. Problem Child in School. P. 178-180.

Apparently it was not the desire to possess these objects so much as the lure of the game that led him on."

Children who are awarded for an unsocial behavior tend to develop a contorted view of what is morally right and wrong. One mother never punished her two children when they told her the truth about their misbehavior. In a short time her young son learned that after he had committed a misdeed, he could save himself all unpleasantness by confessing. When he entered school, the boy was forced to make a strenuous readjustment.⁶⁶

Misreated or divorced parents cause children untold misery. A child so unfortunately placed must be treated with deep understanding and consideration; for he comes to the teacher for sympathy and security. Surely, of all persons, the teacher should be qualified and prepared to give the child the security he lacks at home. Security is one essential for adjustment and happiness.

The adopted child, likewise, requires consideration. He, too, feels insecure. Is it to be wondered at that some children imagine their parents and themselves to be of royal blood? Such children are making an effort to believe that their parents are as wonderful now as they seemed during their infancy or that their parents whom they never re-

66. Morgan, J. J. B. Psychology of the Unadjusted School Child.

member having seen were truly "somebodies".⁶⁷

There are other children who find adjustment difficult because their racial, religious, or social practices vary from that of the average. Caroline Zachry mentions the case of a young Jewish girl whose poor adjustment was due partly to her fear of "being different".⁶⁸

Parents and teachers must guard against thinking hereditary tendencies predetermined and, therefore, beyond modification. Such a point of view leads to an attitude of despair on the part of the parents and teachers, and both parties give up without making an effort to help the child.

Parents and teachers must strike the happy medium. One may kill with love as well as with hate. As the poet Heine wrote:

"They made my life a burden,

Embittering my fate.

Some of them did it with their love

The others with their hate."⁶⁹

67. White, W. A. Mental Hygiene of Childhood.

68. Zachry, C. B. Personality Adjustments of School Children. Chap. II.

69. Wittles, Fritz. Set the Children Free. P. 159.

TYPES OF MALADJUSTMENTS

SECTION VI

There are many types of maladjustments, but no two authors agree as to the exact number or best means of classification. I have found it expedient to classify the maladjustment common among school children into seven types:

1. Inferiority complex
2. Phobias (Fears)
3. Rationalization
4. Submissive, withdrawing type
5. Aggressiveness
6. Daydreaming
7. Dishonesty

TYPE I: INFERIORITY COMPLEX

"Inferiurity complex" is a phrase that has been used far too often without understanding as to its causes, symptoms, and possible remedies. What is an inferiority complex? Why does one have such a complex? How can one recognize it? What can be done to remedy it?

The only way we can estimate and evaluate the qualities we possess is by comparing our possessions with those of others.⁷⁰ When individuals, especially children, find that they are different in some respects from other people, they soon become extremely conscious of their deficiency. They think about it constantly; they worry over it; and finally begin to exaggerate the inferiority so greatly that the results of such anxiety often become more serious than the defect itself.⁷¹

It is when the individual has begun to exaggerate his deficiency that he develops an inferiority complex. In as much as no two people are exactly alike, it is obvious that individuals differ in their attitude toward their deficiency. Some individuals compensate by greater care and careful training along the line of their defect.⁷² We are all familiar with Demosthenes, who compensated for his early speech defect by becoming one of the world's greatest orators. Sometimes, however, when

70. Morgan, J. J. B. Psychology of the Unadjusted School Child.

71. Burnham, W. H. Normal Mind.

72. Burnham, W. H. Normal Mind.

an individual stresses one quality beyond all others and becomes especially skillful, he tends to develop an attitude of superiority or a personality that is more or less unbalanced.⁷³

Frequently an individual with an inferiority complex will compensate for his deficiency by over emphasizing an opposite trait. A girl who runs at the sight of boys needs help in adjusting herself; she is overdoing an attempt to fight an unconscious tendency to associate with the other sex. A boy who is absurdly over-honest may be fighting a struggle against temptation to dishonesty. When a child, especially a boy, comes early and stays late to help the teacher and avoids children of his age, he is in need of help. He is fighting an inferiority complex; for some reason he is unhappy in the company of children.

Often times when a child is told of a certain deficiency, he becomes angry with the informant and retaliates by finding flaws in the other individual. In this way he attempts to raise his ego.⁷⁴

When a teacher recognizes an inferiority complex in a child, she needs to help him excel in something somewhat in line with his ambitions. If a boy has set physical prowess as his goal, as his "summum bonum", and is convinced that all other boys surpass him physically, mental excellence is too much in contrast and tends to make

73. Burnham, W. F. Normal Mind.

74. Morgan, J. J. B. Psychology of the Unadjusted School Child.

him feel even more inferior.⁷⁵ Morgan, in his Psychology of the Unadjusted School Child, mentions the case of a youngster who was physically handicapped but had an intelligence quotient of 148. With two physically capable brothers, mental superiority, in comparison with his physical inferiority, meant nothing to the boy. Being envious of his brothers' physical superiority, his whole ambition was to outshine them and get all his mother's attention. He, therefore, had temper tantrums in front of his mother and brothers, whereas he never had them in school. In this case, the youngster found insufficient compensation in mental excellence and so resorted to tantrums to gain further attention.

The same author gives another case of inferiority quite different in its origin.

A boy was brought into the clinic because he was dishonest, stole things, and was constantly getting into fights. He was a neat, active, clean cut boy of fifteen, somewhat small for his age. He was friendly and cooperative except that he showed impatience during questioning and was loth to give his story. The patient knew nothing of his father. His only thoughts of him were in relation to financial matters. It would have been easier and more pleasant for his mother and him, if she had not been obliged to work for a living. He could not have things that other children had and the others would not play with him. The youngster had thus been very lonely. He had begun to steal to

75. Morgan, J. J. B. Psychology of the Unadjusted School Child.

give others candy so that they would associate with him. He had a marked inferior complex related to the matter of development. He called himself a runt in comparison with others of his age. When he had reached the eighth grade, where his mother was a teacher, he had been transferred to another school to avoid being called "sissy" by the boys and girls. It was at this time that the patient began his stealing in order to be "tough" and to buy things for other children. He did not skate because his ankles turned. He liked baseball but lacked the necessary uniform. He was angry with himself because he did not like to fight.

Though an attempt was made to show his mother that he needed an opportunity to express himself and prove himself to be self-reliant, so as to get over his feeling of inferiority, she lacked the proper insight to help her child.

When a child discovers a defect, the best attitude for him to take is to avoid reliance on excuse. He should be taught to admit the defect and try to correct it as far as possible. The individual must be made to realize what it is foolish to try to cover a real deficiency. Whether or not it is possible to correct it, the possessor should face it and admit its existence.

To enable the teacher to recognize an inferiority complex and to be prepared to help the child in his difficulty, I have listed, in the following Tables I, II, III, possible symptoms, causes, and remedies.

Though various types of maladjustments may have similar symptoms, certain specific causes, obviously, necessitates specific remedies; consequently, I have placed causes and remedies in juxtaposition. This same procedure has been followed for all types.

TABLE I: SYMPTOMS OF INFERIORITY COMPLEX

1. Uncontrollable temper
2. Unpopularity
3. Overemphasis or exaggeration of a particular trait
 - Mental superiority for physical inferiority
 - Physical superiority for mental inferiority
4. Abundant fanaticism on a particular moral issue
5. Tendency at just criticism
6. Stealing
7. Air of careless indifference.
8. An attempt to hide behind what may be called the
 - persecution and injustice of others
9. Idleness or incapacity
10. Day dreaming
11. Refuge in sullenness, aggressiveness,
 - delinquency
12. Leadership of gangs and unruly organizations
13. Defiance of authority *

* The following references have been most helpful:

Sayles, Mary B. Problem Child in School

Thom, D. A. Normal Youth and Its Everyday Problems.

Thom, D. A. Everyday Problems of the Everyday Child.

Morgan, J. J. B. Psychology of the Unadjusted School Child.

TABLE II

CAUSE OF INFERIORITY
COMPLEX

1. Fear and anxiety over racial prejudice.
2. Failure in school work.
Mental inferiority.
Comparisons with brighter members of family.
Ridicule

TABLE III

REMEDIES FOR INFERIORITY COMPLEX

1. Point out the necessity of taking pride in individual's race, of anticipating a square deal, of gaining a proper perspective.⁷⁶
2. Put child in situation where he will succeed.
Offer child legitimate avenues of successful expression.⁷⁷
"Let the dull-normal child use his hands first and his intellect second; put him with his peers and not with his superiors".⁷⁸
No comparisons, no ridicule.

76. Thom, A. D. Normal Youth and Its Everyday Problems.

77. Morgan, J. J. B. Psychology of the Unadjusted School Child.

78. Heyles, W. B. Problem Child in School.

TABLE II (continued)

CAUSES OF INFERIORITY
COMPLEX

3. Inferior family background.

Feeble minded member in family.⁷⁹

4. Inability on the part of the child to rise to the level of his family's aspirations for him.⁷⁹

Teasing by members of family.

5. Physical inferiority.
Wenches on skin.

TABLE III (continued)

REMEDIES FOR INFERIORITY COMPLEX

3. Help child gain a proper perspective of values.

Give him opportunities to be successful and so compensate for lack of family success.

4. Talk to child's family.

Point out the wisdom and necessity of recognizing success in other fields.

Give child opportunity of being successful in a qualified field.

Make child feel he is indispensable to some member of the family.

5. Encourage child to make an effort to correct physical defect.

If impossible to correct deficiency, convince child of possibility of counterbalancing advantages;⁸⁰

79. Sayles, M. B. Problem Child in School.

80. Barnham, W. H. Normal Mind.

TABLE II (Continued)

CAUSES OF INFERIORITY
COMPLEX

6. Too easy success at an early age, resulting in false sense of security that is shattered by later experiences of failure.

An intense drive toward an unattainable standard of achievement.⁸¹

TABLE III (continued)

REMEDIES FOR INFERIORITY COMPLEX

But help child excel in something more in line with his ambition.⁸¹

Do not allow physically inadequate to be teased; he is apt to develop an overbalanced personality through intellectual compensation and so lose friendship of classmates.⁸²

g. Help child to get at the bottom of his trouble.

Give him opportunities to succeed.

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81. Morgan, J. J. B. Psychology of Unadjusted School Children.
82. Morgan, J. J. B. Psychology of Abnormal People.
83. Sayles, M. B. Problem Child in School.

TABLE II (continued)

CAUSES OF INFERIORITY
COMPLEX

7. "Cawky" Adolescence.⁸⁴

TABLE III (continued)

REMEDIES FOR INFERIORITY COMPLEX

7. Teach child gracefulness and good posture.

Enlighten him as to the characteristics of adolescence.

Do not put him in situations where his awkwardness is apt to be marked.

84. Thom, D. A. Normal Youth and Its Everyday Problems.

TYPE II: PHOBIAS (FEARS)

Psychologists have not agreed as to the number of original fears. Many, however, believe that there are but two inherent fears--the fear of falling and the fear of loud noise. Most specific fears, therefore, are learned. Among children the most common fears are the fear of failure, the fear of large groups, the fear of ridicule or social disapproval, and the fear of insecurity.

When a fear becomes so intense as to cause misery, unhappiness and poor adjustment, the child has developed a phobia. Parents and teachers have underestimated the danger and seriousness of fear. The attitude of fear and its accompanying forms of worry and anxiety are among the outstanding menaces to mental health. Fear can lead to the dissipation and wastefulness of mental energy that may be well directed toward useful pursuits.⁸⁶

When a child expresses a fear, he doesn't seek sympathy; he seeks deliverance from his fear. If the fear impresses us as being foolish, it does no good to tell this to the child. Help the child find the real cause of the fear. When the latent cause is discovered, the fear no longer seems ridiculous.⁸⁷ Fears must be talked about and explained; only in this way, may the cause be eliminated.

85. Understanding the Child, Jan. 1934.

86. Thom, D. A. Everyday Problems of the Everyday Child.

87. Morgan, J. J. B. Psychology of the Unadjusted School Child.

The cause of some fears are comparatively easy to fathom; others, very difficult. Dr. Samuel Hartwell in the January issue of Understanding the Child cites the case of a boy who was abnormally afraid of large groups and crowds. From a small school building he had been transferred to a large and noisy one. John was unable to do good work; he was intensely unhappy. He was not sure as to the real cause of his maladjustment, and so, imagined all sorts of things the matter with him. Fearing parental laughter and ridicule, John did not dare to confide his fears to his family. Finally, his school work became so poor that he was taken to a clinic. Careful study showed that fear of large crowds was at the root of the child's maladjustment. A change of school and an understanding of the boy's problem by his parents brought about the necessary adjustment.

A more difficult problem was presented by a ten year old boy who was brought to a clinic because of his intense fear of darkness, fire engines, and thunderstorms. The patient's father had minimized and laughed at his son's apparently, foolish fears. The child, however, was moody, restless, and extremely unhappy. A thorough investigation of the child's history-health, family life, etc. showed that the youngster's fears were directly associated with the noise and disturbances of family quarreling. Unconsciously, not willing to admit so unhappy a fact as family quarreling the cause of insecurity and misery, the child had expressed his fear in a more obvious way.

One fear commonly overlooked by teachers is the fear of reciting. Many is the time a child has said "I don't know" to protect himself from being called to the front of the room. Dr. Hartwell in the same issue of Understanding the Child gives the case of a young girl who had abnormal, but not an unusual, fear of reciting. Jane (the subject) did not do her homework for fear that she be called on to recite. Her fear was due to the fact that she was being constantly compared with older members in the family, who were doing fine work in college and high school. Fear of adverse comparison and ridicule had reduced Jane to a state of mind where failures seemed inevitable. When the real cause of her apparent laziness and poor work was determined, Jane was gradually cured by the employment of certain remedial measures. Jane's teacher gave her assigned pieces of work for which she was held responsible. Jane knew exactly what to prepare. Her family, moreover, cooperated by ceasing to make comparisons and by commenting favorably on any small success.

Tables IV, V, and VI on pages 55 and 56 aid the teacher in dealing with phobias.

TABLE IV: SYMPTOMS OF PHOBIA/S

1. Laziness
 2. Refusal to recite before class
 3. Awkwardness, restlessness
 4. Taciturnity
 5. Emotional instability
 6. Day dreaming
 7. Unhappiness
 8. Moroseness, moodiness (1-8)⁸⁸
 9. Meanness⁸⁹
 10. Anxiety over sex questions⁹⁰
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88. Understanding the Child, Jan. 1934.

89. Understanding the Child, Jan. 1934.

90. Morgan, J. J. B. Psychology of the Unadjusted School Child.

TABLE V

CAUSES OF PHOBIAS

1. Change from small to large group or building.
Ridicule by parents
2. Constant comparison with older members of family.
Fear to recite.
Fear of ridicule and adverse comparison.
3. Lack of knowledge of sex.
Misinformation about sex.

TABLE VI

REMEDIES FOR PHOBIAS

1. Change to smaller school.
Boy's appreciation of his own problem.
Understanding by parents.⁹¹
2. Give assigned piece of work so that pupil can be well prepared to recite.
Have family cease comparison and instead, comment favorably on small successes.⁹²
3. Try to cultivate such a matter of fact wholesome attitude between the sexes that they thoroughly enjoy each other's company.
Suggest appropriate non-sentimental books.⁹³

91. Understanding the Child, Jan, 1934.

92. Understanding the Child, Jan. 1934.

93. Morgan, J. J. B. Psychology of the Unadjusted School Child.

TABLE V (continued)

CAUSES OF PHOBIA'S

4. Desire to live up to the height that the ideals of his personality dictate--fear that in some particular he will not do so.⁹⁴

Member of family possessing unsocial trait (mother a kleptomaniac).

TABLE VI (continued)

REMEDIES FOR PHOBIA'S

4. Knowledge of fear that shows fear to be groundless.⁹⁵

Patience and consideration with a kindly and confident attitude will do a great deal to eradicate fears.⁹⁶

Remember that there are no really foolish fears. You can not dispel an abnormal fear by reason.⁹⁷

94. Morgan, J. J. B. Psychology of the Unadjusted School Child.

95. Understanding the Child, Jan. 1934.

96. Thom, D. A. Everyday Problems of the Everyday Child.

97. Morgan, J. J. B. Psychology of the Unadjusted School Child.

TABLE V (continued)

CAUSES OF PHOBIAS

5. There must have been an earlier experience highly unpleasant in character and partly remembered.⁹⁸

6. Unfamiliarity with the unknown.

Unfamiliarity with the thing feared.¹⁰⁰

Too vivid imagination.¹⁰¹

TABLE VI (continued)

REMEDIES FOR PHOBIAS

5. After child has been subjected to terrifying experience, encourage child to discuss it freely.

Don't make mistake of telling individual to forget it; he must live with the fearful experience.⁹⁹

6. Help the child to reach the point where he will talk about the obvious fear; he will then soon be able to see the latent fear he has been covering.¹⁰²

98. Mateer, Florence. Just Normal Children.

99. Thom, D. A. Everyday Problems of the Everyday Child.

100. Morgan, J. J. B. Psychology of Abnormal People.

101. Mateer, Florence. Just Normal Children.

102. Morgan, J. J. B. Psychology of Abnormal People.

TABLE V (continued)

CAUSES OF PHOBIAS

7. Parental Abuse (Threats)

Father's brutal treatment
of mother; fear of classmates'
finding out trouble.¹⁰³

TABLE VI (continued)

REMEDIES FOR PHOBIAS

7. Avoid threats, especially those
involving physical pain.

Harmony between parents.

Enlighten parents as to the real
basis of fear.¹⁰⁴

103. Thom, D. A. Everyday Problems of the Everyday Child.

104. Understanding the Child. Jan. 1934.

TYPE III: RATIONALIZATION

Rationalization consists in giving an acceptable excuse for one's attitude or conduct.¹⁰⁵ It consists in doing or thinking what we desire and then choosing reasons for our actions.¹⁰⁶

Talleyrand once said: "Speech was given to man to disguise his thoughts." The same might be said of reason, namely, that reason was given to man to disguise his motives.¹⁰⁷

Most of us have been brought up to esteem reason and to look askance at effective motivation. From early childhood we are taught the foolishness of saying that we have done a thing merely because we wanted to do so. If a child breaks a dish and gives anger as his reason, he is punished; if he tells a glossed over lie, such as his finger hurt or that he slipped, he is quickly forgiven. When a child comes to school tardy, the teacher demands an excuse. Should the child give loitering as the real reason, he would be ridiculed and punished. Naturally, the child takes the simpler course and gives a "legitimate" excuse. What individual does not make an attempt to bring forth the elements which render his conduct most desirable?¹⁰⁸

105. Morgan, J. J. B. Psychology of Abnormal People.

106. Morgan, J. J. B. Psychology of the Unadjusted School Child.

107. White, W. A. An Introduction to the Study of the Mind.

108. Morgan, J. J. B. Psychology of Abnormal People.

Rationalization may start at a very early age. Morgan in his Psychology of the Unadjusted School Child tells of his eighteen months son with whom he was one day traveling. A man in the same coach began to play with the little boy and attempted to persuade him to come to his seat, which was in a distant part of the coach. The child did not want to go; and the more the man persisted, the more the boy determined to remain where he was. Finally, to justify his stand he said, "No, it is too cold back there."¹⁰⁹

When a youngster who is asked to do a household task begs to be excused because of a trivial pain or because of some other indefinite reason and has his request granted, he has learned the value of excuses. After several such successes the child begins to depend on rationalization. A girl spilled water while washing the dishes. The mother came in and scolded the girl. She defended herself by blaming her brother for looking at her. The mother began scolding the boy. Unconsciously the mother was teaching the girl to rely on blaming others in order to defend herself.¹¹⁰

Frequently an individual is determined to believe or do a certain thing. For the sake of mental peace, he feels he must carry out his impulses and desires; but these impulses and desires are selfish and ignoble. The individual, therefore, makes his actions appear rational. A college graduate was using a much demanded reference

109. Morgan, J. J. B. Psychology of the Unadjusted School Child.

110. Morgan, J. J. B. Psychology of the Unadjusted School Child.

book. It was lunch time and she was hungry. If she returned the book to the reference shelf, she stood the chance of not finding it after lunch. She decided to leave the book on her desk because anyway no one would come to the shelf during lunch time. A junior high school boy of fine American parents invariably said "Yea" for "Yes". When reprimanded, he said, "Well, all my friends are French and they say 'Yea'. I can't help it if I imitate them."

While rationalization may begin at home, it is often fostered and encouraged in school. When a child does something because he enjoys doing it, don't teach him to give a rational explanation for his conduct. "Give his emotional life due honor."¹¹¹ When a child has done a misdeed, encourage him to take just blame rather than make excuses which transfer the blame unfairly to accidental or false causes. To illustrate: A pupil was passing down the aisle when he tripped over a boy's legs. The intentions of the second boy had been deliberate. The teacher, in spite of the fact that she had witnessed the entire procedure, in order to avoid a disturbing discussion, suggested an accident. She was teaching the culprit, and the class as well, the art of rationalization.

Above all, an individual desires social approval. Rationalization is a means to this end. It is so satisfying to the individual who indulges in it and so convincing to the outsider that it is easy to develop

111. Morgan, J. J. B. Psychology of the Unadjusted School Child.

this tendency to a marked degree and make life a burden for the individual and all his associates. A clever twist, a distortion of emphasis, and an individual is not lying; he is merely making excuses. An excuse, even if crude, is often accepted, whereas a lie is not; for an excuse contains a certain element of truth.¹¹² By distracting the attention of the outsider from the real cause of one's attitude or actions, the rationalizer soon believes that his excuses are reasons. Not only does he fool and cheat society but he loses the art of real reasoning and fair play. Where rationalization goes to the extent of extreme distortions, the individual may develop into a pathological case. To quote Morgan from The Psychology of the Unadjusted School Child:¹¹³

"An unmarried woman of fifty-two, while working in a certain establishment, met casually a man who paid little attention to her. Some time after their meeting she was convinced that the man was following her. She says that one evening as she was standing on the street she saw this man going by with the chief of police and heard him ask the chief whether he might follow her. Since that time, she declares, he

113. Morgan, J. J. B. *Psychology of the Unadjusted School Child*. P. 182-183.

has done everything in his power to ruin her reputation, following her from town to town and annoying her in every way. As soon as this man arrived on the scene she notices a "change in the atmosphere"--people have no more to do with her. This idea has taken such root in her mind that she will talk about nothing but this pursuit.

Working in league with the man, she says, is a woman for whom she (the patient) worked at one time. The pursurers traveled in automobiles, changing the make in order to fool the patient. The reason given by the patient for this pursuit is that the woman pursuer is in love with the man and is afraid that the man is also interested in the patient; so she makes him follow the patient and torment her. She follows the trail to witness the torture and so assure herself that the man cares only for her and not for the patient.

Here is a queer distortion of rational processes. It started from the patient's hidden desire that the man should follow her.

Then this desire she dared not admit to herself, so she expressed it as a fear that she was being followed by him. This fear she changed to an actual affirmation. Her wish to be pursued by the man is gratified by the idea that the entire time of these two people is taken up in a vain chase after her."

TABLE VII: SYMPTOMS OF RATIONALIZATION PROCESS

1. Anger at refutation of reasoning
 2. Unnecessary excuses, apologies
 3. Blaming others
 4. Tattling
 5. Lying¹¹⁴ (1-5)
-

114. Morgan, J. J. B. Psychology of the Unadjusted School Child.

Morgan, J. J. B. Psychology of Abnormal People.

TABLE VIII

CAUSES OF RATIONALIZATION

1. Premium teachers and parents place on good excuses.

Good excuses accepted.

2. Desire to place one's conduct in the most desirable light.

3. Fear of appearing ridiculous
4. Fear of having been motivated too much by selfish or ignoble impulses.

Seeking mental peace.

TABLE IX

REMEDIES FOR RATIONALIZATION

1. Do not teach child to give a rational explanation for his conduct. Help him get an attitude of fair play.

Do not make individual say he is sorry when he is not.

2. See that child doesn't get the reward he is after but suffers more than he gains.

When a child tries to get your sympathy or that of other pupils through a trick, make sure that he does not succeed.

3. Give the emotional life due honor.
4. Teach individual the importance of fair play.

Show individual wherein his reasoning is false.

TABLE VIII (continued)

CAUSES OF RATIONALIZATION

5. Insistence by teacher that child believe a fact though he does not understand the reason.

6. DESIRE for beneficial results.

TABLE IX (continued)

REMEDIES FOR RATIONALIZATION

5. Do not teach dogmatically. Teach a child to register doubts in school. Whenever possible clear up these doubts.

6. Teach child the following: Do not be too sure; there may be something you have overlooked or that you do not know.¹¹⁵

115. Morgan, J. J. B. Psychology of the Unadjusted School Child.

Morgan, J. J. B. Psychology of Abnormal People.

TYPE IV: WITHDRAWING TYPE (INTROVERT)

When an individual is confronted with a situation that presents a problem or an obstacle, he does one of two things; he attacks the interfering forces and makes a fight for victory; or, he withdraws from the difficulty "by creeping into himself".¹¹⁶ An individual whose interests, activities, and mental life are centered around himself is called an introvert.¹¹⁷

It is not my intention to write a minute discussion about introverts and introversion; I propose to make the teacher conscious of the necessity of noticing and helping the withdrawing or introvertive type of child.

Day dreaming, introspection, solitude, and similar means of retreat from reality are, apparently, necessary escapes for humans; but where these withdrawing tendencies hinder the individual from meeting social responsibilities, they become of pathological character.¹¹⁸ Morgan¹¹⁹ cites the case of an extreme introvert who became a pathological case. To quote:

116. Thom, D. A. Normal Youth and Its Everyday Problems.

117. Morgan, J. J. B. Psychology of Abnormal People.

118. Wickman, W. V. Children's Behavior and Teachers' Attitudes.

119. Morgan, J. J. B. Psychology of the Unadjusted School Child.

"A boy, twenty-one years of age, a year before being admitted to a hospital, had been attending school and carrying extra studies to make up for work he had missed. His family observed that he had grown seclusive and preferred to remain by himself. A few weeks after they first noticed this he was found crying and seemed apprehensive, but would make no explanation. He worried about his grades in school. Then he began to lose interest in his school work. Finally, he refused to attend school and attempted to burn his books. He refused to see anyone, and would hide in different parts of the house when relatives or other visitors called. Though he was formerly neat and clean, he had begun to grow careless and slouchy.

"He showed a pouting reluctance to talk, questions brought forth meaningless answers or were evaded in the most absurd manner. If pressed for a coherent response he would refuse to respond at all. He appeared to exist in a separate world and no amount of effort could elicit any description of his thought processes."

The introvert accepts all sorts of experiences without giving back adequate indications of being influenced by what is happening. He may be introspective, moody, shy, secretive, restless, solitary, aloof, supercilious, or arrogant.¹²⁰ He may be of the "goody-goody" type, seldom fighting, and enduring an inordinate amount of abuse with no retaliation. He is an individual of a seclusive disposition preferring to play and work alone, taking little or no interest in the ordinary affairs of life.¹²¹

These habits of dependence, of withdrawing from active participation in social life, and tendencies toward unreal, imaginative reveries are often engendered in early home life. Children who are overprotected, subject to harsh authority, or repressed from normal pursuits often develop introvertive tendencies. Only in himself does the introvert seem to be able to find peace.¹²²

The teacher should be alert to the internal conflicts of children; but she is frequently deceived into forgetting the quiet, unobtrusive child. Her first step in dealing with the introvert is to penetrate child's inner struggle.¹²³ If, however, she cannot obtain the child's confidence simply and naturally, she should find someone who can. The teacher must guard against letting the child flee from the

120. Masteer, Florence. Just Normal Children.

121. Morgan, J. J. B. Psychology of the Unadjusted School Child.

122. Blanton, Smiley and Blanton, M. G. Child Guidance.

123. Understanding the Child. June 1933.

conflicts of life.¹²⁴

While a progressive society can not be composed entirely of the bold attacking types, it can neither tolerate introverts. The method of meeting difficulties by withdrawing into one self is far too common. Morgan states that nearly one-third of the cases of insanity are of the introvertive type. "If introverts are to avoid serious mental abnormalities, help must come in the early stages; for in later stages they are hopeless, because they are inaccessible."¹²⁵

124. Morgan, J. J. B. Psychology of the Unadjusted School Child.

125. Morgan, J. J. B. Psychology of the Unadjusted School Child.

TABLE X: SYMPTOMS OF WITHDRAWING TYPE

1. Daydreaming, unhappiness, fearfulness, cowardliness, resentfulness, shyness, sensitiveness.¹²⁶
2. "Goody-goody" type, seldom fighting--a model in conduct.
3. Little interest in the ordinary affairs of life.
4. Queer emotional reactions.
5. Refusal to consider defeat.
6. Rationalization.
7. Laziness, poor school work. (2-7)¹²⁷
8. Extreme introspection.
9. Arrogance. (8-9)¹²⁸
10. Unfriendliness¹²⁹
11. Isolated feeling; thinks people do not understand him.¹³⁰

126. Wickman, E. K. Children's Behavior and Teachers' Attitudes.

127. Morgan, J. J. B. Psychology of the Unadjusted School Child.

128. Mateer, Florence. Just Normal Children.

129. Thom, D. A. Normal Youth and Its Everyday Problems.

130. Morgan, J. J. B. Psychology of Abnormal People.

TABLE XI

CAUSES OF WITHDRAWING
TYPE

1. Harsh authority, not providing sufficient outlets for one's desires.¹³¹
2. Overprotected childhood.¹³³
Too intimate family relationship.
Too much family objection to initiative and independence.
Too critical family.¹³⁴

TABLE XII

REMEDIES FOR WITHDRAWING TYPE

1. Help child express himself through his special abilities.¹³²
2. Do not force child into social contacts. Place him in a situation where he will be sure to derive more pleasure from his contact with others than he derives from staying by himself. Make him feel staying with others a privilege.¹³⁵
Help child realize how his early environment has affected his present attitude toward some of the everyday ordinary problems.¹³⁶

131. Blanton, Smiley, and Blanton, M. G. Child Guidance.

132. Understanding the Child, June 1937.

133. Wickman, W. K. Children's Behavior and Teachers' Attitudes.

134. Thom, D. A. Normal Children and Its Everyday Problems.

135. Morgan, J. J. Psychology of Abnormal People.

TABLE VI (continued)

CAUSES OF WITHDRAWINGTYPE

3. Adolescents, because of too great sensitiveness in response to the group, often become morose and find life unendurable.¹³⁷

Other environmental situations
are too difficult and strenuous.¹³⁸

4. Feeling that individual may be in disfavor with his superior.¹⁴⁰

TABLE VII (continued)

REMEDIES FOR WITHDRAWING TYPE

3. Persuade the adolescents that those whom they meet are not so sensitive in regard to social skill as to perceive the errors which they feel they have committed.¹³⁹

If you can't get the child's confidence simply and naturally, try to find someone who can.¹⁴²

136. Thom, D. A. Normal Youth and Its Everyday Problems.

137. Blanton, Smiley and Blanton, M. G. Child Guidance.

138. Wickman, E. K. Children's Behavior and Teachers' Attitudes.

139. Blanton, Smiley and Blanton M. G. Child Guidance.

140. Wickman, E. K. Children's Behavior and Teachers' Attitudes.

141. Blanton, Smiley and Blanton, M. G. Child Guidance.

142. Morgan, J. J. B. Psychology of the Unadjusted School Child.

TABLE XII (continued)

CAUSES OF WITHDRAWING
TYPE

5. Physical inadequacy.

Constant unfavorable
criticism at home or in
school.¹⁴³

TABLE XII (continued)

REMEDIES FOR WITHDRAWING TYPE5. Uniform and kindly attention,
frequent opportunities to do, and
sympathetic handling.¹⁴⁴

A child who is told when he does
succeed is thereby given a measure of
judgement.¹⁴⁵

Do not let the child flee from
the conflicts of life. Teach him the
joys of victory. Give him some simple
but for him difficult, situation and
arrange affairs so that he wins;
congratulate him on the victory.
Follow this procedure until you have
changed the child from a coward to a
hero. In addition to pointing out why
the individual lost before, make sure
he wins the next time.¹⁴⁶

143. Thom, D. A. Normal Youth and Its Everyday Problems.

144. Mateer, Florence. Just Normal Children.

145. Blanton, Smiley and Blanton, M. G. Child Guidance.

146. Morgan, J. J. B. Psychology of Unadjusted School Children.

TYPE V: AGGRESSIVENESS(DISOBEDIENCE)

From the standpoint of mental health, it is better to be more than less aggressive.¹⁴⁷ An individual who invariably keeps his problems and conflicts to himself and who withdraws from social contacts and becomes self-centered is making poor mental and social adjustments. On the other hand, extreme aggressiveness and attacking tendencies are characteristic of juvenile delinquents.¹⁴⁸ To help the child develop a happy medium is indeed a serious task.

Florence Mateer is describing the characteristics of a mild extravert incidentally defines an extreme aggressive individual.¹⁴⁹ He is one who "does not accept experiences and take them to himself, but hides himself from all hurt, so far as possible, by immediately throwing back at the world the effects of his contacts and experiences with the world. He it must have been about whom was coined the expression, 'It rolls off him, as water off a duck's back.' Such a child is usually very hard to handle, largely because he is misunderstood. If something hurts him, he hits back. If something makes him angry, he retaliates. If he is criticized, he frequently acts worse than before. He hides his hurt by behavior as misleading as a mother quail's when she flutters away trying to hide her nest. The extravert, too, stands in the center of things in his own mind, but he fights the world back, away, as it threatens him."

147. Blanton, Smiley and Blanton, M. G. Child Guidance.

148. Wickman, E. K. Children's Behavior and Teachers' Attitudes.

149. Mateer, Florence. Just Normal Children, P. 177.

Just as the environment fosters introversion so it stimulates aggressiveness. No two individuals react alike to similar stimuli. Doctor Samuel Hartwell cites the case¹⁵⁰ of a small freckled face lad who was a serious behavior problem. Because of his comical appearance he was continually teased by his family. Whereas teasing and ridicule may aggravate introversion, due to the child's inner craving for security and recognition it will frequently engender aggressiveness.¹⁵¹

A twelve year old boy was brought to a clinic because of nervousness and aggressiveness. Though his present home conditions were fair, he had had two stepmothers, neither of whom could agree with the child's father as to the best method of discipline. This conflict of authority, together with the lack of security resulting from frequent mothers, caused the child to become maladjusted.

Ira S. Wile¹⁵² gives the case of a seven year old girl who was good at school but atrociously disobedient and aggressive at home. Theresa, the subject, had a five year's old brother, whom the mother had imbibed with ideas of chivalry. Wherever Theresa went, her brother came along as her protector; in a short while he had assumed a dictatorial attitude. Theresa's dignity, self-respect, and own superiority revolted against such unjust treatment. She asserted her independence through the common channels of disobedience, irritability, and aggressiveness.

150. Understanding the Child, June 1933.

151. Groves, F. R. Personality and Social Adjustment.

152. Wile, I. S. The Challenge of Childhood.

An interesting case of aggressiveness was given to me by Miss Margaret Butler, truant officer and teacher of the specials in the South-bridge, Massachusetts Schools. I quote:

"Louis' first appearance at class was near the close of the morning session, and after a short visit was permitted to depart, to return for afternoon session.

"Upon the departure of Louis, one boy remarked, 'Some tough guy.' The sentiment re-echoed in the teacher's mind, but she said 'O, I think not. I think the boy is disappointed and lonesome because he was obliged to leave his friends in the city, and is embarrassed to enter a new school because there are so many of us to get acquainted with. It is our job to make him happy and to have him enjoy his work in our class.'

"Upon introduction to Louis, the teacher was cordial and explained the general plan of procedure in room and building, exhibited the type of work done by pupils, and demonstrated the workings of the new motorized jig-saw work table which the Trade School boys had just built for their work.

"Louis was introduced to the class group. The teacher said, 'We have a new boy who has made some blue prints and airplanes. We will enjoy seeing them when he brings them to school. He is going to tell us about how he made them. We will be glad to have him work with us on some of our interesting projects.'

"The boys were friendly and Louis' antisocial attitude melted considerably and he gave us a smile.

"His conduct in the building was troublesome at first, but he learned to be respectful and helpful to the principal and his teacher. Especially bad blood existed between him and the janitor, who disliked the boy the moment he saw him. There was an issue between them, and because of deafness the janitor attributed to him certain remarks which he did not make. Of this we had proof.

"After talks in general on conduct and stories dealing with conduct and character, the teacher (in private) talked the affair over with Louis and tried to pave the way for an understanding between the enemies.

"Louis finally decided he would talk it out with the janitor before he left school. Unfortunately the last two days of school he was unable to be present; it was a valid absence; we checked it, and the teacher feels that her most important piece of remedial work was left unfinished. Louis, however, was adjusted to his environment."

It seems quite evident that Louis' aggressiveness was due to an inferiority complex feeling. He knew the limits of his mental capacity; he had come prepared to fight. It was Miss Butler's intelligent handling that helped to change Louis' antisocial attitude. Louis was made to feel that he was a necessary part of the group and that he was expected to fulfill his part.

TABLE XIII: SYMPTOMS OF AGGRESSIVENESS

1. Refusal to look inwardly at anything.
2. No consideration for the rights of others.
3. Desire for own way at all cost. (1-3)¹⁵³
4. Display of temper, cruelty.
5. Refusal to follow school routine.
6. Substitution of individual interests and own methods of work for those prescribed by school.
7. Truancy. (4-7)¹⁵⁴
8. Disagreeableness.
9. Fault finding.
10. Irresponsibility.
11. Pugnacity.
12. General unmanageableness.
13. Bragging. (8-13)¹⁵⁵

153. Mateer, Florence. Just Normal Children.

154. Wickman, E. K. Children's Behavior and Teachers' Attitudes.

155. Thom, D. A. Normal Youth and Its Everyday Problems.

TABLE XIV

CAUSES OF AGGRESSIVENESS

1. Too many "bosses" at home.
Too many rules for
contact. ¹⁵⁶

2. Combination of poverty,
ignorance, pre-occupation of
mother, adolescent ideals,
ambitions. ¹⁵⁸

3. Pressure to live up to a
glorified conception.

Engaging in pursuits
merely to satisfy parents. ¹⁶⁰

TABLE XV

REMEDIES FOR AGGRESSIVENESS

1. Sacrifice some rules. Make child
happy rather than efficient.

Help child realize the necessity of
a certain amount of authority. ¹⁵⁷

2. Place child in a situation where
he will have an opportunity to es-
tablish his independence and self-
confidence. ¹⁵⁹

3. It is important for the child to
learn that the natural tendency to
react to anger and, apparently, un-
fair treatment by retaliation does
not work out to his advantage. ¹⁶¹

Encourage parental understanding.

156. Wile, I. S. Challenge of Childhood.

157. Thom, D. A. Normal Youth and Its Everyday Problems.

158. Wile, I. S. Challenge of Childhood.

159. Thom, D. A. Normal Youth and Its Everyday Problems.

160. Thom, D. A. O Normal Youth and Its Everyday Problems.

161. Thom, D. A. Everyday Problems of the Everyday Child.

TABLE XIV (continued)

CAUSES OF AGGRESSIVENESS

4. Overcorrective and autocratic manner.

Too many school rules.

Unreasonable requests.

Inconsistency.¹⁶²

TABLE XV (continued)

REMEDIES FOR AGGRESSIVENESS

4. Consider a child's motive.

Never punish in anger.

Separate the child from the fault.¹⁶³

Be consistent; have one set of rules.

Do not allow at one time what is forbidden at another.

Bear in mind that a reasonable explanation of why a child should do a particular thing will do much to train him along the path of obedience.¹⁶⁴

Use appropriate punishment. "With the severe punishment usually given, it is impossible to punish properly for grave faults, simply because the psychological effect of punishment has all been expended on the minor offenses."¹⁶⁵

162. Thor, D. A. *Everyday Problems of the Everyday Child*.

163. Child Study Association of America. *Guidance of Childhood and Youth*.

164. Thor, D. A. *Everyday Problems of the Everyday Child*.

165. Burnham, W. W. *Normal Mind*, p. 544.

TYPE VI: DAY DREAMING (PHANTASY)

Day dreaming appears to be an almost universal phenomenon in children and adults.¹⁶⁶ To make a normal adjustment we must face reality; but reality is a hard master.¹⁶⁷ When disappointments occur, we are won't to make a comparison between what we anticipated and what actually took place; we are then strongly tempted to live in the world of imagination; for in our imagination we select only the pleasant factors for consideration.

A keen and vivid imagination is an important attribute not only to the happiness of the individual but to society as well. Nothing great was ever achieved without an imagination; but where imagination is invariably employed as an escape from reality, we find that day dreaming assumes a dangerous aspect.

In his Psychology of the Unadjusted School Child, Morgan cites the case of a young girl of sixteen who had extravagantly indulged in day dreaming.¹⁶⁸ The girl had been brought to the hospital with the story that she had attempted to obtain some morphine. In early adolescence it had been the patient's great ambition to become a movie actress. She had spoken constantly about this ambition. Because her interests were else where, inspite of good intelligence, she failed her first year of high school.

166. Child Study Association of America. Guidance of Childhood and Youth.

167. Morgan, J. J. B. Psychology of the Unadjusted School Child.

168. Morgan, J. J. B. Psychology of the Unadjusted School Child. P. 96-98.

The girl had always been denied excitement, even normal activity, and affection. She had filled herself with lurid imagining "and began picturing herself as a dope fiend with such detail that she actually felt herself to be a drug addict." The patient had gone to to a drug store and obtained what she thought was "dope". She was, however, afraid to take the pills, which were made of milk sugar. "Her attempts at obtaining excitement in reality always fell short of her anticipation and so she always fell back upon the imaginary situations."

The patient was described by a superintendent of a school as having normal companionship with fellow students and instructors, as being difficult to deal with on account of a tendency toward excitement and inability to reason soundly and because of her abnormal self-interest and vanity. "Her conversation was apt to consist of imaginative stories and narrations given as fact, the nature of which sometimes indicated unwholesome thought."

As Morgan states, "the girl tried to reap from her imaginings those pleasures which her environment prevented her from actually obtaining; but she always realized the fictitious nature of these experiences. When she was led to the cause of the phantasies and the futility of them as far as gaining any real pleasure was concerned, she was enabled to give them up and to live a rational life."

A normal individual enjoys life where he may but is not unbalanced when sorrow and disappointment supplant joy and pleasure. To make a normal adjustment we must face reality; but the more time and energy that an individual spends in the world of reverie, the less capable

he becomes of meeting and conquering a real difficulty.¹⁶⁹ A little boy who had been told that he suffered from a weak heart found that he could compensate for his physical inadequacy by dreaming of fighting lions in Africa. In his own phantasy the youngster became a fighting hero. Had the phantasies of this child not been checked by the remedial measures of sending the boy to camp and instilling in his mother the necessity of recognizing her son's manliness, the subject, no doubt, would have made a miserable mental, physical, and social adjustment.¹⁷⁰

169. Morgan, J. J. B. Psychology of the Unadjusted School Child.

170. Thom, D. A. Normal Youth and Its Everyday Problems.

TABLE XVI: SYMPTOMS OF DAYDREAMING (PHANTASY)

1. Lack of interest and attention.
 2. Disassociation from the environment.
 3. Preoccupation (1-2) 171
 4. Falsehoods--imaginative stories. 172
-

171. Morgan, J. J. B. Psychology of the Unadjusted School Child.

172. Thom, D. A. Normal Youth and Its Everyday Problems.

TABLE XVII

CAUSES OF DAYDREAMING

1. Pleasure we imagine always excels the actual pleasure. In our imaginings we select only the pleasant factors for consideration.¹⁷³

Inherent tendency to escape from reality.¹⁷⁴

Physical or mental inadequacy.¹⁷⁵

TABLE XVIII

REMEDIES FOR DAYDREAMING

1. Do not make the mistake of attempting to suppress the imagination.¹⁷⁶

Find out what the individual is dreaming about, what it is that caused him to revert to daydreaming.

Learn what he wants to conquer; then set about helping him to conquer in reality.

If you take away his phantasy and furnish no objective victory, you drive the individual to some other method of compensating for defeat.¹⁷⁷

-
173. Morgan, J. J. B. Psychology of the Unadjusted School Child.
 174. Groves, E. B. Personality and Social Adjustment.
 175. Thom, D. J. Normal Youth and Its Everyday Problems.
 176. Groves, E. B. Personality and Social Adjustment.
 177. Morgan, J. J. B. Psychology of the Unadjusted School Child.

TABLE XVII(continued)

CAUSES OF DAYDREAMING

2. During adolescence the individual confronted with so many conflicting problems that he is often discouraged from speaking.¹⁷⁸

3. Unsatisfied curiosity.

4. To avoid boredom--not being conscious of the end and, therefore, having no interest in the task.¹⁷⁹

TABLE XVIII (continued)

REMEDIES FOR DAYDREAMING

2. Win the confidence of the child.
Be discrete.

3. Don't leave the child in doubt.

4. Make the child conscious of the end. Whenever possible answer his "why's".

Vitalize your school work.

178. Morgan, J. J. B. Psychology of the Unadjusted School Child.

179. Zachry, C. B. Personality Adjustments of Children.

TYPE VII: DISHONESTY

Honesty is not an inherent trait; it is something that must be cultivated gradually, something that must be acquired through imitation, practice, and understanding.¹⁸⁰ Few children grow up without having at sometime availed themselves of the convenience of dishonesty, whether it be for the purpose of protection, of gaining attention and sympathy, or of compensating for an inferiority complex. Under ordinary conditions, with careful handling, the dishonesty stage passes; but where the environment is conducive, this tendency proves exceptionally strong.¹⁸¹

One day Johnny came home from school and told his mother that he had skipped a grade. The mother knew Johnny was lying because she had received a letter from his teacher telling of poor school work; but the mother did not know why Johnny was lying; she did not realize that by frequently comparing her boy with brighter cousins of the same age, she was developing an inferiority complex in her son and that the only way he could keep his self respect and his mother's affection was to show that he was as bright as his cousins.¹⁸²

When judging a case of dishonesty, it is unwise and unfair to consider only the particular incident. The child, his environment, and his misdemeanor must be studied together. A twelve and one-half year old boy was brought to the clinic with the complaint of stealing. The patient's mother and father were separated. The mother had put the boy

180. Thom, D. A. Everyday Problems of the Everyday Child.

181. Sayles, M. B. The Problem Child in School.

182. Patri, Angelo. Child Training.

into a foster home and was showing little interest in his welfare. The boy was lonesome, homesick, and insecure. It was found that he had purchased food for the stolen money. By encouraging the mother to be more interested in her son and to provide an allowance, the authorities succeeded in controlling the boy's pilfering. What a blunder it would have been to have punished the boy without having studied the causes of his crime!

Many children draw the line of morality far below that of adults'. The child must be made to realize that honesty is a social necessity, and that the individual is the loser if he is immoral.¹⁸³ A junior high school boy tore a page from a history book. Fearing severe punishment, he played truant. His parents could not afford to pay for the book. It was decided that the culprit, who had committed the crime "just to be smart", work in school to pay for the book. The boy was fully conscious of the necessity and justice of his punishment.

Cheating is a common form of dishonesty practiced in the school. "Whether a child cheats on a particular occasion depends on the inter-relation of such factors as the school standards, the classroom code, the examples of other pupils, the teachers' relation to the pupil, and the nature of the test itself."¹⁸⁴ There are two extreme types of teachers.

183. Morgan, J. J. B. Psychology of the Unadjusted School Child.

184. Chicago Association for Child Study and Parent Education. Building Character.

There is, first, the teacher whom pupils sir name "the Hawk". This type of teacher trusts no one--an attitude which pupils severelyresent and which encourages the pupils to get away with what they can. It's the case of "an eye for an eye and a tooth for a tooth". The other type of teacher is very lax and one who conveys the impression of indifference to and non--interest in questions and practices of morality--a teacher who places the entire responsibility upon the pupil. Since honesty is an acquired trait, why should a teacher expect to see it where it has not been cultivated? Don't go searching for dishonesty, but expect it and give the unfortunate individual the benefit of your experience and understanding.

"The method of correcting what seems to be a deviation from the truth is not only to attempt to strengthen the child's moral fiber, but also to attempt to lead him to see what constitutes the truth."¹⁸⁵

185. Blanton, Smiley and Blanton, M. G. Child Guidance.

TABLE XIX

CAUSES OF LYING

1. Intellectual amusement.
To express a wish or a fear.
Inferiority complex.¹⁸⁶
Scholarship difficulties.¹⁸⁷
2. To avoid punishment.
(Easiest way out of difficulty)
To gain attention or sympathy.
Desire to escape from real world that is dull.¹⁸⁹
Imitation.

TABLE XX

REMEDIES FOR LYING

1. Direct child's attention to honest effort. Direct the endeavors of the child toward tasks that are within his capacity so that he might be rewarded by success.¹⁸⁸
2. Find real cause.
Win the cooperation of the home.¹⁹⁰
Help children to differentiate fact from fancy and to recognize the truth and its value.¹⁹¹

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186. Mateer, Florence. Just Normal Children.
187. Sayles, M. B. The Problem Child.
188. Thom, D. A. Everyday Problems of the Everyday Child.
189. Sayles, M. B. The Problem Child.
190. Sayles, M. B. The Problem Child.
191. Thom, D. A. Everyday Problems of the Everyday Child.

TABLE XIX (continued)

CAUSES OF LYING

3. Adolescents lying with the idea of making themselves interesting.

Yearning toward accomplishment.¹⁹²

4. Fear of losing confidence of parents.¹⁹³

Insecurity.

Loneliness.¹⁹⁴

Desire to please.

TABLE XX (continued)

REMEDIES FOR LYING

3. Give the adolescent sympathy and understanding.

Do not use third degree methods of wearing the children out. Never force confidence and do not demand it. Don't say you know that he has been lying and why doesn't he confess; but "I'm sure there is something you have on your mind. When you feel like it, let's talk it over. My experience is of value."¹⁹⁵

4. If possible, help child overcome physical or mental handicap.

Encourage individual to cultivate a latent interest.¹⁹⁶

192. Thom, D. A. Everyday Problems of the Everyday Child.

193. Patri, Angelo. Child Training.

194. Thom, D. A. Normal Youth and Its Everyday Problems.

195. Thom, D. A. Everyday Problems of the Everyday Child.

196. Thom, D. A. Everyday Problems of the Everyday Child.

TABLE XXI

CAUSES OF STEALING

1. Desire for a sense of power and achievement.
 Jealousy, revenge.
 To gain friendship.¹⁹⁷
 To acquire some likeness to the owner.¹⁹⁸
 Desire for parental affection.¹⁹⁹
2. Economic situation.
 Lack of allowance.²⁰²

TABLE XXII

REMEDIES FOR STEALING

1. Determine what purpose the stealing served in the emotional life of the child; make an effort to help the child meet the particular emotional striving in a way satisfying to him and acceptable to society.²⁰⁰
 Help the child find outlets in sports and art.²⁰¹
2. The school system should protect the child as far as possible from being humiliated by his economic situation.²⁰³

197. Thom, D. A. Everyday Problems of the Everyday Child.

198. Matear, Florence. Just Normal Children.

199. Wile, I. S. The Challenge of Childhood.

200. Thom, D. A. Everyday Problems of the Everyday Child.

201. Thom, D. A. Normal Youth and Its Everyday Problems.

202. Wile, I. S. The Challenge of Childhood.

203. Thom, D. A. Everyday Problems of the Everyday Child.

TABLE XXI (continued)

CAUSES OF STEALING

3. Desire for object itself.
 A pure habit development.²⁰⁴
 An end in itself.²⁰⁵

TABLE XXII (continued)

REMEDIES FOR STEALING.

3. Respect the child's rights.
 Do not impress child with the idea
 that you no longer have confidence in
 him.
 Meet problem on basis of sportsman-
 ship.²⁰⁶

204. Mateer, Florence. Just Normal Children.
 205. Thom, D. A. Everyday Problems of the Everyday Child.
 206. Thom, D. A. Everyday Problems of the Everyday Child.

TABLE XXIII

CAUSES OF TRUANCY

1. Failure in school, involving humiliation.²⁰⁷

Failure of pedagogical supervision to appreciate the mental status of the children.

Lack of proper grade adjustment.²⁰⁸

2. A mode of self-expression, taking revenge.²⁰⁹

TABLE XXIV

REMEDIES FOR TRUANCY

1. Determine the underlying cause or motive.

Recognize and appreciate deviation in mental ability.

Give opportunity for frequent success.

2. Help child to appreciate values.

207. Thom, D. A. Everyday Problems of the Everyday Child.

208. Wile, I. S. The Challenge of Childhood.

209. Thom, D. A. Normal Youth and Its Everyday Problems.

TABLE XXV

CAUSES OF CHEATING

1. Love of winning, of acquiring grade, of acquiring that which has been forbidden, of getting recognition.
 Over watchfulness.²⁰⁷
 Low moral codes at home or in school.
 Imitation.²⁰⁸

TABLE XXVI

REMEDIES FOR CHEATING

1. Early training of the right sort.²⁰⁹
 Requirement suited to child's ability.
 No class competition.
 Trustful attitude.

207. Thom, D. A. Normal Youth and Its Everyday Problems.

208. Chicago Association for Child Study and Parent Education.

Building Character.

209. Thom, D. A. Normal Youth and Its Everyday Problems.

SUMMARY

In view of the preceding pages it is obvious that maladjustment problems are intricate and complex. The seven types that have been discussed, namely, Inferiority Complex, Phobias, Rationalization, Submissiveness, Aggressiveness, Daydreaming, and Dishonesty, include as wide a range of behavior difficulties as is found in the average school. Every type of maladjustment has an underlying cause or causes. No individual is willfully a behavior problem. Neither heredity nor environment alone but a combination of both contributes to maladjustments. It is important to note, however, that environment as a potent factor in the cause of maladjustment is becoming increasingly more appreciated.

All children, at times, show several or many of the symptoms enumerated in the foregoing pages. This, of course, does not mean that all children are maladjusted; but when a child usually or invariably behaves in a manner characteristic of any of the described types, he is definitely maladjusted.

A knowledge of the possible symptoms of maladjustments enables the teacher to make a tentative classification of the child's maladjustment according to a specific type. This tentative classification becomes meaningful only when the teacher has investigated and determined the causes underlying the behavior problem. It has been seen, moreover, that various types of maladjustment have their origin in the same causes. Individual differences account for the diverse reactions.

Though in many instances similar causes call for similar remedies, it is necessary to remember that remedies are most effective when they take into consideration not only causes but the symptomatic behavior of the child.

RECOMMENDATIONS

Since this study has a definite leaning to application, it seems advisable to close it with a group of specific proposals for the guidance of teachers with maladjustment problems to face.

1. To aid a maladjusted school child requires time, patience, and an appreciation and understanding of the factors contributing to the maladjustment. As Miriam Van Waters wrote in Youth and Conflict:

"In searching for causes of maladjustment in school, it should be understood that it is trifles which make children happy or unhappy. These trifles are so easily overlooked that only persons with genuine insight into child life can discover their existence and true role."

2. Frequently a maladjustment is so deep rooted that the help and added experience of clinicians are necessary. Even clinicians at times are in doubt as to the underlying causes of the conflicts; nor are they invariably certain of the success of remedial measures. It may take years for the remedial measures to show their influence; but all who are interested in the welfare of the child cannot afford to become discouraged because of the uncertainty of results.

3. Where we find ourselves inadequate we must elicit help from other sources. Our complicated society tends to foster, not to mitigate, maladjustments. The more complex society becomes the more difficult and important the task of the teacher.

4. No teacher can justify her lack of knowledge in mental hygiene. Where books fail to be sufficiently elucidating, Child Guidance Clinics and mental hygiene courses are certainly available and adequate. No more is it acknowledged that a teacher is outstanding merely because she is a natural born teacher. Education and society are progressing too rapidly to tolerate much longer unpreparedness in teachers; and a teacher who is without the essential facts of mental hygiene is decidedly not prepared.

5. In order to be most helpful to the maladjusted child, a teacher will find it expedient to study the case history of the individual. In securing the case history, it is necessary to include a physical and psychological examination. The results of these examinations in revealing physical and mental deviations might be the clue to the entire maladjustment. The data and procedure for the study of a case of maladjustment are as follows:

CASE HISTORY

I. Statement of the problem---i.e. lying

II. Identifying data

1. Name of child
2. Time of birth
3. Place of birth
4. Present residence
5. Mental age
6. Parents' names

III. History of the problem--i.e. first recognition of child's problem; child's behavior in school, at home, in community.

IV. Personal history

1. Health (past, present)

2. Present personality

Likes, dislikes, desires, preferences

V. Family history (brief history of each)

1. Mother

2. Father

3. Siblings (brothers or sisters of same parents)

4. Other intimate family members

VI. Attitude of family toward patient

VII. Attitude of patient toward family

VIII. Home Conditions

IX. Classification of maladjustment into type

X. Remedial measures

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Approved by

W. J. Welles

Frankie Paul

Graduate Committee

Date May 26/36

