

A Psychological Study of Children Legally

Removed From Parental Care

Volume I

Ann Burns Stricklin

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SUMMARY

The problem of the child who is legally removed from parental care, although it may only be on a temporary basis, is an enormously expensive undertaking, both in terms of financial and emotional expenditures. In every respect, to all concerned, the event is a painful and tragic one.

There have been few studies in other countries relative to the child legally removed from parental care. A careful search of the literature failed to bring to light other studies which were of the same nature as this present study. No studies of a psychological nature had been undertaken in South Africa, thus leaving the practitioner in this country with a limited and uncertain knowledge base from which to work with children requiring protective services.

Fifty-two white English-speaking children between the ages of 10 months and 16 years who were admitted to a local Place of Safety during specified months of 1971 and 1972 were studied. The research approach was to discover "What is there?" before attempting to answer such questions as "Why?" and "How?" (LacLeod, 1947).

The research was intentionally designed to be comprehensive in scope in order that a diversity of information vital to the understanding of the Subjects might be accumulated and integrated.

Description of earlier, related research was reported and a discussion of their findings in the light of this study are presented as Appendix II.

Sections A and B of this report explain the need and reasons for the study; indicate theoretical orientations influencing the analysis of the data; and explain methodological issues.

The next two Sections are concerned with the children and their parents about whom the investigator had raised questions. Furthermore, the investigator did not know whether or not the children came from similar backgrounds, were taken into care for similar reasons, and possessed common characteristics. For theoretical considerations, however, the children were studied both collectively and in three groups, i. e., The Pre-School Group, The Pre-Pubertal Group, and The Adolescent Group.

Official case histories of the children and their parents (held in the offices of the child-caring agencies), the results of psychological tests, and interviews with parents and children provided the sources of information for this study. In addition, in order to complete the physical-intellectual-emotional-social configuration, medical record of the children were perused, and statements regarding the parents' health were solicited.

Analysis of data disclosed that group differences existed among the children, based on the age of the children, and among the adolescents, on both age and sex.

The findings are outlined in detail in Sections C and D of this study. In addition, a synopsis of the findings is presented in Section E.

The children, who were physically and mentally normal, were found to be products of life-long social, cultural, economic, and emotional deprivations and trauma. Their personality traits, inter-personal relationships, intellectual, cognitive, and social functioning reflected consequences of these stresses. It was,

however, the rejection by the parents to which the children most strenuously reacted.

The parents, who also were without gross physical or mental handicaps, were able to assume little or no personal responsibility for the fact that they were unable to care for their children. They were found to be highly dependent and disordered. Figure 3 depicts the basic personality of each parent of each group of children. The incidence of psychopathy was found to be of major import. Alcoholism, while common, was regarded as a symptom of the psychopathic personality rather than a problem per se. The dynamic interaction between the personalities of fathers and mothers was of primary importance. Sections D and E provide detailed information.

This research is important because it seems to be among the very few studies which focus on the functioning of these children at the time they come into care. Most other studies have focused either on the parents or the effects of certain parent-child relationships on behaviour patterns or psychiatric symptoms of the children concerned. (For full explanation, please see Appendix II.).

Two major areas of concern arise from this present research.

One area pertains to the need for additional knowledge.

What happens to these children? In a few years' time where are they? What are they like? What kind of citizens are they? What kind of adults do they become? What is the future of the parents? What happens to them? What do they do? What do they become? Increased knowledge of the psychopath, the alcoholic, the dependent,

the inadequate, and the disordered is needed. How can they be helped in their personal, individual functioning and in their attempts to rear families?

While the investigator believes that each age group of children comes from a different background and that an association exists between the age of the child removed from parental care and the personality of his parents and his life experiences, this belief is not firmly established. The sample used in this study was small, and generalizations need to be made with caution and in the light of knowledge of each child.

Many important questions remain unanswered. Additional understanding of these children, their parents, and their life situations is vitally needed by the professionals who work among these children and their families.

The second major area of concern arising from this research pertain to possible remedies. The investigator has pioneered the field and concluded that timely, appropriate intervention is vitally needed, but further questions arise. What kind of intervention? By whom? How? When?

The investigator is not able to answer all of these questions. However, almost any kind and degree of help would be valuable. First of all, a thorough understanding of the problem is necessary. To those who are genuinely interested in the problem, an invitation is extended to carefully read this study in its entirety. Summaries and synopses cannot give sufficient insight. A grasp

of the problem-person-situation configuration, and their dynamic interaction, is basic. After that, use of existing theoretical knowledge in practical ways might contribute to the discovery of types and vulnerable points of intervention. For example, a great deal is known about social, economic, cultural, and emotional deprivations and trauma, including their influence on child development. Use can be made of this knowledge.

The investigator is not conversant with attempts which have been made in South Africa to cope with the problem, but some possible services might be mentioned.

Community, as well as individual and interested-group resources, need to be mobilized. Programs designed to attempt to compensate to some degree for social, cultural and economic deprivations prior to the child's enrollment in school might be considered, i.e., Head Start, Grass Roots, or some similar program. Creches, nursery schools, kindergartens, enriched recreational and educational facilities, financially and geographically accessible to these families, could provide opportunities for development as well as an opportunity to acquire improved skills in inter-personal relationships. Small community-based medical centers, mental health centers, multi-discipline child study centers, and research centers might offer valuable preventative, diagnostic, and treatment services.

Any program which contributed to the development and maturing of ego-functioning, thereby enhancing intellectual, cognitive, and emotional functioning of the children (and the parents) would be a major contribution.

Use of a multi-discipline team in planning and implementing immediate and long-term care of the children who are taken into care might prove helpful.

Casework, group work, and therapy of all types and at all levels of intensity are desperately needed by the children and the parents.

Development of better training programs, including longer training periods, are needed, particularly among two professional groups who most frequently work with these children -- the social worker and the psychologist. The psychiatric social worker and the clinical psychologist could make worthwhile contributions.

These are but a few general suggestions regarding intervention. One point, in particular, needs special emphasis. Regardless of the nature and type of intervention provided, and regardless of who provides it, it is imperative that the feelings of inadequacy already experienced by the parents, and the feelings of worthlessness already keenly felt by the children, not be reinforced. Intervention should be aimed towards enhancement of the functioning and self-esteem of the parents and their children. The investigator believes that effective intervention must be directed towards helping these parents and these children deal with the root problems, primary of which are basic personality problems; secondary to this are the socio-cultural and economic problems. Parents need help which will enable them, rather than society, to rear their children. It is only this kind of goal-directed intervention that will effectively and enduringly interrupt

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the existing circle of personal inadequacies, deprivation, poverty, ignorance, trauma, and generalized anger. Only timely, effective intervention of this nature can decrease the degree to which the suffering and pathology is perpetuated, even from these present children to the next generation -- their own children.

Of basic significance are the personalities of the parents and the nature of the parent-child relationship.

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13 October, 1972

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SECTION A: INTRODUCTION

Statement Of Problem

Two serious problems with which the clinical practitioner is constantly confronted relate to theoretical knowledge and research.

On one hand, the clinician is increasingly inundated with requests for service for an increasing number of people with an increasing number of problems, and on the other hand, and at the same time, he is faced with deficits in existing bodies of knowledge on which to base his clinical practice.

In addition to these problems, a pressing challenge is placed before the clinical psychologist when he becomes associated with other professionals in a multi-discipline approach to service. He then has both the opportunity and the responsibility to contribute from his own expertise to the general effectiveness of the professional group.

It is in response to these two confrontations and this inviting challenge that this research is undertaken.

Need For Present Study

The parentless child has occupied a prominent place both in literature and in the law, and while a great deal has been

expressed about how he is thought to be and to feel, and how the more fortunate feel towards him and attempt to help him, very little is known about him. This is especially true of the child who has parents, but whose parents, for some reason (s), cannot perform their parenting, and on whose behalf the responsibility for these functions has to be abrogated to others.

Almost daily, immediate and long-term plans and arrangements have to be made for children whose life circumstances are such that society is forced to take upon itself the awesome task of separating this child from his parents -- to intervene in this most basic of all human relationships. And yet, little is understood of these children -- their abilities, traits, strengths, weaknesses, or needs -- or their parents, or the circumstances which culminate in the need for their removal from parental care.

Occasionally one of these children is seen at a Child Guidance Clinic, a Child Study Center, or a psychiatric hospital. However, even at these enlightened places, this child is frequently viewed with bafflement, curiosity, or some similar emotion. Perhaps we are ignorant of him partially because we have had little professional contact with him and are not well-acquainted with him and partially because his suffering is so intense, and his life experience so precocious, that the sensitive professional becomes instantly aware of this and often feels reticent to probe for fear of causing him further pain.

Particularly since the second decade of this century have child psychologists and others produced mountainous volumes of studies of

various groups of children, e.g. battered children, institutionalized children -- the list is long -- but the child on whose behalf society has had to intervene and remove from his home is still virtually psychologically unknown to us. Clarke and Clarke (1954) point out that there have been few systematic studies of the adverse effects of cruelty and neglect on young children and that child "abuse" occurs in various forms and degrees. Although there is some overlap both in the characteristics of the children and their families, differences must be distinguished. Currie (1971) in discussing battered children writes

"the battered child (for example) needs to be distinguished from the neglected child, the exploited child, the deprived child, and the murdered child...". (p.3).

It is the purpose of this study to contribute to the understanding of the "dependent and neglected" child and, hopefully, as a result, help prevent some of the "neglect" and some of the "being neglected". Or, if it is possible to ameliorate some of the human suffering inherent in and perpetuated by this situation through increased understanding, perhaps this study will contribute to its discovery and implementation.

Approach To The Study

The clinician cares about human beings; otherwise, he would not be a clinician. Unfortunately, however, sometimes in our attempts to meet our own professional need to be "scientific", we

Theoretical Background

With regard to theoretical frames of reference for clinical practice, the world of "applied" psychology is very much like James' description of the world of the infant: "a big, buzzing, booming confusion". To date, no single theory has been developed which undertakes to comprehensively describe man's total psychological functioning. Kretch, Crutchfield, and Livson (1958, p. 752) suggests that the development of such a theory is the challenge of psychology and will be its "final and ultimate achievement". Be that as it may, in the meantime the practitioner is obliged to be conversant with a large number of theories and hypotheses regarding human development and functioning. For the clinical psychologist, the pressure for service to suffering human beings is of such strength and urgency that he is forced to make the best use of all possible tools he has at his immediate disposal. Furthermore, in the clinician's attempt to understand the "whole person" rather than isolated aspects of human structure or functioning, the clinical psychologist must consider, examine, and prove aspects of many theories in his observation of the individual. The danger lies, not in the clinician's conversance with a multiplicity of theories, but rather in his ignorance or dogmatism in regard to theories.

At the present evolutionary stage of psychological thought, theories (and theorists) which seem to be conflictual and antagonistic, frequently in efforts to propound favourite points of view,

generate more heat than light, and often arguments are more relevant to the semantics of the language than to explanation of human behaviour. The sooner the contributions of the various individual "schools" of thought can be harmonized and integrated into a comprehensive theory of human development, the better for psychology. In the meantime, however, when research is undertaken, the psychologist is called upon to commit himself to making explanations and presenting descriptions within the context of one (or more) of the major present-day theoretical systems.

Since, by philosophy, the investigator is committed to phenomenological - existential thinking, and by theory, to the psychology of the psychoanalysts (as a foundation), this research is undertaken in a humanistic application of psychoanalytic thought.

Design

This study is designed to gain some understanding of specific children and their specific parents.

Some of the questions which prompted this study were, "How old are the children who are legally removed from parental care?" "Are they mostly boys, or mostly girls?" "Where did they live

prior to removal?" "Why have they been removed from their parents?" "In what kind of physical condition are they?" "Are they physically or mentally handicapped?" "Are they severely emotionally disturbed?" "If so, what kind of symptoms do they manifest?" "Are they of normal intelligence?" "How do they view their parents?" "What is their attitude towards school?" "How do they perform at school?" "Is the incidence of brain injury high among these children?" "What kind of self-concepts do they have?" "What are some of their personality traits?" "How do they perceive their environments?" "Why do they think they were removed from the care of their parents?"

Questions pertaining to the parents included, inter alia, "How old are the parents?" "What kind of work do they do?" "Are they married?" "From what socio-economic strata do they come?" "How much education do they have?" "Are they physically well?" "In what kind of homes do they live?" "How large are the families?" "What is the incidence of divorce and re-marriage?" "What are their child-rearing practices?" "Are they severely emotionally disturbed?" "What is the incidence of psychopathy?" "Are they anti-social in their behaviour?" "What is the incidence of alcoholism?" "Why do they think their children have been removed from their care?" "How do they feel towards these children?" In other words, could these children or their parents be described with respect to personality style and behaviour patterns? Hopefully, these, and other, questions regarding these

children and their families will be answered in this study.

Psychological Tests Used

As a branch of general psychology, clinical psychology has developed the tendency for psycho-diagnosticians to use a "battery" of psychological tests. This has increasingly become standard procedure. There are various reasons for this. One is that an individual may perform differently on a number of tests than he will on a single test. Another reason for using more than one test in a diagnostic procedure is that not all tests evaluate the same aspects of an individual's functioning. A third reason is that some psychological tests evaluate more than one dimension at a time; for example, the Bender Visual Motor Gestalt Test and the Human Figure Drawing Test may scan for basic organic defects as well as personality traits.

The tests used in this research include the following:

1. Bender Visual Motor Gestalt Test, devised by Loretta Bender to test for neurological impairment in children and adults.
2. Human Figure Drawings, devised by Koppitz and scored by both the Goodenough and Koppitz Scoring Methods.

3. Wechsler Pre-School and Primary Scale of Intelligence and the Wechsler Intelligence Scale for Children are used as basic intelligence tests.
4. The Vineland Social Maturity Scale, developed by Doll is used as a test of social adjustment and a gross index of general intelligence in very young children.
5. The Merrill-Palmer Scale of Mental Tests is administered to children too young to be administered one of the Wechsler Scales.
6. Thematic Apperception Test, developed by Murray and his colleagues, is used as a projective technique for use among older children.
7. Children's Apperception Test, a modification of the Thematic Apperception Test developed by Bellak, is used in lieu of the Thematic Apperception Test among children under the age of 12 years.
8. Incomplete Sentence Test, developed by Grover and associates at the University of Cape Town Child Guidance Clinic is used to tap certain attitudes and perceptions regarding home and school.
9. Scholastic Achievement Tests, also developed by Grover and associates at the University of Cape Town Child Guidance Clinic are used to evaluate school performance of children from Sub-Std. B through Std. VIII.

10. Questions, "Why do you think you are here (at the Place of Safety)?" and "What do you think caused the trouble?" were asked the children in order to ascertain how they perceived their present situation.

In addition to the abovementioned psychological tests, the following sources of information were utilized.

1. Official Case Histories of the children and their families, which is confidential information held by the child-caring agencies, were studied and certain information extracted (upon promise that the information would be used in a professional manner).
2. Interviews With Individual Parents were conducted in order to gather information regarding the parents and the children not included in the official case histories.
3. Medical Reports of the children were perused in order to establish the physical condition of the child upon his admission to the Place of Safety.

SECTION B: METHODOLOGY

Subjects

When a child is alleged to be a child in need of care in terms of the Children's Act No. 33 of 1960 (as amended), it is frequently expedient to remove him from his home environment, by authority of an Order of the Court allowing the child to be temporarily "placed in care", pending a full enquiry by the Children's Court, and admit him to a Place of Safety.

There are two or three other circumstances provided by the Children's Act No. 33 of 1960 (as amended) whereby children may be admitted to a Place of Safety.² However, it is the child who is alleged by a professional person to be in need of care, and who has been removed from his home and taken to a Place of Safety, that the investigator is interested in researching.

The investigator would have liked to have studied these children immediately prior to their removal from their home environments. Since such a study was impossible, the best substitute alternative was to study him upon his arrival at the Place of Safety.

Because the investigator wished to minimize, as far as possible, both the impact of separation and the effects of whatever might happen to the child after he left his home, it was decided to evaluate the children no sooner than one week, and no

² A "Place of Safety" is a temporary reception center for children, and to function as such, must be a center approved by the Commissioner for Child Welfare.

later than three weeks, after their arrival at the Place of Safety. The Cape Town Place of Safety was chosen for its convenience. The investigator decided to select a sample of not fewer than 50 white English-speaking South African children.

Method of Selecting Subjects

It was decided to limit the selection of the sample on the basis of admission to the Place of Safety during specified periods of time, i.e., the months of May, June and July, 1971 as well as the months of October, November, and December, 1971. These two periods of time were chosen to accommodate seasonal fluctuations in admissions.

All children under the age of 2 years, who entered the Place of Safety during the specified months of 1971, were included in the sample.

In addition, all English-speaking children of English-speaking parents from the age of 2 years through the age of 16 years were included.

Unfortunately, the required sample of 50 children had not been obtained by the end of December, 1971. The time-limit was then extended to the 15th of January, 1972. By this time, 52 children who met the language requirement, or were younger than 2 years of age, had been selected. No child as old as 17 years of age was included in the sample.

During the stipulated time-interval, 94 children were admitted to the Place of Safety in the following frequencies

<u>Month</u>	<u>Admissions</u>
May, 1971	16
June, 1971	23
July, 1971	18
October, 1971	20
November, 1971	11
December, 1971	9
January, 1972 (First 15 days)	<u>17</u>
	94

Of the 94 children admitted, 17 children who were above the age of 2 years and also English-speaking were excluded from the sample because they did not remain at the Place of Safety more than three days. Many of them were there only one, or two, days. The children excluded from the sample were in the following numbers and for the following reasons

(1) children older than 16 years	2
(2) children already committed to other institutions who were at the Place of Safety in transit to these institutions	6
(3) children who had absconded from other institutions	<u>9</u>
	17

The final sample was composed of the following selections made during the stipulated time-intervals:

<u>Month of Admission To Place of Safety</u>	<u>Sex of Child</u>		<u>Number of Children Selected</u>
	<u>Males</u>	<u>Females</u>	
May, 1971	1	6	7
June, 1971	7	7	14
July, 1971	4	1	5
October, 1971	1	5	6
November, 1971	4	4	8
December, 1971	1	1	2
January, 1972	<u>3</u>	<u>7</u>	<u>10</u>
Totals	21	31	52

The ages of the children ranged from 10 months through 16 years and appeared in the following frequencies:

<u>Age of Child</u>	<u>Number</u>
Under 1 year	1
1 year	5
2 years	5
3 years	1
4 years	2
5 years	2
6 years	0
7 years	6
8 years	1
9 years	0
10 years	1
11 years	2
12 years	3
13 years	3
14 years	7
15 years	8
16 years	<u>5</u>
	52

For comparative purposes, the 52 children who comprised the sample were divided into three study groups consisting of 16, 10, and 26 children respectively

The Pre-School Group,
The Pre-Pubertal Group,
The Adolescent Group.

The Pre-School Group consisted of 7 boys and 9 girls. The Pre-Pubertal Group consisted of 5 boys and 5 girls, and The Adolescent Group consisted of 10 boys and 16 girls.

Procedure

Three principal methods of investigation were used: the case history, psychological testing, and personal interview.

Case Histories

Each complete record of each individual child and his family held in the offices of the respective child-caring agency was analyzed. These records included casework reports, letters, official documents, and other information relative to the child and his family. Only reliable pertinent information was extracted from each case history. Any unsubstantiated opinions were disregarded.

The information pertaining to each individual child and each individual parent was then combined into a group profile based on common characteristics, provided that a minimum of 75 percent of the children, or parents--whichever was concerned--possessed the characteristic attributed to the group as a whole. The purpose was

to portray each of the three groups of children in the sharpest focus possible without the clutter of elaborative descriptions of individual children or statistical reference.

In the section of the study pertaining to the case histories, following each profile is a discussion of any individual exceptions and other pertinent information.

Medical reports were perused at the Place of Safety.

Interviews with Parents

Parents were individually contacted by letter, telephone, or when they visited their children at the Place of Safety. Each parent was invited to cooperate in the study by giving information to the investigator in an interview setting. A total of 73 parents were contacted, and of this number, 59 were interviewed.

Psychological Tests

In an attempt to establish some relationship with each child and to gain his confidence and cooperation, the investigator spent a great deal of time talking and playing with children at the Place of Safety prior to undertaking any formal testing. This continued throughout the seven month period of data collection. During this time, the investigator worked at the Place of Safety part of almost every day, including Sundays when parents visited their children. This opportunity was used by the investigator to make herself known among the parents and to talk with them.

This occasion was also used to observe the children in interaction with their parents.

When the investigator estimated each child optimally ready, within the time available, the informal play (or chat) sessions were used as a stepping stone into the formal testing situation.

All psychological tests were personally administered and scored by the investigator in accordance with the procedures outlined in the Manual for each test concerned. No alterations nor exceptions were made in test administration.

Tests were administered to each child individually at the Place of Safety. No group testing was undertaken.

An irregularity in standard scoring procedure was allowed on two tests.

(1) The Human Figure Drawing Test of Koppitz was administered to the children in terms of standard procedure and was scored by the Goodenough Scoring Method, with the following modifications

(a) Credit was given for Item 2 if the figure obviously looked correctly proportioned yet the legs were concealed by a long dress which was appropriate for the figure.

(b) If the figure's legs were covered by a long dress, and Item 5a was correct, credit was also given for 5b.

(c) If credit were given for 5b, 12b, and 12e, and if the proportions looked correct, although the female figure wore a long dress which covered her legs, credit was also given for 11b and 12c.

(d) In drawings where the figure's legs were covered with a long dress in an appropriate manner, credit was given for 12e in cases where the arms and feet were in two dimensions. If either were omitted, no credit was given for 12e.

(e) Female figures whose hair appropriately concealed the ears were given credit for 15a and 15b, provided credit could also be given for 7d, 14f, 16a, 16b, 16c, and 17a.

(2) The second adjustment was in regard to the Wechsler Intelligence Scale for Children. The ceiling of this test is 15 years 11 months. The five children in the sample who exceeded this age limit were administered this test for two reasons: (a) the children tended to be of low normal intelligence, or less, and it seemed more appropriate to administer a children's test to them rather than an adult test, especially since they exceeded the age limit of the WISC by only a few months, and (b) the other children in The Adolescent Group had been administered the WISC, and for statistical considerations in making group comparisons, it seemed expedient to continue with the WISC rather than to introduce still another intelligence test. The Intelligence Quotients for the adolescents who were administered the WISC were adjusted to reflect the I. Q. in relation to their actual chronological ages. This was done by extrapolations from WISC norms.

In determining omissions on human figure drawings, Koppitz' method was used as far as possible. When the ceiling of this scoring method, which is 12 years, was reached, the Goodenough method was then employed for determining omissions on the drawings of

adolescents.

The Children's Apperception Test was administered to all children in The Pre-Pubertal Group, although two of the children were 11 years of age. Approximately 10 years of age is considered to be the ceiling of the CAT. This was done because (1) the usual 10 year age ceiling is flexible; (2) the general immaturity of the two children concerned was taken into account; and (3) all of the other children in The Pre-Pubertal Group had been administered the CAT.

The Thematic Apperception Test was administered to all children above the age of 11 years. Pictures 1 through 5 were presented to each of these children. In addition, the males in the sample were presented Pictures 8BM, 9BM, 10, 14, and 20. The females in the sample were presented Pictures 8GF, 10, 14, 19, and 20. Murray (1943) describes the pictures in the following manner.

Pictures

1. A young boy is contemplating a violin which rests on a table in front of him. (Drawing by Christiana D. Morgan.)

2. Country scene: in the foreground is a young woman with books in her hand; in the background a man is working in the fields and an older woman is looking on. (Mural by Leon Kroll, reproduced by special permission of the U. S. Department of Justice.)

3 BM. On the floor against a couch is the huddled form of a boy with his head bowed on his right arm. Beside him on the floor is a revolver. (Drawing by Christiana D. Morgan.)

3 GF. A young woman is standing with downcast head, her face covered with her right hand. Her left arm is stretched forward against a wooden door. (Drawing by Samuel Thal.)

4. A woman is clutching the shoulders of a man whose face and body are averted as if he were trying to pull away from her. (Illustration by C. C. Beall, reproduced by special permission of Collier's, copyright 1940, by the Crowell-Collier Publishing Company.)

5. A middle-aged woman is standing on the threshold of a half-opened door looking into a room. (Drawing by Samuel Thal.)

- 8 BM. An adolescent boy looks straight out of the picture. The barrel of a rifle is visible at one side, and in the background is the dim scene of a surgical operation, like a reverie-image. (Drawing by Samuel Thal, after an illustration by Carl Mueller. Use of the latter permitted by Collier's, copyright 1939, by The Crowell-Collier Publishing Company.)

- 9 BM. Four men in overalls are lying on the grass taking it easy. (Drawing by Samuel Thal after a photograph, Siesta, by Ulric Meisel. Use of the latter permitted by Monkmeyer Press Photo Service.)

10. A young woman's head against a man's shoulder. (Drawing by Samuel Thal.)

14. The silhouette of a man (or woman) against a bright window. The rest of the picture is totally black. (Drawing by Christiana D. Morgan.)

19. A weird picture of cloud formations overhanging a snow-covered cabin in the country. (The Night Wind by Burchfield, reproduced by courtesy of the owner, Mr. A. Conger Goodyear.)

20. The dimly illuminated figure of a man (or woman) in the dead of night leaning against a lamp post (Murray, 1943, pp. 18 - 20).

Each child's CAT or TAT was individually analyzed using Bellak's method of scoring. The individual results for each group of children was then amalgamated into a profile depicting each group of children. This was accomplished in the same way, and for the same reasons, as in the instance of the case history material.

When analyzing the children's responses to the Incomplete Sentence Test, because there was little or no difference in the nature of the replies given by the younger and older children, no group comparisons were made. Each child's responses were tabulated and a frequency distribution compiled. In order to preserve the flavour and meanings of the children's expressions, replies were

recorded but not grouped into broad categories of answers. Unless more than one child used virtually identical words in their completions, each reply to each sentence stem was individually presented.

When asked to make three Wishes, six children included two wishes in one, making a total of 114 instead of 108 wishes for the group.

Analysis Of Data

All data was analyzed and reported, and all findings were reported. All testing on each child was complete, with one exception. One child left the Place of Safety before the TAT could be administered; therefore, in Annexure G, stories for Child No. 39 are missing.

Presentation of Study Material

Numbering of Children and Parents

In many sections of this study presentation, information about groups of children is presented in such a manner as to allow individual comparisons to be made.

Each child in the sample was given a study number, referred to as Child's Number. This enables the reader to extract information from each of the sections about single, individual children. A synthesis of the material would provide a study of each individual child in a way similar to the study of each group of children.

The parents of each child were allocated the same number as their respective child. For example, if a child is "Child No. 40", his father will be (male) Parent No. 40, and his mother will be (female) Parent No. 40. This enables the reader to relate information regarding parents and children to one another.

Each child and his parents retained the same number throughout the study. This means that Child No. 20 is the offspring of Parent No. 20. Matchings, then, are realistic and not merely the relating of one child in the sample to one parent in the sample. Parents and children are matched, when relevant, throughout the presentation of the study material.

Reporting Children's and Parents' Replies

When reporting responses made to questions which served as part of the test material, as in the sections concerned with conceptualizations of the problem by children and parents, children's wishes, children's responses to incomplete sentence stems, and stated health of parents, verbatim answers were recorded by the investigator and reported in the language of the child or the parent concerned.

SECTION C: THE CHILDREN

Case History Profiles

The Pre-School Child

This child was an attractive two year old who, upon admission to the Place of Safety, was poorly dressed, dirty, and extremely hungry.

Prior to admission, he lived with his parents and two siblings in a low socio-economic, multi-ethnic group suburb of Cape Town.

He had experienced frequent geographical moves, and since his father seldom worked, his parents could not always pay the rent for the single room in which the family lived. He knew cold, hunger, pain from inadequate medical care, and frequent illness from exposure and neglect.

Sometimes when his parents were drinking heavily, they hit and neglected him. He had also experienced being helpless and dependent and in physical and psychological discomfort -- calling out for attention and relief, and having no one answer his plea.

He arrived at the Place of Safety under a temporary Order of the Court as a child alleged to be in need of care in terms of the Children's Act No. 33 of 1960 (as amended), under Section 1 (x), either in terms of Sub-Sections (a) "has been abandoned or is without visible means of support"; (h) "is being maintained apart from his parents or guardian in domestic circumstances which are detrimental to his interests and whose parents or guardian cannot be found or have failed to make suitable provision for the care and custody of the child although they have been called upon to do so"; or (i) "is in a state of physical or mental neglect . . .".

The situation which precipitated the child's removal from parental care was the fact that his parents had recently separated, and the mother, because of her own limitations and personality problems was unable to support and care for the child alone, or, the two parents together were physically and emotionally unable to care for the child. The family had no unity, no pride, no purpose, no goals.

Medical examination of the child disclosed that he was under-nourished and likely had experienced pronounced hunger, and had body sores or lice, and was, generally, in a marginal state of health.

The investigator's initial examination of the child at the Place of Safety found him to be frightened, sometimes cowering, detached and isolated; but, at other times, clinging and demanding of attention.

Discussion of Case History of The Pre-School Child

Two children in The Pre-School Group were exceptions to the profile. Both were born out of wedlock. Their parents were young, unmarried women and sailors whose ships were calling at Cape Town from foreign ports. The children had had no contact with their fathers who had contributed nothing to their support or well-being. The mothers were frequenters of bars and night clubs, had no fixed abode, and no conventional occupation. The children were kept by their mothers for a few weeks, after which the mothers began to leave the children with acquaintances, neighbors, or relatives. The mothers were dependent on welfare grants for the support of the children, and when about one year old, both children had been abandoned by their mothers who had no further contact with them. At the Place of Safety, the investigator found the children to be attractive, but frightened, apathetic, and withdrawn. They clung to their cribs and cried excessively.

The remainder of the children in The Pre-School Group had had one of two types of parental experiences. The first group was characterized by the fact that they had one parent, the mother, with whom they had had a consistent, uninterrupted relationship. The parents had a long history of quarrelling, separating, and reuniting. Finally, the parents had separated on a permanent basis, and the child remained with the mother. Because these mothers were

poorly educated and tended to be inadequate, dependent individuals, they were unable to support themselves and the children. After a short time, the mother had to rely on the State to care for and support the children, usually on a more or less permanent basis.

The second group of children had experienced much trauma from both parents, and from life in general.

Fathers had been habitually unemployed and dependent on welfare grants for assistance in supporting their families. These children also had alcoholic mothers in addition to their alcoholic fathers. Frequently, a young child who has an alcoholic mother suffers; because the mother is frequently either intoxicated and irresponsible, or sleeping and unresponsive, the child is often hungry (even if there is food in the house) and has no one to prepare food for him. He falls and hurts himself, and there is no one to attend to his wound or comfort him. He is frequently wet or soiled, and there is no one available to change his clothing. Many other examples of suffering could be cited in the painful, lonely lives of these children.

Many of the mothers of these children had been married previously, and the children in this study had other step-siblings from other "families" that belonged to their mothers. Furthermore, one or both of their parents habitually engaged in extramarital affaires, frequently leaving home for periods of time or bringing "aunties" or "uncles" to the one room in which the family lived. Immorality, drunkenness, physical fighting between parents, and assault constituted family life. These parents were, however,

neurotically bound to one another and remained attached and interdependent on one another to the emotional exclusion of the children, who were the "outsiders" in the family.

The Pre-Pubertal Child

This child was eight years old, and upon admission to the Place of Safety, he, too, was poorly dressed and dirty and extremely hungry. In addition, he appeared more neglected than the very young child.

Prior to admission, he lived with his parents and four siblings in a low socio-economic, multi-ethnic group suburb of Cape Town.

Like the young child, he had experienced frequent geographical moves because his parents also could not always pay the rent for the single room in which the entire family of seven lived. (Or relatives could no longer provide them with accommodation.) This child knew cold, hunger, pain from inadequate medical care, and frequent illness from exposure and neglect.

His parents drank more heavily than the parents of the other two groups of children. Parental involvement with Police, courts, and irate landlords was commonplace. They also experienced the coming and going of father who frequently left home to stay for a while with first one paramour and then another.

The father worked, but he did not support the family with his earnings.

In addition to his home problems, this child also experienced many difficulties at school. He arrived late for school quite often, either without a school uniform, or with a dirty or unlaundered one, because his mother had forgotten the child's needs. He had no school shoes, no lunch, no books or other school requirements. The Principal sometimes wondered why he had a swollen face or a black eye. Frequently, the child was ridiculed and embarrassed. He could not invite school mates home because he never knew what to expect there. Furthermore, his parents moved so frequently that it was difficult to get well acquainted with other children and make friends. No one at home helped him with his school work or took an interest in him. Drunkenness, violence, fear, hunger, and humiliation were his constant companions.

He arrived at the Place of Safety under a temporary Order of the Court in the same manner, and likely under the same clauses, of the Children's Act as the pre-school child.

The situation which precipitated the child's removal from parental care was the fact that the parents had recently separated, and the mother, as the mother of the pre-school child, was unable to care for the child, or the child had run away from home because of the drunkenness of his parents and the physical abuse which he constantly experienced.

Medical examination upon arrival at the Place of Safety found the child in the same physical state of neglect as the younger children.

Initially, the child was frightened, guarded and distrustful of the investigator, but after a few hours with the child, he was found to be co-operative, eager to please, and desperately seeking acceptance and approval. He was highly competitive in attempting to obtain attention and affection from the investigator.

Discussion of Case History of The Pre-Pubertal Child

The Pre-Pubertal Group came from the most homogeneous group of parents of all the children.

These children had grown up in homes where one or both parents were consistently under the influence of alcohol, or dagga, or both. Likely one, or both parents, was a psychiatrically diagnosed anti-social psychopath.

All of the children were undisciplined, with neither parent able to teach or control the child. There were many children in the family, a mean of 5.1 children per family group. The older children looked after the younger ones as well as they could. All of the children, to a great extent, looked after themselves.

Almost all had been physically assaulted by their parents. One child, from a young age, had been subjected to regular sexual intercourse with her father.

The Adolescent Child

This was a very attractive 14 year girl who arrived at the Place of Safety clean, moderately well-dressed, and in good physical condition.

Prior to admission, she lived with her parents and two siblings in two- or three-roomed accommodation in a low socio-economic semi-industrial area on the fringe of a middle-class residential area of Cape Town.

Her family had moved a number of times, but not nearly as frequently as the parents of the younger children.

Her parents had an unsatisfactory marriage. They quarrelled a great deal, especially when drinking. They did not, however, physically fight. Nevertheless, the household was hostile, conflictual and unpleasant. Neither parent took much interest in her, and she received little supervision.

She attended three different schools and had not done very well in any of them. She was not very interested in school and was frequently absent. Other girls did not like her, but she was popular among the boys, with whom she was intimate.

Frequently she ran away from home and stayed with boys, attending parties, drinking, and sometimes taking drugs. The "hippie" sub-culture was very attractive to her.

She arrived at the Place of Safety in the same way as the younger children, i.e., under a temporary Order of the Court, but under different clauses of the same Section of the Children's Act. She was admitted under clause (a) "has no parent or guardian or has parents or a parent or guardian who do or does not or are unfit to exercise proper control over that child", (e) "is an habitual truant", or (f) "frequents the company of any immoral or vicious person, or is otherwise living in circumstances calculated to cause or conduce to his seduction, corruption or prostitution."

The event which culminated in her being placed in temporary care by the Commissioner for Child Welfare was her running away to Johannesburg and living there without parental knowledge and without visible means of support.

After she had been at the Place of Safety a few weeks, a medical examination was undertaken, as the question of pregnancy arose; however, the results of the laboratory tests were negative.

During the psychological evaluative process, she was found to be pleasant, co-operative, and, after a relationship had been established with her, eager to please and gain approval.

Discussion of Case History of The Adolescent Child

The Adolescent Group of children came from three types of parental backgrounds.

Roughly one-quarter of the children came from families where the child was deprived of one parent at a very early age. As a result, some of them grew up in boarding schools or children's homes. Later, the remaining parent re-married, but the child was never part of that new family in an emotional (and, in some cases, physical) sense. Others grew up in a one-parent home where the remaining parent did not re-marry.

Approximately another one-quarter of the children were very similar to The Pre-Pubertal Group in that their parents had separated, and the father did not adequately support the family. Parents were frequently intoxicated, and the children were physically assaulted. They, too, faced the same school problems as The Pre-Pubertal Group. The mothers of these children were trying to cope on their own but were heavily dependent on welfare grants to support the family. They lived in one or two rooms. Food, blankets, and other necessities were often lacking. The children were frequently absent from school. The older children had to stay away from school to look after the family and attempt to carry out the "mother" role in the family constellation.

Approximately one-half of the adolescents came from a different background. Their parents had been unhappily married for years. They lived together, but they were uncommunicative and withdrawn from one another. The children were unwanted liabilities.

These families were the most economically affluent, moved their homes least frequently, lived in larger houses, and were the least socially and culturally deprived of any of the parents.

The Children's Perception Of The Problem

Appraisal of external as well as internal realities is an important dynamic in psychoanalytic theory and one of the concepts that enjoys some degree of concensus of opinion among the major schools of psychological thought.

As early as 1905, Freud suggested that one of the primary functions of the ego is to mediate between the individual and his internal and external environments. Allport (1937), Horney (1937), Lewin (1935), Snygg (1949), and Skinner (1938) have also emphasized the importance of the individual's perception of his world.

In discussing the ego's relationship with reality, Mack and Semrad (1972) divide the relationship into three processes, the second of which is the ego's ability to test reality. This is the capacity to judge and evaluate external situations and pressures in order that the individual can undertake some type of adaptation. However, before an individual can attempt to adjust to a situation, he must have, in his own mind, a perception and a

conception of the nature of the situation to which he is attempting to adapt. (Whether or not his perceptions are "accurate" will make little difference as far as the individual is concerned, for to him, the world is as he sees it.)

Each child in this study had recently experienced a severely traumatic event in his life, which, in most cases, was only the climactic culmination of a long series of painful experiences. A few days earlier, he had been separated from his parents, his home, his school, and his friends. Not only was he attempting to work through these significant losses, but, in addition, he was called upon to cope with the bewilderingly foreign environment into which he had been thrust -- one which was occupied by strangers, benevolent though they were.

An effort was made to ascertain how adequately and realistically these children were able to evaluate what had brought about these prevailing circumstances.

The investigator's previous experience with institutionalized children had proven them, generally, to be unusually uninhibited in making disclosures about themselves and their life-situations. The decision was made, therefore, simply to ask the children why they thought they were at the Place of Safety and what they thought had brought about the situation. All children six years of age and older were asked, "Why do you think you are here (at the Place of Safety)?" and "What do you think caused you to have this problem?" Elaborations and explanations were given to ensure that each child understood the meaning and intent of the

questions. Table 1 records their answers.

TABLE 1

Children's Perception Of The Problems Causing Their Removal
From Parental Care
For The Pre-Pubertal And The Adolescent Groups

Group Of Children & Child's Number	Child's Explanation Of Problem Causing His Removal From Parental Care
<u>The Pre-Pubertal Group</u>	
Child No. 17	Because of house trouble. My father drinks a lot.
18	My mother got kicked out of her house because she couldn't pay the rent. She called in the welfare. I have no father. He is in Durban. We did live in Durban with my father, but he didn't want to come to Cape Town with us.
19	Because my mother was ill, and we had no father. He is in England. He lives there. My mother had to go to hospital.
20	Because my father never had a job.
21	Mommy went to Valkenburg, and my daddy is in gaol.
22	A fire was started, and the whole house caught fire, and my brother set the fire. My mommy said I must come here. We didn't have no house.
23	My mother went to live with my granny, and she put me in here. She wanted to stay there because my father had no job.
24	Because my mother was sick and had to go to hospital, and my parents are divorced, and we had no one to look after me.
25	My father does not want to work because he drinks quite a lot.

Table 1 Continued/...

TABLE 1 (Continued)

Children's Perception Of The Problems Causing Their Removal
From Parental Care
For The Pre-Pubertal And The Adolescent Groups

(Continued)

The Adolescent Group

- | | |
|--------------|--|
| Child No. 26 | Because I was walking after boys, and I invited boys to our house, so my (foster) mother said she was going to send me to a boarding school. |
| 27 | I was expelled from school for stealing and fighting. My parents said I must go to school, so they went to the welfare. |
| 28 | My mother and father drink a lot and ill-treat us, and on Sunday my mother hit me full-blast in my face when she had been drinking, and that was the last straw. I have had this for five or six years. They were warned by people, and she (mother) wrote horrible letters to people so they did not like her. The reason is because my mother drinks too much. |
| 29 | My father drinks too much. My mother left him. |
| 30 | It is hard to be a child because one has trouble with parents. We have no money, and we have to be here. |
| 31 | I am here because my father has got a very bad temper, and my sister, if she goes out at night, then she comes home late, sometimes only in the morning. My father thinks we should all be in a home. I really don't know why I am here. The cause is my dad and us, and I admit it. |

Table 1 Continued/...

TABLE 1 (Continued)

Children's Perception Of The Problems Causing Their Removal
From Parental Care
For The Pre-Pubertal And The Adolescent Groups

(Continued)

The Adolescent Group

- | | |
|--------------|---|
| Child No. 32 | My mother got sick and she had a nervous breakdown and had to go to Valkenburg. My father and mother are divorced, and my father lives over-seas. We all used to live in England, but my mother left my father and brought us back to South Africa. Now she is sick, and we have no father. Mother drinks. The cause is my parents getting a divorce. |
| 33 | I am here because I stayed out of school too much. I did not like it at that school where I was. It is because I want to go and work rather than go to school. I don't know what I must do. |
| 34 | I ran away from boarding school because I didn't like it. I wanted to stay with my mother, but I couldn't. My father lives here in Cape Town, but I can't live with him either. The welfare brought me here because I ran away. |
| 35 | Because I ran away from home. I stayed with boys and smoked, and I was brought here. My mother drinks too much. My father does not drink. |
| 36 | The <u>fuzz</u> caught some hippies sleeping in a park. They were taken to Court, and because they had no money, the Magistrate asked whether they should let us free. We were sent here. We ran away from home to Johannesburg, and one night we went through the park when the fuzz stopped us and took us away to the fuzz station. They took us to Court and found that we had run away from home and sent us here. |

Table 1 Continued /...

TABLE 1 (Continued)

Children's Perception Of The Problems Causing Their Removal
From Parental Care
For The Pre-Pubertal And The Adolescent Groups

(Continued)

The Adolescent Group

Child No. 37

I am here because I ran away from boarding school. I ran away because I have been in boarding school since Std. I with nuns. I hate the sight of a nun, and I wanted to be at home. However, I went to X Primary School, and I was impossible, so I was asked to leave. So I ran away meaning to get away from nuns' life in a convent. I think I was sent to boarding school because I would not listen to no one. I ran away after my seventh year in boarding school because I wanted to lead life at home.

38

Because I took an overdose of tablets because I have nobody at home to look after me properly. I stay with my sister. My brother-in-law drinks, and he stays out of work and loses his job. And when I phone my mother to tell her about it, she says, "But what must I do?" I have nobody to go to and tell -- only my best friend's mother, but she has children of her own, so I could not put my troubles onto her. My brother-in-law hits my sister and me when he is drunk. I did not want to run away because it is not right, but I could not go on living like that. All I can say is my mother can be lucky I am not the type that takes drugs, smokes dagga, and does other improper things. She drank after my father's death, and now and again she still does. The Saturday after I tried to kill myself, she promised me she would not drink again. I just wish she keeps the promise, tries to get a flat, and works somewhere else. I will keep house for her when I come home from school.

Table 1 Continued/...

TABLE 1 (Continued)

Children's Perception Of The Problems Causing Their Removal
From Parental Care
For The Pre-Pubertal And The Adolescent Groups

(Continued)

The Adolescent Group

- | | |
|--------------|---|
| Child No. 39 | I think I am here because I was caught at the docks. I was warned to keep out of the docks, and I was told to stay out of the harbour. My girl friend said we must stay, so I stayed too. |
| 40 | I was sent here because my father wasn't working, and the social welfare sent us here. |
| 41 | I don't know. |
| 42 | I don't know. I am here for nothing. It is just that I don't want to listen at home, so my (step-) father sent me here because he don't want me in the house because I am very naughty. I think the cause is my sisters, my father, and myself. |
| 43 | Because they wanted to sort out things at home (Social Worker and family). I was not listening to my mom. |
| 44 | I am here because I ran away from home. I was misled by other people. |
| 45 | I am here because I went to visit my mother. My dad said I could go up if I liked, and if I wanted to, I can stay there (Johannesburg) for good, or stay by some other people, so I did. I went to stay with some other people in Johannesburg. I went to work there instead of going to school, so the social welfare came and took me. My friends caused the problem. They were out of school and were working, so I also thought I would work, and another reason is that I was too young. |

Table 1 Continued/...

TABLE 1 (Continued)

Children's Perception Of The Problems Causing Their Removal
From Parental Care
For The Pre-Pubertal And The Adolescent Groups

(Continued)

The Adolescent Group

- | | |
|--------------|---|
| Child No. 46 | Because I never went to school. My father used to hit me around the house. He hit my mother day and night. But one day he threw my mother and sister and myself out of the house. |
| 47 | Because I ran away from home because I couldn't get along with my father. He is so very strict and wanted to lock us up. He is sick is why he is so difficult. He has lung and heart trouble. |
| 48 | Because of only a little problem. It is for stealing a bicycle. |
| 49 | My father refused to let me go to church on Sunday night. I went down to our friends we weren't allowed to visit. They said I must come inside. My father thought I was going without his permission. |
| 50 | I am here because I ran away from home and I used to have long fingers. |
| 51 | Because I went around with the wrong people. I took drugs, went to night clubs, and the docks, etc. It was not very easy to say, "No". I did not want anything to do with them (undesirable friends). |

Table 1 Continued/...

TABLE 1 (Continued)

Children's Perception Of The Problems Causing Their Removal
From Parental Care
For The Pre-Pubertal And The Adolescent Groups

(Continued)

The Adolescent Group

Child No. 52	I am here because I did not want to join the Permanent Force, and Mrs. X at (a certain government office) (reputedly) said that she was going to get me sent away from home. My mother believed everything Mrs. X told her, and she thought I was stubborn. My girl friend went out with men behind my back, and she went to stay with her mother again. I decided to go to Durban, and my mother thought it was because I did not want to go to the Army, and she got me sent here.
--------------	--

From the foregoing information, it can easily be ascertained that these children were surprisingly realistic in their perceptions of their environment and quite honest in their replies to the questions. They were aware of many of the problems at home, at school, and in inter-personal relationships. To a considerable extent, their replies substantiated case history material as well as harmonized with projective testing which will be discussed in another section of this study.

A comparison of the groups of children's answers revealed that there were no pronounced variations in the accuracy of the children's perceptions, the candour of their disclosures, nor other significant differences.

Intellectual Functioning

Historically, tests designed to evaluate intelligence grew out of two major developments in the history of psychology.

The first development was largely the result of interest in the study of the uniqueness of the human being rather than the study of the species, homo sapiens, as had been typical of earlier psychological research.

Before his famous cousin, Charles Darwin, completed Origin of Species (1859), Francis Galton began his work on Hereditary Genius, a study of the intellect which Galton considered to be ability in its various forms. While other writers in the past had considered that genius might be inherited, Galton was the first to treat the subject in a statistical manner and arrive at exact numerical results (Pearson, 1900). To test his theory, Galton examined the pedigrees of 1,000 geniuses. His findings he divided into 18 classes and converted the frequency of occurrence of genius into measures of its degree, adopting the use of Quetelet's bell-shaped curve. Galton postulated that intelligence (ability) could be graded in accordance with normal distribution. He further pointed out that since distribution is symmetrical, the same principle could apply for defining people of inferior mental ability. This assessment he called "mental ratio", later converted to "intelligence quotient". In the same work he also introduced the new and far-reaching concept of the distinction between "general ability" and "specific ability", insisting on the

superior importance of the former, a concept later borrowed by both Spearman and Binet.

Galton's Inquiries Into Human Faculty (1883) is generally regarded as the beginning of the study of individual differences and became an attempt to measure man in the present, and to do this, Galton devised the first mental test which consisted of a large number of sensory-motor tasks, believing the two to be closely related. Not only did Galton stimulate investigation into individual differences, he also strongly influenced the direction of experimental attempts to measure intelligence by means of tests of imagery and sensory discrimination of individuals.

Spearman in England made the next significant step in the development of measurements of intelligence. In General Intelligence (1904), Spearman maintained that all intellectual activities share a common factor, called the "general factor", or "g". In addition, his theory postulated numerous "specifics", or "s" factors, each one of which was specific to a single activity. A positive correlation between any two functions was then attributed to the "g" factor. The more highly the two functions were "saturated with 'g'", the higher the correlations between them. On the other hand, "specifics" tended to lower the correlation between functions. Spearman thought that the aim of psychological testing should be to measure "g". Spearman's idea was that if this "g" factor evidenced itself in all "abilities", it would furnish the only basis for predicting individual performance from one situation to another. He felt it was futile to measure specific factors, since

each operates in only a single activity. Spearman proposed that a single test, highly saturated with "g", be substituted for Galton's collection of tasks used in the measurement of intelligence.

In France, Binet had objected to the types of psychological testing which developed from Galton's work. He argued that behaviour which reflects general intelligence involves complex functions rather than sensory and motor tasks which he considered too naive. He suggested a scale which measured, not in a linear fashion, but in a hierarchical classification among "diverse intelligences".

The second major development in the history of psychology which led to the development of intelligence tests was a practical situation which arose in France. The French Minister of Public Instruction appointed a commission to recommend means of educating sub-normal children in the schools of Paris because the children were unable to profit from regular class-room instruction. Special schools were to be created and physical and psychological tests were to determine the criteria for admission.

It was in the person of Binet that the two historical forces converged. It was to attempt to solve the problem of the French school children that Binet had an opportunity to apply his principles. He and his colleagues constructed the first intelligence test in 1905, known as the Binet-Simon Scale. Since that time the Scale has been refined and revised many times, especially by psychologists at Stanford University who criticized Binet's

emphasis on language. They developed, in addition, "performance tests" as a functional concept, reflecting the American concept of "intelligence in action". Today the revised versions of the Binet-Simon Test bears the name "Stanford-Binet" and is still one of the most widely used of all the intelligence tests.

The development of psychological testing was important to education at an early stage, and to clinical psychology at a later date. From 1905 onwards, a number of tests based on Binet's work were developed. Between World War I and World War II, clinical psychology advanced, and its historical emphasis on work with children and juvenile problems continued. (Misiak and Sexton, 1966). It was during this period that Wechsler's famous work took place. He rejected Spearman and Binet's concepts of intelligence and defined intelligence as "the aggregate or global capacity of the individual to act purposefully, to think rationally, and to deal effectively with his environment" (Wechsler, 1944, p. 1). Wechsler's approach was a "longitudinal approach" as opposed to the "hierarchical view" of Galton, Spearman, Binet and others. In 1939 Wechsler developed the Wechsler-Bellevue Adult Intelligence Scale which has undergone a number of revisions. In 1946 he developed a second form of his original Scale, the Wechsler Intelligence Scale for Children, commonly referred to as the WISC.

Of the intelligence tests available for use with children, the Stanford-Binet and the WISC are by far the most widely used. Glasser and Zimmerman (1967) assert that the WISC has certain advantages over the Binet because of the break-down into sub-tests,

sub-test format, diversity and range of tasks in the sub-tests, and other characteristics of the WISC.

Since World War II and the development of increased interest in psychological testing, a great deal of research dealing with various aspects of intelligence have been undertaken.

Since Galton raised the question of "nature versus nurture" (1869), various investigators have concerned themselves with the influence of first one and then the other of these two variables. Later other investigators dwelt on the role of the two in interaction with one another -- a dynamic approach.

Anastasi (1968) states that the question of the inherited versus the environmental is no longer a controversial matter, for it is now accepted that the influence of the one varies with the nature and contribution of the other. For example, the fate of a child who is poorly intellectually endowed can be largely influenced by the type of home and educational environment to which the child is subjected. A converse situation is easily imaginable, which seems likely to be the case with the children in this study.

Another question of long-standing is whether or not intelligence is constant, or whether it changes, or possibly even fluctuates. Since 1950 a number of researchers have confirmed the fact that many factors influence, not only the "growth" of intelligence, as a developing process, but also have confirmed the fact that situational factors can cause intelligence, as measured by intelligence tests, to be a dynamic rather than a static

concept. (Kagan, Sontag, Baker and Nelson, 1958). A good example of this notion is the fact that the Intelligence Quotients obtained in this study appear to be depressed by the fact that prior to being tested, these children had suffered the trauma of separation from home, (even though the home may have been one destructive to the child), as well as having to meet the demands of a new environment, (even though it may have been a constructive one).

Many investigators have concerned themselves with various influences of cultural deprivation on intellectual functioning, and it has been established repeatedly that children from deprived backgrounds score considerably lower on intelligence tests than children from more affluent backgrounds. The former enter school ill-prepared to cope with the first year's work, from a cognitive, emotional, and social point of view. Language development, both receptive and expressive, for example, is immature, possibly because of social class values, among other things. Family language and structure in the low socio-economic groups have been studied intensively by Minuchin and his co-workers (1967) who focused on communication patterns within various family groups. One study, for example, revealed certain "typical" communication practices among families of male juvenile delinquents which were unique to this particular group. Some of these characteristic patterns included failure of family members to listen to one another, failure to carry a conversation through to completion once an interruption had occurred, frequent shifts to new themes of conversational topics, disengagement of family members from on-going conversations, failure

to clarify meanings or explanations, and use of derogatory comments about one another. Noise and disruptive physical movements of family members (particularly children), individual family members being either totally involved or totally uninvolved in the family conversation, threats of violence, and contrasting references to giving or withholding affection were common among these families.

There seems little doubt that such patterns of communication would adversely affect a child's vocabulary, his ability to comprehend verbal concepts, and other secondary ego functions which are measured by intelligence tests (as well as "school" tests).

Other interesting studies dealing with parental styles of communication and ego impairment in children were undertaken by Wynne and Singer (1963, 1966). They studied children with poor ego-functioning and found that in families where children's functioning was poorest, the parents asked extraneous questions, played with words, and made tangential speeches. Wynne and Singer termed this type of communication "disruptive behaviour" in communication. The term, "negativistic commentary" was applied to instances where parents made indirect deprecatory statements to the children. "Closure problems" included instances when the parents gave responses which contained contradictions so that the child was not sure of the meaning of the communication he had received, and the term, "peculiar forms of verbalizations" was applied to those verbalizations which included odd grammatical constructions, mispronunciations, and unconventional word usages. All of these communication patterns give the child unclear and distorted meanings

of words and communication in general. His language would almost be a patois. This would likely handicap him in social and scholastic intercourse, and certainly influence intelligence as measured by conventional intelligence tests.

In low socio-economic families, sensory stimulation is lacking, and discrimination skills of all types -- especially visual and auditory which are needed for one to function at his intellectual potential -- are often lacking in development and refinement among children from this background. The children drop out of school earlier, and even when they have the intellectual ability, fewer are likely to go to university (Deutsch, 1963).

Many other factors influence the intellectual functioning of children. Some include the education of parents (Bayley, 1953); physical handicaps and illness (Barker, 1963); parental environmental factors (Pasamanick, 1956); socio-economic class (Scott, 1953); child-rearing practices (Milner, 1951); and longitudinal studies have pointed out compounded influences of an economically backward area.

Hess and Shipman (1965) isolated class differences in maternal teaching styles, e.g., patterns of language used by mothers from deprived and non-deprived social classes, including such variables as length of sentence, number of adjectives used, abstractions and other language variables, appeal to status or to persons as a means of control, differences in ability of mothers to teach and children to learn, and nature of interactions between

mother and child (praising child, criticizing child, etc.) which influenced later intellectual functioning of the children.

Intelligence Tests Used In This Study

In this study of 52 children, because of the wide range of ages involved, four tests of intelligence were used.

Children from the age of 10 months through 2 years 4 months were administered only the Vineland Social Maturity Scale, a test developed by Doll and his associates (1936) at the Training School at Vineland, New Jersey. It was originally designed as a supplement to the intelligence test. The Scale evaluates maturational levels in self-help skills, self-direction skills, motor skills, communication skills, occupational skills, and skills of social interaction. Although the Scale was designed to be administered to individuals from 0 through 25⁺ years of age, it is most frequently used with children, not only in a supplementary capacity to intelligence tests but also as an index of intellectual ability. This is particularly true of the very young child. In use among children, the Scale depends upon the reports of an adult intimately associated with the child who can give accurate, detailed information relative to the child's behavioural accomplishments. The clinician does not examine the child himself.

Children in this study 2 years 3 months through 4 years 0 months were given both the Vineland Social Maturity Scale and the Merrill-Palmer Scale of Mental Tests. (Among the youngest group of children mentioned above, three were also able to perform on the Merrill-Palmer Scale.) The Merrill-Palmer Scale of Mental Tests was

developed by Stutsman in 1931, who recognized the immediate need for more suitable tests for pre-school children than existed at that time. There were, then, no scales of intelligence tests applicable to young children except several revisions of the Binet tests, all of which, at that time, were under-standardized and over-weighted with verbal sub-tests. Stutsman raised the question, "How can a scale of tests be formulated which can be used as either a substitute for, or a supplement to, the Binet scaled tests which will give a better all-round picture of the abilities of pre-school children?" The work was undertaken by Stutsman and sponsored by the Merrill-Palmer School which had undertaken research in child development and were interested in the development of a mental test for young children. Today, the test which resulted from the work at the Merrill-Palmer School, under the direction of Stutsman, is a widely used one.

Children 4 years 1 month through 5 years 5 months were administered the Wechsler Pre-School And Primary Scale of Intelligence, frequently referred to as the WPPSI (1963).

Children above the age of 5 years 5 months were administered the Wechsler Intelligence Scale for Children, the WISC.

One of the two Wechsler Scales was administered to 39 children in the sample. Three children, Child No. 14, Child No. 15, and Child No. 16, were administered the WPPSI, and the other 36 children were administered the WISC.

The Pre-School Group

There were 16 children in this group ranging in age from 0 years 10 months through 5 years 5 months. Their mean age was 2 years 7 months. The Vineland Social Maturity Scale only was administered, either because they were too young, or unable, to perform on other, more accurate indices of intelligence. Table 2 reflects the chronological age of each of these children; the Basal Social Age; which is the age at which the child first failed an item on the test; his full scale Social Age; and the corresponding Social Quotient.

TABLE 2

Child's Number, Chronological Age, Basal Social Age,
Total Social Age, and Vineland Social Quotient
For The Pre-School Group

Child's Number	Chronological Age (In Months)	Basal Social Age (In Months)	Total Social Age (In Months)	Total Social Quotient
No. 1	10	7	9	90
2	18	7	20	111
5	22	6	17	75
7	26	23	30	115
9	28	26	29	104

\bar{n} = 5 children

Social Quotients for this group of children who were not able to perform on other tests of intelligence ranged from 75 to 115. The mean Social Quotient was 99.0, with a standard deviation of 14.7 from this mean. The children had a mean chronological age of 21 months and a mean Basal Social Age of 14 months. Without exception, each child's basal level of functioning was below his chronological age, although three of the children had a difference

of 5 or more weighted scores between the minimal level of functioning (basal social age) and their maximum level of functioning (total social age).

The tasks which the children in this group should have been able to accomplish, at their respective age levels, but which they failed, were represented by lags in verbal and motor skills. For example, one child could not move about on the floor; two children could not drink from a cup unassisted; another one could not eat with a fork nor remove his coat; and two others had serious lags in speech development.

Three of the children, however, were able to perform tasks beyond the norm for their ages. These "advanced" skills which the children had acquired could be considered to be directly related to a child's sense of survival in the absence of an adequate care-taking adult, e.g., to go about the house on his own; walk up steps unassisted; ask to go to the toilet; get a drink unassisted; initiate his own play; and avoid simple hazards in the environment.

As a group, however, these children who were under the age of 2 years 3 months were of normal intelligence but functioning, generally, below expected developmental norms for language, but above expected norms for motor skills. Over-all "social" skills were slightly below normal expectations.

The Merrill-Palmer Scale of Mental Tests was administered to 8 of the 16 children in The Pre-School Group. These children ranged in age from 1 year 6 months to 4 years 0 months. Table 3 reflects the chronological age, basal mental age, total mental age,

and Intelligence Quotients on the Merrill-Palmer Scale.

TABLE 3

Child's Number, Chronological Age, Basal Mental Age, Total Mental Age, And Intelligence Quotient On The Merrill-Palmer Scale of Mental Tests For The Pre-School Group

Child's Number	Chronological Age (In Months)	Basal Mental Age (In Months)	Total Mental Age (In Months)	Intelligence Quotient
No. 3	18	18-	18-	85-
4	20	18 to 23	25	125
6	25	18-	18-	65-
8	27	24 to 29	32	119
10	34	18 to 23	28	82
11	35	18 to 23	34	97
12	37	18 to 23	35	95
13	48	24 to 29	37	77

n = 8 children

Six of the eight children in this group were functioning at a base line of intellectual functioning below their chronological ages; their maximum functioning was also below their chronological ages. The other two children were functioning both basally and maximally above the level of expectation for their chronological ages. Disregarding the - signs, for arithmetical purposes, the Intelligence Quotients ranged from 65 through 125, with a mean quotient of 93.1. The standard deviation was 19.2.

While, as a group, the children's mean intellectual functioning was at a normal level, the standard deviation from this mean was almost 20 points. Five of the eight children's scores fell below the mean. Table 4 lists the items on the Merrill-Palmer Scale which the children performed in advance of their age levels.

TABLE 4

Child's Number And List Of Items On The Merrill-Palmer Scale of Mental Tests Performed In Excess Of Age Expectations For The Pre-Pubertal Group

Child's Number	List Of Items On The Merrill-Palmer Scale Performed In Excess of Child's Age Expectations
No. 3	-
4	Recognizing self in mirror Wallin Peg Board (Speed) Pyramid (3 cube) Closing fist and thumb
6	-
8	Questions Words Cutting with scissors
10	Closing fist and thumb Wallin Peg Board (Speed)
11	Copying circle Buttoning 2 buttons Wallin Peg Boards (Speed) Pink Tower Puzzle
12	Pyramid (3 cube) Buttoning 2 buttons Mare and Foal Puzzle Wallin Peg Board (Speed)
13	Puzzle No. 2 (Speed)

n = 8 children

The Intelligence Quotients of the six children who performed above expected norms had Intelligence Quotients of 125, 119, 82, 97, 95, and 77 respectively. The tasks included motor skills, visual-motor perception, visual-motor co-ordination, and language development.

The first items failed by each child are important to note, since they likely represent lags in development, since all were below expectations for the chronological age of each child.

Four of the eight first failed tasks on the Merrill-Palmer Scale involved placing 16 cubes into the box. Three of the children failed items involving language, and two children failed to stack blocks on top of one another (straight tower). One child failed the Wallin peg board, which was putting round pegs into round holes drilled into a flat board. Each of these tasks require good eye-hand co-ordination and motor dexterity. It seems likely that the children's failure to effect these tasks may be due both to the lack of opportunity, in the past, to learn such skills (social and cultural deprivation) as well as possible limited intellectual ability.

Failures and refusals on items which were age-appropriate were extensive. At his age level, one child failed 1 item and refused none. Another failed 9 items and refused none. Another failed 10 items and refused 2. Another failed 9 and refused none, and still another child failed 21 items and refused 2 items. Two children failed none and refused none of the items expected of them at their respective age levels.

In view of their ages, in addition to the Merrill-Palmer Scale of Mental Abilities, these eight children were also administered the Vineland Social Maturity Scale as a supplementary test.

Table 5 shows the comparative scores on the two tests.

TABLE 5

Child's Number, Social Quotient On Vineland Social Maturity Scale
And Intelligence Quotient On The Merrill-Palmer Scale of Mental
Tests For The Pre-School Group

Child's Number	Vineland S. Q.	Merrill-Palmer I. Q.
No. 3	82	85-
4	125	125
6	50	65-
8	119	119
10	82	82
11	100	97
12	95	95
13	71	77

n = 8 children

The mean Social Quotient obtained on the Vineland Social Maturity Scale was 90.5, and the mean Intelligence Quotient obtained on the Merrill-Palmer Scale of Mental Abilities was 93.1. The standard deviation from the mean on the Vineland was 23.1 and 19.2 on the Merrill-Palmer. Both the means and the standard deviations on the two tests were within three or four points of one another. The children performed more consistently on the Merrill-Palmer than on the Vineland. This may be due to the fact that the former is a more accurate measurement of intelligence as well as the fact that the adults supplying the information for the Vineland did not know the children extremely well. In addition, the children were emotionally upset at being away from familiar people and circumstances.

Because of their ages, three children in The Pre-School Group were administered the WPPSI. The Wechsler Scale was used in preference to the Stanford-Binet test since the WISC was being

used with the older group of children. The results of the WPPSI are reflected in Table 6.

TABLE 6
Child's Number And Intelligence Quotients Obtained On The
WPPSI For The Pre-School Group

Child's Number	I n t e l l i g e n c e Q u o t i e n t s		
	Verbal	Performance	Full Scale
No. 14	84	91	86
15	80	93	85
16	64	67	62

n = 3 children

Discussion Of The Pre-School Group

The results obtained from three different psychological tests cannot be compared with but minimal accuracy, even at the best of times. This is especially true when the tests are as dissimilar in many ways, as the three tests used to gain some impressions of the level of intellectual functioning of these young children. The most one can hope to do, when undertaking to make such comparisons, is to get some general notion of levels of functioning.

If the Social Quotients obtained on the Vineland Social Maturity Scale, for the five children who were examined by this test only, is added together with the Intelligence Quotients obtained on the Merrill-Palmer and WPPSI to obtain a mean quotient for the group, a mean score of 92.1 is obtained. The standard deviation from this mean is 18.1. While this is a far-from-reliable figure, it does give some suggestion of the general level of intellectual functioning of these children.

The Pre-Pubertal Group

There were 10 children in this group who ranged in age from 7 years 2 months through 11 years 8 months. Their mean age was 8 years 7 months. All were administered the Wechsler Intelligence Scale for Children; Table 7 shows the results.

TABLE 7

Child's Number, Verbal Scores, Performance Scores,
And Full Scale Intelligence Quotients
On The WISC For The Pre-Pubertal Group

Child's Number	I n t e l l i g e n c e Q u o t i e n t s		
	Verbal	Performance	Full Scale
No. 17	109	99	104
18	124	120	124
19	111	104	109
20	79	85	80
21	103	110	107
22	91	79	84
23	80	75	75
24	111	113	113
25	81	79	78
26	94	99	96

n = 10 children

Full Scale Intelligence Quotients for this group of children ranged from 75 through 124. The mean Verbal I. Q. was 98.3, and the mean Performance I. Q. was 96.3, with a Full Scale mean I. Q. of 97.0. The standard deviation from the mean of the Verbal I.Q.s was 14.8, and the standard deviation from the mean Performance I.Q.s was 15.2. The standard deviation from the Full Scale I. Q.s was 16.1.

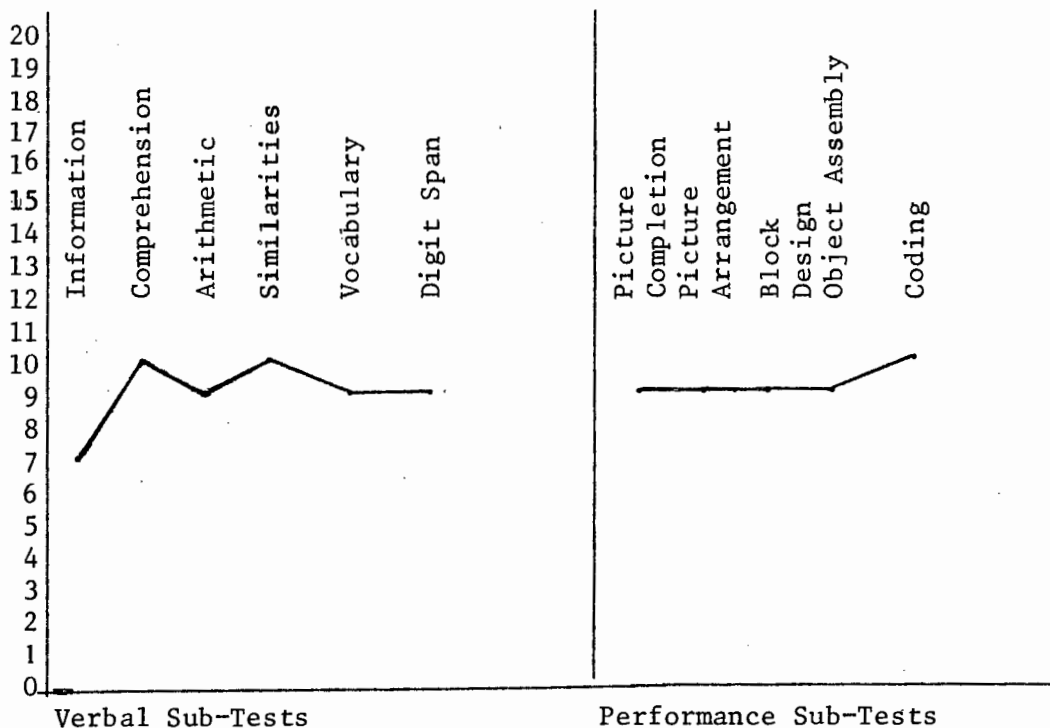
Five of the children were functioning below the mean of the Verbal I.Q. of 98.3; four were functioning below the mean of the

Performance I. Q. of 96.3; and five children were below the mean of the Full Scale I. Q. of 97.0.

When analyzing the results of the Wechsler Intelligence Scale for Children, it is important to consider sub-test scores as well as Verbal I. Q.s and Performance I. Q.s. Figure 1 is a polygon reflecting the mean scale scores for each of the 11 sub-tests of the WISC which was administered to the children in this group.

FIGURE 1

Polygon Showing Mean Wechsler Sub-Test Scale Scores For The Pre-Pubertal Group



Peaks of performance for this group of children occurred for Comprehension and Similarities on the Verbal Scale and for Coding on the Performance Scale. Glasser and Zimmerman (1967) describe Comprehension as the child's ability to use practical judgment in every day social activities, the extent to which the socialization

has occurred, and the extent to which some moral sense has developed. An interesting observation in regard to the super-ego development among this group of children is the fact that of the 10 children who answered the question, "What would you do if you lost your friend's ball (doll)?", which is one of the questions on the Comprehension sub-test, eight children in the group indicated that they would replace the lost toy with a new one. One child said she would tell her mommy she had lost the toy, and one other child said she would look for it, but did not indicate that she would replace the toy in the event she could not find it. This is surprising when one considers the home backgrounds from which these children come.

Another peak occurred for Similarities, which Glasser and Zimmerman (1967) describe as the ability to comprehend, to engage in associative thinking, and the ability to select and verbalize appropriate relationships between two, seemingly, dissimilar objects or concepts; facts and ideas have been gleaned from surroundings and basic, essential relationships between them are perceived in this sub-test. Logical and abstract thinking are also required.

The Performance sub-tests' peak occurred for Coding. This activity is a visual-motor activity and assesses speed of learning and writing symbols.

The lowest score for this group of children occurred for Information, which is described by Glasser and Zimmerman (1967) as the sub-test which indicates how much general information the child has

abstracted from his environment.

Discussion of The Pre-Pubertal Group

The mean Intelligence Quotient for this group was slightly higher than for the younger group of children (97.0 as opposed to 92.1) and also slightly higher than The Adolescent Group to be discussed in the following section.

While the sub-test mean scores tended to be slightly low, there were no statistically significant associations among this group of children when the chi-square method of association was used to compare all sub-test scores ($p > .05$).

The strengths of the group lay in its practical judgment in every day activities, the ability to see relationships between objects, and speed in writing symbols. This would be consistent with the life situations and the experiences of these children as reflected in the case history material.

The sub-tests on which the children obtained their lowest scores suggest poor social, cultural, and school experiences.

The Adolescent Group

There were 26 children in this group, ranging in age from 12 years 1 month through 16 years 10 months. The mean age was 14 years 2 months.

The WISC was administered to each of these children. (Reasons for using this test for children above the age of 15 years 11 months have already been discussed, and the scores were arithmetically extrapolated to accommodate for the age variable.) Table 8 reflects the Verbal, Performance, and Full Scale I.Q.s.

TABLE 8

Child's Number, Verbal Scores, Performance Scores,
And Full Scale Intelligence Quotients
On The WISC For The Adolescent Group

Child's Number	I n t e l l i g e n c e Q u o t i e n t s		
	Verbal	Performance	Full Scale
No. 27	109	83	96
28	97	101	99
29	94	103	98
30	96	89	92
31	90	107	98
32	116	111	115
33	91	96	93
34	96	83	89
35	95	110	102
36	114	127	122
37	104	86	95
38	116	113	116
39	96	99	97
40	85	110	96
41	129	117	125
42	85	106	94
43	95	97	96
44	96	99	97
45	82	87	83
46	104	89	96
47	120	93	108
48	103	113	108
49	77	71	72
50	104	96	100
51	84	75	77
52	109	113	112

n = 26 children

The mean Verbal I. Q. was 99.5, and the mean Performance I. Q. was 99.0. The mean Full Scale I. Q. was 99.1.

The standard deviation from the mean of the Verbal Scale I. Q. was 12.6 and 13.4 from the mean of the Performance Scale I. Q. The standard deviation from the mean of the Full Scale I. Q. was 12.1

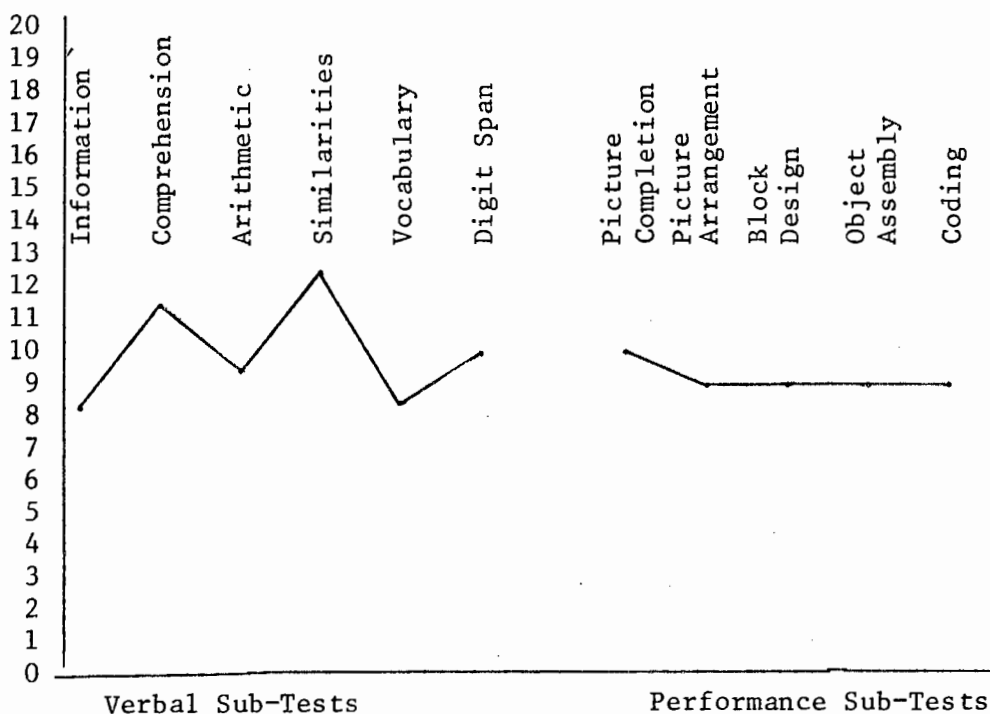
Twelve (12) of the children in this group were functioning

below the mean of the Performance I. Q. of 99.0 and 15 children were functioning below the mean of the Verbal I. Q. of 99.5. Of the total, 16 children were functioning below the mean of 99.1 on the Full Scale I. Q.

Figure 2 is a polygon showing the differences between the sub-test scale scores for The Adolescent Group.

FIGURE 2

Polygon Showing Mean Wechler Sub-Test Scale Scores For The Adolescent Group



Peaks of performance on Verbal sub-tests for this group of children occurred on Comprehension and Similarities, which was the same as for The Pre-Pubertal Group. The peak of the Performance sub-tests occurred on Picture Completion. Glasser and Zimmerman (1967) state that the Picture Completion sub-test measures the capacity to identify essential from non-essential

characteristics of familiar objects. These authors mention that attention and concentration are also important factors in this test.

The lowest scores made by The Adolescent Group were among the Verbal sub-tests. A mean scale score of 8 was made on both Information and Vocabulary. A description of the Information sub-test was given in the last division of this section of the study. Glasser and Zimmerman (1967) state that the Vocabulary sub-test gives a very adequate picture of the fund of information, richness of thinking, and nature and degree of language development. It clearly reflects the subject's educational and social environments. Rapaport (1946) and Wechsler (1958) also emphasize the importance of this Vocabulary sub-test and the significance of the quality of answers the child is able to supply.

Discussion of The Adolescent Group

The mean Full Scale I.Q. was higher for this group of children than for The Pre-Pubertal Group, as has already been noted.

No statistically significant associations were found relative to sub-test scores among this group of children ($p > .05$).

The strengths of The Adolescent Group lay in some of the same areas as those of The Pre-Pubertal Group, e.g., their practical judgment in every day activities and ability to see relationships between objects. In addition, children in this group had the strengths of being able to distinguish between essential and non-essential elements of familiar objects in the environment. Again,

as with The Pre-Pubertal Group of children, the realities of their every day lives would accentuate the need for these particular skills in order to live in their home environments.

Group Comparisons

Differences in mean Verbal, Performance and Full Scale I.Q.s have already been noted to be without statistical significance when comparing the three groups of children ($p > .05$).

In order that further group comparisons can be made, Table 9 has been compiled to reflect the mean sub-test scale scores for each of the two older groups of children and for the total study group.

TABLE 9

Verbal Scale and Performance Scale Sub-Test Scores
On The Wechsler Intelligence Scale For Children
For The Pre-Pubertal And The Adolescent
Groups Plus The Total Study Group

Group Of Children	M E A N						S C O R E S				
	Vocabulary	Comprehension	Arithmetic	Similarities	Vocabulary	Digit Span	Picture Completion	Picture Arrangement	Block Design	Object Assembly	Coding
The Pre-Pubertal Group	7	10	9	10	9	9	9	9	9	9	10
The Adolescent Group	8	11	9	12	8	10	11	10	10	10	10
The Adolescent Group	8	11	10	11	8	10	10	9	10	9	10

n = 36 children

When comparing The Pre-Pubertal and The Adolescent Groups, there were no statistically significant association between mean

scale scores obtained on any of the sub-tests when compared with groups of children ($p > .05$).

Levels of Intellectual Functioning

Lewis Terman virtually introduced the Binet-Simon Scale to American psychology when he translated and revised it in 1916. For the next decade or so, he devoted his work to the study of intelligence. While a number of variations of this early classificatory system have been developed, Terman's "Categories Of Intelligence" are still generally accepted and widely used as far as the I.Q. ranges are concerned, although different terminology is usually applied to the descriptions of the various classifications. Terman classified and described levels of intelligence in the following way:

<u>I. Q. Ranges</u>	<u>Classification</u>
Below 70	Definite Feeble-mindedness
70 - 80	Borderline Deficiency
80 - 90	Dullness
90 - 110	Normal or Average Intelligence
110 - 120	Superior Intelligence
120 - 140	Very Superior Intelligence
140 or Above	Genius or Near-Genius

Table 10 reflects the percentage of children in the study group who were functioning within each I.Q. range, based on Terman's original classification of degrees of intelligence as measured by intelligence tests. (The investigator is aware that this is not statistically "sound", but, nevertheless, the comparison is made in order to give a global overview and basis of comparing the intellectual functioning of the three groups of children.)

TABLE 10
Percentage Distribution Of Intellectual Functioning
Of Children In Total Study Group

Degree of Intellectual Functioning	Percentage Of Children
Below 70	3.8
71 - 80	13.5
81 - 90	15.4
91 - 110	46.2
111 - 120	13.5
121 - 140	7.6
141 or Above	0.0

n = 52 children

I. Q. Range 70 or Below

Two children had Intelligence Quotients below 70. Both were from The Pre-School Group. Their mean Intelligence Quotient was 63.5, and the standard deviation from the mean was 1.6. The older child was administered the WPPSI, and a Verbal I. Q. of 64 and a Performance I. Q. of 67 was obtained. This child's highest sub-test scale score was 6 on Block Design. The lowest sub-test scale score was 1 on Picture Completion. The younger child obtained a Vineland Score of 50 and a Merrill-Palmer I. Q. of 65-.

I. Q. Range 71 - 80

There were seven children in this range. Two were from The Pre-School Group; Three were from The Pre-Pubertal Group; two from The Adolescent Group. The I. Q.s ranged from 72 through 80. The mean was 76.3, and the standard deviation from the mean was 2.4.

The two youngest children had a mean I. Q. of 73 on the Vineland Social Maturity Scale, with a standard deviation of 2.0 from this mean. One of these two children was also administered the Merrill-Palmer, obtaining an I. Q. of 77 on this test.

Five of the children in this range of intellectual functioning were administered the WISC. On Verbal and Performance sub-tests, each of them obtained his highest scale score on a different sub-test. The range of highest sub-test scale scores was from 9 through 14. One child obtained his highest sub-test scale score on Comprehension (practical knowledge and social judgment); one on Arithmetic (concentration and arithmetical reasoning); one on Similarities (logical and abstract thinking); and one on Coding (speed of learning and writing symbols).

The lowest sub-test scale scores ranged from 2 through 5. One child obtained his lowest scale score on Picture Completion (visual alertness and visual memory); three on Block Design (analysis and synthesis of abstract designs); and one on Information (general knowledge gained from experience and education). One of the five children obtained a low sub-test scale score of 5 on four sub-tests; a second child obtained a low scale score of 4 on three sub-tests; and a third child obtained his lowest scale score of 5 on two sub-tests. The other two children who were administered the WISC obtained their lowest scale scores of 2 and 4 on one sub-test each.

The children who were functioning intellectually in the I. Q. range of 71 - 80 manifested no statistically significant pattern of high or low sub-test scale scores ($p > .05$).

I. Q. Range 81 - 90

Eight of the children were classified in this category of intellectual functioning. Five were from The Pre-School Group; one was from The Pre-Pubertal Group; and two were from The Adolescent Group. The range of I. Q.s was from 82 through 90, and the mean was 85.5. The standard deviation from the mean was 2.6.

Three of the children from The Pre-School Group were administered the Vineland Social Maturity Scale. The mean Social Quotient for these children on this test was 84.7 with a standard deviation of 3.8 from the mean. Two of the children were also administered the Merrill-Palmer. The mean I. Q. on this test was 83.5, with a standard deviation of 1.6.

The other five children within this I. Q. range were administered one of the Wechsler Scales.

On the Verbal and Performance sub-tests, high scale scores for this group of children ranged from 10 through 15. Two children obtained their highest sub-test scale scores on Vocabulary (word knowledge from experience and education). Two children performed best on Block Design (analysis and synthesis of abstract designs); one child on Digit Span (attention and rote memory); one on Similarities (logical and abstract thinking); and one on Object Assembly (putting together concrete forms of familiar objects).

The lowest sub-test scale scores ranged from 4 through 6. Two children obtained their lowest sub-test scale scores on Arithmetic (concentration and arithmetical reasoning); one on Similarities (logical and abstract thinking); one on Information

(knowledge from experience and education); one on Picture Completion (visual alertness and visual memory); one on Comprehension (practical knowledge and social judgment); one on Vocabulary (word knowledge from experience and education); and one on Coding (speed of learning and writing symbols).

Although there were only five children in this intellectual range who were administered the Wechsler Scales, two of the children obtained their highest scores on two of the sub-tests each. There was little homogeneity in highs and lows in the performance of these five children. Because each sub-test had a frequency of only 1 or 2 each, it was impossible to make any statistically significant associations between sub-test performances (high or low) and children functioning in this range of intelligence.

I. Q. Range 91 - 110

Intelligence test scores, within this range of "average intelligence", were obtained by 24 of 52 children in this study. Three of the children were from The Pre-School Group; four were from The Pre-Pubertal Group; and the remainder were from The Adolescent Group.

The I.Q.s ranged from 92 through 109. The mean was 99.0, and the standard deviation was 5.0.

Each of the three youngest children were administered the Vineland Social Maturity Scale. The mean Social Quotient, based on this test, was 99.7, and the standard deviation from the mean was 4.1. Two of the three children were also given the Merrill-

Palmer. One child obtained an I. Q. of 97, and the other 95, giving a mean of 96 and a standard deviation of 0.3⁺.

The WISC was administered to 21 of the 24 students in this range.

On Verbal and Performance sub-tests, 6 of the 21 children attained their highest scale scores on Comprehension (practical knowledge and social judgment); 6 more children attained their highest scale scores on Picture Completion (visual alertness and visual memory); 6 children on Comprehension (practical knowledge and social judgment); 4 on Coding (speed of learning and writing symbols); 3 on Similarities (logical and abstract thinking); 3 on Block Design (analysis and synthesis of abstract designs); 3 on Object Assembly (the putting together of concrete forms of well-known objects); 2 on Arithmetic (a test of concentration and arithmetical reasoning); and 2 on Digit Span (a test of attention and rote memory). The high scale scores ranged from 12 through 19, the frequency being 4 scores of 12; 4 scores of 13; 6 scores of 14; 2 scores of 15; 3 scores of 16; 1 score of 17; and 1 score of 19.

Low sub-test scale scores ranged from 4 through 8, the frequency being 2 scale scores of 4; 4 scale scores of 5; 7 scores of 6; 6 scores of 7; and 2 scores of 8. The sub-test with the highest frequency of low scores was Information (general knowledge acquired from experience and education). Seven children in this group obtained their lowest score on this sub-test. Six children obtained their lowest sub-test scores for Vocabulary (word knowledge from experience and education); 5 children for Object Assembly (putting

together concrete forms of familiar objects); 4 children for Digit Span (a test of attention and rote memory); 3 for Coding (speed of learning and writing symbols); 3 for Arithmetic (concentration and arithmetical reasoning); 2 for Picture Arrangement (interpretation of social situations); and 1 for Picture Completion (visual alertness and visual memory).

Ten children obtained equally low scores on more than one sub-test, accounting for the fact that high scores equalled 29 and low scores equalled 31, although there were only 21 children functioning in this range of intelligence.

Diagnostically, Wechsler sub-test findings indicated that the children in this group were most skilled at identifying familiar objects and people and being able to isolate essential from non-essential characteristics regarding each; being able to use practical judgment in every-day social situations requiring common sense; and speed and accuracy in making associations and expediting visual-motor activities. As a group of children of normal intelligence, their weaknesses, however, lay in poor cultural and school backgrounds, limited vocabulary and general information; and a limited ability to draw material from life and integrate it into meaningful wholes.

I. Q. Range 111 - 120

Three of the seven children whose intellectual functioning was classified in this group were children from The Pre-School Group. One child was from The Pre-Pubertal Group, and three others were from The Adolescent Group.

Their I. Q.s ranged from 111 through 119. The mean I. Q. was 114.4, and the standard deviation from the mean was 2.6.

The three youngest children were given the Vineland Social Maturity Scale or the Merrill-Palmer (or both). The four oldest children were administered the WISC.

On the Wechsler Verbal and Performance sub-tests, three of the four children made their highest scale scores, of 16, 17, and 18, on Similarities (logical and abstract thinking). The fourth child made his highest sub-test scale score, 16, on Digit Span (a test of attention and rote memory).

The lowest sub-test scale scores obtained by these four children were 8 on Digit Span (attention and rote memory) made by the youngest child; 7 on Arithmetic (concentration and arithmetical reasoning); 6 on Coding (speed of learning and writing symbols); and 7 on Information (general information from experience and education) made by the oldest of the four children.

As in the case of the previous group of children, those with an Intelligence Quotient ranging between 111 and 120, there was no significant pattern of sub-test abilities or limitations ($p > .05$).

I. Q. Range 121 - 140

Four of the children in the study group were classified intellectually superior. One was a child from The Pre-School Group; another was from The Pre-Pubertal Group; and 2 were from The Adolescent Group. Their Intelligence Quotients ranged from 122 through 125. The mean was 124.3, and the standard deviation was 1.2.

The youngest child was administered both the Vineland Social

Maturity Scale and the Merrill-Palmer Scale of Mental Tests.

The other two children were administered the WISC. On Verbal and Performance sub-tests, one of these three children made his highest scale score, 18, on Block Design (analysis and synthesis of abstract designs); another obtained his highest scale score, 18, on Picture Arrangement (interpretation of social situations); and the third child obtained his highest score, 17, on both Comprehension (practical knowledge and social judgment) and Similarities (logical and abstract thinking).

The respective lowest scale scores for these children were 8 on Coding (speed of learning and writing symbols); 11 on Comprehension (practical knowledge and social judgment) and Similarities (logical and abstract thinking); and 10 on Similarities (logical and abstract thinking) and also Picture Arrangement (interpretation of social situations).

From the foregoing, it is obvious that there is no significant degree of homogeneity within the group of children of superior intellectual functioning with regard to strengths or weaknesses in Verbal or Performance sub-tests on the Wechsler Scales ($p > .05$).

I. Q. Range of 140 or Above

None of the children in this study had an Intelligence Quotient of 140 or above, as measured by any of the tests of intelligence administered to the children in this study.

Three Types of Intellectual Dysfunctioning

There are three general conditions among children which affect normal intellectual functioning as assessed by psychological tests. Most clinical psychologists conceptualize these conditions as organic brain dysfunction, which frequently interferes with sensory-motor functioning; mental deficiency; and severe emotional disturbance or, in some cases, psychosis.

All three may be conceived as being disturbances in ego-functioning, based either on organic impairment (which handicaps the ego's ability to mediate), environmental stresses (which hamper the ego's development to mature functioning), or situational trauma which have been so devastating to the ego that ego-functioning is restricted and full potentials not utilized.

Organic Impairment

Study of the structure of the brain and the relationship between the brain and the sensory channels, both in states of normalcy and pathology, is an intrinsic part of the life long history of psychology. The influence which insults of various types, durations, and localizations within the brain have on such functions as visual and auditory perception, visual-motor coordination, memory, and other mental operations, has commanded a great deal of attention from psychologists.

In the late 19th and early 20th centuries, with the resurgence of interest in child psychology and increased development of children's study clinics, concern with organic impairment in children, and the effects such impairments might have on children's scholastic success and personal adjustment, became intense and

wide-spread. Almost parallel to the development of child psychology and the child clinic movement was the development of gestalt psychology.

In 1912, one of the founders of the Gestalt School, Wertheimer, published his famous paper on the study of motion, the phi phenomenon, which sparked off further studies of visual phenomena and their connection with the brain and intellectual functioning.

In 1938, in an attempt to apply some principles of gestalt psychology to child psychology, Bender selected designs developed by Wertheimer and devised the Bender Visual Motor Gestalt Test. Deviation and distortion of the gestalt of the designs selected by Bender were associated with immaturity in visual-motor perception, which immaturities were then related to impairment of some section (s) of the brain. The test was used among both children and adults who manifested various intellectual and emotional symptoms, in an attempt to learn more about the nature and role of organicity in human behaviour. Unfortunately, because the Bender Test had no objective scoring procedures, it was interpreted by subjective, intuitive procedures, thus rendering the validity and reliability of the test virtually impotent. After almost a decade, attempts began to be made to standardize and quantify scoring procedures (Billingslea, 1948; Stewart and Cunningham, 1958; and Pascal and Suttell, 1961), but it was not until 1964 that an extensive standardization test was carried out by Koppitz. Today it is one of the most widely used clinical tests

in psycho-diagnosis of brain injury in children and adults. Nevertheless, all authorities on the use and interpretation of the Bender Test caution against the psycho-diagnosis of brain injury based on the Bender Test, or any other single factor. This is because the diagnosis of brain injury, particularly in children, is a difficult diagnosis to make. Among adults, there are a number of neurological and psychological tests which are available for making the diagnosis, but among children, most of the tests still rely on the child's visual-perceptual and visual-motor performances. Presently, the tentative diagnosis of organic brain impairment is made, primarily, on the basis of information obtained from the Bender Test in conjunction with sub-tests on the Wechsler Intelligence Scales, tests of motor abilities, as evaluated by the Lincoln-Oseretsky test, facts from the child's life history, and any medical evidence which may be available.

In attempting to isolate organic brain injury, another problem arises. It is difficult to make a differential diagnosis, particularly among children, between brain injured children, children who have experienced marked sensory deprivation, and seriously emotionally disturbed children. Furthermore, there has been a great deal of confusion in terminology. In 1963 the National Institute of Blindness and Neurological Diseases assembled a Task Force to study terminology and the identification of minimal brain injury in children. They concluded that "The minimal brain dysfunction syndrome refers...to children of near-average, average or above average intelligence, with certain learning or behavioural

disabilities ranging from mild to severe, which are associated with deviation of function of the central nervous system. These deviations may manifest themselves by various combinations of impairments in perception, conceptualization, language, memory and control of attention, impulse or motor function." (Werry, 1968, p. 88).

Still another complicating factor in differential diagnosis is the fact that, although the underlying causes may be entirely different, frequently the symptomatology is similar. All three types of children mentioned (organically impaired, sensorily deprived, and emotionally disturbed) may be highly distractible, hyperactive, inattentive, and manifest "learning disabilities" which may center around a school subject, as reading, or certain skills required in one or more subjects. In general, the difficulties are largely perceptual; perceptual-motor; involve imagery, symbolization, memory, abstraction; and inner, receptive or expressive language development. These disorders can be broadly classified as the milder apraxias, aphasias and agnosias. They can be receptive, expressive, or a combination. The receptive disorders are the most handicapping, for as Johnson and Myklebust (1967) point out, "input" precedes "output". Thus, a child will speak meaningfully only after he hears and understands the spoken word, and he will write only after learning to read. (Johnson and Myklebust, 1967). Performance on psychological tests, including the Bender Test and the Wechsler Scales, may be poor for all these children. The problem of planning an effective treatment program for these children can be solved only by careful, efficient

diagnosis. While it is not within the scope of this study to discuss causes of organic impairment in children, it should be mentioned that, by and large, brain injury is a product of pre-, para-, or post-natal trauma rather than the result of genetic or inherited factors. (Merritt, 1963).

Despite the problems of psycho-diagnosis, the Bender Gestalt Visual Motor Test has proved to be a valuable diagnostic aid to the psychologist. It is the best of the available tests for this purpose. Koppitz (1964), whose scoring method is used in this study, underlines what has been mentioned earlier, i.e., the incidence of brain injury should not be diagnosed on the basis of a single test score, or any other single factor. Other tests and information should be taken into consideration. When using the Bender as an instrument, Koppitz suggested that the following be taken into consideration before making a tentative diagnosis

1. Scoring of Bender protocol with the Developmental Scoring System for Children and evaluation of the total Bender score,
2. Recording of the time required by the child to complete the test,
3. Careful observation of the child's behaviour while taking the test,
4. Inquiry into whether the child is aware of the errors on his drawings and, if necessary, a redrawing of some of the Bender designs,
5. A detailed analysis of individual deviations on the record to determine their diagnostic significance, and
6. Evaluation of the amount of space required to finish the Bender Test (Koppitz, 1964, pp. 104 and 106).

In the study under consideration, the Koppitz Developmental Scoring System was used for obtaining Bender scores. Each of the suggested six items of evaluation were also taken into consideration, as well as the supporting evidence of the Block Design sub-test on the Wechsler Scales, the relationship between the verbal and non-verbal sub-tests of the Wechsler Scales, the child's history, and any other known information, before considering the possibility of brain injury among certain children.

In this study, 39 children were administered the Bender Gestalt Visual Motor Test. As indicated, while this test, when used in conjunction with other supporting evidence, can be useful in making a tentative diagnosis of brain injury, the diagnosis should be limited to whether or not brain injury is present. Unfortunately, investigators do not agree as to the Bender's effectiveness in differentiating mental retardation on the basis of aetiology (organic from socio-cultural).

Ten of the children had Bender results which were outside the limits of one standard deviation below the mean for age-appropriate scores.

The Pre-School Group

The three oldest children in this group were administered the Bender, two results of which were outside limits of normalcy.

One child, No. 15, age 5 years 3 months, had a Bender Score of 22. (The mean score for her age group is 13.6). Instead, her score of 22 is appropriate for a child under the age of 5 years. There were 6 items significantly associated with brain injury, and

2 other items highly significantly associated with brain injury. This child's I.Q. on the WPPSI was 85. Time taken by the child to complete the test was 10 minutes 3 seconds. The findings on the Bender were consistent with the incidence of brain injury; the score was two and one-half standard deviations below the mean for the child's age.

The other child, No. 16, had a Bender Score of 19, which is a score appropriate for a child under the age of 5 years. Her age was 5 years 5 months. The mean score for her age-group is 13.6. Her score of 19 was one standard deviation below the mean. Five items were found to be significantly associated with brain injury, and 3 additional items were highly significantly associated with brain injury. The child's I. Q. on the WPPSI was 62. The time the child took to complete the test was 5 minutes 10 seconds. While the findings of the Bender are consistent with mental retardation, this child is a good example of the difficulties in differential diagnosis discussed earlier, for, the question of psychosis has arisen in connection with this child who has been referred for psychiatric evaluation.

The Pre-Pubertal Group

Atypical Bender results were obtained by four children in this group. One child, No. 17, age 7 years 2 months, had a score of 14 which was two and one-half standard deviations below the mean, and which was a score appropriate for a child under 5 years of age. The mean score for a child 7 years 2 months is 4.8. Seven items were found to be significantly associated with brain injury, and two

others highly significantly associated with brain injury. The time taken to complete the test was 5 minutes 58 seconds. This child's I. Q. on the WISC was 104, but the findings on the Bender were consistent with brain injury.

Child No. 20, age 7 years 7 months, attained a Bender Score of 9, which was more than one standard deviation below the mean, and appropriate for a child age 6 years. The mean score for a child 7 years 7 months is 4.7 (as opposed to her score of 9). Five items were found which were significantly associated with brain injury. Her I. Q. on the WISC was 80, and the time taken to complete the test was 5 minutes 18 seconds. This child was obviously functioning at a retarded level, and whether or not the cause was due to organic or non-organic causes is theoretical.

The third child, No. 22, is another difficult child to diagnose for brain injury. He attained a Bender Score of 14, which is three standard deviations below the mean for his age of 7 years 10 months. This score is appropriate for a child less than a 5 year old. The mean Bender Score for 7 years 10 months is 4.7 (as opposed to his score of 14). Eight items were found to be significantly associated with brain injury. However, this child had required psychiatric treatment, and therefore, presents some problems in differential diagnosis. It is, of course, possible that he is both brain injured as well as severely emotionally disturbed. His I. Q. on the WISC was 84, which the investigator regards as a depressed score, based on the pronounced symptoms of emotional

disturbance manifested by the child. He took 12 minutes 3 seconds to complete the Bender.

The last child in this group to have an atypical Bender Score was No. 23, who attained a score of 10, which is two and one-half standard deviations from the mean for his age of 8 years 6 months. Appropriately, his score should have been within one standard deviation of a mean of 2.5. A score of 10 is appropriate for a child 5 years of age. Nine items were found to be significantly associated with brain injury. On the WISC, his I. Q. was 75, and he took 12 minutes 10 seconds to complete the test.

The Adolescent Group

Four children in this group had atypical Bender results. Adolescent children should obtain a Bender Score of 0.0 since they are, in age, above the ceiling of the test.

Child No. 27 obtained a score of 1, which is appropriate for a child 11⁺ years of age. His age was 12 years 1 month. On the WISC, his I. Q. was 96, and he required 7 minutes 14 seconds to complete the test. His score of 1 is within one standard deviation of the mean.

Child No. 30 obtained a Bender Score of 4, which is appropriate for a child 7 years old. His age was 13 years 7 months. On the WISC, his I. Q. was 92, and he required 6 minutes 51 seconds to complete the test. His score was more than one standard deviation below the mean.

Child No. 48 obtained a Bender Score of 3, which is appropriate for a child 8 years old. He was 16 years 1 month. On the WISC,

his I. Q. was 72, and he required 12 minutes 10 second to complete the test. His score is more than one standard deviation from the mean.

Child No. 51 obtained a Bender Score of 5, which is consistent with the performance expected of a 7 year old. This adolescent was 16 years 7 months. On the WISC, she had an I. Q. of 77, and she required 6 minutes 51 seconds to complete the test. Her score was almost two standard deviations from the mean.

Discussion - Based on Bender Gestalt Visual Motor Test Scores, intelligence tests, Wechsler sub-test scores, and case history information, 9, and possibly 10, children were found to be possibly brain injured. On observation, none of the children were hyper-active. All appeared distractible and highly suggestible. None were very goal-directed, and all exhibited anxiety and a need to please the investigator. Two of the children were in The Pre-School Group and had obtained I.Q.s of 85 and 62 on the WPPSI. Four other children were in The Pre-Pubertal Group and had obtained I.Q.s of 104, 80, 84, and 75 on the WISC, and four additional children were from The Adolescent Group. The latter had obtained I.Q.s on the WISC of 96, 92, 72, and 77. It would, therefore, further appear that of these 10 children, one was definitely a mentally deficient child, and three others were "borderline retardates". Three others were functioning within the classification of "dull". The remaining three children were in the "normal" range of intellectual functioning.

Mental Deficiency

The term, mental deficiency, or mental retardation, covers a wide range of conditions from the near-typical to the extremely atypical. In addition, there are numerous terms used to refer to this group, as well as many definitions of the condition. One adequate and parsimonious definition is that of The American Association on Mental Deficiency (1961)

Mental retardation refers to sub-average intellectual functioning which originates during the developmental period and is associated with impairment in adaptive behavior.

This definition incorporates three criteria: intelligence, social competency, and developmental arrest.

Historically, the emphasis in definitions has placed importance on impairment of intelligence as measured by intelligence tests, and, perhaps because of this emphasis in impaired mental functioning, some confusion still remains in the minds of many people as to the distinction between mental deficiency and mental illness.

Only an extremely low percentage of mental deficiency is inherited. One study² in which the investigator participated reported the incidence of mental deficiency due to inherited factors to be less than 1% of the retardate population. Approximately another 15% to 20% is due to brain injury, leaving roughly 80% to socio-cultural deprivations.

A child who lives in a social milieu where other children are functioning intellectually at a low or marginal level, frequently

² Governor's Report on Mental Retardation, State of Texas, 1968.

goes unrecognized through infancy and early childhood. This is especially true of the child who attends a school where a large percentage of the children are similar in general behaviour and school performance. Frequently these children attain puberty before they attract attention to themselves through their behaviour both in and out of the school setting. The intellectually inadequate girl, who may be physically mature, is in a particularly precarious position. The very nature of her deficiencies endows her with poor judgment, poor impulse control, suggestibility, and a strong unmet need to be accepted by others. Sexual promiscuity, prostitution, and illegitimacy are common among these girls. Among the boys who are mentally deficient, criminal behaviour is frequent, particularly when youths of higher intellectual ability make use of the duller youth to carry out illegal acts which they, themselves, dare not implement. In the case of both the girls and the boys, often these unfortunate children, in their attempt to gain acceptance and affection, are exploited by older, more intelligent individuals.

In many ways, the more severely mentally deficient child is in a more fortunate position than the "borderline" child in that he is often recognized and helped earlier and is deficient enough that more realistic expectations from parents, teachers, and others are demanded of him.

Heiser and Wolman (1965) report that on the basis of data available, the estimated frequency of mental deficiency in Western cultures is approximately 2% of the general population. The retar-

date population is also classified into ranges of intelligence in the same manner in which the general population is classified into ranges of intelligence (as Terman's model). The American Association of Mental Deficiency classifies mental retardation in the following categories

I. Q. Range 71 - 80	Borderline Retardation
I. Q. Range 51 - 70	Mild Retardation
I. Q. Range 36 - 50	Moderate Retardation
I. Q. Range 21 - 35	Severe Retardation
I. Q. Range 20 & Under	Profound Retardation

The most common manner by which individuals are classified intellectually deficient is by means of intelligence quotients obtained on psychological tests of intelligence. An I. Q. of 70 has been arbitrarily set as the point of separating "retardates" from "non-retardates". Frequently school placement is determined by I. Q. Scores alone, and a child with an I. Q. of 69 is "retarded", while a child with an I. Q. of 72 is "not retarded". There are many things which could be said in regard to such practices, none of which are within the scope of this study. However, one of the most important considerations of the psychologist is the responsibility this places on him to be both knowledgeable and scrupulous. A child's educational career may be tremendously influenced by the reported results of a psychological test.

Two children in this study were functioning intellectually at a level below the I. Q. of 70. One pre-school child obtained an I. Q. of less than 65 on the Merrill-Palmer Scale of Mental Tests, and another child in the same group obtained an I. Q. of 62 on the WPPSI.

Severe Emotional Disturbance or Psychosis

Piaget views intelligence as a special instance of the organism's biological adaptation within the context of his environment, the outer manifestation of which is the individual's ability to cope with life, and the inner manifestation of which is the functional organization of the intellect (Wolman, 1972). This theory is compatible with psychoanalytic theory which conceptualizes intellectual functioning as only a part of total ego functioning; therefore, factors, internal or external, which interfere with the ego's development or performance could influence the individual's capacity to make use of his intellect.

In psychoanalytic thought, categorizing functions and behaviours as "emotional disturbances" is but a way of conceptualizing various specific immaturities or collapses in ego functioning. Depending on their nature and expression, these deficits in functioning could be reflected in the child's performance on psychological tests of intelligence.

Generally, when one speaks of "the emotionally disturbed child", he is referring to the child who, in psychiatric terms, manifests neurotic or personality disorders. (Usually the psychotic child is specified as such.)

Neurotic or personality disorders are psychogenic in nature, and organic causes are either absent or are not the most prominent feature.

Engel (1963) defines symptoms of impaired intellectual

functioning as involving one or more of the following

- (a) reduced attention and ability to concentrate
- (b) defects in the ability to establish orientation as to time, place, or person
- (c) defects or selective gaps in recent or remote memory, retention, recall and the ability to learn
- (e) deficiencies in quantity or quality of general knowledge and information
- (f) defects in judgment and comprehension
(Engel, 1963, p. 327).

There is little evidence that neuroses represent efforts to defend against anxiety (Lader, 1968, Detre and Jarecki, 1971). However, the symptoms which a child manifests will stem from the anxiety he experiences and the manner in which he handles this anxiety.

In individuals suffering from neuroses, frequently the affectual system is involved. Some children, for example, are depressed, while others are hyperactive, withdrawn, or expressing some other "mood", depending on the course of the symptoms. Disturbances in affect may adversely influence intellectual functioning. As an example, the depressed child may not be able to remember facts or be able to sustain interest. Other children may make faulty intellectual discriminations, be intellectually apathetic, or be unable to sustain attention or concentration. Many examples of affective disturbances interfering with good use of intellectual abilities could be cited.

The negative correlation between intellectual functioning and anxiety has been well documented (Hafner & Kaplan, 1959; Sarason et al., 1960; Hill & Zimbardo, 1964; Feldhusen & Klausmeier, 1962). Nevertheless, the role of anxiety in negatively

influencing intellectual functioning is vitally important in the psycho-diagnosis of children. The fact that the influence of anxiety is well understood in no way minimizes the frequency nor severity of its occurrence.

The child manifesting a neurotic disorder may be immature, and this child often avoids intellectual growth and achievement in an attempt to maintain his dependent role at home and school.

Pope and Scott (1967) fully investigated and reported the characteristics of personality disorders which negatively influence intellectual functioning of children. Psychopathy and poor use of intellect is well known, even when occurring among children.

Other symptoms of the emotionally disturbed child of the neurotic type, such as the development of phobias, sociopathic behaviours, somatic complaints, and countless others, may interfere with the child's ability to make good use of his intellect.

Regardless of the nature of the neurosis, or the nature or severity of the symptoms, in theory, the sufferer makes inappropriate use of his psychic energy, for he is investing it in attempting to repress or resolve his neurotic conflicts rather than freely utilizing it to master tasks and acquire skills in the intellectual sphere.

Bender (1953) described the psychotic child as one who is impaired "at every level and in every area of integration and patterning within the central nervous system" (Detre & Jarecki, 1971, p. 363). These areas include impairment in communicative speech, motor behaviour, ability to relate to others, perceptual

skills, and cognitive functions. Frequently thought processes become disturbed; affect becomes inappropriate; and disruption in verbal and inter-personal communication occur. In general, psychosis represents collapse in certain vital areas of ego functioning. Relationships between intellectual functioning and psychoses have been an area of considerable research. This is particularly true of schizophrenia (Pollack, 1967; Schachter et al., 1962; Rutter, 1964; Alderton, 1966; and Wolman, 1970).

Certainly the child who suffers from a psychotic disorder cannot function optimally in the intellectual area.

In terms of Wechsler's concept of intelligence, neither "the severely emotionally disturbed child" nor "the psychotic child" can fully use his intellectual capacities, for, to some degree, they are handicapped in their efforts to "act purposefully, to think rationally, and to deal effectively with (their) environment" (Wechsler, 1944, p. 1).

The Matter Of Scatter

Prior to the development of the Wechsler Adult Intelligence Scale (1939), the Stanford-Binet had been used experimentally for approximately a quarter of a century. Its use had moved from schools, where it originated, to clinics, hospitals, and other institutions.

In his historical survey of the use of intelligence tests in psychodiagnosis, Rabin (1965) reports that early research with the Stanford-Binet centered upon the study of certain "scatter"

being associated with specified nosological groups.

After the introduction of the Wechsler Scales, similar research continued both with the Stanford-Binet and the Wechsler Scales. After making reference to a large number of studies from 1914 through 1962, Rabin (1965) summarizes the findings of half a century's research on "scatter"

1. A number of measures of scatter did not succeed in differentiating considerably between disordered children and adults and normal ones.
2. Wechsler's tests have stimulated a revival of interest in psychometric indices as an aid in differential diagnosis. The research activity is classifiable under two rubrics -- scatter and measures of deterioration.
3. A number of test patterns and measures of scatter characteristic of a variety of nosological categories have been proposed. The findings with different measures of scatter are at best contradictory and inconclusive.
4. There emerged two additional approaches to the interpretation of test data:
 - (a) the intra-test scatter which is made possible in the Wechsler type of point scales and the interpretation of the ordinal relationship of passes and fails within the same subject
 - (b) the qualitative and "projective" interpretation of the content of responses, which is not readily quantifiable and which depends greatly upon the clinician-interpreter.

Even attempts at devising indices for the diagnosis of "organicity" have not been successful. The general discrepancy between the Verbal and Performance Scale I.Q.s (in favour of the former) was originally suggested by Wechsler (1944) as being of value in diagnosing organic brain impairment, psychoses and psychoneuroses; and discrepancy in the opposite direction (in favour of

the Performance) being of value in diagnosing psychopaths and mental defectives has also been questioned.

Few scatter studies with the WISC have been reported, and Rabin (1965) suggests that perhaps the evidence from WAIS studies might have discouraged investigators from pursuing the matter of scatter, especially since diagnostic categories are even more difficult to define among children than among adults.

At any rate, in view of a lack of evidence to support the drawing of conclusions from "scatter patterns" obtained from the WISC, no attempt to arrive at any such conclusions has been undertaken in this study -- not even in attempting to assign children to such diagnostic categories as "brain injured", "organically impaired", "perceptually handicapped", or others.

Low scores on some of the WISC sub-tests, particularly Block Design and Object Assembly, have been taken into consideration along with results of the Bender Visual Motor Gestalt Test in considering the possibility of organic impairment in a few of the children in this study. The scores taken into consideration are low individual sub-test scores, and not patterns of scatter, however.

Scholastic Achievement

Unless he is excessively physically or mentally handicapped, every individual spends much of his early life in school. It is the vocation of childhood. In our culture, education is so highly valued that society dares even to bring legal sanctions against the family whose children do not attend school. Furthermore, particularly in the case of a male child, his vocational future depends, to a large extent, on his scholastic success from the moment he enters school until he is graduated. In highly developed civilizations such as the Western industrial cultures, the type of work in which an individual can engage, and the amount of income he can gain, are largely determined by his educational attainment. Generally, he who, as a child, fails at school, also fails as an adult, for he is ill equipped to earn an adequate living for himself and his family.

School experience is a major life experience, not only because of what the child learns, but also because it is his first major influence outside his family.

School entrance presents anxieties and conflicts for most children, for when the time arrives, the child is faced with the decision of whether he wants to remain a child and stay at home near his parents' love and protection (if he is fortunate enough to have such life circumstances), or whether he should feel proud and happy about being mature enough to go to school. At best, it is a difficult time. When this major step in the young child's

life is complicated by other major stressful factors, it is, indeed, a critical period for him. Few children in such circumstances are able to cope, and almost from the very beginning, their educational careers are in jeopardy.

Those who work among children consider the following as some of the most common causes of poor school performance.

School Readiness

The ability to count, read, and write are directly related to the maturational process. No infant can learn to do these things; a certain amount of physiological maturation must occur before a child can learn these skills. The richness of the child's early sensory stimulation is another major factor determining when a child is ready to begin to master academic tasks (Piaget, 1958). Conversely, once a child is ready for school, this is the time for him to begin; he should not be delayed until he is past this optimal period and later enter school when he is older and larger than most of his classmates. He is then thwarted not only in his intellectual development but also in his social and emotional adjustment in the school situation. Before a child is ready to enter school, growth and development in three major areas is necessary: the physiological, the socio-cultural, and the emotional. If a child is seriously under-developed in any one (or more) of these areas, he is unready to undertake school entrance.

Physical Illness

The ill child can neither work at school nor play outside school effectively. He is deprived of the rewards of both.

His concentration is poor, and goal-directed activity is minimal. He may be infantile, irritable, easily frustrated, or incapacitated. If so, this will likely adversely affect his attitude towards his studies, the way in which he relates to the teacher, and the way he acts towards other children. If others do not understand that he is ill or incapacitated, or if they fail to understand the nature and severity of his illness, this child may frequently be the victim of the cruel taunts of his playmates, classmates, as well as the reprimands of his teachers. His pain will be increased.

Physical Neglect

Some children, if they go to school at all, go without sufficient food or adequate clothing. This may be due to economic, emotional, or a combination of difficulties experienced by the parents and the children. In addition, such a child likely has no, or too few, school supplies. A hungry, ill-clad, barefoot child, with no pen or paper, makes a poor student. When these material lacks are coupled with limited intellectual capacity, illness, or grossly disturbed home environment, learning is almost impossible. The child will likely experience added trauma in the form of school failure.

Emotional Immaturity

Inasmuch as the child may lack the physiological growth and environmental stimulation to equip him to acquire academic skills, the psychological immaturity of a child may also deprive him of the

opportunity to achieve scholastically. If a child's psychic energy is being utilized in a desperate attempt to obtain vital, unfulfilled, infantile gratifications and to control excessive anxiety, he has little reserve with which to master the tasks appropriate to the 6 year old, one of the most important of which is school.

Negative Conditioning

In discussing children's difficulties in learning, the matter of negative conditioning should not be overlooked. Some children associate learning with pleasure and can be encouraged to learn by use of positive rewards. Other children, however, whose life circumstances are different, quickly associate learning, or lack of learning, with humiliating, painful or depriving experiences. Without special help, these children are unlikely ever to perform well at school or to enjoy the learning experience afforded by school.

Still other children become negatively conditioned to the learning situation, and school in particular, because of the cruel jesting of schoolmates, and sometimes even teachers. This can happen because a child has ragged clothing, lives in a poor house, has no school clothes, or has a prostitute for a mother. These children, too, soon learn to hate school and to use every possible opportunity to avoid the situation.

Sensory-Motor Impairment

Sight and hearing are the two senses chiefly employed in the learning process. Any defect in them, such as poor vision, partial deafness, or disturbance in visual or auditory perceptual

processes interfere with the child's ability to learn. Often in very young children, as in the case of intellectual deficiency, such impairments go unnoticed until the child is well into his school career.

Intellectual Inability

School difficulties may arise because of an intellectual handicap.

If a child's mental adequacy is marginal or borderline, his condition may go undetected both by parents and others until such time as he enters school. The very nature of the mildness of the condition is deceptive, and often such a child is labelled "lazy" or "indifferent", when, in actual fact, his capacity to learn, or to learn quickly, may be limited. Such a child is sometimes cruelly pushed to achieve at a level of academic competency which he is unable to attain, especially if his parents have educational ambitions for him.

The mentally defective child, even if only minimally so, is usually slower to mature physically than the normal child, e.g., his motor and language development, inter alia, may lag. This child is also slower to mature emotionally, and he is not as well prepared to leave home and enter school as the normal child. The emotional stress experienced by this child is, therefore, greater than that experienced by the normal child. School entrance and adequate school performance are more difficult for him. Furthermore, regardless of how slight the degree, the mentally defective child is a threat to parental narcissism. Particularly among the

parents of the adolescent in this study is this an important consideration. Absence of parental respect for a child's ability to learn, and his achievements at school, further complicates his problems and tends to embroil him in a vicious circle of incompetency, failure, rejection by parents and school, lowered self-esteem, and greater incompetency.

Neurological Impairment

Certain organic impairments, not detectible on clinical examinations, or sometimes even on neurological examination, make it difficult, if not impossible, for a child to learn at a normal rate and to an optimal standard. Children with such difficulties are frequently referred to as "brain injured children", "minimally brain injured children", "children with perceptual handicaps" and similar descriptive phrases. Regardless of the referent, they frequently exhibit considerable difficulty with reading, spelling, or arithmetic. These children, too, frequently go undetected until they have failed at least one year at school.

Poor Inter-Personal Relationships

Inherent in the child's ability to study and learn at school is his ability to identify with the significant adults in this environment. His relationship with the teacher is very important. If he likes the teacher, and is liked by her, he can identify with her and then be more likely to learn the academic skills she wants him to learn. Often a child fails to learn adequately because of a poor relationship with the teacher.

If a child begins school at the optimal time of readiness for him, and is not overwhelmed by home problems, his inter-personal relationship with the teacher should be good, and the child should learn, if he is not handicapped in some other area. However, if his inter-personal relationships with her are poor, he may generalize these negative feelings onto the material he is attempting to learn and, as a result, develop further learning difficulties. Frequently a negative relationship which a child has with a parent is, unfortunately, displaced onto the teacher; however, if a child has a poor relationship with his parents, and does not displace this onto his relationship with his teacher, the former, alone, is sufficient to interfere with his ability to learn .

Poor relationships with other children can also interfere with a child's ability to learn. His popularity or rejection in his peer group is a powerful force in his life, particularly when the child is between approximately 6 and 12 years of age. It is during this time that friendships and a need for peer acceptance are at their highest. It is also during this age that cruelty and aggression among children are at their peak, and exclusion from the group is agonizing for any child unfortunate enough to be unaccepted by his peers.

Lack Of Attention And Concentration,
Worries, Embarrassments, Day-Dreams

Lack of attention or concentration may be the result of a number of factors, e.g., neurological impairment, sensory perceptual difficulties, hunger, need for sleep, lack of purpose, lack of

tenacity, lack of interest, or many other factors. Any one, or a combination, of these factors may contribute to the child's lack of success at school.

Sometimes a child does not really lack attention, but rather, he directs his attention to things other than the task at hand. He may be preoccupied with matters more important to him than school work, sometimes even the matter of sheer survival. The child may worry about a parent; father's unemployment; having no food, no heat or no bed at home; being beaten when he arrives home from school; or the neglect and rejection he may be experiencing from a parent. Worry, embarrassment over personal or home situations, disappointment and desperation over problems may occupy the child's thoughts to the exclusion of his school work, which, in comparison, at this time in the child's life, may seem trivial.

Discussion

To Eaton and Peterson (1965) belong the credit for the discussion of most of the factors discussed which may interfere with a child's school success.

With increased understanding of the children in this study, comes the realization that, indeed, most of the factors discussed seriously influence their school work. This will be substantiated in a number of sections in this study.

Placement in school

Thirty-six (36) of the children in the study group were of school age, 10 in The Pre-Pubertal Group (below the age of 12 years)

and 26 in The Adolescent Group (12 years or older).

Based on the month in which the child was born (which would determine whether or not he was eligible to enter school in a specific year or had to wait until the following year) and the year in which he was born, it was ascertained that 40% of The Pre-Pubertal Group and 46% of The Adolescent Group were in school Standards below their age-appropriate placements. Table 11 shows the analysis.

TABLE 11

Age-Appropriate School Placement And Actual School Placement
For The Pre-Pubertal Group

Standard In Which Children Should Be Enrolled	Number Who Should Be In That Standard	Number In That Standard	Number Who Should Be In That Standard But Are Not
Sub A	0	3	0
Sub B	5	4	1
Std. I	2	0	2
Std. II	0	1	0
Std. III	1	2	0
Std. IV	2	1	1

n = 10 children

The children who were in Standards below their appropriate age level were there because they had failed. None began school late.

One Sub A child, and one of the Std. I children, had failed one year at school because they were mentally deficient or brain

injured children who were functioning, intellectually, below the normal level.

The other child who should have been in Std. I, was in Sub A. He had failed Sub A three consecutive years because of being severely emotionally disturbed.

The child who should have been in Std. IV, was in Std. II because she had lost both parents within a few months' time (one by death and one by desertion) and had been in and out of various children's homes during the school year.

In addition to the reasons provided above, this group of children experienced changes of school because the parents moved from one place to another so frequently.

Table 12 provides the same information for the adolescents.

TABLE 12

Age-Appropriate School Placement And Actual School Placement
For The Adolescent Group

Standard In Which Children Should Be Enrolled	Number Who Should Be In That Standard	Number In That Standard	Number Who Should Be In That Standard But Are Not
Std. II	0	1	0
Std. III	0	1	0
Std. IV	2	1	1
Std. V	1	3	1
Std. VI	2	8	1
Std. VII	15	10	7
Std. VIII	5	2	3
Std. IX	1	0	1

n = 26 children

The one child who should have been in Std. IV, but was not, was in Std. III. He began school two years late due to physical illness and two or three surgical procedures. In addition, he failed one year; he was disinterested in school, inter alia, because he was so much older and taller than the other children in the class.

The child who should have been in Std. V was in Std. IV because of absenteeism.

The child who should have been in Std. VI was in Std. V; she had stayed at home most of one year to look after the home and the younger children in the family because her mother was in a hospital for the treatment of alcoholism and drug addiction.

Five of the seven children who should have been in Std. VII, were in Std. VI. They had failed because of truancy. One of the remaining two children had failed one year because of her parents' frequent moves and change of schools. The other child had begun school three years late because of multiple surgical operations on his foot which was deformed as a result of an accident.

One of the children who should have been in Std. VIII was in Std. VI because he had failed three times before it was discovered that he was mentally deficient. The other two children had failed only once and were in Std VII. One failed because he was intellectually retarded, and the other failed because she was truant from school. The Std. IX child was in Std. VIII, for reasons unknown to the investigator.

Academic achievement

All of the school-age children were administered the University of Cape Town Scholastic Tests, a series of inventories developed by Associate-Professor V. M. Grover, former Director of the University of Cape Town Child Guidance Clinic, and her colleagues. These tests are graded according to school Standards and are designed to evaluate skills in reading, spelling, writing, and arithmetic.

The children in this study were evaluated by seven of these tests, investigating the following:

- (a) ability to spell words
- (b) ability to add single digits, obtaining a two-digit sum
- (c) ability to compute arithmetical problems stated in narrative form
- (d) ability to read single words
- (e) ability to orally read and comprehend a passage from a graded school reader
- (f) ability to silently read and comprehend a passage from a graded school reader
- (g) ability to comprehend a passage read to the child from a graded school reader

Spelling

Annexure A is a copy of the spelling words dictated to the children, and Table 13 reflects the children's performance by school Standards on the spelling test.

TABLE 13

Child's School Placement, Number, Age, and Ability To Spell

Child's Standard Of Enrollment & Number	Child's Age (In Years And Months)	Level At Which Child Was Able To Spell
<u>Sub A</u>		
No. 20	7 years 7 months	-
No. 22	7 years 10 months	-
No. 23	8 years 8 months	-
<u>Sub B</u>		
No. 17	7 years 2 months	-
No. 18	7 years 4 months	B 3rd Quarter
No. 19	7 years 7 months	I 3rd Quarter
No. 21	7 years 7 months	A 3rd Quarter
<u>Std. I</u>		
<u>Std. II</u>		
No. 27	12 years 1 month	III 1st Quarter
<u>Std. III</u>		
No. 25	11 years 3 months	I 3rd Quarter
No. 26	11 years 8 months	II 2nd Quarter
No. 30	13 years 7 months	I 3rd Quarter
<u>Std. IV</u>		
No. 24	10 years 8 months	III 4th Quarter
No. 28	12 years 3 months	IV 2nd Quarter
<u>Std. V</u>		
No. 29	12 years 11 months	III 4th Quarter
No. 31	13 years 8 months	IV 1st Quarter
No. 32	13 years 10 months	VII 4th Quarter
<u>Std. VI</u>		
No. 33	14 years 0 months	IV 1st Quarter
No. 34	14 years 2 months	V 3rd Quarter
No. 35	14 years 3 months	VII 3rd Quarter
No. 40	15 years 1 month	V 4th Quarter
No. 43	15 years 4 months	V 3rd Quarter
No. 44	15 years 5 months	IV 1st Quarter
No. 46	15 years 5 months	IV 3rd Quarter
No. 51	16 years 7 months	IV 1st Quarter
<u>Std. VII</u>		
No. 36	14 years 4 months	VII 3rd Quarter
No. 37	14 years 10 months	VII 2nd Quarter
No. 38	14 years 11 months	V 3rd Quarter
No. 39	14 years 11 months	VII 1st Quarter
No. 41	15 years 4 months	VII 3rd Quarter
No. 42	15 years 4 months	III 3rd Quarter
No. 45	15 years 5 months	IV 4th Quarter
No. 48	16 years 1 month	III 3rd Quarter
No. 49	16 years 3 months	VI 1st Quarter
No. 52	16 years 10 months	VII 2nd Quarter
<u>Std. VIII</u>		
No. 47	15 years 8 months	VIII 2nd Quarter
No. 50	16 years 4 months	VI 1st Quarter

n = 36 children

A few (11.1%) of the children were able to spell at a level higher than their actual school placements. An additional 33.3% were able to spell at the level of the school Standard in which they were placed, and the remaining 55.6% were not able to spell at the level of their school placement.

None of the children in Sub A were expected to be able to spell, and the words were not dictated to them.

Table 14 is an elaboration of Table 13.

TABLE 14

Mean Level Of Spelling
For Each School Standard

Standard In Which Children Were Enrolled	Mean Level Of Spelling For Each School Standard
Sub A	-
Sub B	Sub B
Std. I	-
Std. II	Std. III
Std. III	Std. I
Std. IV	Std. III
Std. V	Std. IV
Std. VI	Std. V
Std. VII	Std. VI
Std. VIII	Std. VII

n = 36 children

Table 14 indicates that, with the exception of Std. II, which is not a valid reflection since there was only one child in Std. II, the children's skill at spelling was one or two school Standards below actual school placement and the level at which they should have been spelling.

Arithmetic addition

The problem, $3 + 5 + 4 = \underline{\quad}$, is typical of the problems included in this test of addition. Each addition problem contained three one-digit numbers.

Annexure B is a copy of the University of Cape Town Arithmetic Addition Test which was given to each child.

Some of the children who had started to school within the past two or three years were unaccustomed to having arithmetic problems set out in a vertical fashion, as they are in Annexure B. In these cases, the investigator re-wrote the problems for the child in a horizontal fashion, as $1 + 8 + 4 = \underline{\quad}$.

Table 15 shows the level of ability as demonstrated by each child, in each school Standard.

Approximately one-quarter (27.7%) of the children who were administered this arithmetic test were able to add one-digit numbers at a level above their school placement. Another 25.0% of the children were able to add appropriately for their school placements, but the remaining 47.3% added below their school placements.

TABLE 15

Child's School Placement, Number, Age, And Ability To Add Numbers

Child's Standard Of Enrollment & Number	Child's Age (In Years And Months)	Level At Which Child Was Able To Add
<u>Sub A</u>		
No. 20	7 years 7 months	-
No. 22	7 years 10 months	-
No. 23	8 years 6 months	-
<u>Sub B</u>		
No. 17	7 years 2 months	IV 1st Quarter
No. 18	7 years 4 months	I 2nd Quarter
No. 19	7 years 7 months	-
No. 21	7 years 7 months	A 3rd Quarter
<u>Std. I</u>		
<u>Std. II</u>		
No. 27	12 years 1 month	III 4th Quarter
<u>Std. III</u>		
No. 25	11 years 3 months	II 4th Quarter
No. 26	11 years 8 months	III 1st Quarter
No. 30	13 years 7 months	I 4th Quarter
<u>Std. IV</u>		
No. 24	10 years 8 months	IV 1st Quarter
No. 28	12 years 3 months	III 4th Quarter
<u>Std. V</u>		
No. 29	12 years 11 months	IV 2nd Quarter
No. 31	13 years 8 months	V 2nd Quarter
No. 32	13 years 10 months	IV 4th Quarter
<u>Std. VI</u>		
No. 33	14 years 0 months	VI 4th Quarter
No. 34	14 years 2 months	VII 1st Quarter
No. 35	14 years 3 months	VI 4th Quarter
No. 40	15 years 1 month	V 4th Quarter
No. 43	15 years 4 months	VII 2nd Quarter
No. 44	15 years 5 months	IV 3rd Quarter
No. 46	15 years 5 months	III 2nd Quarter
No. 51	16 years 7 months	III 2nd Quarter
<u>Std. VII</u>		
No. 36	14 years 4 months	IX 4th Quarter
No. 37	14 years 10 months	IV 1st Quarter
No. 38	14 years 11 months	III 4th Quarter
No. 39	14 years 11 months	VII 4th Quarter
No. 41	15 years 4 months	Above Std. X
No. 42	15 years 4 months	VI 3rd Quarter
No. 45	15 years 5 months	IX 4th Quarter
No. 48	16 years 1 month	III 2nd Quarter
No. 49	16 years 3 months	VI 4th Quarter
No. 52	16 years 10 months	VI 2nd Quarter
<u>Std. VIII</u>		
No. 47	15 years 8 months	Above Std. X
No. 50	16 years 4 months	Above Std. X

n = 36 children

Table 16 shows the results of the addition of single-digit numbers.

TABLE 16

Level of Adding One-Digit Numbers For Each School Standard

Standard In Which Children Were Enrolled	Mean Level of Adding For Each School Standard
Sub A	-
Sub B	Sub B
Std. I	-
Std. II	Std. III
Std. III	Std. II
Std. IV	Std. III
Std. V	Std. IV
Std. VI	Std. V
Std. VII	Std. VI
Std. VIII	*

n = 36 children

* Above secondary school level

Without considering Std. I, since there was only one child in this Standard, Stds. B and VIII were performing at the level expected of them. The remaining school Standards were performing below expectations, with the exception, of course, of Sub-Std. A and Std. II, where there was only one child enrolled.

Arithmetic problems

The first arithmetic problem in the University of Cape Town Arithmetic Problem Test is, "How many do $5 + 4$ make?" This example gives an indication of the level of difficulty with which the test begins and, in addition, the manner in which the problems are formulated. Annexure C is a copy of the full test.

Since this test is not an evaluation of the child's ability to read, the standard procedure for administering the test is to explain to each child that he is free to ask the Examiner to help him with any difficulties he may have in reading the arithmetic problems. Many of the children in this study had to ask the investigator to help him read certain words. This help was given, but no explanation was made regarding how to solve the arithmetic problems.

None of the Sub A children were asked to take this test as they were not expected to be able to read and compute.

Table 17 shows the school placement, child's number, and level of his ability to compute the arithmetic problems.

A fairly large percentage of children, 18.9%, were able to compute these arithmetic problems at a level higher than the actual school Standard in which they were placed. An additional 38.9% performed at a level appropriate to their school placement, and the remaining 42.2% of the children performed at a level lower than was expected of them.

TABLE 17

Child's School Placement, Number, Age, And Ability To Compute Arithmetic Problems

Child's Standard Of Enrollment And Study Number	Child's Age (In Years And Months)	Level At Which Child Was Able To Compute Arithmetic Problems
<u>Sub A</u>		
No. 20	7 years 7 months	-
No. 22	7 years 10 months	-
No. 23	8 years 6 months	-
<u>Sub B</u>		
No. 17	7 years 2 months	B 2nd Quarter
No. 18	7 years 4 months	II 4th Quarter
No. 19	7 years 7 months	-
No. 21	7 years 7 months	-
<u>Std. I</u>		
<u>Std. II</u>		
No. 27	12 years 1 month	III 4th Quarter
<u>Std. III</u>		
No. 25	11 years 3 months	IV 2nd Quarter
No. 26	11 years 8 months	III 1st Quarter
No. 30	13 years 7 months	I 4th Quarter
<u>Std. IV</u>		
No. 24	10 years 8 months	III 2nd Quarter
No. 28	12 years 3 months	II 3rd Quarter
<u>Std. V</u>		
No. 29	12 years 11 months	V 3rd Quarter
No. 31	13 years 8 months	V 4th Quarter
No. 32	13 years 10 months	V 3rd Quarter
<u>Std. VI</u>		
No. 33	14 years 0 months	III 3rd Quarter
No. 34	14 years 2 months	VI 4th Quarter
No. 35	14 years 3 months	V 3rd Quarter
No. 40	15 years 1 month	IV 2nd Quarter
No. 43	15 years 4 months	VI 4th Quarter
No. 44	15 years 5 months	V 1st Quarter
No. 46	15 years 5 months	III 2nd Quarter
No. 51	16 years 7 months	II 4th Quarter
<u>Std. VII</u>		
No. 36	14 years 4 months	Above Std. X
No. 37	14 years 10 months	VI 2nd Quarter
No. 38	14 years 11 months	V 2nd Quarter
No. 39	14 years 11 months	VIII 2nd Quarter
No. 41	15 years 4 months	Above Std. X
No. 42	15 years 4 months	IV 1st Quarter
No. 45	15 years 5 months	V 2nd Quarter
No. 48	16 years 1 month	II 4th Quarter
No. 49	16 years 3 months	VII 2nd Quarter
No. 52	16 years 10 months	VI 2nd Quarter
<u>Std. VIII</u>		
No. 47	15 years 8 months	IX 3rd Quarter
No. 50	16 years 4 months	VIII 2nd Quarter

n = 36 children

As a whole, the children's ability to add numbers excelled their ability to solve arithmetic problems. This may have been due either to the added factor of reading, or the fact that the arithmetic problems required skills in subtracting, multiplying, and dividing as well as adding.

Table 18 indicates the standard of enrollment and the mean level at which these children were able to compute arithmetic problems.

TABLE 18
Level Of Computing Arithmetic Problems For Each School Standard

Standard In Which Children Were Enrolled	Mean Level Of Computing Arithmetic Problems For Each School Standard
Sub A	-
Sub B	Sub B
Std. I	-
Std. II	Std. III
Std. III	Std. III
Std. IV	Std. II
Std. V	Std. V
Std. VI	Std. IV
Std. VII	Std. VI
Std. VIII	Std. VIII

n = 36 children

As in the case of spelling and adding one-digit numbers, with the exception of the one child in Std. II, most of the school Standards of children were performing at a level below what is expected of them. Stds. V and VIII were the exceptions when computing arithmetic problems.

No group of children was performing above the level of school placement.

Reading single words

This scholastic test is composed of 110 words, ranging in difficulty from Sub A level through Std. IX level. Annexure D is a copy of the words.

While it is not within the scope of this research to explore the underlying reasons, experience at the University of Cape Town Child Guidance Clinic indicated that most children read these single words at approximately one school Standard above their ability to read passages from a school reader.

Table 19 reflects the children's ability to read these words.

A large percentage, 55.6%, of the children read below their actual school placement, which was surprising. An additional 25.0% read appropriately for their school placement, and 19.4% read these single words at a level higher than the school Standard in which they were enrolled.

TABLE 19

Child's School Placement, Number, Age, And Ability To Read Words

Child's Standard Of Enrollment And Study Number	Child's Age (In Years And Months)	Level At Which Child Was Able To Read Single Words
<u>Sub A</u>		
No. 20	7 years 7 months	-
No. 22	7 years 10 months	-
No. 23	8 years 6 months	-
<u>Sub B</u>		
No. 17	7 years 2 months	A 3rd Quarter
No. 18	7 years 4 months	I 3rd Quarter
No. 19	7 years 7 months	A 4th Quarter
No. 21	7 years 7 months	B 3rd Quarter
<u>Std. I</u>		
<u>Std. II</u>		
No. 27	12 years 1 month	III 2nd Quarter
<u>Std. III</u>		
No. 25	11 years 3 months	II 1st Quarter
No. 26	11 years 8 months	II 3rd Quarter
No. 30	13 years 7 months	I 1st Quarter
<u>Std. IV</u>		
No. 24	10 years 8 months	IV 4th Quarter
No. 28	12 years 3 months	VI 1st Quarter
<u>Std. V</u>		
No. 29	12 years 11 months	III 1st Quarter
No. 31	13 years 8 months	IV 1st Quarter
No. 32	13 years 10 months	VII 3rd Quarter
<u>Std. VI</u>		
No. 33	14 years 0 months	IV 3rd Quarter
No. 34	14 years 2 months	V 1st Quarter
No. 35	14 years 3 months	VII 2nd Quarter
No. 40	15 years 1 month	V 1st Quarter
No. 43	15 years 4 months	IV 3rd Quarter
No. 44	15 years 5 months	VII 1st Quarter
No. 46	15 years 5 months	V 2nd Quarter
No. 51	16 years 7 months	V 4th Quarter
<u>Std. VII</u>		
No. 36	14 years 4 months	VII 2nd Quarter
No. 37	14 years 10 months	VIII 2nd Quarter
No. 38	14 years 11 months	VII 2nd Quarter
No. 39	14 years 11 months	V 4th Quarter
No. 41	15 years 4 months	VI 4th Quarter
No. 42	15 years 4 months	IV 1st Quarter
No. 45	15 years 5 months	VII 2nd Quarter
No. 48	16 years 1 month	IV 4th Quarter
No. 49	16 years 3 months	VI 2nd Quarter
No. 52	16 years 10 months	VII 3rd Quarter
<u>Std. VIII</u>		
No. 47	15 years 8 months	VII 3rd Quarter
No. 50	16 years 4 months	V 2nd Quarter

n = 36 children

Table 20 reflects the mean level of reading single words for each school Standard of children.

TABLE 20
Mean Level Of Reading Single Words
For Each School Standard

Standard In Which Children Were Enrolled	Mean Level Of Reading Single Words For Each School Standard
Sub A	-
Sub B	Sub B
Std. I -	-
Std. II	Std. III
Std. III	Std. II
Std. IV	Std. V
Std. V	Std. V
Std. VI	Std. V
Std. VII	Std. VI
Std. VIII	Std. VI

n = 36 children

At each school Standard, the children, as a group, read single words at a level below the school Standard in which they were enrolled. This is with the Exception of the one child who was in Std. II who seemed to be placed in a Standard at school below his ability to perform.

Reading passages

The reading test consists of three sub-tests. In the first sub-test, the child is asked to read aloud a passage which has been appropriately selected for his age and school placement. Upon completion, he is asked specified questions pertaining to the content of the passage he has just read. The object of this is to establish the degree to which the child is able to comprehend what he reads orally. In the second sub-test, the same procedure is followed, except that the child is asked to read silently to himself, and when he is finished, he is questioned. In the third sub-test, a selected, appropriate passage is read to the child, after which he is questioned to determine how well he comprehended what he heard read to him.

Each of the three reading tests are timed to ascertain the speed (as well as accuracy) at which the child is able to read. Annexure E is a copy of the reading tests for each school Standard at which children in this study read.

Reading orally

Table 21 reflects the child's school placement, his study number, level of reading orally, his reading time, and his degree of comprehension. In addition, the expected time limits of the tests are recorded, for purposes of comparison. The expected degree of comprehension which the child is supposed to attain is also recorded for purposes of comparison.

TABLE 21

Child's School Placement, Number, Level Of Oral Reading,
Reading Time, And Percentage Comprehension

Child's Standard Of Enrollment And Study Number	School Standard	Level At Which Child Read Orally			
		Reading Time		% Comprehension	
		Child's	Expected	Child's	Expected
<u>Sub A</u>					
No. 20	-	-	-	-	-
No. 22	-	-	-	-	-
No. 23	-	-	-	-	-
<u>Sub B</u>					
No. 17	-	-	-	-	-
No. 18	Sub B	1'-04"	0'-40"	67%	67%
No. 19	-	-	-	-	-
No. 21	Sub B	0'-40"	0'-40"	67%	67%
<u>Std. I</u>					
<u>Std. II</u>					
No. 27	III	1'-12"	1'-20"	80%	75%
<u>Std. III</u>					
No. 25	I	1'-23"	1'-10"	75%	75%
No. 26	III	1'-10"	1'-20"	60%	75%
No. 30	I	1'-25"	1'-10"	70%	75%
<u>Std. IV</u>					
No. 24	IV	1'-30"	1'-40"	80%	75%
No. 28	IV	1'-58"	1'-40"	70%	75%
<u>Std. V</u>					
No. 29	III	0'-29"	1'-20"	55%	75%
No. 31	III	1'-58"	1'-20"	35%	75%
No. 32	VI	2'-21"	2'-30"	80%	75%
<u>Std. VI</u>					
No. 33	IV	2'-08"	1'-40"	50%	75%
No. 34	VI	3'-52"	2'-30"	85%	75%
No. 35	V	1'-47"	2'-30"	40%	75%
No. 40	III	1'-29"	1'-20"	80%	75%
No. 43	III	1'-28"	1'-20"	70%	75%
No. 44	IV	2'-26"	1'-40"	70%	75%
No. 46	IV	3'-10"	1'-40"	65%	75%
No. 51	V	2'-18"	2'-30"	30%	75%
<u>Std. VII</u>					
No. 36	V	1'-52"	2'-30"	80%	75%
No. 37	VII	2'-10"	2'-30"	95%	75%
No. 38	IV	1'-48"	1'-40"	70%	75%
No. 39	V	2'-10"	2'-30"	30%	75%
No. 41	IV	1'-06"	1'-40"	80%	75%
No. 42	III	2'-00"	1'-20"	65%	75%
No. 45	IV	1'-30"	1'-40"	70%	75%
No. 48	IV	2'-96"	1'-40"	65%	75%
No. 49	IV	2'-28"	1'-40"	50%	75%
No. 52	VI	2'-40"	2'-30"	55%	75%
<u>Std. VIII</u>					
No. 47	V	2'-20"	2'-30"	35%	75%
No. 50	V	2'-10"	2'-30"	60%	75%

n = 36 children

None of the children in Sub A were expected to read orally.

It is noteworthy that only 5.6% of the children were able to read orally at a level above the school Standard in which they were placed, and none of the children above Std. V were able to read at a level above the actual standard in which they were enrolled at school. A little more than one-quarter of the group (27.7%) read at standard level, but the remaining 66.7% read orally at a level below the school Standard in which they were placed.

Time was also an interesting factor. Approximately one-third (36.1%) of the children read more quickly than they were expected to read. In doing so, however, many of them sacrificed comprehension for speed. It seemed that the children who tried to read quickly did so in order to gain the investigator's acceptance and to make themselves appear as competent as possible. They had, however, forgotten that they had been told that they would be asked questions about what they read. This appears to be another small, but frequently occurring example, of these children's poor planning ability and need for immediate gratification. Although some children read both quickly and accurately, they read passages from readers designed for children at a standard below (sometimes far below) their school placements.

Only three children in the entire group read at their appropriate level, within expected time limits, and also at the expected level of comprehension. One of these children was in Sub B; one was in Std. IV; and the other child was in Std. VII.

For Sub B, the mean level of comprehension for those reading Sub B material was 67%, and the expected level of comprehension was the same percentage; however, two of the four children who should have been reading at the Sub B level could not read at all. This brought the mean for this Std. to 34% instead of the appropriate 67%.

The child in Std. II read at the Std. III level in less than the expected time and above the expected degree of efficiency. Children in Std. II are expected to obtain a 75% comprehension score.

The mean level of reading for Std. III was Std. II, with a mean level of comprehension at 68%, while the expected level is 75% for Std. II.

The children in Std. IV read both at an appropriate standard and at an appropriate degree of comprehension, 75%, which is the expected percentage.

The mean standard of reading for Std. V was Std. IV. The mean comprehension score was 57%. The expected degree of comprehension for this Standard is 75%.

Std. VI children obtained a Std. IV mean standard of reading, and although the expected level of comprehension was 75% for Std. IV, these children obtained a mean comprehension score of only 61%.

For Std. VII, the mean standard of reading was Std. IV. The mean comprehension level was 66% as opposed to an expected 75% for Std. IV.

The Std. VIII children read at a Std. V level. They obtained

only a score of 48% for comprehension when they were expected to obtain a score of 75% at the Std. V level.

Looking at the study group as a whole, when reading orally, only one group of children, those in Std. IV, read at their correct level. The other groups read at standards lower than their school placement. Stds. V, VI, and VII were all reading at the Std. V level.

Only the Std. IV children read orally at the degree of proficiency at which they should be reading; all other standards read at a lesser degree of understanding.

Reading silently

When reading silently, 5.6% of the children read above their expected level of comprehension. An additional 27.8% read at the expected level of competency, but 66.6% of the children comprehended below the level of expected competency.

A reading speed greater than expected was attained by 35.1% of the children; however, in doing so, 61.5% of this number sacrificed accuracy for speed. The remaining 38.5% of the group was able to increase speed, and at the same time, comprehend at an expected level of proficiency.

Table 22 reflects the school Standards in which the children were enrolled, each child's study number, the standard at which each child was able to read silently, expected and actual reading times, and level of comprehension, both actual and expected.

TABLE 22

Child's School Placement, Number, Level of Silent Reading, Reading Time, And Percentage Comprehension

Child's Standard Of Enrollment And Study Number	School Standard	Level At Which Child Read Silently			
		Reading Time		% Comprehension	
		Child's	Expected	Child's	Expected
<u>Sub A</u>					
No. 20	-	-	-	-	-
No. 22	-	-	-	-	-
No. 23	-	-	-	-	-
<u>Sub B</u>					
No. 17	-	-	-	-	-
No. 18	Sub B	1'-04"	0'-40"	83%	67%
No. 19	-	-	-	-	-
No. 21	Sub B	0'-40"	0'-40"	83%	67%
<u>Std. I</u>					
<u>Std. II</u>					
No. 27	III	1'-08"	1'-20"	85%	75%
<u>Std. III</u>					
No. 25	I	1'-23"	1'-10"	60%	75%
No. 26	III	1'-30"	1'-20"	40%	75%
No. 30	I	2'-18"	1'-10"	65%	75%
<u>Std. IV</u>					
No. 24	IV	0'-53"	1'-40"	55%	75%
No. 28	IV	1'-48"	1'-40"	90%	75%
<u>Std. V</u>					
No. 29	III	1'-23"	1'-20"	80%	75%
No. 31	III	2'-00"	1'-20"	15%	75%
No. 32	VI	2'-30"	2'-15"	65%	75%
<u>Std. VI</u>					
No. 33	IV	2'-57"	1'-40"	50%	75%
No. 34	VI	2'-10"	2'-15"	35%	75%
No. 35	V	1'-07"	2'-15"	70%	75%
No. 40	III	1'-18"	1'-20"	55%	75%
No. 43	III	1'-07"	1'-20"	40%	75%
No. 44	IV	3'-06"	1'-40"	70%	75%
No. 46	IV	2'-39"	1'-40"	40%	75%
No. 51	V	2'-21"	2'-30"	40%	75%
<u>Std. VII</u>					
No. 36	V	2'-00"	2'-15"	50%	75%
No. 37	VII	2'-04"	2'-15"	95%	75%
No. 38	IV	1'-12"	1'-40"	90%	75%
No. 39	V	3'-39"	2'-15"	60%	75%
No. 41	IV	1'-03"	1'-40"	85%	75%
No. 42	III	2'-00"	1'-20"	70%	75%
No. 45	IV	1'-08"	1'-40"	70%	75%
No. 48	IV	2'-40"	1'-40"	75%	75%
No. 49	IV	2'-08"	1'-40"	80%	75%
No. 52	VI	1'-32"	2'-15"	65%	75%
<u>Std. VIII</u>					
No. 47	V	1'-45"	2'-15"	75%	75%
No. 50	V	2'-15"	2'-15"	45%	75%

n = 36 children

The Sub A children were not expected to be able to read.

Two of the Sub B children could not read either. The mean comprehension score for Sub B was 83% for those who could read, but only 42% for the Standard as a whole.

The Std. II child read at the Std. III level, and he read both quickly and accurately.

The children in Std. III read at a mean standard of Std. II; they attained a mean comprehension score of 55%, while 75% is the expected degree of competency for Std. II.

The Std. IV children read at the Std. IV level, but instead of comprehending at a 75% level, they attained a mean comprehension score of 72%, primarily because one child attained only 55%.

Std. V children read silently at the Std. IV level. The mean comprehension score was 53%; expected level of comprehension for Std. IV is 75%.

Children in Std. VI read at the Std. IV level. They comprehended 50% of what they read, while they were expected to comprehend 75%.

Std. VII children read at a Std. IV level also, but they attained a comprehension score of 74% as opposed to the 53% attained by Std. V and 50% attained by Std. VI.

Std. VIII children read poorest of all. They read at the Std. V level and attained only 60% comprehension, whereas 75% is expected at the Std. V level.

The levels at which each Standard read passages was the same for oral and silent reading.

Hearing reading

Graded passages were selected at the same Standard at which each child had read orally and silently.

When hearing reading, 30.6% of the children comprehended above the level expected of them for the Standard at which they were hearing, and at which they had been able to read for themselves. An additional 22.2% of the children attained an appropriate degree of comprehension, and the remaining 47.2% comprehended below the level expected of them, even when someone was reading to them. It is important to remember, also, that almost all of the children were hearing reading at a standard below their school placement and below the standard appropriate for their ages.

School Stds. II, III, IV, and V comprehended hearing reading at a level above that expected of them.

With the exception of Sub B, Std. II, and Std. VII, all of the children comprehended better when someone read to them than when they read either orally or silently. With some understanding of their life experiences, it is not difficult to comprehend why these children might understand better when spoken to than when attempting to read stories from a book.

Table 23 reflects the child's school placement, his study number, level at which he heard reading, and the child's comprehension score as well as the expected comprehension score for each school Standard.

TABLE 23

Child's School Placement, Number, Level of Hearing Reading,
And Percentage Comprehension

Child's Standard Of Enrollment And Study Number	School Standard	Level At Which Child Heard Reading	
		Percentage	Comprehension
Sub A			
No. 20	-	-	-
No. 22	-	-	-
No. 23	-	-	-
Sub B			
No. 17	-	-	-
No. 18	Sub B	67%	75%
No. 19	-	-	-
No. 21	Sub B	83%	75%
Std. I			
Std. II			
No. 27	III	85%	75%
Std. III			
No. 25	I	85%	75%
No. 26	III	60%	75%
No. 30	I	95%	75%
Std. IV			
No. 24	IV	85%	75%
No. 28	IV	75%	75%
Std. V			
No. 29	III	70%	75%
No. 31	III	80%	75%
No. 32	VI	100%	75%
Std. VI			
No. 33	IV	25%	75%
No. 34	VI	70%	75%
No. 35	V	50%	75%
No. 40	III	50%	75%
No. 43	III	70%	75%
No. 44	IV	75%	75%
No. 46	IV	45%	75%
No. 51	V	25%	75%
Std. VII			
No. 36	V	75%	75%
No. 37	VII	90%	75%
No. 38	IV	100%	75%
No. 39	V	40%	75%
No. 41	IV	60%	75%
No. 42	III	55%	75%
No. 45	IV	85%	75%
No. 48	IV	75%	75%
No. 49	IV	90%	75%
No. 52	VI	60%	75%
Std. VIII			
No. 47	V	75%	75%
No. 50	V	50%	75%

n = 36 children

In order to obtain a concept of the children's over-all reading proficiency when reading passages, taking into account each of the methods, Table 24 has been compiled to reflect the degree to which the children comprehended oral, silent, and hearing reading, for after all, the purpose of reading is to understand what is being communicated. Each child read each of the three methods at the same school Standard. Table 24 reflects the results.

TABLE 24

Mean Level Of Reading And Mean Level Of
Comprehending Oral, Silent, And Hearing Reading
For Each School Standard

Standard In Which Children Enrolled	Mean Level Of Reading	Mean Percentage Comprehension		
		Oral Reading	Silent Reading	Hearing Reading
Sub A	-	-	-	-
Sub B	Sub B	34%	42%	38%
Std. I	-	-	-	-
Std. II	Std. III	80%	85%	85%
Std. III	Std. II	68%	55%	80%
Std. IV	Std. IV	75%	72%	80%
Std. V	Std. IV	57%	53%	83%
Std. VI	Std. IV	61%	50%	51%
Std. VII	Std. IV	66%	74%	73%
Std. VIII	Std. V	48%	60%	65%

n = 36 children

Overview Of School Performance

Reading, spelling, and arithmetic form the bases for the learning of other skills and tasks. Without these foundations, an individual is handicapped throughout life in almost any vocation he may undertake in our highly technological society, for there are few jobs which do not require a reasonable ability to read, spell, add, subtract, multiply, and divide numbers.

In order to gain an understanding of the ability of the children to perform these fundamental academics, Table 25 was planned to reflect to mean levels of functioning.

TABLE 25

Mean Level Of Performing In Each School Subject
For Each School Standard

School Standard	Arithmetic			Percentage Comprehension		
	Spelling	Addition	Problems	Single Words	Oral, Silent, And Hearing	Reading
Sub A	-	-	-	-	-	-
Sub B	Sub B	Sub B	Sub A	Sub B	Sub A	38%
Std. I	-	-	-	-	-	-
Std. II	III	III	III	III	III	83%
Std. III	I	II	III	II	II	68%
Std. IV	III	III	II	V	IV	76%
Std. V	IV	IV	V	V	IV	64%
Std. VI	V	V	IV	V	IV	54%
Std. VII	VI	VI	VI	VI	IV	71%
Std. VIII	VII	*	VIII	VI	V	58%

n = 36 children

* Above secondary school level

Personality Characteristics

Projective Testing

Attempts to understand man's "imaginings" has, seemingly, always captivated man's imagination.

Leonardo da Vinci designed indefinite, ambiguous forms and used them to discover individuals whom he thought could become talented painters. He also used his forms to stimulate creativity in artists whose imaginations flagged (Piotrowski, 1967).

Nineteenth century contributions to studies of "imagination" included the studies of Galton and Kraepelin who were among the first to make use of word-association techniques. Binet (1895) used ink-blot as a test of "passive imagination" in individuals. In addition to tapping man's creative and imaginative abilities, as suggested by Binet, in 1898 Dearborn recognized that responses to ink-blot could reveal personality traits and indications of interpersonal relationships (Piotrowski, 1967).

In the Twentieth Century, Tandler (1930) is usually associated with sentence completion tests. Brittain (1907) and Libby (1908) used the imaginative aspects of story-telling in their diagnosis and treatment of children (Lindsey, 1961).

Thus, in the investigations of the human imagination, or fantasy, we see the early use of unstructured stimuli, word-association, story-telling, and sentence completion as the antecedents of "projective personality tests".

It was the development of psychoanalytic theory, however, which provided the inducement to the development of projective psychological tests. Freud's emphasis on the importance of the operations of the unconscious in influencing human behaviour initiated the study of this virtually unexplored dimension of man's "intellect". Freud's unparalleled contributions invited closer examination of the nature and meaning of "imagination". Various individuals, well-oriented in psychoanalytic theory, began to develop and employ various techniques by which unconscious functions could be identified and studied. Freud indicated the importance of dreams, wishes, and fantasies ("imagination") in the interaction of the forces of the personality: the id, the ego, and the super-ego.

It was not until the early 20th Century, however, that the first formal projective personality test was developed. Its purpose was to investigate, not a specific variable within the personality (or character) of man, but rather to evaluate "the total personality". This was the famous ink-blot test designed by the renowned Swiss psychiatrist, Rorschach (1921).

The development of the second test of international renown did not occur until almost 15 years later. Although Swartz (1932) used pictures in his psychiatric practice with young delinquents, the principal innovator of this particular technique was Murray at the Harvard University Psychological Clinic. In 1935 he and

Morgan, in their attempt to study Harvard University students, developed the Thematic Apperception Test . It was introduced in the context of psychoanalytic therapy, and Murray and Morgan in their original article, "A Method for Investigating Fantasies: The Thematic Apperception Test" (1935) said that the process involved (in the TAT) was that of "projection", a concept well-known to psychoanalysts. Lindsey (1961) writes, "The historical priority for linking the concept of projection to these personality measures belongs rightfully to Henry A. Murray. (p. 36)."

Although there is little doubt that Freud's concept of projection, as a technique by which the ego defends itself from overwhelming pressures, was, to some extent, in the minds of the designers of the Rorschach and the TAT, the use of the term, "projection", when referring to "projective personality tests" has led to a great deal of confusion and controversy in the world of psychology during the past half-century.

Two principal antagonistic views have developed. In discussing this controversy, Bell (1948) in Projective Techniques points out the two ways in which the word, "projection", has been interpreted, historically, when used in reference to "projective testing": (a) the specific psychoanalytic meaning as "a defensive process under the sway of the pleasure principle whereby the ego thrusts forth on the external world unconscious wishes and ideas, which, if allowed to penetrate into consciousness, would be painful to

the ego (p. 1)" and (b) the dictionary (New Oxford) meaning of the word: "to throw out or forward; to cast forward in the mind".

It is quite possible that it was, indeed, "the dictionary meaning" of the word which influenced Freud's decision to choose it to depict his concept of the ego function, projection.

Rapaport (1946) also points out that both meanings of the word are reflected in the psychoanalytic use of the term, "projection".

It seems that the pith of the controversy is really whether or not conscious, as well as unconscious, material is "projected", for both of the opposing schools of thought agree that unconscious material is projected, by whichever definition of the word is used.

Rabin (1967) suggests that perhaps the term, "externalization" would be more appropriately used in the context of "projective techniques" since it was in the sense of externalization of both conscious and unconscious material that the originator of the term, (Frank, 1939), employed when he christened the whole range of tests, which use ambiguous stimuli to elicit responses from subjects, as "projective methods".

Shneidman (1965) discusses not only the controversies that have arisen over the definition of projective techniques, and over the appellation, "projective techniques", but he also

discusses the paradoxical status that projective techniques have experienced in psychological practice. He comments on the great disparity between the validity status of these tests, on one hand, and their widespread use and acceptance, on the other. He proposes that four major factors have given projective tests their overall "intellectual permissiveness".

1. psychoanalytic theory - when Frank (1939) spoke of the individual projecting his "private world", and when Murray talked of the individual's relating things about himself that he would not consciously disclose, both were discussing Freudian concepts of the functioning of the unconscious.
2. global theory - interest in the holistic theories have also been important. The humanistic psychologist is more interested in relevance and completeness in his study of the individual than he is with statistical precision. It was Murray and his colleagues and students (Maslow, 1943; Frank, 1948; White, 1963 and others) who helped make the use of the projective techniques more permissible, because they have made the humanistic approach to the study of individuals more respectable in psychological circles.
3. support from general science - Shneidman calls attention to the theoretical work of Planck, Eohn, Heisenberg, and Einstein (with their principles of indeterminacy, complementarity, and relativity) which revolutionized earlier concepts of physical causality. Gödel's theorem regarding

open and closed systems also made an impact on philosophical thinking. "One implication of all this is that we cannot ever know everything, and we cannot ever even know some things with precision (Shneidman, 1965, p. 503)."

4. protest movements - several critics, for example Eysenck (1961), have severely criticized projective techniques. Among other things, they influenced some people to turn to the use of projective techniques, almost as a protest movement against the inadequacies of objective personality questionnaires.

Despite the many controversial issues which have arisen during the short life of the projective personality tests, it is generally agreed that they represent a humanistic orientation towards the understanding of human behaviour and an interest, not only in the "normative", but also in the unique. Furthermore, projective techniques were never meant, neither in research nor clinical practice, to replace more objective, quantifiable personality assessments. They should always be used in a supplementary capacity along with other psychometrics and case history data.

In discussing the nature of different projective techniques, Kagan (1960) makes an extremely important observation

Story interpretations of pictures differ from other categories of fantasy or projective behaviour with respect to the nature of the eliciting stimulus and the type of response required of the subject. The importance of these two factors has been neglected by psychologists. The motivational and symbolic content of the fantasy response has become the focus in interest, and this interest has been accompanied by a decreased concern for both the nature of the stimulus

input and the cognitive process associated with the verbalized fantasy response. Thus the comment, "These two people are fighting.", to either a TAT or Rorschach card has been interpreted, at times, as similar in meaning despite the fact that the two stimuli differ on many dimensions. The fact that empirical research has failed to demonstrate any consistent correlations between similar contents on Rorschach and the TAT is not surprising when one considers the major differences in the stimulus impact on the child (or adult). The nature of the external stimulus plays a crucial role in response production, and research indicates that the psychological significance of a fantasy response must be evaluated in terms of the stimulus impact and with knowledge of the normative reactions to the stimulus for different age and sex groupings (Kagan, 1960, pp. 105-106).

Apperception Tests

The Thematic Apperception Test (TAT) and its modification, the Children's Apperception Test (CAT) (Bellak, 1954), are the principal projective techniques used in this study. The basic assumptions underlying the interpretation of TAT protocols are re-stated by Lindzey (1952)

1. In completing or structuring an incomplete or unstructured situation, the individual may reveal his own strivings, dispositions and conflicts.
2. In the process of creating a story the story-teller ordinarily identifies with one person in the drama, and the wishes, strivings, and conflicts of this imaginary person may reflect those of the story-teller.
3. The story-teller's dispositions, strivings, and conflicts are sometimes represented indirectly or symbolically.
4. All of the stories that the subject creates are not of equal importance as diagnostic of his impulses and conflicts. Certain crucial stories may provide a very large amount of valid diagnostic material while others may supply little or none.

5. Themes or story-elements that appear to have arisen directly out of the stimulus material are less apt to be significant than those that do not appear to have been directly determined by the stimulus material.
6. Themes that are recurrent in a series of stories are particularly apt to mirror the impulses and conflicts of the story-teller.
7. The stories may reflect not only the enduring dispositions and conflicts of the subject, but also conflicts and impulses that are momentarily aroused by some force in the immediate present.
8. The stories may reflect events from the past of the subject that he has not himself actively experienced, but rather has witnessed or observed, e.g., street scene, story, motion picture.
9. The stories may reflect group-membership or socio-cultural determinants in addition to individual or personal determinants.
10. The dispositions and conflicts that may be inferred from the story-teller's creations are not always reflected directly in overt behaviour or consciousness. (Lindsey, 1952, In Harrison, 1965, p. 573).

The Thematic Apperceptive Test, and the Children's Apperceptive Test are so multi-dimensional that there are inexhaustible potentialities for their analyses. There is no single "correct" method of scoring the responses. Both qualitative and quantitative scoring methods abound. Because, in this study, one of the main focal points is the personality traits of these children, the method developed by Bellak (1954) will be used for analysis.

The Children's Apperceptive Test was administered to children 12 years of age and younger, and the Thematic Apperception Test was administered to children above the age of 12 years.

Bellak's approach to the analysis of the TAT and the CAT is a psychoanalytic one, and the analysis includes many facets of the personality, including the dynamics of the forces of the personality, attitudes towards self and others, and perception of one's external environment. In order to use this approach, a thorough grounding in psychoanalytic theory is necessary. In this report, no attempt is made to summarize psychoanalytic theory, as a whole. However, theoretical issues pertinent to specific portions of the study will be discussed as the need arises in connection with the groups of children.

Some "stage theories" of child development posit that one developmental stage is the result of the previous one, and each stage prepares the following stage. In contrast, psychoanalytic theory posits that man is born with instinctual energy which is vested in different body areas at determined times in the individual's life, and in a prescribed sequence. The investment of the instinctual energy in the different body areas at different times of life forms the basis of psychological functioning and personality development (Langer, 1969). Stages do not grow out of one another. In other words, a child may enter Stage II without having successfully negotiated Stage I, in which case, the child's personality will not develop in a healthy manner, but, nevertheless, since the various stages of development

are maturationally determined, success or failure in one stage does not determine progression into another stage. Erikson (1963) refers to the "epigenetic principle of maturation" (p.66).

Each developmental stage contains its specific needs and tasks. If the gratifications of any one stage are insufficient, or the tasks unmastered, the individual may be biologically thrust into a more advanced stage without having successfully negotiated an earlier stage. This, then, forces him to use a part of his psychic energy attempting to obtain gratifications, and master tasks, of a more infantile nature, while at the same time, being presented with the needs and tasks of the impending stage. Soon a "gap" appears between ego development (which includes cognitive as well as other functions) and the age and biological development of the child. If this situation persists, he becomes increasingly handicapped and less able to cope age-appropriately. He is, so to speak, constantly losing ground in his struggle to attain more mature, adaptive personality functioning. Each stage occurs at an optimal time in life, and presumably lasts for an optimal duration; theoretically, the individual should, at this time, successfully negotiate each developmental stage in order to function optimally.

Structurally, the psyche is conceived of as being composed of three forces: the id (a term Freud borrowed from Nietzsche), the ego, and the super-ego, terms designated by Freud, the functions of which were explained in The Ego and the Id (1923).

The id is conceptualized as the instinctual drives with

which a human being is born and which seeks gratification throughout the individual's life. The ego includes all of those functions which enable the human being to mediate between his instinctual drives and his environment. Freud originally postulated that the child is born only with an id but later modified and questioned his early hypothesis. Hartmann (1950, 1964) developed and modified Freud's early work and postulated that the child is born with both id drives and an ego.

Any attempt to define in detail specific functions of the ego would be arbitrary. However, the most basic functions include (a) maintaining a relationship between the individual and his external environment, (b) controlling and regulating instinctual drives, and (c) forming object relationships. In addition, Nunberg (1931) discussed the ego's capacity to integrate, create, synthesize and generalize, and especially in his later work, Freud wrote of the ego's ability to mobilize mechanisms by which it defended itself in response to "danger signals". (However, the first systematic and comprehensive presentation of defense mechanisms was made by Anna Freud in 1946). (Mack and Semrad, 1967).

A major contribution was made by Hartmann and his colleagues (1953, 1967) with the development of "ego psychology". Hartmann postulated that although the purpose of the ego is to mediate between the id and the individual's internal and external environment, since the ego did not develop as a result of conflict with

the id, it possessed "conflict-free" capacities, which include intelligence, thinking at all levels, language, motor development (in part), perception, problem-solving, comprehension, and learning in this sphere.

Erik Erikson has made a major contribution to the zonal-modal model of ego development. He has postulated a parallel relationship between specific phases of ego or psychosocial development and specific phases of libidinal development (during which particular erotogenic zones are the loci of stimulation). The relationship may be projected to extend throughout the life cycle. Erikson's epigenetic theory of ego development describes the life tasks appropriate to specific phases of development. The characteristic successful or unsuccessful performance of tasks has important implications for future development. For example, if task solution is successful in the oral period, basic trust will be established; if task solution is unsuccessful, mistrust will be the result, with concomitant impairment in ego-functioning during the later stages of development. . . (Mack and Semrad, 1967, p. 295).

The super-ego begins to develop when the child is about two years to two and one-half years of age, and has both conscious and unconscious components. The conscious part is usually conceptualized as the "conscience" which censures behaviour, but the unconscious aspects also regulate behaviour, but are those characteristics usually thought of as "integrity". (Eaton and Peterson, 1965). A third component is the "ego ideal" which begins to formulate in the fourth stage of personality development.

The super-ego is a composite of (a) the child's introjected image of the same-sexed parent, the one with whom the child

identifies in his sex role, (b) the incorporated attitudes and values of parents, teachers, and other significant individuals in the child's life, and (c) the values, attitudes, customs, tastes, and so on of the social class, culture, and society in which the child lives (Eaton and Peterson, 1965).

The Pre-Pubertal Group

In Freudian terms, this is the developmental stage of "latency". In Eriksonian terms, it is "the play age". Both terms refer to the period in life between the ages of approximately 6 and 10 to 12 years.

The crises, needs, and tasks of this period should center around school and peers. (Freud, 1917; Erikson, 1959; Musen, Conger & Kagan, 1963; Wolman, 1972). It is during this stage that the child concentrates on mastery of ego tasks. Erikson refers to development of a "sense of industry versus a sense of inferiority". He developed Freud's earlier concept that posed that, because childhood sexuality is "latent" during this epigenetic stage, the child's psychic energies are free for use in attaining skills and developing a resulting sense of mastery. If, however, the child cannot use his energies to master tasks which will equip him for the future, he remains a child and maintains a child's sense of inferiority because he is, indeed, a child -- not a fully-developed individual.

The child of approximately six years of age enters school. This is his work, and it is here that he supposedly has the

opportunity to learn the skills and use of the cultural symbols which will equip him to attain success in our society. Failure at school is tantamount to failure at becoming a capable person, both now and for the future.

At approximately six years of age the child, for the first time, forms meaningful relationships outside the family. Heretofore, his parents have been the most important figures in his life. Now their influence is supplemented by other significant figures outside the home. He seeks the company of peers. "Chums" and "gangs" take on great significance. For the first time, his erotic and aggressive drives must adjust to people his own age rather than primarily adults. In the group he learns to share, take turns, co-operate, compromise, negotiate, and be part of a group or team. He also learns to compete as an individual. He learns about rules, regulations, and fair (as well as unfair) play. In addition to the school and peer group tasks which he needs to master, the child also continues his sex identification during this period. This is influenced no longer primarily by parents but by teachers, group leaders, academic leaders, and others whom the child may admire. The "ego ideal" begins to develop during this stage. Other super-ego development continues, and this is the time in life when the child learns personal and social values. Religious, moral, racial, national, social class, and ethnic group values are incorporated, modified, weakened, or strengthened during this period.

The anxieties and conflicts, the needs and tasks of this

developmental stage should, appropriately, relate to work and play.

The CAT protocols are presented in the form of a group profile in the same manner as the case history material was presented.

The Pre-Pubertal Group Profile of C.A.T.s

Presentation of Self And His Feelings - This child presents himself as infantile and helpless. He is inadequate, small, and alone. As a result, he is unable to take care of himself, and since he has no one to take care of him, he is frightened and thinks he may not be able to survive.

The people around him are angry, punitive and constantly fighting. This frightens the child, too, and intensifies his feelings of having no secure person or place on which he can depend. He feels hopeless.

He tries to be acceptable to his parents and to the family group, but he has never been able to successfully attain this goal. He cannot understand why, and since his parents could not be "wrong", or "bad", he concludes that something must be amiss in him. He decides that he must either be a naughty child whom no one could love anyway; or, he is sick, or a cripple who is constitutionally imperfect, and therefore, grotesque and unloveable. There is also the possibility (he thinks) that perhaps he has been victimized by Fate in a terribly unfair and disadvantageous way which surprises and stuns him. He has the affect of a person who has sustained a painfully traumatic assault which leaves him in a state of shock. The vicissitudes of life overwhelm him, and he describes his feelings in such terms as "drowning", "struggling", "lost", "starving", and having to search for food like a hungry dog. He is afraid of physical pain. He experiences sexual stimulation with which he cannot cope. In order to exist at all, he must be cunning and clever so that he can, at least to some extent, protect himself from life's surprises. He is on guard, anxious, suspicious, watchful.

Needs - He needs love, acceptance, succourance, care, protection, and all those things included in the concept of "oral gratification". He also needs to punish his parents and to express his anger towards them. A "home" and a "new" father or mother are often expressed.

Environment - The child perceives his environment as pugnacious, threatening, depriving, dangerous, and unstable. Furthermore, it is confusing because occasionally it is pleasant; then it changes and becomes physically dangerous and emotionally sterile but over-stimulating. School is also threatening, and people, both at

home and at school are angry with him. He is never acceptable to the adults in his environment. There is minimal material gratification, but even less emotional gratification. One could easily die of physical and emotional deprivation.

Conflicts and Anxieties - The child's conflicts centered around survival, dependency, trust, sexuality, and negative aggressive feelings.

The specific fears which were expressed, in order of frequency and intensity were

- fear of being deserted, rejected, or unloved and uncared for by parents
- fear that family and home would disintegrate
- fear of physical hunger and cold, especially, but economic deprivation, in general
- fear of sexuality
- fear of aggression, both their own and their fathers' toward them
- fear of being destroyed or physically harmed
- fear of acting-out
- fear of punishment
- fear of unfamiliar and more affluent environments to which one is accustomed, and
- fear of feelings of anger towards people in society who are not economically deprived as they are.

Ego-functioning - Ego functioning of this child is immature in both primary and secondary functioning. Cognitive skills, abstract thinking, creativity, imagination, and language development are all poorly developed. Defense mechanisms for defending the ego against over-powering anxiety are the techniques of much earlier developmental stages, i.e., returning to an infantile state, withdrawing from conflict, hiding and complying as a young child, denial, projection, and reaction-formation. This child's ego is experiencing difficulty in mediating between instinctual drives and needs and life-situations and their demands.

Super-ego-functioning - As would be expected, super-ego functioning was also immature. Furthermore, functioning was erratic in the sense that sometimes the child would be highly punitive of slight misdemeanors in a situation, and, at another time, permissive in the same situation. In addition, there were "holes" in the "composition" of the super-ego functioning. For example, such concepts as "the innocent suffer", "there is no justice in life", "the defenseless must endure pain", "there is no justice in life", and "adults never get punished for their wrongs" were accepted axioms. Furthermore, the child tended to be highly punitive of his own mistakes but excessively lenient

with his parents.

There was little evidence of the development of the secondary super-ego components of integrity and the ego-ideal which should begin developing during this period (pre-pubertal) in the child's life.

Inter-personal relationships - In addition to indicating the dynamic interaction between the parents and himself, the child also provided a great deal of descriptive information about his parents.

Fathers were described as drinking heavily and hitting the children and the mother when he is intoxicated. Unless he gets help from the mother and the children, he is intellectually and emotionally inadequate. Although physically and verbally aggressive towards people, particularly when he is drinking, he has to depend on people outside the family to help him support the family because often he does not work. Sometimes he fights with his male friends, in addition to his family. He is not very positively involved with the family. Sometimes the children are hungry. He does not take care of the family; he frequently goes away and stays a long time before returning.

The child's perception of the father is that he does not want the child and would really like to have the child dead. He provides materially to some extent for the child, but he gives the child no love, protection, or care.

He is inconsistent. Sometimes he seems companionable, and the child thinks father really wants to rear him; at other times, he hits the child, threatens him, chases him, and physically hurts him. He never disciplines the child. The child does not understand the father and cannot predict his moods and behaviour towards him.

The father is a "hungry", angry, hostile individual who is aggressive towards the child. He deserts the children in the family, and finally, the child is destroyed by the father.

As a result of the way the child perceives the father, he fears him, especially because he is physically aggressive and, at times, cruel. The child is very angry towards the father and would like to punish him, but he is frightened to do so. Frequently he wishes his father were dead. (In the cases where the father was totally absent from the family, as when the parents were divorced, the child felt betrayed and deprived by the father, thus also creating anger within the child for his desertion of the child and the family.)

The child feels that he and the family are both in jeopardy because of the father's failures and inadequacies. Largely because of the father, the children have to look after one another, and themselves, and this is a burden too heavy to bear. He knows his father is not fond of him. He would like for the father to protect him, play with him, love him, and discipline him, but the father doesn't.

Mother is portrayed in the protocols in two different ways: two types of mothers are depicted by the children in The Pre-Pubertal Group.

One mother is described as bad-tempered and cross with father. She sometimes drinks and fights with him. He hits her when he is drinking. She is a stronger personality than father and frequently ridicules him for his weakness. She goes shopping with father and sleeps with father. Nevertheless, she and father quarrel all the time, often over disciplining the child. Sometimes she "goes out" (with men). She is aggressive, and occasionally it seems that she is more like a man than a woman.

Another mother is described as a dependent person, frequently even relying on the children. She is lost, confused, and ineffectual. The children have to find food and bring it to her. She is passive and submissive -- more like a child than an adult. She forgets to provide for the children the necessities of life, for she is "in and out" (of reality). She loves and tries to help father. It is her weakness that creates tragedy for the father and the children. (She is an alcoholic.) She tries to make amends for her failures, but cannot. She is often controlled by the children in the family and dependent on them.

The first mother cooks for the child, takes him shopping with her, feeds and baths him, but without any tenderness or love, because she does not really want the child. She prefers the father to the children. Sometimes she wishes the child were dead. She has too many children. If the children get lost, she wonders where they are, but she does not look for them.

The child relates to this (first) mother in an angry, but protective manner, and when father assaults her, he tries to protect her. Sometimes the child wishes the mother were dead because he is angry towards the mother and would like to punish her. She is powerful and "eats people up". He would like for her to "be a mother" -- love him and care for him and discipline him, but she doesn't. He would like to be close to mother, but she doesn't want him to be.

The second mother usually favours one child in the family above the others. She is frequently absent from home, or asleep, thus leaving the child to care for himself. She doesn't discipline.

She sends him outside to play. However, she prefers the children to father, although she loves father. She usually manages to find enough food for herself and the children. Nevertheless, she doesn't understand the child and his feelings. She expects him to be the adult and to meet her dependency needs. Because she does not understand him, she often misunderstands him and punishes him ignorantly or unjustly.

The child feels angry towards this mother too because of the role reversal regarding who is dependent on whom, and also because the mother is so ineffectual. Because she wants to give to the child, does not enable her to do so, and the child feels deprived, angry, "hungry", and deserted. Her very dependence makes her powerful and exploitative of the child. As with the first mother, this child would like her to "be a mother" and love and care for him in a mature, consistent manner. He wants discipline, and he wants her to be involved with him. He desperately wants to be close to her, but he cannot be, because she is too child-like herself.

Plots of stories - The plots of the stories are adequately structured, realistic, and complete. They are, however, immature for the age of many of the children, and many of the stories are extremely short. As mentioned under ego-functioning, the language development, creativity, and imaginations of these children are poorly developed.

Outcome of stories - About one-third of the outcomes of the stories are happy, another one-third unhappy, and the last one-third are neither. The stories that do have a happy ending are frequently conditionally so, or by chance so, or barely so. There is an admixture of pleasure-pain that is acutely significant among this group. It is difficult to separate the so-called happy from the so-called unhappy. Hope, however, is not completely dead, but it wavers.

Dynamic statement - The over-all personality of the pre-pubertal child is an immature one. Because the needs of the earlier developmental stages, particularly the oral stage, were not gratified, and because the tasks were not adequately mastered, this child has an excessive amount of residual anxiety stemming from these stages which has now become attached to his current life situations, with which he is ill-equipped and unable to effectively cope. He responds immaturely to the frustration, guilt, and tension which he now constantly experiences.

Excessive negative aggression which stems from his life-long trauma predominates in this child. His deprivations have been multiple and severe. Few of his needs of any developmental period have been met. This has resulted in tremendous anger, with little ego capacity to handle the hostility. He attempts to

suppress or repress his anger, which makes further demands on his immature and severely taxed ego. This need to suppress or repress seems to have generalized to his fear of emotion, so that he attempts to ward off conscious awareness of feelings in general.

The relationship he has had with parental figures has failed to instill within him a trust of people and his environment, and he tends to be afraid of people and to withdraw. With his parents, he is, in fact, caught in a hostile-dependent bind. As a result, he cannot effectively allow others to meet his dependency needs.

One of the most important things about this child's personality is his susceptibility to depression, which may be precipitated by lesser stress than would cause depression in more mature individuals. Any loss, or threat of loss, or any further damage to self-esteem, may be too much stress for him to tolerate.

Depression results in the presentation of one's self as helpless and in need. If one is helpless enough, hopefully, someone may provide assistance and succourance. Inherent in this dynamic is a poor self-concept. This child sees himself as unworthy, inadequate, and a constant failure. He accepts this opinion of himself, and especially when he is depressed, he is likely, both consciously and unconsciously, to attempt to prove just how unworthy he is.

Depression in this child further suggests that the ego may have surrendered in the struggle against a punitive, harsh, unrewarding super-ego and, in effect, says, "Punish me. I am unacceptable. I deserve it."

This tendency towards depression could be a life-long trait.

The pre-pubertal child does not manifest symptoms of ego breakdown which appears in more seriously disturbed children. It is apparent, however, that psychic functioning is precarious, and his weak, burdened, anxiety-ridden, immature ego is hard-pressed to cope.

Because of his age, environmental manipulation alone likely would be insufficient positive experience to alter the damage that has occurred in the early developmental years. Optimally, in addition to alterations in his environment, this child needs therapeutic intervention of some type.

Discussion of The Pre-Pubertal Group

Annexure F is a copy of the C.A.T. stories recounted by each of the children in this group.

From the profile, certain observations should be made and certain exceptions mentioned.

With two exceptions, the hero was almost asexual. His sexuality was not "latent"; it was infantile. In the few instances when children presented themselves as the opposite sex, it seemed to be because the child felt that this sex child in his family received more love and acceptance than he. His perceptions, in these instances, were usually justified, because study of the case history material revealed that, indeed, in many families one child, or one sex child, was favoured above the others.

The children were sensitive to feeling-tones within the family and assessed them realistically. This child's evaluation of himself and life-circumstances were accurately and astutely assessed.

Exceptions to the profile included two of the older girls in the group who were quite aware of their sexuality. Both were conscious of males, and in addition to the other perceptions reflected in the profile, these two girls viewed their environments as sexually stimulating and seductive.

As a whole, however, the children were immature in functioning and affect.

Unfortunately, the children in this group were still struggling to obtain infantile gratifications and to acquire infantile "virtues". A large majority of the anxieties expressed by these children referred directly to oral gratification. They feared not being loved, protected, cared for, given to, and all those things symbolized by "food", "warmth", and "comfort". They needed to be in contact with a mothering person and to enjoy her affection and pleasure in them.

Other anxieties related indirectly to this same concept of oral deprivation, e.g., to them, parental security was so precarious that they dared not exhibit any aggression towards their parents for fear of losing what little they did receive from them.

In frequency, this emotional hunger was followed by fear of physical hunger, which was a reality in the lives of these children, as is indicated in other sections of this study. Most of the expressed anxieties were concerned with "hunger", and although it was primarily emotional in nature, some of the anxieties were also physical in nature, and the latter need is even more basic than the former.

Fear of sexuality was also expressed among these children. It is of a heterosexual nature, which is precocious for many of the children in this age group. Disregarding any indirect, inadvertent sexual stimulation these children may have encountered, all of them had lived in extremely close physical

proximity to their parents. Privacy was neither valued nor admissible. It seems very likely that, without exception, these children had witnessed sexual intercourse between their parents, and likely others. They shared the same room, and in many cases, the same bed. As a result of this over-stimulation, these children must have been filled with intense and conflicting emotions with which they were ill-equipped to cope. Children who grow up in overcrowded, poor conditions, where both language and behaviour are unrefined and unsophisticated, and where the judgment of adults is frequently impaired by alcohol or drugs, an earthiness soon develops, and sexual activities in varying degrees of intimacy and pleasure become part of the child's early life. Many such children are caught up in a vicious circle of curiosity, fear, pleasure, guilt, shame, and confusion.

Direct sexual seduction of children by a parent is not unknown and can be one of the most traumatic of all experiences for a child. The sexual identification process is seriously interfered with, among other things, and the child's relationships with both of his parents, other adults, siblings, and other children become distorted. No child carrying the burden of such an incestuous relationship could be expected to resolve the conflicts and master the tasks of his developmental stage, e.g., to function well at school and in his peer group.

Another group of anxieties pertained to aggressive feelings between the child and his father. Among the children in this group, this is a reality fear, for most of them, including the

females, had experienced severe physical aggression at the hands of their fathers. This, in turn, infuriated the child, but he felt too small and defenseless to express these feelings. He can only repress them. Nevertheless, they smoulder inside him, and even his vulnerability compounds his anger. Considerable aggression was also expressed towards mothers. In these instances, the child was usually angry with her because of her deprivation of the child rather than her aggression towards him.

Other fears dealt with conflicts over guilt feelings, fear of being unable to overcome problems, and developing adequate skills to succeed at school and cope with home problems, and fear of the future.

Two children expressed fear of the unfamiliar and more affluent surroundings in which they situationally found themselves (the Place of Safety).

One child indicated fear of his anger towards those members of society who were not as economically deprived as he. This is surprising at such a young age, and anti-social seeds are seen in this child's feelings. His anger, resulting from his deprivations, has now generalized from parents to society and takes the form of "the have nots" resenting "the haves".

Relationships between parents and children, and children and parents, seem mutually dissatisfying and unsatis-

fyng. Developmentally, up until school age, the parents should have been the ideal of these children. By school age, however, interest in and affection for adults should turn outside the family to other significant adults whom the child can love and emulate for his age, sex, and work identifications of the future. Since the basic attachment to the primary care-taking person has not been effected, and since the children could not, to any marked degree, positively identify with their parents, they have not been very successful in forming less basic relationships and identifications.

In terms of Hartmann, since early infancy, this child has not been free, psychically, to develop his ego capacities, particularly cognitive potentials. His most primitive needs have not been met, and as a result, ego functioning is immature.

In terms of Erikson, this pre-pubertal child has not been able to successfully master the early epigenetic stages of development.

In the oral stage of development, this infant's physical bodily needs were not met. His emotional experience was one lacking in "receiving". His environmental circumstances deprived him of the opportunity to develop his sensory and motor faculties. His frustrations were too severe and too prolonged, and his gratifications were too shallow and too few. He was thrust into the second stage of development without acquiring hope and confidence in people and in the

world.

In the second stage of development, this young child failed to realize his own will. His dependency needs were, to a large extent, still unmet, and his security too precarious for him to dare to assert himself. His deprivations were so great, and his trust so little, that he failed to experience and enjoy infantile feelings of omnipotence.

He failed to gain autonomy and pride. His relationship with his parents likely deteriorated because of the aggressiveness and demandingness of the two to four year old child.

In the third stage of development, indeed, he was not counted upon in the family group and unable to express purposeful affection. The rejection of his parents severely interfered with the initiation and early workings of the identification process. His lack of maturity forced him to continue to romantically possess his parent. Failure to realistically adjust his attachment to the opposite sex parent thwarted his development of reality perceptions and caused him to fail to acquire a realistic and healthy ego ideal for the opposite sex.

He then arrived at school age grossly handicapped. A new development stage was being entered. The ego was heavily burdened, still struggling with tasks and skills appropriate to earlier periods of development. Instead of trust, he is mistrustful and demanding. He is a perpetually unsatiated child. In the place of a sense of assertiveness and confidence

in himself, he was overwhelmed with the shame of failures (poor self-esteem) and self-doubt. Instead of initiative and purpose, his sense of guilt had become exaggerated. He was poorly identified with his age and sex roles. He had poor ability to relate both to adults and peers. This had further deprived him of objects with which to identify. Because he had been unable to trust those inside his family, he had not been able to love and trust those outside the family, e.g., the teacher and other significant adults in his environment. He could not relate very well to his peers either, and therefore, did not use them to enhance his self-esteem, to measure himself in terms of success and failure, or to use them as contemporary objects with which to identify. Psychic energy released at this stage of development for use in attaching to new objects, was still being utilized to deal with primary objects, the parents. Instead of increasingly distancing himself from parents and home, and being able to cathect to individuals outside the family constellation, this child was not gaining increased independence.

Furthermore, he was not able to use his increased modes of thinking. It is during this stage of development that the child enters the period of concrete operations (Piaget, 1958). It should be a time of increased intellectual independence. However, for various reasons pertaining to general mis-use of psychic energy, he had not experienced success at school. It seems that the children in this fourth epigenetic stage of personality development failed to succeed in the two most critical areas of this stage -- work and play.

The Adolescent Group

Psychoanalytic theory postulates that by the time a child reaches adolescence, he should have received physical and emotional succourance in infancy; gained control over his body and its functions; established an elementary but sound identification with his age and sex group; received adequate and appropriate stimulation to assist him in his cognitive as well as physical and emotional development; moved out from the family to form meaningful peer relationships; and been able to involve himself in work tasks. In acquiring these skills, he should also have acquired, to some degree, virtues of trust in people and the world around him, a sense of autonomy, initiative, and industry.

The period of adolescence demands that the youth re-examine these earlier accomplishments, modify and reinforce them. (English and Pearson, 1965; Erikson, 1959).

The physiological developments of adolescence, particularly the advent of puberty and the accompanying bodily changes, the accelerated rate of physical growth resulting in almost overnight disparities between heights and weights of adolescents within a group; disparities between growth of individual body parts which result in the frequently observed clumsiness and awkwardness of adolescents; changes in sensory acuteness; major changes in the nature and type of thinking processes and cognition; and adaptation to a heterogeneous, highly technological culture are aspects of physical, mental, and social development which inherently influence personality development at this time of life.

With increased biological maturity, sexual drives can no longer remain latent, and the desire for sexual fulfillment with a person of the opposite sex cannot continue to be totally repressed, sublimated, or otherwise ungratified. Physical maturity also endows the adolescent with a sense of strength, power, and activity which accentuates his need to be aggressive. Furthermore, the values of our culture encourage aggression in the form of individual competition in sports, school, business, professional life, and other areas. Generally, in adolescence, there is a resurgence of strong id impulses, thus again upsetting the equilibrium between the personality forces. One of the tasks of adolescence is to integrate these id drives into forms of expression which are uncensored by the super-ego, thus re-establishing a healthy balance between id, ego, and super-ego functioning.

Erikson (1959) states that the task of the ego during this period is primarily one of synthesizing, not only the id-ego-super-ego functions, but also the incorporations and identifications of the past to give the adolescent a sense of identity, which he considers the crisis of adolescence.

The period of adolescence is one in which primary (parental) introjects are destroyed to some extent, and the youth is forced to strive for replacements in the form of attachments to new, age-appropriate objects. This is one of the factors Erikson (1968) concurs is essential in the establishment of an identity, and which Blos (1962) suggests as necessary for the "consolidation

of self". Schechter, Toussieng and Sternlof (1964) quote Deutch (1967) and Shapiro (1963).

The super-ego...becomes far less archaic and punitive as the pre-adolescent and the adolescent shifts from primitive imagoes to more realistic and more rational views. Magical and irrational thinking are replaced by a secure hold on the reality principle (Schechter et al, 1972, p. 28).

Shapiro writes

... new ego capacities...seem related to the new cognitive capacities delineated by Inhelder and Piaget (1958), and their appearance could be considered a maturational event which is part of autonomous ego development. (Schechter et al, 1972, p. 28)

Inasmuch as it is imperative that ego development include the acquisition of a sense of basic trust during infancy, so is the acquisition of a sense of identity in adolescence. It is the lack of this sense that causes many failures in adult adaptation. Without an integrated sense of identity, the individual is faced with the inability to deal with his inner and outer environmental demands and be able to attain a sound age, sex, occupational, and ethnic group identity. The individual who fails to attain adequate identity, will lack confidence in himself and will not know where he fits into his society (Erikson, 1959). Although Erikson states that a man is always being and becoming, and believes that the question, "What am I to be?" is an ever-present one in the life cycle, he considers that the adolescent should have already answered, "Who am I?" and now be concerned with "What am I?" and "In what context do I fit?"

This synthesizing process of integrating past incorporations

and identifications with present and future ones requires time, and Erikson speaks of adolescence as being a moratorium, a period when the adolescent "takes time out" from continuous development in order to effect this integration of his present with the four earlier stages of development. He suggests that this moratorium is a mutual agreement between the youth and society, and he outlines seven dimensions on which crises are polarized in adolescence (Erikson, 1959, 1960). Maier (1965) summarizes Erikson's polarizations:

1. Time perspective vs. time diffusion A concept of time is essential to identity. If his time perspective is a problem, the youth may demand immediate action or he may immobilize himself completely, in the desperate hope that time will stand still and that feared disappointment will never materialize (Erikson, 1960). Intermittently, the adolescent utilizes opportunities to delay planning and to recall the past. Only when he can see his life in a definite perspective does his sense of time lead to a sense of full identity.
2. Self-certainty vs. apathy Self-certainty involves a struggle between identity consciousness and an escape into apathy. In adolescence, the youth can convey an air of total vanity or callousness as if his appearance were all that mattered, or as if it were of no consequence whatever. Only when his awareness of self and the impressions which he conveys to others coincide does he gain certainty of self and a sense of his own identity, while his self-consciousness, with its attendant feelings of doubt and confusion about himself and his autonomy, recedes.
3. Role experimentations vs. negative identity The developing child finds many opportunities to experiment with many roles while the adolescent finds experimentation is qualified with dangers and commitments. For him, experimentation is critical. Interests in extremes, experiments with opposites, especially those frowned upon by elders, become the center of their role experimentations with their self-images. Eventually identity, positive or negative, depends upon successful experimentation with a wide range of roles.

4. Anticipation of achievement vs. work paralysis The adolescent needs to bring his sense of industry to bear in a persistent pattern in preference to unrelated situational opportunities. A struggle to complete a task, or sometimes even to start one at all, becomes a crucial issue as the youth ponders his sense of the adequacy of his own equipment. "It does not usually betoken lack of ability; in fact, ... some of the most gifted suffer from it most extremely" (Erikson, 1960, p. 3). Persistency and integration are essential for forging an occupational identity and for making long-range plans.

5. Sexual identity vs. bisexual diffusion The adolescent needs to resolve his bisexual conflicts and eventually to feel identification with his own sex role. He needs to experience comfort in his range of contacts with the members of the opposite sex. He needs to see himself first as wholly male (or female). The adolescent cannot conceive himself at this point to be a bit of both. Adolescence furnishes situations and attitudes for continued experimentations which need to be resolved if his sexual identity is to contribute toward a fuller sense of identity and to move him toward behavior prescribed for adults of his sex.

6. Leadership polarization vs. authority diffusion The adolescent's capacity to lead and to follow must coincide with the authority index of his society. A realistically clear appraisal of authority -- and a readiness to be in authority, if called upon -- are closely linked with the successful mastery of previous developmental phases and with the eventual acceptance of a positive identity.

7. Ideological polarization vs. diffusion of ideals The adolescent must select a basic philosophy, ideology, or religion, which will provide the anchoring trust in his life and society. Adolescence affords many choices. However, "Adolescents tend to be uncompromising in their prejudices and billigerently loyal to their own group's ideas and values. This being against something is one of their greatest needs, for through contrasting themselves and their ideas with an opposite group's, they firm up their sense of themselves" (Erikson, 1960, p. 4) (Maier, 1965, pp. 62-64).

It is during the adolescent moratorium that the youth has the opportunity to master these tasks. If he is unsuccessful, he either commits himself to an adult society before he is prepared, or else he regards himself as a failure. He does not know what

he wants in life, and he does not know how others regard him (Maier, 1965).

If, however, he is successful, he leaves behind the problems and crises of childhood and faces young adulthood well-equipped to meet its challenges and face the responsibilities of the inter-dependence of man in his society.

After analyzing the Thematic Apperception Tests of each of the adolescents, certain dynamics appeared in the protocols of the males which did not appear in the protocols of the females. The same was also true of the females. The profiles which are composed of the cumulative protocols of these youths are presented separately in order that attention may be drawn to some differences between the males and females.

The Adolescent Group Profile of T.A.T.s - (Males)

Description of Hero - This youth portrays himself fairly age-appropriately. He is unloved, unwanted, and unneeded by his parents. He is inadequate and incapable to do and to be. He is deprived of parental love, acceptance, and a place in the family.

He feels alone, "on his own", and frightened because he regards himself as being unable to function independently of parental support and direction. He describes himself as "cripple", "broken", "unwhole". He feels aggressive and acts out anti-socially, engaging in drunkenness, drugs, sex, theft, and violence. He is still striving to identify himself. He feels that he is the victim of a home situation which he neither created nor can change.

At home, parents are angry with one another, and are withdrawn into sullen non-communication with one another, or drink and quarrel.

He is sexually over-stimulated.

Parental uninvolvedness and disinterest allows him a great deal of freedom to do as he pleases. Parents, in fact, do

not seem to care what he does.

Needs - The needs expressed by the group of adolescent males, in order of frequency, included the following

- need to have a mother to love, succour, and generally gratify him (need for oral gratification)
- need to have a father to whom he can be close -- a male to love, accept, praise, teach, and help control him
- need to feel strong, brave, powerful, adequate, and other attributes for which the young male in our culture strives
- need to experience success in some area of living; so far, he has been successful only in being anti-social; he would like to find success in other ways if only he had someone to help him do so
- need for opportunity to grow up and identify with the masculine role
- need for opportunity to (sometimes) be a child -- to be able to be a "typical" adolescent -- part adult and part child
- need for opportunity to be aggressive in a positive way
- need to express anger towards father
- need to express anger towards mother
- need to express anger towards both parents
- need to punish himself and thereby alleviate some of his guilt
- need to punish parents
- need for sexual expression
- need for companions and peers of both sexes (need to affiliate)
- need to be religious

Environment - This youth perceives and conceives of his environment as rejecting, ridiculing and depriving. The world is aggressive and dangerous. One has to be strong to survive because one can easily be killed. Immorality abounds. It is frightening to be so young and unequipped to cope, especially when people around are angry, punitive, and hostile. One's surroundings invite one to respond with aggression and to seek acceptance and pleasure in "forbidden" ways.

Conflicts and Anxieties - Conflicts center around security, autonomy, aggression, sex, moral values, and identity. Specific anxieties expressed include

- fear of abandonment by parents
- fear of rejection by parents
- fear of aggression towards one or both parents, resulting in punishment

fear of aggression towards others (generalized)
fear of loss of control resulting in too much acting-out (more than tolerated by the law)

Ego-functioning - Ego-functioning is generally immature. The crises of much earlier periods have not been negotiated, and the tasks have not been mastered, so his psychic energy is still invested in these more infantile tasks. He has scarcely begun to work on the tasks critical to adolescence.

The ego defends itself from overwhelming anxiety, primarily, with regressive techniques, such as being a young child, being overly-compliant, and similar techniques characteristic of the very young child. Fantasy, projection, and reaction formation are widely used. Other techniques are self-defeating: permissive rationalization and acting-out behaviours. More adaptive, mature defenses are used only occasionally.

Super-ego-functioning - In some ways this capacity is surprisingly adequate; many moral values have been inculcated. Along with these moral precepts, however, the child has incorporated the punitiveness of his parent's attitudes and values towards him, so he is never acceptable, even to self.

Although he is excessively aggressive, angry, and acts out anti-socially in a violent manner, he always severely punishes himself, frequently to the point of non-existence. Aggression is the one thing that is impermissible and punishable.

Inter-personal relationships - Like the younger child, the adolescent presents a great deal of descriptive material about people.

Fathers are clearly portrayed in the protocols as being one of three types, and when these portrayals are compared with case history material, it is evident that there are, indeed, three types of fathers of adolescent boys.

While one cannot "categorize" individuals, and each person is, in many ways unique, general personality types can to some degree be identified.

Father-Child relationships - (a) The Withdrawn Father is a passive, dependent incapacitated parent who is generally uninvolved with his son, to whom he indicates neither positive nor negative feelings about him. He simply exists and does not openly reject nor openly accept the boy. He gives materially to the best of his ability and keeps his overtly-made promises to him. The boy describes him as ineffectual, needing help from others, being dominated by his wife who functions more as his mother than his wife, and working to support the family.

(b) The Unaggressive, Negative Father is described as strong, brave, "hard", courageous, frightening, unforgiving, lonely, and hard-working. He is openly rejecting of his son, and in no way pretends to the youth that he feels any differently. He is, however, passive towards the boy. He gives materially, but grudgingly.

(c) The Aggressive, Negative/Positive Father is a heavy drinker. He isolates his son and favours his daughters. He allows the male child to compete with him in no way. He takes advantage of his superior physical strength to humiliate and emasculate the youth. When drinking, he is hostile, aggressive, and physically abusive to the boy. When sober, he is ingratiating and "accepting" of the child so that he makes it possible for the boy to hope for acceptance and love, in contrast to the two abovementioned fathers. However, the hope is never realized, and the boy is constantly vacillating between acceptance of rejection and hope of acceptance.

Child-Father relationships - Although the sons of the first group of fathers are the angriest (because even a negative reaction is better than none at all), it is the rejection of the fathers to which the sons of each of the types of fathers primarily respond. Secondly, the youths respond to the humiliating, degrading manner in which the father relate to them. This infuriates the youth, and he responds with extreme anger and aggression. The boy feels that he would like to kill the father, if only he could. He wants the father to love him; to care about him; to counsel him; to teach him to work and play -- in short, to be involved with him in a positive way.

Mothers of adolescent males also appear in the protocols in three groupings. Each type of father is married to a specific type of mother.

Mother-Child relationships - (a) The Withdrawn, Rejecting Mother is married to the uninvolved father. She entertains men at home while the father is away at work. She is immoral and deceives the father. She prefers female children to male children, and babies to youths. She infantilizes the boy and does not want him to grow up, but most significant to the youth is her rejection of both his age and his sex.

(b) The Aggressive, Rejecting Mother is married to the unaggressive, negative father. The boy describes this mother as "broody", bad-tempered, immoral, and depriving. She is dependent on father, close to males, and prefers the father to the children. She drinks and quarrels with father. She threatens to discipline the boy through the father's negative aggressiveness. This mother "does" things (cooks, etc.) for the youth but gives him nothing emotionally positive. She is

highly aggressive towards the boy, especially when intoxicated, and rejecting of him. He is too expensive, and, since he cannot remain a baby, she wants him to grow up; make his own living. and leave home as soon as possible.

(c) The Abandoning Mother is lazy, stays in bed, forgets to shop, does not cook for the family, and is uninvolved with either the youth or his father. She is utterly rejecting and abandoned the child during his early life, leaving him alone with the father. He remembers her and longs to understand why she deserted him.

Child-Mother relationship - The youths were very angry with their mothers, and, as with the fathers, the adolescents responded to the rejection. The anger was most exaggerated in the case of the withdrawn, infantilizing mother who was also ungiving. The sons are aware of their mothers' feelings for them. They want to punish these mothers -- hurt them -- and replace them with "new" mothers. They all express a deep need to be given to, to be cared for, to be loved, and to be wanted.

The sons of the abandoning mothers were confused and bewildered because they cannot understand what could have happened to cause them to deserve such rejection. They blame themselves, (although they are able to project the abandoning mother as "bad"), and feel that something must be wrong with them for a mother not to want them.

Sibling relationships - All of the boys were either the only child in the family, the only male child in the family, or the eldest male child in the family. In those cases where the boys had siblings, the relationship was poor, either because the boy had the responsibility of younger brothers and sisters, or because the parents favoured babies or girls.

Peer relationships - The relationship these boys had with peers seemed poor also. Either there was no mention of peers in the stories, or the youth indicated that he had no peers, or was not liked and accepted by other boys his own age. They were, however, often a part of a group of males who engaged in criminal acts, and it was these youths who committed the overt crime (or daring act), as if they were being used by the others in case punishment followed.

They were, however, accepted and desired by female peers. They were quite adept at sexual conquest.

Plots of stories - The plots of the stories were adequately structured, complete, and generally realistic. They were, however extremely aggressive and anti-social. Police, court, robbery, assault, dagga, alcohol abuse, sexual promiscuity, infidelities, treachery, violence, suicide, murder, arson, patricide, matricide, familiarity with prostitution, prison, and almost the gamut of dyssocial and anti-social behaviour appeared in almost every story. While melodramatic violence and direct sexual reference is common to the stories of most adolescents, these youths' case histories confirm the fact that less of their story-telling is fantasy than fact.

As among the younger children, imagination, creativity, and language were immature and poorly developed. Wit and humor were totally lacking. All of the stories were serious, many tragic.

Outcome of stories - About half of the stories of these males had a starkly unhappy ending. Most of the other half were happy-unhappy, or were happy with reservations, or with fantasy. In this way, they were similar to the stories of the younger children. Only a few stories had a genuinely happy ending.

Dynamic statement - These youths are products of overtly rejecting mothers and uninvolved or rejecting fathers. The picture they present is that of the "burnt child", whose life experiences have been primarily negative, resulting in a great deal of anger.

His deprivations have been severe, chronic, and life-long. This causes him to view the world and its people as un-giving, aggressive, and dangerous. He projects his own anger onto others, and views them as threatening as he would like to be, because his suffering has left him with a need to punish others.

He is unable to develop or use his full capacities. Reality-testing at times is poor. His reasoning and capacity to cope with his environment are equally faulty. This is further complicated by his poor impulse control and the extreme anxiety which he chronically experiences. He continuously finds himself in situations which he does not understand. His chief defense is to attack. As a consequence, he frequently behaves in ways which are self-defeating and ultimately ungratifying. This further reinforces his concept of the world as un-giving and ungratifying.

His need to act out his impulses in an anti-social way is the result of his environmental experiences which have exaggerated the amount and intensity of anger with which his immature ego has to cope. Furthermore, the excessive negative stimulation this youth has received throughout his life has resulted in a desire for excitement, but limited ability

to inhibit, or appropriately discharge, the resulting tensions.

Id impulses are quickly discharged, but frequently inappropriately and upon inappropriate objects in his environment. His basic self-concept is that of a person who lacks the capacity to cope with himself and with the world. He is inadequate, immature, and generally unable to deal with life very effectively. He feels that he is constantly a failure because he is worthless. He has little capacity to credit himself with any accomplishment and believes that others are equally rejecting of him. He regards everyone as being angry with him, and he is quick to respond in a negative aggressive manner.

He attempts to ameliorate his overly-critical super-ego, but his defenses are immature, rigid, and frequently faulty. In current life situations, he experiences any threat to his self-esteem as especially dangerous; therefore, he is ultrasensitive to these threats and engages in various types of maladaptive behaviour in an attempt to avoid further loss of self-esteem. He experiences excessive anxiety, tension, and guilt.

Ego-functioning is burdened with the task of trying to mediate between an unsocialized id and a critical super-ego. There is little flexibility in the choice of defense mechanisms. Reaction formation, denial, and projection are frequently employed.

The environment is threatening -- some fears are realistic, while others are exaggerated. The ego would like to give up the struggle, it seems, and return to the infantile state, at times begging -- and other times demanding -- that the environment succour him as if he were an infant. He still has hope that someone may yet be a good parent. However, when the expected persons in the environment do not meet his dependency needs, they become objects toward which excessive anger can be discharged. Another ego immaturity is expressed in his reliance upon fantasy to deny the world in its reality. He relies a great deal on "make believe" to attempt to meet his ungratified needs.

There is no suggestion that the ego has regressed or disintegrated into a severely neurotic (or psychotic) state. This child does, however, need help at this time. However, altering environmental conditions would likely effect little change in the basic personality structure. An improved environment, offering maximum support and reinforcement of adaptive ego-functioning, might prevent further damage to self-esteem, which, in turn, could reduce pressures and anxiety, thus to some extent, unburdening the ego.

Not only is the super-ego immature in its functioning; in addition, it gives no rewards. Self-critical, rejecting aspects of the conscience have been incorporated. Everything this youth does is wrong. To a marked degree, the "ego ideal" is a negative one. A minimal degree of integrity has been established.

In general, this adolescent's basic personality is immature and aggressive. He seems to be developing towards the anti-social personality. Within a very few years his present personality traits will likely become solidified.

Optimally, in addition to environmental change, this child needs therapeutic intervention. It is possible that immediate help might, to some degree, interrupt what appears to be development towards further maladaptive functioning, possibly even psychopathy.

Annexure G is a verbatim copy of the stories related by the adolescents in response to the T.A.T. pictures.

The Adolescent Group Profile of T.A.T.s (Female)

Description of Hero - This adolescent girl presents herself as feminine but frequently younger than her actual age. She feels deprived and cheated by life, for she is not a part of the family and feels homeless, unloved, abandoned. No one genuinely cares about her. She has lost her way in life, and there is no one to help her find her way back to the place where she could start afresh.

She feels as if she has no parents and that she is utterly alone in the world. Sometimes she wonders if she is an orphan or an adopted child. She feels very strongly that she has been wronged by her mother. This, in turn, makes her feel angry, revengeful, and rebellious. Although she feels inadequate, incapable, and in need of help, she does possess one asset: she is sexually desirable. This has resulted in a great deal of anti-social behaviour in addition to sexual acting-out.

Sometimes she feels that she is capable and attractive. At other times, she feels inferior, "cripple" and "barren".

Needs - Expressed needs, in order of frequency include

need to have a mother who loves and succours the daughter -- accepts, teaches, advises, and takes pride in her

need to have a father who loves, protects, cares for the daughter and who, with the mother, sets realistic limits and controls
need to express anger and aggression towards one or both parents
need to be adequate and to achieve
need for self-esteem, self-pride, and social acceptance
need to be adequate and to achieve
need to be more economically affluent -- not be so poor
need to affiliate with peers of both sexes -- not only males
need for religion
need to grow up and marry
need for opportunity to (sometimes) be a child -- to be able to be a "typical" adolescent -- part adult and part child
need to be rescued from her present life style

Conflicts and Anxieties - This adolescent's conflicts centered around security, autonomy, adequacy, control, sexuality, aggression, and identity. Expressed fears included

fear of abandonment by parents
fear of rejection by parents
fear of aggression towards one or both parents and the possible resulting punishment (or deprivation)
fear of independence and the future
fear of being inadequate, incompetent
fear of acting out too much, including fear of pregnancy
fear of punishment for feeling angry
fear of being sexually inadequate

Ego-functioning - Functioning was generally immature and under-developed. Adolescent tasks had scarcely begun to be mastered.

The ego defends itself against anxiety, principally, with regressive techniques appropriate to a much younger child, including returning to infancy, being overly-compliant (outwardly) and other similar types of behaviour used by the young child. Fantasy, projection, and reaction formation are extensively used. Other techniques are often maladaptive: permissive reationalizations, dissociation, isolation, and acting-out behaviours. More adaptive, mature defenses are employed only occasionally.

Super-ego-functioning - General functioning is markedly inadequate. Virtually no guilt is expressed in regard to sexual promiscuity, drunkenness, theft, taking of drugs, or other anti-social behaviours. The only dread is punishment of one kind or another.

Inter-personal relationships - Like the younger child and her male counterpart, this young girl gives a great deal of descriptive information about people, in addition to revealing her relationship with them.

Fathers are portrayed in the protocols as being one of four general personality types.

Father-Child relationships - (a) The Positive Father is the father of daughters only. He loves the girl, cares for her, protects her from a "bad" mother, supports, encourages, teaches, disciplines the girl, and is interested in both her present and her future.

Unfortunately, however, he had divorced the mother when the daughter was very young. She remembers him only from young childhood and has not seen him since. He is, therefore, largely fantasy.

(b) The Withdrawn Father has both daughters and sons, but he relates differently to them. He is more accepting of the females than the males.

He is passive, dependent, fairly inadequate, and generally uninvolved with his children, especially his male children whom he may regard as competitors. To the girl, he indicates little positive or negative emotion. He simply exists but does not openly reject or accept the child. He does not convey a sense of genuinely caring about the daughter. He gives materially as best he can. He keeps his promises to the child, but gives little else. He does, however, tolerate a wife who is openly rejecting of the child..

(c) The Unaggressive, Negative Father is openly rejecting of the child without any veiled behaviour which the child could conceivably interpret as possible acceptance. Otherwise, he is passive, withdrawn, and uninvolved. He gives materially, but grudgingly.

Child-Father relationships - "The positive father" is adored by the daughter. She loves him and feels that, without him, life is without meaning. She fantasizes that her life circumstances would be much improved if only he were there. She longs for him. Although her relationship with him is mainly fantasy, he plays a real, active role in the girl's life. He influences her attitude towards other fathers (especially step-fathers) and plays a part in her personality development.

Except for this father, the child is angry with the other fathers because of their rejection and uninvolvedness. She would like to punish them, but she can do so only by her misconduct.

The daughter would very much like to have a father who is like the "imaginary father". This is her desire, but because she feels that the father is not really concerned about her, she feels angry and aggressive towards him.

Mothers are of four general types, three of which are the same types of mother described in the male protocols. These mothers relate differently to the girls than to the boys, however.

(Only differences between maternal attitudes towards the girl will be noted in this section; otherwise, the same description of these three mothers as appears in the section pertaining to the male protocols also applies to this section.)

Among the females, the fourth mother is the mother of most of the adolescent girls in the study. She is the most important mother of all. She is the acting-out mother.

Mother-Child relationships - (a) The Withdrawn, Rejecting Mother is rejecting towards her daughter although she is more comfortable with females than males. She is highly narcissistic and angry with males. It is on the basis of the latter dynamic that she is rejecting of her son, and on the basis of the former dynamic that she is rejecting of the daughter, who, especially at adolescence, becomes a competitor. She would like to be rid of the girl. She is sexually promiscuous and serves as a model for the daughter.

(b) The Aggressive, Rejecting Mother is more physically aggressive towards the adolescent female than the male, and, especially when drinking, leaves the responsibility of "the mother role" in the family to be filled by her daughter. This engenders hostility, guilt, and dependency between them, in a circular fashion.

(c) The Abandoning Mother placed her daughter in a very precarious position. While she related to her sons and her daughters in the same manner -- abandoning each -- the result was very different, for, while the father kept and cared for the male child on his own, he felt he could not rear the daughter. As a result, she was placed in an institution in early childhood where she remained until recently.

(d) The Acting-Out, Negative Mother has no sons. She is a sexually promiscuous, psychopathic-type individual who likes to drink, "go out", go to parties, and leave her daughters in the care of others. She is disinterested in the child and involved with herself only.

She has frequently married and divorced and re-married. Between marriages, she lives with her "boy friend". She is very dependent on males, hedonistic, and narcissistic.

Child-Mother relationship - The girls are extremely angry with their mothers -- much more so than with their fathers. They are responding to the mothers' rejection and detachment. They are especially angry with the mother who is both withdrawn and rejecting. Even the aggressive, rejecting mother gives the child some stimulation, although it is negative. The acting-out mother is also uninvolved with her daughters because of her own narcissistic and egocentric needs.

In addition to being angry with the mothers, the daughters blame these mothers for the loss of their "good fathers". The girls have followed in their mothers' footsteps, and are also acting-out sexually and anti-socially.

Sibling relationships - Because, in the families where one child is favoured above another, it is the female child who is favoured, as far as she is concerned, there is little need to feel rivalry for siblings, especially males. The female adolescent, therefore, does not have to compete except with younger females. Generally, the girls' relationships with their siblings is reasonably good. This may also be due to the fact that she is frequently "the mother" in the family, and while she may feel angry towards her mother for placing adult responsibility upon her, she does not indicate that she feels anger towards the younger children personally. They may, however, resent her, to some extent, as the "mother" who cannot be but a poor one.

Peer relationships are poor. They relate to other girls in a very unrewarding manner. Numerous conjectures could be made regarding the reasons for this, but the females clearly express that they are unliked by other girls. The exception to this was among the "hippie culture"; in this element, there was comradeship and communication, at least to some extent.

Relationships with males was of a sexual nature. However, the girls felt that males were exploitative, unfaithful, unreliable, and had to be slept with in order to be friendly at all. It was only in the opposite sex peer group that the girls found any "acceptance" and "love".

Plots of stories - The plots of the stories were adequately structured, complete, and generally realistic. They were, however, concerned with two main plots: sexual involvements, infidelities, unstable liaisons, alcohol abuse, use of drugs, sexual promiscuity and aggression towards parents and society.

Outcome of stories - About two-thirds of the stories ended happily because of magical thinking, fantasy, denial of reality, or after much suffering. Almost all "happy" stories were conditionally so. Other stories were neither happy nor unhappy, and still others were tragically unhappy.

Dynamic statement - This girl has many unmet oral needs and strong strivings for dependency. Her basic personality is very similar to the adolescent male's.

From the life-long deprivations and ill treatment she has suffered from significant persons, much negative aggression has developed. Combined with this is her tremendously poor self-esteem and immature ego functioning. This triad -- low self-esteem, negative aggression, and immature ego functioning results in id impulses being discharged in maladaptive ways.

She differs from her male counterpart primarily in one respect: she realizes that she has one asset with which to manipulate her environment -- her femininity and sexuality. This is the one variable which allows her to be favoured by her father over her male siblings; it is one basis of her mother's hostility towards her; it makes her desired by male peers; and it is the source of the little self-esteem she has. Her sexuality is the one thing that accrues to her the notice of others, including both adults and peers. She concludes that if one is "worthwhile" (worth notice) to others, then one must be worth something.

Not only does she use her sexuality as a bargaining power for "love" and "acceptance" from males (including father) and as a means of bolstering her self-image, she also uses it as a means of attempting to get her dependency needs met in other ways. She presents herself as helpless, but in the context of the attractive, winsome (sexual) child. This is a powerful dynamic to which many people respond, particularly males.

Id impulses are dealt with in two principal ways: suppression and passive-aggressive behaviour alternating with a loss of impulse control and acting-out behaviour. This girl fears a loss of sexual impulses, however, because she recognizes the reality of possible pregnancy. On the other hand, if she does not act out these impulses, she loses her one means of getting "love" and improving her self-esteem; however, acting out may get her the one thing she cannot tolerate: the responsibility of a pregnancy.

Tensions from undischarged impulses must either be released or turned onto one's self. The adolescent chooses the latter, at times. This results in depression, especially when combined with her feelings of helplessness and worthlessness. In an attempt to ward off this depression, she turns a great deal to fantasy and magical thinking. She is seeking "a knight in a shining armor" who will rescue her and meet all her unmet oral/dependency needs. This girl is characterized by her immaturity.

The super-ego is lacking in controlling and censoring strength. Fear of external environmental punishment and rejection provide the greatest motivation to impulse control. This lack of super-ego strength, in addition to her immature ego, strong sexual and negative aggressive id impulses have lead her toward becoming an anti-social personality. This is observation is supported by her tendency to manipulate the people in her environment.

She has much fantasy regarding her absent father, who, if he were present, would care for her and make her safe. At other times, she wants to punish her father for having failed her in the past.

Her mother is an acting-out, child-like person who neglects her children. The daughter has been left alone with the responsibility of the younger siblings, or in the care of older siblings, which increases her fear, anxiety, and sense of worthlessness. She is angry with her mother, but she cannot openly express it for fear of further deprivation. The only way she can act out these feelings is to copy her mother's acting-out behaviour which reduces tension, but results in additional problems, rejections, and dangers. Her mother is the source and object of much more anger than her father. However, she still maintains a hope and fantasy of being mothered.

This youth is a good candidate to become an anti-social personality. She is likely to continue to use her sexuality as a means of negotiating to get some of her dependency needs met and to gain some self-esteem. Promiscuity and prostitution may be a part of her future unless she is fortunate, because of exceptional attractiveness and intelligence, to marry a man who can provide her with the material things which she so highly values and, at the same time, tolerate her impulsive behaviour.

Discussion of The Adolescent Group

Both the male and female adolescent is typified by his pronounced immaturity and anger.

Among these adolescent boys and girls, there were no substantial exceptions to the two presented profiles.

As in the case of the pre-pubertal children, the adolescents were sensitive to the feeling-tones and attitudes within the family. Their assessments were realistic.

They, too, were still struggling to obtain infantile gratifications and to acquire infantile "virtues". Expressed needs and expressed anxieties and conflicts were immature and appropriate to much younger children than adolescents. Still, at the mean age of 14 years, the more pressing needs were for parental love and gratification, and the most painful anxiety related to fear of loss of parents. Most noticeable was the fact that neither the boys nor the girls had been able to form the basic maternal attachment of early infancy. The theme of oral deprivation flows throughout each individual protocol.

In forcefulness, the second most significant observation is the negative aggression of these children, which is expressed in anti-social forms, both by the boys and the girls. In very few instances was aggression channelled into constructive, goal-directed endeavours.

Some needs and some conflicts and anxieties, of course, were age appropriate.

Id impulses were poorly controlled and directed. Ego and super-ego functioning were quite immature.

Relationships between parents and children, and children and parents were unrewarding and dissatisfactory to both parties.

In each of the four earlier developmental stages, these adolescents have experienced deprivations and failures very much the same as those experienced by the pre-pubertal children, and since these have been described in the discussion pertaining to The Pre-Pubertal Group, they will not be reiterated here, except to say that the adolescents in the study arrived at the epigenetic stage without trust, self-confidence, initiative (in the Eriksonian sense), purpose, or success at school or in the peer group. He, furthermore, lacked the ability to relate well to either adults or youths.

In the adolescent stage of development, their cognitive capacities provided by the advent of the stage of formal operations have not been exploited and used advantageously.

Instead of struggling with "What am I to be?", these youths are still trying to answer, "Who am I?". He has not planned for the future, but is still struggling with the past. He is unsure of himself and how he is seen by others. Most of his role experimentations are negative roles. He suffers from what Erikson calls "work paralysis" (Erikson, 1960). His feelings of inadequacy prohibit him from becoming task-involved and goal-oriented. Sexually, he has identified with being "masculine", but he has identified with many negative aspects of the concept and has failed to identify with the adult masculine role prescribed by his society. He is not comfortable with the opposite sex except in a

maladaptive way. (The boys use their sexuality to attempt to prove their masculinity, and the girls use theirs in an attempt to meet dependency and self-esteem needs.) Each youth has little trust in persons of the opposite sex, regardless of age. This is not surprising in view of the rejection they have suffered. Neither has any confidence in marriage. All human relationships are seen as tenuous.

The adolescent has not resolved conflicts around authority and leadership. He fears and resents authority and perceives leaders as successful only when anti-social. His heroes are un-socialized individuals.

In general, the youth has no ideology on which to anchor trust in himself or in his society (Erikson, 1959). One of the females indicated that religion is significant in her life, at least to some degree, and three or four males reflect a strong religious influence in their past experiences. This could be accounted for by the fact that some of the children have spent most of their lives in schools or children's homes sponsored by religious groups, and almost from infancy, have been inculcated with religious influences.

Throughout the developmental process, these children have experienced so much deprivation and so little gratification, along with so few accomplishments and masteries, that it seems possible that they will, as expressed by Maier (1965), enter young adulthood not knowing what they want from life and already regarding themselves as failures.

Human Figure Drawings

In 1877 Charles Darwin theorized that the young child's perception of objects evolve through a series of successive stages whose sequence and tempo are biologically (genetically) determined. The final stage which a child negotiates is to develop the ability to depict in drawing the representation of a perceived object.

In a historical analysis of studies of children's drawings, Goodenough (1926) reported that in 1885 Cooke published an article on children's drawings in which he also described his conceptualization of various stages in the development of perception. Since that time, there have been many prominent contributors to the "stage" theory of child development (Sully, 1892; Baldwin, 1915; Piaget, 1929; Freud, 1930; Erikson, 1950, 1963, 1968). Stage theories exist in reference to almost every aspect of a child's life. Today the concept of stages is widely accepted in clinical psychology.

In 1887 Ricci published an account of his study of the drawings of a group of Italian children, which is probably the earliest published account on record (Goodenough, 1926).

Interest in children's drawings has been manifested by educators, sociologists, anthropologists, psychologists, and others. Studies have been voluminous, and attention has focused, from time to time, in diversified areas: studies of prehistoric drawings; cross-cultural studies of drawings; longitudinal studies of draw-

ings of individual children; and studies of drawings of psychotic children in modern psychiatric hospitals, to mention only a few. The approach to these studies has ranged from colourful descriptions to highly scientific investigations.

Modern clinical child psychology employs human figure drawings as one of its most widely used techniques. Unfortunately, because psychology, in general, has not yet resolved many of its life-long theoretical issues, two main approaches to the interpretations of human figure drawings persist today. Rather than viewing both "cognitive" and "emotional" components of behaviour as functions of the ego, one present-day approach emphasizes the importance of biological development, and regards the interpretation of human figure drawings as an index of over-all physiological maturity, cognitive development, and intelligence. The second approach is employed by clinicians who recognize the importance of the drawings as "projections" of unconscious "perceptions", and as such, indicators of personality traits.

Koppitz (1963) was the first to make a comprehensive study utilizing both approaches and relating them to one another.

Both "schools" of thought, however, agree on certain conclusions in regard to human figure drawings:

- (1) they reflect a close relationship between concept development and general intelligence
- (2) they are a form of communication -- an expression of internal stimuli -- rather than creative attempts
- (3) they are reflective of what the child "knows" -- what he

has learned from his life experiences rather than what may be presented to him by a model at any given time,

(4) "an explanation of children's drawings go beyond simple visual imagery and eye-motor co-ordination and take into account higher and more elaborate mental processes" (Goodenough, 1926, p. 86).

For purposes of this study, however, the two traditional approaches will be considered separately in the analysis of the human figure drawings of the children.

Annexure H is a photographed copy of the children's drawings.

The Developmental Approach

Goodenough (1926) discussed the fact that a child first perceives an object as a whole. Then he analyzes the whole into parts which are significant to him, based on his positive and negative interaction with that object (an emotional experience); and still later, he synthesizes the object into a reconstructed whole. Laws of association were incorporated into knowledge of perception, and the concept of "association by similarity" became a corner-stone of analysis of children's drawings. For example, it was theorized that the young infant initially recognizes his mother by such cues as the tone and pitch of her voice, her eyes, or the smell of her body. Slowly, the child substitutes one of these sensory stimuli for the total and recognizes and responds to her as a whole. "By a process of abstraction and substitution, not less important because it is for the most part unconscious, the child becomes able to dispense with more and more of the usual con-

comitants of the sensory impression ... so that eventually a small photograph of his mother is sufficient to arouse recognition..." (Goodenough, 1926, p. 68).

A comparison and summary of the findings of the investigators whose work preceded her own led Goodenough (1926) to the following conclusions which the investigator has further summarized.

(1) in young children, a close relationship is apparent between concept development as shown in drawing and general intelligence

(2) drawing, to the child, is primarily a language, a form of expression rather than a means of creating beauty

(3) in the beginning the child draws what he knows rather than what he sees (Verworn's "ideoplastic stage"). Later on, he reaches a stage in which he attempts to draw objects as he sees them. The transition from the first stage to the second one is a gradual and continuous process

(4) the ideoplastic basis of children's drawings is shown most conspicuously in the relative proportions given to the separate parts. The child exaggerates the size of items which seem interesting or important; other parts are minimized or omitted

(5) the order of development in drawing is remarkably constant, even among children of very different social antecedents. The reports of investigators the world over show very close agreement, both as regards the method of indicating the separate items in a drawing and the order in which these items tend to appear.

This is especially true as regards the human figure, probably because of its universal familiarity

(6) the earliest drawings made by children consist almost entirely of what may be described as a graphic enumeration of items. Ideas of number, of the relative proportion of parts, and of spatial relationships are much later in development

(7) in drawing objects placed before them, young children pay little or no attention to the model. Their drawings from the object are not likely to differ in any important respect from their memory drawings

(8) drawings made by subnormal children resemble those of younger normal children in their lack of detail and in their defective sense of proportion. They often show qualitative differences, however, especially as regards the relation of the separate parts to each other. Not infrequently the same drawing will be found to combine very primitive with rather mature characteristics

(9) children of inferior mental ability sometimes copy well, but they rarely do good original work. Conversely, the child who shows creative ability in art is likely to rank high in general mental ability

(10) there is much disagreement among investigators regarding the relation between children's drawings and those made by primitive or prehistoric peoples. Until more careful study has been made of the many factors involved in such comparison, the legitimacy of drawing conclusions appears to be very doubtful

(11) marked sex differences, usually in favour of the boys,

are reported by several investigators

(12) up to about the age of 10 years, children draw the human figure in preference to any other subject.

Goodenough is the best-known and most widely quoted exponent of the "developmental approach". In 1963 Harris undertook to expand and revise Goodenough's early work, but was able to add little to her original contribution because of its comprehensiveness and thoroughness (Koppitz, 1968).

Goodenough postulates that the psychological processes involved in drawing a picture involve the following processes

(1) association by similarity: the child sees a resemblance between a series of lines on paper and the concrete object which is represented by them. (This is considered by Goodenough to be the preliminary stage which precedes any active attempt at representation on the part of the child.)

(2) analysis into its component parts of the object to be drawn

(3) evaluation of these parts of the object to be drawn and the selection of those parts which appear characteristic; this process is largely unconscious, but significant, because it is determined by the nature of the child's interests and by his thought habits

(4) analysis of spatial relationships

(5) judgments of quantitative relationships

(6) through further process of abstraction, the child reduces and simplifies several parts into graphic outlines

(7) coordination of eye and hand movements in the drawing act

(8) adaptability: the capacity to adjust the drawing scheme to the new features which are added from time to time as conceptualization develops.

From these processes, Goodenough (1926) then concluded that these psychological factors involve the spontaneous drawing of young children and reflect their general intellectual development. This opinion was reiterated by Harris (1963) when he asserted that the Draw-A-Person Test developed by Goodenough measures mental maturity and is not a test of traits and personality dynamics. Harris' main contribution to the understanding of human figure drawings was to establish high degrees of correlation between various intelligence tests and the drawings when the latter were scored in terms of Goodenough's norms (Koppitz, 1963).

Another major contribution to the understanding of human figure drawings for those of both the developmental and projective approaches was made by Machover (1953, 1960) who, among other things, established that if a child is instructed to "Draw a person.", he produces much richer and more significant material than if he is asked to "Draw a man." or "Draw yourself." Her major contribution was the application of psychoanalytic concepts to the interpretation of human figure drawings as indicators of personality traits. Inasmuch as Goodenough is the foremost exponent of the developmental school of thought, Machover is the best-known exponent of the projective school.

The eldest 40 children in the study sample were asked to "Draw a person." "Draw the best person you can."

The Pre-School Group

Only four children in this group made drawings. Table 26 reflects information regarding them.

TABLE 26

Child's Number, Chronological Age, Mental Age, Intelligence Quotient, And WPPSI Intelligence Quotient For The Pre-School Group

Child's Number	Chronological Age In (Yrs.& Mos.)	G O O D E N O U G H			WPPSI I. Q.
		Score	Mental Age In (Yrs.& Mos.)	I. Q. Equivalent	
No. 13	4 yrs. 0 mos.	1	3 yrs. 3 mos.	81	77 ++
14	4 yrs. 4 mos.	8	5 yrs. 0 mos.	115	86
15	5 yrs. 3 mos.	16	7 yrs. 0 mos.	133	85
16	5 yrs. 5 mos.	9	5 yrs. 3 mos.	97	62

++ Merrill-Palmer I. Q.

N = 4 children

The mean chronological age for the children in this group who drew human figures was 4 years 9 months, and the mean mental age was 5 years 5 months. The mean Goodenough I. Q. equivalent was 106.5, while the mean WPPSI I. Q. was 77.5, (including the one Merrill-Palmer Scale I. Q.).

The standard deviation for the I. Q.s based on Goodenough Scores was 26.4 and 9.6 for the I. Q.s based on the Wechsler Scale. This is due to the child who obtained an I. Q. on the Goodenough Score of 133 and only 85 on the WPPSI.

The Pre-Pubertal Group

All children in this group drew human figures. Table 27 reflects the results.

TABLE 27
 Child's Number, Chronological Age, Mental Age,
 Intelligence Quotient, And WISC Intelligence Quotient
 For The Pre-Pubertal Group

Child's Number	Chrono- logical Age In (Yrs.& Mos.)	G O O D E N O U G H			WISC I.Q.
		Score	Mental Age In (Yrs.& Mos.)	I. Q. Equiv- alent	
No. 17	7 yrs. 2 mos.	25	9 yrs. 3 mos.	129	104
18	7 yrs. 4 mos.	17	7 yrs. 3 mos.	99	124
19	7 yrs. 7 mos.	27	9 yrs. 9 mos.	129	109
20	7 yrs. 7 mos.	23	8 yrs. 9 mos.	115	80
21	7 yrs. 7 mos.	25	9 yrs. 3 mos.	122	107
22	7 yrs. 10 mos.	11	5 yrs. 9 mos.	73	84
23	8 yrs. 6 mos.	17	7 yrs. 3 mos.	85	75
24	10 yrs. 8 mos.	26	9 yrs. 6 mos.	89	113
25	11 yrs. 3 mos.	25	9 yrs. 3 mos.	82	78
26	11 yrs. 8 mos.	35	11 yrs. 0 mos.	94	96

n = 10 children

The mean chronological age for the children in this group was 8 years 7 months, and the mean mental age on Goodenough Scores was 8 years 7 months. The mean I. Q. equivalents was 99.7. The mean WISC I. Q. was 97.0. The standard deviation from the mean of the Goodenough equivalent I. Q. was 18.9, and the standard deviation from the mean of the WISC I. Q. was 16.1.

The Adolescent Group

All of the children in The Adolescent Group drew human figures. Table 28 shows the results.

TABLE 28

Child's Number, Chronological Age, Mental Age, Intelligence Quotient, And WISC Intelligence Quotient For The Adolescent Group

Child's Number	Chronological Age In (Yrs. & Mos.)	G O O D E N O U G H			WISC I.Q.
		Score	Mental Age In (Yrs. & Mos.)	I. Q. Equivalent	
No. 27	12 yrs. 1 mo.	31	10 yrs. 9 mos.	89	96
28	12 yrs. 3 mos.	29	10 yrs. 3 mos.	84	99
29	12 yrs. 11 mos.	39	12 yrs. 9 mos.	99	98
30	13 yrs. 7 mos.	31	10 yrs. 9 mos.	79	92
31	13 yrs. 8 mos.	30	10 yrs. 6 mos.	77	98
32	13 yrs. 10 mos.	38	12 yrs. 6 mos.	90	115
33	14 yrs. 0 mos.	40	13 yrs. 0 mos.	93	93
34	14 yrs. 2 mos.	35	11 yrs. 9 mos.	83	89
35	14 yrs. 3 mos.	45	14 yrs. 3 mos.	100	102
36	14 yrs. 4 mos.	42	13 yrs. 6 mos.	94	122
37	14 yrs. 10 mos.	49	15 yrs. 3 mos.	103	95
38	14 yrs. 11 mos.	39	12 yrs. 9 mos.	85	116
39	14 yrs. 11 mos.	35	11 yrs. 9 mos.	79	97
40	15 yrs. 1 mo.	44	14 yrs. 0 mos.	93	96
41	15 yrs. 4 mos.	41	13 yrs. 3 mos.	86	125
42	15 yrs. 4 mos.	46	14 yrs. 6 mos.	95	94
43	15 yrs. 4 mos.	40	13 yrs. 0 mos.	85	96
44	15 yrs. 5 mos.	45	14 yrs. 3 mos.	92	97
45	15 yrs. 5 mos.	43	13 yrs. 9 mos.	89	83
46	15 yrs. 5 mos.	41	13 yrs. 3 mos.	86	96
47	15 yrs. 8 mos.	36	12 yrs. 0 mos.	77	108
48	16 yrs. 1 mo.	28	10 yrs. 0 mos.	62	72
49	16 yrs. 3 mos.	32	12 yrs. 3 mos.	75	108
50	16 yrs. 4 mos.	28	10 yrs. 0 mos.	61	100
51	16 yrs. 7 mos.	30	10 yrs. 6 mos.	63	77
52	16 yrs. 10 mos.	47	14 yrs. 9 mos.	88	112

n = 26 children

The mean chronological age for the children in The Adolescent Group was 14 years 2 months. The mean mental age for the group was 12 years 6 months. The mean I. Q. equivalent of Goodenough Scores was 84.9, and the mean WISC I. Q. was 99.1. The standard deviation

from the mean of the I. Q.s based on Goodenough Scores was 18.9, and the standard deviation from the WISC mean I. Q. was 12.1.

Goodenough (1926), Harris (1963), Koppitz (1968) and others have firmly established developmental norms for children based on chronological age and sex of the child. Omissions on drawings suggest a developmental lag. Using Koppitz' norms to age 12 years (which is the ceiling of her scoring system) and Goodenough's norms for children 13 years and older, a frequency distribution of inappropriate omissions has been prepared. Table 29 shows the omissions for the younger group of children. The four drawings of the children in the pre-school group have been included in the drawings of The Pre-Pubertal Group.

TABLE 29

Frequency Distribution Showing Age Inappropriate Omissions
On Human Figure Drawings
For The Pre-Pubertal Group

Item Omitted Inappropriately For The Age Of The Child	Frequency
Arms absent	2
Arms not down	4
Arms not in two dimensions	4
Arms not at schoulder	1
Legs absent	3
Legs not in two dimensions	3
Mouth absent	5
Nose absent	3
Hair absent	3
Pupils absent	2
Neck absent	2
Fingers absent	2
Eyebrows absent	2
Body absent	1
Eyes absent	1
Hands absent	1
Proportions incorrect	1

n = 40 omissions

The most common omission among this group of children related to the arms, which were either completely omitted or incorrectly drawn. Some children failed to place the arms at the shoulder position, and others failed to draw the arms in two dimensions. Koppitz found that by the age of five years, 84% of the children in her study drew arms on their figures. By the age of six years, 95% of the children drew arms. By the age of six years, 62% of the children drew arms in two dimensions, and by the age of seven years, a child was definitely expected to include the arms on his human figure drawing. By the age of eight years, a child is expected to draw arms in two dimensions; however, in Koppitz' sample, 86% of the children drew the arms in two dimensions by the age of seven years. Koppitz further found that by the age of 11 years, 79% of the children drew the arms at the shoulder position, and by the age of 12 years, all children are expected to draw the arms at the shoulder position.

It is noteworthy that of the 14 children in this group, 5 of them had exceptional items on their drawings -- items which were not expected for their age. Child No. 15, who was five years old, drew nostrils, which Koppitz found in only 6% of her 5 year old children. This same child drew feet in two dimensions, which Koppitz found in only 7% of the five year old children in her sample. Child No. 16, also five years of age, drew feet in two dimensions. Child No. 17 and Child No. 19 drew two lips, which Koppitz found in only 7% of the five year old children in her

sample. Child No. 24, age 10 years, drew in profile, which Koppitz found in 15% of the ten year old children.

Only Child No. 20 in The Pre-Pubertal Group met all of the developmental norms for her age. This would suggest that, as a whole, this group of children indicated considerable lag in developmental (intellectual) maturity.

The Adolescent Group

All of the children in this group made human figure drawings. Table 30 reflects the developmental lags for this group.

TABLE 30

Frequency Distribution Showing Age Inappropriate Omissions
On Human Figure Drawings For The Adolescent Group

Item Omitted Inappropriately For The Age Of The Child	Frequency
Finger detail omitted or incorrect	33
Mouth not in two dimensions	12
Chin detail absent	12
Ears absent or incorrect	9
Arms or legs disproportionate to body	8
Head disproportionate to body	7
Nostrils absent	7
Transparencies in clothing	7
Pupils absent	6
Arm joint omitted or incorrect	6
Hands not distinct from arm and fingers	6
Nose not in two dimensions	6
Leg joint omitted or incorrect	5
Eyebrows or eyelashes absent	5
No clothing or only 1 piece of clothing	3
Feet absent	3
Neck not continuous with head and body	2
Arms or legs not in two dimensions	1
Hands absent	1
Feet disproportionate to body	1
Profile not fully correct	1
Shoulder detail incorrect	1
Heel omitted	1
Body width greater than body length	1
Outline of head showing through hair	1

n = 145 omissions

In The Adolescent Group, the most frequent omissions pertained to the fingers, either omission of finger detail or incorrect finger detail. Omission of the mouth or chin details were next in frequency.

Disproportions and omissions were common to this group. As a whole, the group was developmentally immature and manifested a definite lag in general intellectual development as determined by norms for human figure drawings, the mean I. Q. equivalent of which, based on Goodenough Scores, was 85.

The Projective Approach

The exponents of the projective approach to the analysis of human figure drawings are guided by the same theoretical considerations as the exponents of other projective techniques. The underlying assumption in all of them is that both conscious and unconscious thoughts and feelings are communicated, not only verbally, but also through such non-verbal, expressive media as handwriting, gesturing, drama, drawings, and others. Machover (1949), a psychoanalytically oriented clinician, was one of the first to take an interest in human figure drawings as a tool for personality analysis. She writes, "In the course of administering Goodenough's Drawing-Of-A-Man Test for usual I. Q. purposes, it was discovered that careful study of the individual drawings often yielded rich clinical material not related to the intellectual level of the subject. Children securing the same mental age ratings would frequently do strikingly different and individualized drawings. It was, furthermore,

common experience to see socially inhibited, non-verbal children welcome the opportunity to unburden their private fantasies, their anxieties, and their guilt upon the objectified and impersonal figures which they drew and not be discomfited in the least by the thin transparency with which their self-portraiture was disguised." (Machover, 1949, p. 86). In addition to Machover (1949, 1953, 1960), there have been other major contributors to this approach to the study of children's drawings: Levy (1958), Hammer (1958), and Koppitz (1960, 1962, 1964, 1968). The latter, in particular, emphasizes the inseparableness of the two approaches, the developmental and the projective.

Although her work derived from the early work of Machover and Hammer, as well as her own personal experience, Koppitz takes into account aspects of both cognitive skills and emotional development and relates one to the other. She calls particular attention to the fact that what is "normal" for one age, both developmentally and emotionally, is not necessarily "normal" for another age. For instance, as she explains, an omission of feet on a human figure drawing is not unusual for a 5 year old child from a developmental point of view; however, for a 10 year old, this same omission might reflect significant emotional conflicts (Koppitz, 1968). One of the basic assumptions of those who adhere to the projective approach of interpreting human figure drawings is that the individual making the drawing sketches what he "knows" -- in other words he projects both conscious and unconscious percepts and concepts about himself into the drawing. Sometimes, in the

case of young or immature children, when the self-concept is poorly developed, or the child is, for some situational reason, overly concerned about his life circumstances, he may project images of parents rather than self. This is most frequently true of the young child. Older children, particularly adolescents, frequently project the "ideal self" rather than the real self, which would suggest that they are striving to meet an incorporated "ideal".

The investigator spent an average of five or six hours with each individual child in this study in addition to many other hours with the children as a group. Based on this experience, in addition to a number of years clinical experience, the investigator rated each human figure drawing as "real self", "ideal self", "parent", or "other significant person" with whom the child was currently emotionally involved. This rating was then checked by two clinical psychologists, and an agreement reached. It was concluded that 14 of the children projected their "real selves". The "ideal self" was projected by 18 additional children, and 6 children drew parents. Two adolescent girls drew their boy friends and titled the drawing accordingly. Of the six children who drew parental figures, four were girls, all but one of whom drew her mother. The two boys drew their fathers. This observation suggests that the youths may (1) be identifying with the sex of these parents or (2) be in serious emotional conflict with them.

Table 31 is a percentage distribution showing the projections for each group of children as rated by the investigator and the two clinical psychologists previously mentioned.

TABLE 31
Percentage Distribution Showing Person Projected
By Children In Human Figure Drawings

Groups	P E R C E N T A G E			
	Real Self	Ideal Self	Parent	Other
The Pre-Pubertal Group	44	28	28	0
The Adolescent Group	32	52	8	8

n = 40 children

Among the adolescents, projections of the ideal self increased as age increased, which is appropriate. In a statistical comparison between the two groups, no significant association was found between the age of the children and the drawing of the ideal self ($p > .05$). The younger group did, however, draw parental figures to a statistically significant degree ($p < .05$). The latter statistic was expected, since younger children are more closely involved with their parents than adolescents if the relationships are not distorted.

The fact that the adolescents were not significantly more concerned with the "ideal" rather than the "real" self is reflective of their poor self-concepts, for the development of an ideal self should be well-established by the time a child reaches this age.

The adolescent should be increasingly interested in self-for-the-future than in the self-in-the-present (Erikson, 1963).

In studying the children's human figure drawings for indicators of emotional maladjustment, the work of Koppitz will serve as the principal guideline. However, before beginning this undertaking, it seems fitting to quote briefly from Koppitz

It is not possible to make a meaningful diagnosis or evaluation of a child's behaviour or difficulties on the basis of any single sign of a human figure drawing. The total drawing and the combination of various signs and indicators should always be considered and should then be ... evaluated together with other available test data (Koppitz, 1963, p. 26).

In her comprehensive study of children, Koppitz (1968) isolated 30 indicators of emotional disturbance in children which were found to have clinical validity and also relate significantly with behaviour symptoms of disturbed children. The indicators (referred to as "emotional indicators") are of three types. The first type includes items that are related to the quality of the human figure drawing. The second group is composed of special features not usually found on human figure drawings, and the third group consists of omission of items which should be included on drawings of children at a specific age level (developmentally). Koppitz' (1968) "emotional indicators" are tabulated in Table 32.

Table 33 is a frequency distribution showing the number of these emotional indicators found among the entire group of children in this study.

TABLE 32

Koppitz' Three Types of Indicators of Emotional Disturbance
On Children's Human Figure Drawings

Type of Indicator	Description Of Indicator
Quality Signs	Poor integration of parts of the figure Shading of the face or part of it Shading of body or limbs Shading of hands or neck Gross asymmetry of limbs Figure slanting 15 degrees or more Tiny figure, 2 inches or less in height Big figure, 9 inches or more in height Transparencies
Special Features	Tiny head, 1/10 of total height of figure Crossed eyes, both eyes turned inwards Teeth Short arms, not long enough to reach waistline Long arms that could not reach below kneeline Arms clinging to side of body Big hands, as big as face Hands cut off, arms without hands and fingers Legs pressed together Genitals Monster or grotesque figure Three or more figures spontaneously drawn Clouds, rain, snow
Omissions	Omission of eyes Omission of nose (Boys age 6, Girls age 5) Omission of mouth Omission of body Omission of arms (Boys age 6, Girls age 5) Omission of legs Omission of feet (Boys age 9, Girls age 7) Omission of neck (Boys age 10, Girls age 9)

n = 30 indicators

TABLE 33

Frequency Distribution Showing Indicators
Of Emotional Disturbance On Human Figure Drawings
For Entire Study Group

Indicator Number	Emotional Indicator	Frequency
1	Poor integration of parts	13
2	Shading of the face	5
3	Shading of the body or limbs	15
4	Shading of hands or neck	14
5	Gross asymmetry of limbs	4
6	Figure slanting 15 degrees or more	6
7	Figure 2 inches or less in height	2
8	Figure 9 inches or more in height	3
9	Transparencies	9
10	Tiny head	1
11	Crossed eyes, both eyes turning in	0
12	Teeth	1
13	Short arms	2
14	Long arms	2
15	Arms clinging to side of body	5
16	Hands as big as face	0
17	Arms without hands and fingers	4
18	Legs pressed together	2
19	Genitals	9
20	Monster or grotesque figure	1
21	Three or more figures spontaneously drawn	0
22	Clouds, rain, snow	1
23	Omission of eyes	1
24	Omission of nose	1
25	Omission of mouth	4
26	Omission of body	1
27	Omission of arms	0
28	Omission of legs	2
29	Omission of feet	3
30	Omission of neck	0

n = 111 indicators

Indicator No. 3, shading of body or limbs, was the modal indicator for the group. Indicator No. 4, shading of hands or neck, and Indicator No. 1, poor integration of parts of the figure also

obtained high frequencies. None of the children manifested Indicators Nos. 11, 16, 21, 27 or 30.

Table 34 reflects the comparison between the two groups of children.

TABLE 34
Frequency Distribution Showing Indicators
Of Emotional Disturbance On Human Figure Drawings
For The Pre-Pubertal And The Adolescent Groups

Indicator Number	Emotional Indicator	The Pre-Pubertal Group	The Adolescent Group
1	Poor integration of parts	8	5
2	Shading of the face	0	5
3	Shading of the body or limbs	1	14
4	Shading of hands or neck	3	11
5	Gross asymmetry of limbs	2	2
6	Figure slanting 15 degrees	2	4
7	Figure 2 inches or less	2	0
8	Figure 9 inches or more	1	2
9	Transparencies	4	5
10	Tiny head	0	1
11	Crossed eyes, both turning in	0	0
12	Teeth	1	0
13	Short arms	1	1
14	Long arms	0	2
15	Arms clinging to side of body	0	5
16	Hands as big as face	0	0
17	Arms without hands and fingers	2	2
18	Legs pressed together	0	2
19	Genitals	1	8
20	Monster or grotesque figure	1	0
21	Three or more figures drawn	0	0
22	Clouds, rain, snow	0	1
23	Omission of eyes	0	1
24	Omission of nose	1	0
25	Omission of mouth	4	0
26	Omission of body	1	0
27	Omission of arms	0	0
28	Omission of legs	1	1
29	Omission of feet	0	3
30	Omission of neck	0	0

n = 111 indicators

The modal indicator was Indicator No. 1, poor integration of parts, suggesting that these children had an immature or distorted (or both) perception of the human figure, whether or not the figure represented themselves or their parents. In view of the life experiences of these children, this is not a surprising finding. It is between the ages of about 3 years and 11 or 12 years that the child should answer the question, "Who am I?" (Erikson, 1968). In addition to other findings in this study, the human figure drawings also disclose the fact that these children have not yet answered this question adequately.

The indicators receiving the second highest frequencies, although only half as high as Indicator No. 1, were Indicators No. 9, transparencies, and No. 25, omission of the mouth. Both of these omissions suggest that the child is experiencing anxieties and conflicts relative to the specific body parts concerned, e.g., the omission of the mouth might indicate anxiety regarding this part of the body because of the manner in which the parents of these children communicated with them at the verbal level (screaming and shouting at them along with the other distorted patterns of communication discussed in an earlier section of this study).

The configuration of indicators obtaining the three highest frequencies for The Pre-Pubertal Group suggest that this group is composed of children who are overly aggressive, immature, and impulsive. Organicity might be a factor in some cases. Emotional disturbance seemed to be primary, however, One of the children showed some insight into his inadequacies, and, as a result, is

fearful and depressed. These children have poorly integrated personalities, are frightened, anxious, and frequently strive to compensate by attempting to appear as nearly perfect as possible.

The child with the greatest number of indicators of emotional disturbance was Child No. 16 who manifested 6 of the 30 indicators at the age of 5 years 5 months. This was the highest number of indicators manifested by any single child in the study group.

The Adolescent Group

The indicators among the Adolescent Group which received the highest frequencies were Indicators No. 3 and No. 4. These two indicators portray the children in this group as feeling insecure and acting-out. These two indicators are highly associated with sexual acting-out and stealing (Koppitz, 1968) which are the two most frequently committed misdemeanors among adolescent girls and boys, respectively. This behaviour, and the insecure feelings, are confirmed by case history material and other projective tests.

Exaggerations and Additions on Human Figure Drawings

Most experts on human figure drawings (Hammer, 1958; Levy, 1958; Machover, 1949; and Koppitz, 1968) agree that the parts of the human figure drawings which are exaggerated, or added, represent areas of conflict within the artist. The following table, Table 35, indicates the exaggerations and additions of The Pre-Pubertal Group.

TABLE 35

Child's Number, Exaggerations And Additions On
Human Figure Drawings Of The Pre-Pubertal Group

Child's Number	Sex	Items Exaggerated Or Added
<u>Exaggerations</u>		
No. 15	F	Hair, teeth, fingers, and toes
16	F	Eyes and hands
17	F	Hair
18	F	Hat
24	F	Hair and boot laces
25	F	Head, arms, and fingers
26	F	Head, hair, and eyes
<u>Additions</u>		
No. 15	F	Bows in hair
16	F	Hat
17	F	Handbag and jewelry
18	F	Hat
24	F	Bow in hair
25	F	Ear-rings
26	F	Handbag

n = 15 items

All of the children in this group who exaggerated or added items in their drawings, in terms of Machover and Koppitz' definitions of exaggerations and additions, did so for the purpose of enhancing the female figure. All but one were drawn by girls. Each addition emphasized the femininity of the figure -- not so much in an erotic sense, as in the case of the adolescent girls, but as expression of the fact that the girls had, to some degree, established a female sexual identity.

In The Pre-Pubertal Group, exaggerations mainly concerned

the head and hair, or else the hands and fingers. One child drew large teeth with a big head covered with a great deal of untidy blackened hair. Another child emphasized the eyes and hands in a rather grotesque manner. Machover (1949) and Koppitz (1968) interpret the former as aggression towards the maternal figure, and the latter as the child's feeling that he is different to other people -- peculiar, unlike others -- less than human. Three of the other children were approaching adolescence, and the emphasis on the head and hair possibly expressed anxiety around the advent of pubescence.

The additions and exaggerations among this group of children did not have the sensual quality that the additions and exaggerations of the adolescents had. However, a few of the older girls in The Pre-Pubertal Group were obviously aware, to some degree, of their sexuality.

Table 36 indicates the exaggerations and additions among The Adolescent Group.

All of the exaggerated and added items of these children bore sexual connotations. The head and hair were the most frequently exaggerated areas. The adolescent girls emphasized glamorous hair and other cosmetic features. These two emphases are frequently seen in the drawings of delinquent girls (Machover, 1949).

Among young males, emphasis on hair, sideburns, beards and moustaches suggest strong virility strivings (Machover, 1949).

Koppitz (1968) rarely found genitals on human figure drawings. In cases where transparencies revealed the genitals, or in cases

TABLE 36

Child's Number, Exaggerations And Additions On
Human Figure Drawings Of The Adolescent Group

Child's Number	Sex	Items Exaggerated Or Added
<u>Exaggerations</u>		
No. 30	M	Genitals
31	F	Nose, mouth
32	F	Hair
33	M	Head, hair, neck, esophagus
36	F	Genitals
37	F	Hair
38	F	Breasts and pregnancy
39	F	Head, hair, and breasts
40	F	Hair
42	F	Hair, genitals, and breasts
43	F	Hair
44	F	Eyes and genitals
46	M	Head, eyes, and hair
47	F	Head and hair
50	M	Head and facial features
51	F	Head
52	M	Hair and feet
<u>Additions</u>		
No. 27	M	Flowers
28	F	Necklace on female figure
32	F	Flowers and bow in hair
33	M	Hat, feather, cigar, and smoke
34	F	Skates and cuffs on trousers
36	F	Jewelry on male figure
37	F	Handbag and headband
38	F	Pregnancy
39	F	Bows in hair
40	F	Jewelry
41	F	Breifcase and hat on male figure
42	F	Jewelry, cigarette, and boot
44	F	Jewelry and handbag
45	M	Soldier's uniform and helmet
47	F	Jewelry
n = 31 items		

where the genitals were clearly represented, the child was extremely disturbed and overtly aggressive (Koppitz, 1968). Such exaggerations appeared on the drawings of Children Nos. 30, 36 and 42.

Size of Human Figure Drawings

Machover (1949), Levy (1958) and Koppitz (1968) attach significance to the size of the drawings of the human figure in relation to the available space on the paper. The size of the drawing supposedly reflects the relationship between the subject and his environment, or life-space, thus indicating how large or small (adequate or inadequate) he feels in his life circumstance. Although Koppitz (1968) did not find any statistical significance between the size of normal and disturbed children's drawings unless the figures were smaller than two inches or larger than nine inches, she felt that size was important and that other studies might find a statistical significance.

In this study, despite the fact that the test was administered under standard conditions, the sizes of the drawings varied considerably.

Among the Pre-Pubertal Group of children, figures ranged in size from two inches through nine inches. The mean height of the figures was 4.5 inches, with a standard deviation of 1.9.

Figures drawn by adolescents ranged in height from $2\frac{3}{4}$ inches to 11 inches. The mean height of the figures was $5\frac{3}{4}$ inches, with a standard deviation of 2.3.

Although the mean difference in size of the figures drawn by

the children composing the two groups differed by $1\frac{1}{4}$ inches, there was no statistically significant association between one group of children and size of the figures drawn ($p > .05$). More children among The Pre-Pubertal Group, however, drew smaller figures (between two and four inches in height) than among The Adolescent Group, which likely has little or no significance except the reality factor that they, themselves, were shorter in stature because of their ages, and, therefore, in comparison to their environment (total space) were, in fact, smaller than the adult size figure.

Bodily Movement In Human Figure Drawings

Machover (1949) was among the earliest writers who recognized the importance of movement in figure drawings. She pointed out that children and young adults tend to show movement in their drawings, either functional movement of the body, or movement which reflects fantasy in which the child or adolescent might be engaging. Levy (1958) also attached considerable significance to the factor of movement in drawings, suggesting that figures manifesting a great deal of activity were associated with the restless, hyperactive, or highly productive individual. At the other end of the continuum, figures indicating extreme rigidity were associated with persons plagued with deep-seated conflicts over which they attempted to maintain rigid control lest the feared impulses became discharged in an uncontrolled fashion. The drawings of the children in this study were rated on a four-point scale which was developed by Levy in 1958. This scale rates the movement of a human figure drawing as "active", "mild", "suggested", or

"rigid". Figures were scored by the investigator and then independently re-rated by two clinical psychologists. Table 37 reflects the concensus of the three raters for each of the two groups of children.

TABLE 37
Percentage Distribution Showing Bodily Movement
Of Human Figure Drawings For The Pre-Pubertal
And Adolescent Groups

Groups	P E R C E N T A G E			
	Active	Mild	Suggested	Rigid
The Pre-Pubertal Group	0	14	29	57
The Adolescent Group	12	12	38	48

n = 40 children

When statistical measures were employed to ascertain whether there was any significant association between bodily movement and one group of children, no significant association was found ($p > .05$). Most figures indicated fear of loss of impulse control.

Ancillary Items On Human Figure Drawings

Machover (1949) and Levy (1958) found that when such ancillary items as ground, floor, or other supports were included in a drawing of a human figure, there was a need for emotional support because the individual felt insecure, helpless, and "in need of support" from outside himself. In this study, 33% of The Pre-Pubertal Group included such items in their drawings, and 35% of the adolescents included ancillary items. Table 38 reflects the

nature of these items.

TABLE 38
Child's Number And Ancillary Items Included On
Human Figure Drawings Of The Pre-Pubertal And
The Adolescent Groups

Child's Number	Nature of Ancillary Items
<u>The Pre-Pubertal Group</u>	
No. 15	Presence of a second figure
17	Floor or ground under figure
19	Floor or ground under figure
21	Floor or ground under figure
23	Floor or ground under figure
24	Floor or ground under figure
<u>The Adolescent Group</u>	
No. 29	Beach and the sun shining
32	Floor or ground under figure
33	Floor or ground under figure
38	Floor or ground under figure
39	Floor or ground under figure
40	Figure standing on ground; a building
42	Cigarettes, smoke, ornamental boot
48	Falling leaves
52	Floor or ground under figure

n = 15 children

Using the chi square method of association, no statistically significant association was found to exist between feeling a need for support and one group of children ($p > .05$).

Erasures on Human Figure Drawings

One other factor pertaining to the human figure drawings merits comment. Among the group of children, erasing was quite

common, and in a number of instances, was highly exaggerated. Machover (1949) found that erasures were generally unrelated to the child's ability to draw, but rather manifested anxiety and internal conflict. She found that frequently, when a child erased and re-drew part (or all) of a human figure, the second, or later, attempt was in no way superior to the first. In fact, many times these later attempts were inferior to the first attempt made by the child (due to increased anxiety). Machover (1949) also found that pubertal girls, in particular, erased profusely due to the anxiety associated with pubescence. The numerous erasures made by the children in the study group suggests a high level of anxiety both in the pubescent and adolescent children.

Discussion

When Intelligence Quotients were computed from developmental norms on the children's human figure drawings and compared with Intelligence Quotients on intelligence tests, Koppitz (1968) found that all children who had an average, or above average score, on the intelligence test, and a less than average score on the human figure drawing, were severely emotionally disturbed children. Koppitz (1968) concluded that these children were functioning, generally, at a more immature intellectual level (as reflected by their drawings) than at the intellectual level reflected by the intelligence tests. Koppitz (1968) postulated that, in these cases, the human figure drawings revealed the child's

actual level of functioning, while the intelligence test reflected the potential which the child might, or might not, attain when (and if) ego-functioning improved.

Conversely, when the Intelligence Quotients of intelligence tests did not exceed the Intelligence Quotients computed from human figure drawings, Koppitz (1968) found that the children were of normal intelligence, but severely socially and culturally deprived.

In the light of Koppitz' findings, a large percentage of the children who drew human figures, and were also administered intelligence tests, had a difference of 10 or more points between the Intelligence Quotients on drawings and on intelligence tests. Approximately one-third of the children who had a difference of 10 or more points between the two tests, obtained lower scores on their human figure drawings rather than on the intelligence test, while the remaining two-thirds obtained the opposite disproportion between scores. It was interesting to note that the so-called culturally deprived child was represented by The Pre-Pubertal Group (with the exception of two children), while The Adolescent represented those whose primary deficits appeared in the emotional area. This might be explained by one or more of these facts: (1) because The Pre-Pubertal Group of children did, indeed, experience greater socio-cultural deprivation than The Adolescent Group, and because of their young age, these deprivations might be more apparent on human figure drawings than the deprivations and disturbances of an emotional nature, especially at this particular time in their lives; (2) the children in The

Adolescent Group came from more economically affluent homes than the younger children; (3) as the child grew older and made an increasing number of contacts outside his home, he may, to some extent, have compensated for some of the social and cultural deprivation experienced in the family setting; and (4) the adolescents had lived longer and had experienced more developmental failures, thus developing an "emotional over-lay" to some of the other types of deprivations, whereas the younger children were still struggling with more primitive deprivations than the emotional ones.

Intelligence Quotients derived from human figure drawings ranged from severely mentally defective to superior, although, generally, Intelligence Quotients tended to be low, thus suggesting that the children in the study were retarded in their mental development. Most of the I. Q.s were below 100.

There were many indicators of emotional disturbance.

Additional characteristics as size, movement, erasures, and ancillary items served to confirm some of the 30 emotional indicators of Koppitz, in addition to those characterizing the figures.

The Pre-Pubertal Group of children appeared to be immature, impulsive children with poor ego functioning. Anger and hostility were strongly expressed affects.

The Adolescent Group tended to have poor impulse control and to act-out sexually and aggressively.

The findings based on the human figure drawings substantiate and supplement findings of other sections of this study.

Incomplete Sentences

Personality is a complex, dynamic whole. While its various aspects may be conceptualized or studied as parts of that whole, the parts cannot stand in isolation any more than the whole can stand as an indivisible unit. The processes of analysis and synthesis must be continuous when attempting to understand the human personality.

One of the oldest techniques employed in the study of the individual was devised by Galton (1869) who, influenced by the British Associationists, developed word association tests as a means of studying personality. Later Freud and others made extensive use of the technique. The sentence completion technique developed from word association tests. Tendler (1930) was the first to develop a formal sentence completion test. Rohde and Hildreth (1946) modified Tendler's work. Rotter's (1947) work in this area is also well known.

Sentence completion tests are used most effectively as supplementary assessments. Quite an unsophisticated person, adult or child, can understand the purpose of such a test and consciously give guarded or distorted replies. As such, however, they are valuable sources of information about an individual. Even "planned" replies reflect the subject's need for approval as well as indicating ways in which the subject attempts to attain self-esteem.

All of the children in this study above the age of six years

were asked to complete a sentence completion test developed at the University of Cape Town Child Guidance Clinic by Associate-Professor Grover and her colleagues.

The purpose of the test is to tap children's attitudes towards home and school situations. Of the 40 sentence stems included in the test, 25 were selected by the investigator to serve as a part of the "projective techniques" used in the battery of tests administered to the children in this research. Annexure I is a copy of the 25 sentence stems.

The children's completions are recorded.

<u>Sentence Stem</u>	<u>Children's Completions</u>	<u>Frequency</u>
1. <u>The happiest time (is) . . .</u>		
	being at home/being with family	8
	playing with friends	6
	being given things	5
	being religious	2
	having mother visit me	2
	being away from home	2
	working (at a job)	2
	eating	1
	being a baby	1
	having no problems	1
	having mother and father happy together	1
	coming to the Place of Safety	1
	being at the beach	1
	(was) winning a prize at school	1
	being away from the Place of Safety	1
	(No answer given.)	1
		<u>36</u>

2. Most people want . . .

freedom	8
money	8
happiness	5
me to (do some specific thing)	5
food	3
love	2
to have their own way	2
happiness at home	1
to have a good time	1
cars	1
clothes	1
pets	1
to make the most of life	1
everything in life	1
peace and tranquility	1
to be dishonest	1
to have a family	1
to go to the beach	1
to go to the bioscope	1
	<u>45</u>

3. At home . . .

there is trouble and sorrow	9
I help my mother	8
I enjoy my friends	4
is where happiness is	3
is where freedom is	2
is where happiness and trouble both are	1
I get on with my parents	1
I am given to	1
I eat and drink	1
I am naughty	1
I have (sibling) responsibilities	1
I read	1
I sleep	1
I talk to Granny	1
I work	1
I am handsome	1
	<u>37</u>

4. I can't . . .

stand (or some criticism of) the Place of Safety ³	9
do (some or all) subject (s) at school	4
bear quarrelling, fighting/screaming around me	3
understand the world the way it is	2
live without my parents	2
play outside (for some reason)	2
understand people not being religious	1
do my work	1
bring friends home	1
wait to go to work (old enough)	1
go out of the house at home	1
work where there is noise	1
stand people to lie	1
get along with friends	1
spend a week without (entertainment)	1
stand to see people suffer	1
stop smoking	1
understand people who use force to get what they want	1
swim/run fast	1
remember (someone's) name	1
	<hr/>
	36

³ The investigator worked at the Place of Safety for seven months gathering the data for this study and observed that the children were well fed and well-attended. The resentment felt by the children towards the Place of Safety was for psychological reasons explained in different portions of this study, rather than because of unreasonable treatment by members of the staff of that institution.

5. People . . .

rule you	5
are good to me (strangers)	4
hurt you/are cruel to you	3
are both kind and unkind/good and bad	3
are rude and unsociable	2
love others (not me)	2
dress nicely	1
talk to me about my father	1
fight	1
are unfair and unjust	1
are stupid	1
are stuck-up	1
like to go to church	1
need help	1
have nice cars	1
are fussy	1
live in make-believe worlds	1
are peculiar. They like drink and violence	1
are rich	1
are human beings	1
don't understand me	1
get on my nerves	1
can't resist water (the beach)	1
	<u>36</u>

6. In our family . . .

are (a certain number of) people	14
is happiness	4
is unhappiness	4
there is a (pet)	2
are lots of children	1
everbody smokes	1
I don't smoke	1
we love one another	1
there are uncles and aunties	1
mother and father are the best	1
there is no father	1
there is music to calm you	1
there are no black sheelp	1
I am the only one interested in sports and school work	1
I am the youngest and naughtiest	1
we are always together	1
	<u>36</u>

7. My greatest fear is . . .

God because of my sins	6
that I may steal/lie and steal	6
a (specific) animal	5
to die/to die slowly and painfully	3
to be sent to a Home or a School	2
to be an unmarried mother	2
what I will be one day	1
my (older) sister because we fight	1
trouble	1
when my father fights and hits me	1
being hooked on drugs	1
that my girl friend will come back	
and hurt me again	1
to lie and swear at people older	
than me	1
my Grandmother because she hits me	1
old age	1
that I will be naughty at home because	
I get badly punished	1
to be left in a dark room	1
	<hr/>
	36

8. I feel ashamed when . . .

I am dirty/untidy and laughed at	
by other people	6
I cry/cry in front of a friend	2
I am naughty	2
some children tell me what I done	
was wrong	1
I think back on what I used to be	1
my mommy and daddy are sleeping when	
I am awake	1
people know I have run away	1
my mother shouts at me in the street	1
people yell at me in front of others	1
somebody asked me where I live	1
people look at you in the street	1
my friends call me stupid names	1
my boy friend sees my brother-in-law	
drunk ... and hitting my sister	1
people come and my mother is drinking	1
people talk about some of the things	
I did (at the docks)	1
people ask me about my girl friend's	
sex life	1
I never feel ashamed	1

Sentence 8 Continued/...

8. I feel ashamed when . . . (Continued)

someone comes unexpectedly and there are no biscuits in the house	1
I have to ask someone something when I think how foolish I was to run away (from home)	1
when I walk in the streets and my panties are hanging out	1
when a person walks away from the help of an elderly woman	1
I make a mistake in my friend's company	1
I see what the Government is like	1
I have to be locked up	1
a girl gets hit	1
my dad tells people how I am when it is not really true	1
(No completion supplied.)	2
	<hr/> 36

9. Other people . . .

are critical/accusing/of me	5
nose into other people's business	3
are good to me, and I don't deserve it fight	3
often think about themselves and not others	2
always talk about other people	1
seem very hard to me -- I just don't know	1
hurt other people	1
are drunk	1
enjoy life. Why not everybody?	1
think I am great	1
have everything	1
are happy	1
always interfere with me	1
live in town near the bioscopes	1
are sometimes friendly	1
are sad	1
are clean	1
think I fight a lot with small children	1
love stealing	1
make me sick when they don't understand me	1
look different to me	1
are very kind to me but sometimes angry but I never give up (parents)	1
say I must always show my sister I will be better than her	1
	<hr/> 36

10. When I was a child . . .

I was naughty	5
I was loved	2
I rode a bicycle	1
sometimes I liked to play with bigger boys than what I was supposed to	1
I never understood about life	1
I used to play with my rubber duck	1
I can't remember (8 years old)	1
I was selfish	1
I fell and broke my wrist	1
I was happy	1
I used to go and play in the garden	1
I was nearly killed by a train	1
I was always unhappy because my sister got everything out of my mother be- cause she was the eldest, but she let her down in the end	1
I was badly treated	1
I used to sit alone all by myself without no one bothering me or forcing me to do things	1
I was enjoying life	1
I used to go to the shop for my mother	1
I was very good	1
I used to like playing in muddy pools of water but not any more	1
I never used to be unhappy and I was free and loved	1
I did not dream I would turn out this way as I get older	1
I used to dream of becoming a nurse	1
I was always being spoilt	1
I used to play a lot	1
I always longed to be a scientist	1
I always picked flowers for my mother	1
I went to school	1
I am still one, and I am just thinking of the future and of my school	1
(No completion supplied.)	1

11. I am best when . . .

I am with my friends/with good friends	7
I go to school/study/am at school	5
I am asleep	3
I am free	2
swim time comes	1
I am reading	1
I am at home	1
I am alone	1
my mommy and daddy and I are at home	1
I am dressed for church	1
it comes to netball	1
I am my father's pet	1
I played soccer	1
my mother is good	1
I am clean	1
I am left to myself to do what I have to do while I am listening to music	1
I am good	1
I am with my mother	1
I meet people	1
I have got a car to ride around in	1
I am at work	1
I am helping my mom	1
(Sentence completion not supplied.)	1
	<u>36</u>

12. The most dangerous . . .

thing in the world is a snake/lion/ bull/elephant	5
thing is drugs	4
thing is being in the Place of Safety where you starve and work	4
thing is electricity	1
thing is when you are scared	1
thing is to go into my dad's house when you are warned	1
is quick sand	1
thing is when I am alone in the night in the streets	1
thing in my life is that I don't like school	1
people are "the fuzz"	1
thing that happened to me was when the dog bit me	1
is a bomb	1

Sentence Stem 12 Continued/...

12. The most dangerous . . . (Continued)

experience in my life was when I had cramps swimming	1
people should be locked up	1
thing is accidents	1
sport is rugby	1
thing is to sleep in the bush	1
thing to do in my opinion is to accuse someone wrongly, as it can shape his whole personality	1
thing in the world is a gun	1
thing to do is to go to the moon in a rocket	1
thing is to steal	1
thing is to listen to someone when you know he is leading you on the wrong path	1
thing is to smoke where there are explosives	1
things is to put decent people among indecent people	1
thing is to tell a lie	1
thing is when I work with a knife because I always cut my fingers	1
	<u>36</u>

13. The future . . .

is uncertain/doubtful for me	8
is hopeless/bleak/dark	7
will be good/better/nice	5
uncertain	2
I would like to be able to look into	2
I want to marry and be a good parent	2
depends on my behaviour	2
is for me to leave the Place of Safety	1
will bring Christmas again	1
is to find a good job and work	1
is to work for my mom and dad	1
is bad in time of war	1
I can't think about	1
(Completions not supplied.)	2
	<u>36</u>

14. I need . . .

parents/home	7
love/love and help	5
money	4
food	3
clothes	2
help to get home	2
help with school work	2
help from God	1
help from danger	1
help	1
to be free	1
Std. VIII to get a good job	1
people who understand me	1
faith to go on living in the state I am in now	1
somebody's shoulder to cry on when I am in trouble	1
to meet new girls and stay far away from home because my ex-girl friend doesn't want me, nor does my mother	1
tablets for my toothache	1
(Completion not supplied.)	1
	<u>36</u>

15. Marriage . . .

is good/wonderful/desirable	7
is bad/horrible/"for the birds"	7
is not for me -- never!	5
is a difficult life/not easy	4
is temporary	2
is an engagement, then a wedding	2
is for me	1
I don't know about marriage	1
is for people in love	1
I want to have children and do what is best for them and not neglect them	1
is not for jokes	1
is not very nice because they fight too much	1
is a big step in life	1
has not entered my mind	1
(Completion not supplied.)	1
	<u>36</u>

16. Sometimes . . .

I feel like killing myself	4
I feel like running away/running away from my problems	2
I feel lonely/alone	2
I wonder when I can go home	2
I learn very hard (the hard way)	1
people come in our house and throw the glasses around	1
I feel just like nothing, and I get forced to it	1
my world is light	1
I don't know what I can do to be very good	1
one looks back and regrets	1
I go to A., my friend	1
I go to the bars with my brother and sister (8 years old)	1
I feel lifeless	1
I get angry	1
I have a nice time	1
I wonder what my life would have been ...if I had not been a rebel	1
I am happy here at the Place of Safety	1
I am naughty	1
I think my mother should have kept her flat because she was just coming right	1
I get hidings	1
I feel the Place of Safety is a terrible place	1
I go to bioscope	1
I would like to stay somewhere alone with no people to bother me	1
I feel very sad because I fought with my best friend, and he turned against me	1
I help my mother clean the house	1
I am very down-hearted because I have to be locked in	1
I wonder why there are sins in the world	1
I feel like crying	1
I go shopping	1
(No completion supplied.)	1

17. What pains me is . . .

being locked up at the Place of Safety	7
(some part of my body)	5
being away from home	4
is worry	2
is when you are kept locked up for	
nothing	1
is that I have to be escorted	
wherever I go	1
to see people suffering the way they	
are today	1
when my mommy and daddy had an	
accident in the car	1
is my heart (worry)	1
is when I am all alone	1
is to see unhappy people	1
to see the blind people and children	
who cannot walk	1
when boys try to act big	1
the thought that she (my mother)	
will not even try to see any of	
my friends, boy friend, or my	
friend's mother	1
the unfairness of people	1
is that small little children are	
always knocked around	1
when somebody goes and tells somebody	
something I did not do	1
most is a naughty person	1
to see how little the natives get	
paid for their work	1
when I can't get my work finished	1
when people ruin me	1
(Completions not supplied.)	2
	<u>36</u>

18. I hate . . .

the Place of Safety/a Home	6
the taste of (certain foods)	5
certain animals/insects/the Devil	3
nobody or nothing ... so why am I	
hated	3
violence/people shouting	2
girls a lot	1
a man	1
fussy people	1
to be thrown around like my parents	
do at the moment	1

Sentence Stem 18 Continued/...

18. I hate . . . (Continued)

being not allowed out	1
boys	1
to be naughty	1
a person with blond hair, and my sister, because her children have to suffer through her stupidity	1
people to talk nonsense about my mother	1
to stay here any longer as I am missing my mom	1
hungerness	1
to have another friend or boy friend	1
people interfering with other people's business	1
to be treated like a child when I am already mature enough to be treated like a mature person	1
to bully small children	1
"the fuzz"	1
(Completion not supplied.)	1
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19. I am very . . .

cross/sad/unhappy to be here at the Place of Safety	5
shy/shy and timid/quiet	4
lonely/detached	3
sorry to be away from home/parents	3
good	2
clever in school	1
bad in school	1
happy here where I am now but would like to be with my friends	1
good when I am asleep	1
sensitive on my body	1
busy	1
noisy at times	1
determined to get the good things out of life	1
stupid in Afrikaans	1
unhappy and will not help my mother out if I get sent away because of her not trying (to keep me)	1
hungry	1
sad because I did something wrong	1

Sentence Stem 19 Continued/...

19. I am very . . . (Continued)

proud of my motor-cycle and music	1
tired because I have been working all day	1
unhappy about what happened to the little boy (child at Place of Safety got hurt playing cricket)	1
upset about what I have done (in the past)	1
worried about my father and mother because they are going grew very fast	1
naughty at times	1
(Completion not supplied.)	1

20. The only trouble is . . .

a lot of trouble/fights/drinking at home	7
school/don't want to go to school/ examinations	4
that I always fight	2
being away from home	2
sickness, because I get sick very much, like measles	1
people who ruin my life	1
to get mad	1
I cannot stay with my father, but I so badly want to	1
when will I get out of this place	1
I have to make up my bed	1
we get too much food to eat	1
that people think I'm too stupid to know what is going on	1
that I feel lonely	1
when I cry, I get headaches and I get homesick, and I will always hate drink	1
that I cannot swim	1
that I am not too happy here the car	1
my mother believes anything that other people tells her	1
that being the only one you get spoilt	1
that I am too young to be free	1
that I don't have anything to look forward to in the future	1

Sentence Stem 20 Continued/...

20. The only trouble is . . . (Continued)

that there are too many hippies in Cape Town	1
with me is that I get angry and cheeky at times	1
that my parents don't understand me with him is that he is too naughty (father)	1
	<u>1</u>
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21. One can't help wishing . . .

to be at home/to be with parents	13
to be out of the Place of Safety	3
for a bicycle or soccer ball	3
to be free	2
to be away from home	2
to leave school and go to work	1
for their birthday to come near one hadn't done things which they have done in the past	1
to be a Queen	1
for D. (a friend)	1
for anything in the world	1
that things will turn out right again	1
that you will be able to find peace	1
to go to a party	1
that you have everything that others have	1
that they were dead (parents)	1
to get big one day	1
what's going to happen next	1
	<u>1</u>
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22. My father . . .

(does a certain kind of work)	8
is very strict/hateful/dislikes me	8
is hard-working	6
is very kind/good to me	3
is a drunkard	1
finally got a job	1
is sickly (alcoholic)	1
is very kind but too strict and bad-tempered although I love him a lot	1
is in England	1
is allowed to see us only once a week, and therefore, I hardly ever see him	1
I last saw when I was 6 or 7 years old	1
is a very big man with blue eyes	1
is divorced from my mother	1
is as short as me	1
(Completion not supplied.)	1
	<u>36</u>

23. I . . .

want to be free/dig my freedom	4
like girls very much (adolescent male)	1
love to be free and enjoy myself. I love to be with people who want me	1
love you	1
love tennis	1
love children because they are so innocent and don't know what life is all about	1
love my parents and pray to them	1
like my daddy	1
adore going to bioscopes and being free	1
love to go out with my friends	1
like a person to be courageous	1
love to be free and to be with others	1
want to be at home	1
love to go fishing	1
went to school on Wednesday	1
am very peace-loving	1
want to be free and I love my friends and parents	1
want to be at home	1
wish I'll be sent to a quiet place	1

Sentence Stem 23 Continued/...

23. I . . . (Continued)

would like to go and work and forget about these (worrying) things	1
played with dynamite	1
have been naughty. I have done something wrong at home. I set a fire.	1
am very happy here	1
asked my mother if I could go to the beach	1
will understand that now if I get sent away my boy friend cannot wait forever without seeing me	1
would like to sit and listen to music	1
would like peace the whole day long	1
am very sad	1
am very heart-sore about what your aunt has told me	1
am in love with H. B.	1
wish I'll be sent to a peaceful place	1
need your help because I am in trouble	1
(Completion not supplied.)	<u>1</u>
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24. At school . . .

I work/worked hard	5
I do good work	2
I do sums a lot	1
I play with blocks and games and writing on the board and playing	1
I write in the books	1
I am quite happy, but sometimes I feel upset	1
I fall asleep	1
I have made a lot of friends, and I am quite clever at school	1
I always do the homework	1
you learn unnecessary things	1
I am in Sub B	1
we do a lot of writing	1
we learn	1
I play a lot of pranks	1
I used to enjoy myself	1
the teachers keep themselves big	1
I try my best to concentrate although I know I will fail. I have also been absent because of my trouble	1

Sentence Stem 24 Continued/...

24. At school . . . (Continued)

I love the teachers and the children	1
life was very hard	1
I do sums	1
I used to be tired, and it was mis- taken for laziness, and I used to get a hiding almost every day	1
my teacher is very strict	1
the children think they are brighter than me	1
I don't like school at all	1
I am not(can't be)happy	1
it is very boring sometimes because we always do work	1
there are plenty of naughty girls	1
I was a bright pupil	1
I usually passed all my tests	1
I am fine in all my subjects except maths	1
we do a lot of work	1
	<hr/>
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25. My greatest worry is . . .

about going home/I want to go home	8
the future/what I will do in the future	3
about my mother	2
where I will be sent from here	2
that my mother doesn't want to go out, and if she does, my sisters must stay at home, and I must go with her	1
that I can't stay with the people who want me	1
old age	1
to worry	1
when I go home	1
about my bike because I want my bike. My bike doesn't come here	1
the hippies of today	1
work	1
that our house will be burned up again	1
getting into trouble	1
that my mother will leave me and that I will stay in a Home until I am 18	1
that my father will try to get me drugs	1

Sentence Stem 25 Continued/...

25. My greatest worry is . . . (Continued)

that one day I'll die	1
that something will happen to my father during my absence	1
that I might be a nuisance to you	1
if I will be able to make Std. X	1
anyone taking my dog away from me	1
will I ever get out of here again	1
I can't get to sleep at night	1
(Completion not supplied.)	1
	<u>36</u>

Discussion of Individual Sentence Stems

1. For many of the children, happiness meant being at home with their families. Playing with friends was also important to the children. It seemed that neighborhood children served as an emotional support for one another as much as functioning as a play group. This impression was gained both from the sentence completions and from informal discussions with the children.

The need for oral gratifications appeared early in this test. Of the 36 replies given by children, 23 of them directly pertained to succourance. The greatest single need expressed throughout this test was the need for the love and security of a parental home and all the things associated with "oral gratifications".

2. It is interesting that one of the most frequently expressed wishes of these children is "to be free". The children explained that by this they meant that they "did what (they) wanted to (do)" and "went out where (they) wanted to (go)". They were quite resentful of the limits imposed upon them at the Place of Safety -- limits which, for the most part, would be regarded by more affluent middle class children as every day restrictions. It

is likely that the parents of the children have taken little interest in their whereabouts, exerted minimal control, and provided little supervision of the children. Sudden limit-setting is uncomfortable to these children.

The remark that someone "wanted (them) to do (something)" was made with resentment towards certain adults who had suggested to the children that they should make some changes in their thinking or behaviour. The giving of advice, and the making of suggestions was also resented by these children. They seemed to be unaccustomed to direction, control, or planning with the parents. In addition, they were hyper-sensitive to anything that could be interpreted as criticism of them. Many of these children had had the responsibility for themselves most of their lives, and, as a result, felt resentful of interference at this stage in their lives. What they called "freedom", however, is viewed by many other people as neglect, rejection, and deprivation.

Along with the desire "to be free" was the wish to have money and other possessions, which was highly valued by these children. Material affluence was equated with love and acceptance. "Happiness" was also high on the list. All of these wishes reflect the deprivations suffered by the children. Most needs involved some type of "being given to".

3. Home was frequently associated with unhappiness and problems, or with an admixture of happiness and unhappiness.

The mother-child relationship frequently focused on the

child's giving to the mother rather than the mother succouring the child. Feelings of warmth, love, pleasure, and security were virtually absent. Friends were again mentioned by four or five children, but the friends are associated with the neighborhood rather than the school.

4. Most of the completions to this sentence stem centered around being stimulated. If the stimulation is too great, the children cannot tolerate it, but at the same time, they require a great deal of stimulation from outside themselves.

At the time of this study, the thing the children disliked most was being at the Place of Safety. This represented control, loss of the familiar, separation from friends, school, parents, and what little emotional gratification the children received at home, regardless of the trauma inherent in the loved objects.

5. The completions to this sentence stem reflected most strikingly the negative attitudes these children had towards people in general. At such a young age, they have already generalized the anger from their parents onto society. The parents have been rejecting, ignoring, uninvolved adults in the lives of these children. They have not been able to get much from adults outside the family either. The primary defect in their personalities is their inability to relate.

6. The most frequent description of the family was one indicating how many people were in the family unit. This could be

explained by the fact that the children are very anxious and use concrete, compulsive-like techniques to attempt to control their anxiety; it might be due to the fact that some of the children were functioning at a low intellectual level; it might be due to the fact that in families where the individual is not recognized and regarded as being of primary value, the group becomes conceptualized as the basic unit of human functioning; or it might be due to other factors.

Feelings regarding the family were on a "good"- "bad" polarity. Some still hoped for succourance. A great deal of reaction formation was displayed in the answers of four of the children who said, "We are happy.", for they came from the most destructive and pathological families.

7. Fear of acting-out, or being out of (self) control was often expressed by the group. Many of the children, indeed, did have poor impulse control, and some of them seemed to recognize this fact and be threatened by their inabilities to control themselves. These facts were also brought to light in the analyses of the human figure drawings and the other projective tests which reflected poor internal controls within a large number of the children.

The externalization of internal anxiety is represented frequently. Guilt over past behaviour and fear of punishment were also expressed.

The child's fear of being placed in a special school is a realistic fear, particularly among the older children who have engaged

in a great deal of pre-delinquent or delinquent behaviour.

8. Most of the "shames" expressed by the children related to deprivations, poor self-concept, and low self-esteem. One child said he never felt ashamed.

Shame, embarrassment, and guilt are again expressed in many replies. Self-doubt is well-documented along with hypersensitivity to error fault.

Many of the children came from homes where money for adequate clothing, money for cleaning clothing, and mothers who care for the children and his clothing were lacking to a considerable degree. Many expressed shames were realistic and often-experienced ones. It is, certainly, embarrassing and shameful to be both rejected and deprived.

9. Some of the children perceived themselves as being frequently criticized by other people. This is a realistic perception, for parents, in particular, are critical in their rejection. Feelings of shame, guilt, and worthlessness are again expressed.

10. The children bear a disproportionate amount of guilt. This seems to be one way the children explain their rejection -- "something must be wrong with me". Fear of loss of love, poor self-esteem, and the tendency to regard the past better than the present are also reflected. Several children looked back to concrete representations of "a better life". Some children wanted to remember that, then, they were "good" (and acceptable) -- better than now. All of the children seemed to want to apologize for the

past or return to it.

11. Activity is important. Some of the children perceived themselves as adequate when they do things of which others approve. Other children engaged in reaction formation: "I am good." "I am successful."

The little esteem that these children did accrue from others came from peers. Various conjectures could be made regarding possible reasons for their relative success in this area, but certainly they got little esteem from school or school relationships and rewards.

The idea that I am best when I am "dead to the world" might reflect the depression (anger directed inwardly rather than outwardly).

12. The replies to this sentence stem suggested a great deal of externalization of internal anxiety, a phenomenon already often expressed. The impression was gained that the children had been warned about the dangers inherent in drug usage. The source of such admonitions was uncertain. It might have come from public education programs supplied through the school, or from parents or peers. A large percent of the group of adolescents had experimented with drugs. (This was documented in the case records.)

Resentment towards the Place of Safety was again expressed, again likely associated with parental deprivation and the encounter with discipline, routine, and control. Anger was also expressed towards society's authority figures.

Representations of fear of physical harm was expressed. This might be anxiety regarding expected punishment for the disproportionate guilt experienced by these children, or it might be feelings of impotency when they compared their own size and strength to that of the loud, acting-out, seemingly-powerful parents. It could also be a realistic fear based on life-long experiences with aggressive, often-intoxicated parents who physically assault them. There are other possible explanations, but the expectation and fear of physical harm was definitely present. In view of the pronounced sexual acting-out prevalent among the older children, it is likely that it was this behaviour which generated a high level of anxiety within them.

13. More than half of the children expressed doubt or hopelessness regarding the future. The over-all expectation was generally one conveying little optimism. This again suggested pronounced feelings of worthlessness, undeservingness, depression, and the low self-esteem experienced by these children.

14. The needs expressed acute deprivation and feelings of insecurity and inadequacy. Such items as money, food, clothes and home were realistic reflections of economic deprivation as well as symbolic reflections of deprivation of the most basic emotional needs. Pleas for help reflected feelings of helplessness, desperation, and inadequacy.

15. Marriage was regarded by only a very small percentage of the children as being positive or desirable. This seemed to reflect the children's experiences with their parents' marriages.

In view of the many separations, divorces, and re-marriages among the parents, it was not surprising that these children, for the most part, viewed marriage in a negative light.

16. It is interesting to note the feeling-tones reflected in the completions of this sentence stem. Only two children mentioned pleasure, while two other children suggested pleasure, enjoyment, or happiness in connection with the stimulus, "Sometimes ...". It is surprising among such young children that suicide was seriously mentioned most frequently of any group of responses these children made. The severity and depth of their depression, hopelessness, and anger are reflected here. Closely akin was the concept of "running away" from problems and life in general. For the most part, the children felt that they were bad children. They expressed melancholy and other affects indicating shades of depression.

17. Somatic complaints and resentment of being restrained obtained the two highest frequencies of completions to this sentence stem. Being away from home was also expressed as painful. Two children admitted being pained by worry.

Among the other replies, there seemed to be a high degree of identification with suffering (other people and animals). There seemed little doubt from the family histories that these children have, indeed, suffered.

18. The children hate with little purpose. Their hates appeared to be, for the most part, concrete examples of something it was safe to feel angry towards.

The most frequently expressed hate was being placed in a Home, which reflected the same feelings as mentioned in previous other completions to sentence stems.

The dislike for certain foods mentioned, i.e., "all those vegetables" might have pertained to foods eaten at the Place of Safety rather than at home. Apart from the child's frequent aversion to such foods, often the diets of low-income families consist of carbohydrates and sugars, and the children may have disliked a strange, more-balanced diet. The most important fact about this expressed dislike is the dynamic involved -- that they felt safe to be angry while they were at the Place of Safety.

Other hates included the Devil, snakes, and spiders which seemed a repetition of externalized anxiety projected by these children onto these objects. Resentment towards law and law-enforcement officers, adult control, and other types of control was again expressed. Hatred for "nothing" and hatred of the violent acting-out behaviours experienced in their homes was again conveyed. The concept of "I don't hate people, so why am I hated?" reflected the consternation felt by these children at the fact that they (the innocent) seem to suffer.

Other dislikes, in general, reflected strong negative feelings towards other people with whom the children had had experience.

19. Most of the completions reflected the child's unhappiness .

at being away from home and parents.

Some of the children perceived themselves as being quiet and shy. Others felt alone and isolated from other human beings.

It was a delight to hear some children speak positively of themselves, using such descriptions as "good", "clever", "happy", "busy", and "proud", even if some may have been reaction formations against quite the opposite feelings. However, for the most part, the replies expressed poor self-esteem, deprivation, or fear of deprivation.

20. It is dangerous to be angry is the dynamic expressed.

The types of "trouble" mentioned by these children whose mean age was 11 years, was, indeed, trouble of a serious nature for anyone, certainly young children. The most frequently mentioned trouble was "trouble at home". Fighting and drinking were specifically mentioned.

Home problems were followed by school problems in frequency. Difficulty succeeding at school and anxiety about success at school were indicated.

Lack of impulse control was again expressed.

Concern for home and parents was also indicated.

Frequent reference was made to feelings of inadequacy and inferiority.

21. The chief wish expressed by the children was to be at home again with their parents.

Difficulty at school, or with school, was expressed. One

older child expressed the desire to leave school and go to work.

Most of the other wishes expressed a need to be succoured. This was expressed by some children as the desire to have specific toys, a party, and such like, while others expressed the need to be given to as a need for "anything", "everything", "to be Queen", or "to grow up" (so I can give to myself).

Despondency, regret for past behaviour (guilt), and a desire for security were also expressed.

Magical thinking was employed to make everything "fulfilled" momentarily.

22. Many fathers were conceptualized in terms of work. Some fathers were perceived as being hard-working.

Three children described their fathers as being positive towards them, while nine described their fathers in quite negative terms. Two children simply described him physically, while one remarked that her father and mother were divorced. One father was deceased, and the child did not complete the sentence stem.

23. Responses to the stimulus, "I", were very diversified. Most, however, expressed unfulfilled needs, wishes, likes, or dislikes. Need for gratifications of many types was again expressed.

Ambition, plans for the future, expressions of personal accomplishment and worth were absent from the repertoire.

24. Working hard was the most frequently expressed response made in regard to school. Negative feelings and fears of being unsuccessful were also expressed, and, by and large, school was not an area of marked success or a source of self-esteem for most of the children.

The children who had positive remarks about school were children who were less economically deprived than many of the children who went to school improperly dressed, without necessities, and ill-prepared. Two bright children said they did well at school.

25. The greatest worries expressed the children's concerns about home, family, and their future. All were basic, vital concerns. They were, however, burdens inappropriately borne by children. The pathos is almost unbearable when one considers that these were only their major concerns; each child was asked to mention only one worry.

Discussion of Selected Attitudes

Attitudes towards self - The children had poor self-concepts and little appreciation of their individual worth. They evaluated themselves as undeserving, inadequate, inferior, and with little or no capacity to control their own behaviours or mould their futures. They perceived themselves as "bad" individuals who needed and expected punishment of some kind, frequently physical in nature.

They often felt ashamed of such realities as their poor appearance, their shabbiness, and their untidiness.

All of the children wanted to escape from a problem-filled world to peace and quiet.

Attitudes towards home and parents - Home was regarded as a place where "trouble and sorrow" abounded. Heavy drinking, fighting, shouting, and disruptions were commonplace, but the children hated these circumstances. At the same time, however, although the children were very angry with their parents, nevertheless, it was from them that the children sought love and security. Where else can a child look for these things? A great deal of ambivalence was reflected by the children. They constantly vacillated from the position of courting their parents (attempting to gain love) to the position of angrily rejecting their parents (for withholding love).

Fathers were perceived as strict, harsh, and cruel or fantasy-magical people who would rescue them and finally provide for them, or there was a logical reason why he failed (another attempt to ward off greater damage to self-esteem).

Mothers were ungiving, inadequate, and in need of help which the children were frequently called upon to provide.

Little discipline and control had been exerted by parents, and while the children had had to fend for themselves to a marked degree, this lack of interference in their chosen activities was regarded by them as "freedom". They resented routine, discipline, control, and other socializing processes.

Most of the children longed to return home, regardless of the suffering and deprivations. They longed to return to the familiar.

Attitudes towards others - The children could not tolerate much closeness. Frequently people are dangerous because they criticize and destroy the weak.

They projected their poor self-concepts onto other people and continuously attributed others as perceiving them as valueless and inadequate. At the same time, they were dependent on others for self-esteem, for their own self-regard was too low to provide this commodity. They also felt unable to control themselves, and sought forces outside themselves for this to occur in some magical way because they could not tolerate direct control.

Peers seemed to be a source of satisfaction. This was the only area outside the family in which pleasure was mentioned. These friends seemed to be neighborhood and community friends rather than classmates or playmates from school.

Attitudes towards school - For most of the children, school was a source of anxiety. Affect reveals schools as a threat and teachers as distant. Few of the children seemed to experience a positive experience of accomplishment at school. Most were poor students and realized it. The social aspects of school life were the chief sources of gratification, rather than academic achievement.

Attitudes towards society - People, in general, were disliked and distrusted. Authority figures were especially resented because of the control they exerted. The children did not trust authority of any kind.

Personal values - Some personal values held by the children included personal tidiness and cleanliness, poor opinion of and regard for marriage, parents should care for their children, education is of little importance, children should be self-determining, and law and law-enforcement officers are to be held in low esteem. Masculinity and femininity were frequently associated with acting-out behaviour.

Wishes

Use of wishes is one of the ways the ego uses in its attempts to enable the individual to cope with painful aspects of his life situation. The function of wishes is to improve on reality. Both in adults and children, wishes are closely associated with ungratified needs. If an individual is hungry, he wishes for food. If he is an orphan, he wishes for parents.

If life's basic necessities are gratified, an individual then wishes for aesthetics and luxuries. Wishes are used, first, to fancifully meet biological needs, then emotional needs, and lastly intellectual and cognitive needs.

If their basic life necessities are met, children's wishes tend to be omnipotent and magical in nature. If basic needs are not met, then the child is likely to relate his wishes directly to

these needs because a child had less ability to defer gratification of needs or desires than an adult.

In this study, all of the children six years of age, or older, were asked, "If you could have any three wishes that you want -- in the whole world -- what would you wish for?"

Table 39 reflects the wishes of the younger children.

TABLE 39

Child's Number And Wishes
The Pre-Pubertal Group

Child's Number	Child's Three Wishes "I wish. . . "
No. 17	I could go to my uncle's. I could go to the bioscope. I could go to a party at my auntie's and play with her children.
18	my mother would come and see me. I had R2 from my father. I had a chance to go to the bioscope.
19	I had a doll. I could go home. my mother could be well again.
20	I had a doll. I could go home. I had a gold ring.
21	I could go home. my father had a job. I had enough money.
22	I could see my mommy and daddy. I could see my brothers and sisters. I could go home
23	I could go to my Oupa. I could go home again. I could play with my friends again.

Table 39 Continued/...

TABLE 39 (Continued)

"I wish . . ."

No. 24	I could go back to my father. I could have my mother be well. I could be rich.
25	I had a house for our whole family. I could go to a bioscope. I could have a car.
26	I were free to do what I like. that I could leave the Place of Safety. I was at home for the school holidays.

n = 30 wishes

Most of the wishes expressed by the younger children pertained to being gratified by parents, home, or some other pleasure. All related to succourance in some form.

Table 40 records the wishes of the adolescents.

The wishes expressed by this older group of children also centered primarily around home and parents. Others pertained to basic human needs.

Some desire for personal accomplishment was expressed, i.e., "I wish I could work and go to the Army." and "I wish I could be a ballerina."

Wishes for "freedom", "happiness" and other global abstractions were frequently expressed.

Many wishes were for material assets, i.e., motor car, money, a nice home, horse, and a motor bike.

Need for affiliation was expressed.

Need for changing one's self was frequently expressed.

TABLE 40

Child's Number And Wishes
The Adolescent Group

Child's Number	Child's Three Wishes "I wish. . . "
No. 27	for happiness. to go home to my mother. I had three more wishes, and I wish I was very strong.
28	I had a motor-bike I had a car. I had a horse.
29	I could go home. I could be rich. I could be happy.
30	I was out of here. I was big so I could work and go to the Army. I had a car.
31	to get out of here. to be not very rich but just to have enough money.
32	my mother was well. I had a home to go to. I could go to England to be with my father.
33	I could be a very clever boy. I could be happy. to have three more wishes. I wish to have a lovely car.
34	to go to my mother. I could leave here. to go to school again.
35	I was back at home with my parents. I was not naughty. to meet good friends.

Table 40 Continued/...

TABLE 40 (Continued)

"I wish . . ."

No. 36	I had freedom. to have good health. to have peace.
37	I were out of school. I were at home. I did not have to go to a boarding school.
38	I had a mother. I had someone who loves me. to have a home.
39	I had money. I could lead a straight life again. I had a car of my own.
40	I could leave this place as soon as possible and be back with my parents as it was be- fore. my mom and dad were really happy at home and that my father would find a job. I had my own free will and could be very happy.
41	I had freedom. I had a problem-free life. I could travel around the world.
42	to stay happy with my parents and I don't want to go to a hostel. as many friends (boys and girls) as I like (my parents don't allow me).
43	I were at home. that I could have lots of money. that everything I want can be true.
44	I would never be disobedient. I would never be unhappy. I could go to work.
45	I could go to live with my mother. I could be free. I had money.

Table 40 Continued/...

TABLE 40 (Continued)

"I wish . . ."

No. 46	I had a motor car. I had money. I had a nice home.
47	I had happiness. I had freedom. I had health.
48	I had a brother. I had a spear-gun. I had a surf-board.
49	I could be a ballerina. I could be a fashion-model. I could be very happy -- a person without problems.
50	I had happiness. I had love from other people. I had a motor cycle.
51	I were already out of the Place of Safety. that I had never come back to the Place of Safety. that I had already started to work.
52	to find peace. to get back home. I had something to live for.

n = 84 wishes

In order to obtain some notion of what the children wished for most frequently, a frequency distribution of wishes was prepared including the expressions of all the children in the study group.

Table 41 reflects the wishes of all of the children.

TABLE 41.

Frequency of Wishes Of Entire Study Group

Wish to . . .	Frequency
go home/go to parents/return to the family group	24
have happiness	9
have money	9
have freedom	7
leave the Place of Safety	6
have toys or go to the bioscope	6
have luxuries (horse, etc.)	5
have a car	5
have myself changed in some way (a paraphrase)	5
have a home	3
leave school and go to work	3
have my mother get well	3
have my father to get a job	3
have something to live for	2
have three more wishes	2
have peace	2
have mom and dad be happy together	2
have good health	2
go to the Army	1
have a nice home	1
have old friends	1
go back to school	1
be out of boarding school	1
have someone to love me	1
have a problem-free life	1
have opportunity to travel	1
have friends as I like	1
have everything I want to be true	1
have parents to love me	1
have a brother	1
be a model	1
be a ballerina	1

n = 114 wishes

Most of the children's wishes pertained to necessities. Only five or six might be classified as luxuries, i.e. ring, horse, surf-board, motor bike, and the opportunity to travel. However,

these are items that most middle-class and upper-class children have, so it is not unreasonable for these children to wish for these things.

The children wished, mainly, for home, parents, and a stable life with a reasonable number of possessions. No wish was capricious, ridiculous, or extravagant.

SECTION D: THE PARENTS

Some Descriptive Characteristics Of The Parents

Some of the original questions underlying this study were "How old are these parents?", "What kind of work do they do?", "How much money do they earn?", "What is the marital status of the natural parents?", "From what size families do these children come?", "What are some of the personality characteristics of the parents?", "Are they physically ill?", "Are there some characteristics common to this particular group of parents?". In other words, "Who are these parents?" and "What is it that makes it impossible for them to rear their children, when other troubled parents in difficult situations are able to do so?"

Age Of Parents

Table 42 reflects the ages of both natural parents of each of the children in the study group.

Their ages are recorded in the same order as the children are numbered, and each pair of parents is matched with his child. If a child's number is omitted, this means that he has the same parents as another child in the same group, and, therefore, these parents have already been included in the sample of parents.

TABLE 42

Child's Number, Age of Each Of His Natural Parents
For Each Group Of Children

Group Of Children & Child's Number	Age Of Natural Parent	
	Father	Mother
<u>The Pre-School Group</u>		
Child No. 1	Late 20s	21
2	26	28
3	26	23
4	23	31
5	Late 20s	21 ±
6	34	37
7	24	20
9	30	26
11	28	23
12	34	32
14	36	34
<u>The Pre-Pubertal Group</u>		
Child No. 17	33	32
18	34	37
19	45	41
20	36	32
21	36	34
22	33	31
26	53	44
<u>The Adolescent Group</u>		
Child No. 27	48	45
28	37	33
29	33	32
30	36	32
31	38	35
32	45	41
33	40	39
34	50	38
35	46	35
36	56	39
37	41	36
38	63	55
39	53	50
41	43	43
43	40±	35
44	36±	36
45	37	37
46	39	35
48	41	41
50	38	36
51	45	46
52	45	42

n = 80 parents

The parents of the children in The Pre-School Group ranged in age from 23 through 36 years for the fathers and 21[†] through 37 years for the mothers. The exact age of three of the parents was unavailable, but a reasonable estimate was known. Using an arbitrary age of 28 years for the two fathers who were known to be "in their late 20s", and 21 years as the age of the one mother who was known to be between 19 and 23 years, the mean age for the fathers of The Pre-School Group of children was 28.8. The mean age of the mothers was a little younger, 26.9.

Parents of the children in The Pre-Pubertal Group ranged in age from 33 through 53 years for the fathers and 31 through 44 years for the mothers. The mean age of the fathers was 38.6 years, and 35.9 for the mothers.

Fathers of the children in The Adolescent Group ranged in age from 33 through 63 years. Mothers' ages ranged from 32 through 55 years. The exact age of two of the fathers was unknown, but the age was known within three or four years. The mid-point of that range was arbitrarily selected in computing the mean age for the fathers of the children in this group, which was 43.2 years. The mean age of the mothers was 39.1 years.

One father and one mother were deceased. The age for each of these two parents was recorded as the age the parent would have been at the time of this study, if he (or she) were living.

In order to compare ages of both children and parents, Table 43 has been designed in such a way as to reflect the mean

age of the children in each of the three groups and the mean age of the parents of these children.

TABLE 43
Mean Age Of Children And Mean Age Of Parents
For Each Group Of Children

Group Of Children	M e a n A g e O f		
	Children	Fathers	Mothers
The Pre-School Group	2.7	28.8	26.9
The Pre-Pubertal Group	8.7	38.6	35.9
The Adolescent Group	14.2	43.2	39.1

n = 80 parents

As the ages of the children increased, the ages of the parents also increased. This is, of course, appropriate. In each group the mothers were slightly younger than the fathers, but there was no marked discrepancy between ages of parents nor between ages of children and parents. There was a difference of between 25 and 30 years in the ages of the parents and the children. It may be concluded that the ages of the parents of the children in this study are not atypical nor peculiar to this particular group of children.

Educational Attainment of Parents

Educational attainment of parents is reflected in terms of academic standard passed by the parents. The figures obtained are not extremely reliable, particularly for the fathers, because, in a number of instances, the only information available was

"Father has less than a Std. 8 education." In these cases, the investigator estimated, as closely as possible, from other available data and from interviews with the parents, the Standard likely passed. This has been done to obtain a reasonable suggestion of whether or not the parents of any one group of children are significantly better or lesser educated than other groups of parents. The educational attainment of the mothers is more reliably known than the educational attainments of the fathers.

Table 44 indicates the mean ages of the three groups of children and the educational attainment of the corresponding group of parents.

TABLE 44

Mean Age of Children And Mean Educational Attainment
Of Parents For Each Group of Children And Sex of Parents

Group Of Children	Mean Age Of Children (In Years)	Mean Educational Attainment Of	
		Fathers	Mothers
The Pre-School Group	2.7	Std. 7	Std. 6
The Pre-Pubertal Group	8.7	Std. 7	Std. 6
The Adolescent Group	14.2	Std. 8	Std. 7

n = 80 parents

When using the chi-square method of association, no statistically significant difference was found between the educational attainment of the parents and groups of children ($p > .05$). The same lack of statistical significance was found when the ages of the parents were associated with their educational

attainment ($p > .05$). Table 45 reflects the age and educational attainment of the parents.

TABLE 45

Mean Age And Mean Educational Attainment Of Parents
For Each Group Of Children

Group Of Children	Mean Age Of Parents (In Years)	Mean Educational Attainment Of Parents
The Pre-School Group	27.9	Std. 7
The Pre-Pubertal Group	37.2	Std. 6
The Adolescent Group	41.2	Std. 7

n = 80 parents

This finding seems to indicate that the parents of these children, even over a period of approximately 15 years, as a group, have not improved educationally. This is likely not true of parents in the general population in South Africa over the past one and one-half decades.

Occupation of Parents

Fathers

Table 46 classifies the type of work engaged in by fathers of each group of children.

TABLE 46

Percentage Distribution Showing Type of Work Engaged In
By Fathers For Each Group of Children

Group Of Children	Percentage of Fathers Engaged In:			
	Business Owners	Skilled Workers	Semi-Skilled Workers	Unskilled Workers
The Pre-School Group	-	27.3	-	72.7
The Pre-Pubertal Group	-	-	14.3	85.7
The Adolescent Group	9.1	40.9	4.5	45.5

n = 80 parents

Fathers of children in The Pre-School Group were either skilled or unskilled workers. None performed semi-skilled work, and none were involved in business or professional jobs. The skilled workers were all artisans. The unskilled jobs included railway workers without training, low-grade seamen, and other "casual workers".

Fathers of children in The Pre-Pubertal Group engaged in the same type unskilled jobs as the fathers of the younger children. However, some of these fathers were semi-skilled; they were sailors, fishermen's helpers, telephone linesmen, and semi-skilled railway workers.

The types of employment engaged in by the fathers of The Adolescent Group of children differed to some extent from the type of work engaged in by the fathers of the other two groups of children in that two were business owners. The percentages of

skilled jobs was higher than among the other two groups of fathers, but the type of jobs performed were the same for both the skilled and the semi-skilled employees. A small percentage of adolescents were owners of small one-man businesses.

When each work category -- business owners, skilled workers, semi-skilled workers, or unskilled workers -- was associated with each of the three groups of fathers, no statistically significant associations were found ($p > 0.5$). However, when the two categories of unskilled workers and semi-skilled workers were combined into one group, and the skilled and business owners were combined into another group, and the two younger groups of fathers were combined and compared with the fathers of the adolescents, a statistically significant association was found between these two variables ($p < .05$). There was a significantly larger number of business owners and skilled workers among the fathers of The Adolescent Group than among the fathers of the two younger groups of children combined.

When the categories of unskilled and semi-skilled workers were combined into one group, and the skilled and business owners were combined into another group, and the two associated with each of the three groups of children, no statistically significant association was found between types of work engaged in and a single group of fathers ($p > .05$).

From the foregoing it may be reasonably assumed that the fathers of the older children were more skilled and likely more stable in their employment situations than the younger fathers, especially since the educational standard was found to be virtually the same. From the case history material, it was verified that chronic unemployment among the fathers of The Adolescent Group of children was less common than among either of the other two groups of fathers. It might further be surmised that since the educational standard of the fathers of The Adolescent Group was the same as the other fathers, their increased skill and income might be due to on-the-job training and length of employment rather than formal training. Both of these statements, however, are conjectures.

Mothers

Table 47 reflects the type of work engaged in by the mothers of the children.

TABLE 47
Percentage Distribution Of Work Engaged In By Mothers
For Each Group Of Children

Group Of Children	P e r c e n t a g e E n g a g e d			
	Full - Time Housewives	Skilled Workers	Semi-Skilled Workers	Unskilled Workers
The Pre-School Group	54.5	-	9.1	36.4
The Pre-Pubertal Group	57.1	-	28.6	14.3
The Adolescent Group	40.9	9.1	45.5	4.5

n = 40 parents

The mothers of The Pre-School Group of children were, for the most part, unemployed outside the home. Most of them were housewives who worked only occasionally as part-time shop assistants or clerical assistants.

Two of these mothers were known prostitutes with Police records and were the mothers of the two infants who were abandoned prior to the age of one year. Neither mother was married, and neither had any visible means of support other than their prostitution.

The mothers of the children in The Pre-Pubertal Group were more skilled than the mothers of the youngest group of children. They, too, were mainly shop and clerical assistants. However, when the children were in school, some of them worked part-time.

The mothers of The Adolescent Group were, for the most part, either full-time housewives or full-time workers outside the home. Few worked part-time. The semi-skilled and unskilled workers were also shop or clerical assistants. The skilled workers were clerical workers or machine operators either in an office or a factory.

When each category of work was statistically associated with each group of children using the chi-square method of association, no significant associations were found between groups of mothers and skilled, semi-skilled, or unskilled work. Neither was housewifery significantly associated with any single group of mothers. In all combinations of associations, $p > .05$.

Marital Status Of Natural Parents

As might be expected, most of the children in this sample came from homes in which there was an absence of a natural parent. Table 48 reflects the marital status of the natural parents of the children.

TABLE 48

Marital Status Of Natural Parents
For Each Group Of Children

Group Of Children	P E R C E N T A G E O F P A R E N T S				
	Never Married	Married	Separated	Divorced	Deceased
The Pre-School Group	27.3	27.3	36.3	9.1	-
The Pre-Pubertal Group	-	14.3	42.9	28.5	14.3
The Adolescent Group	4.5	45.5	13.5	32.0	4.5

n = 80 parents

When each marital status was associated with each of the three groups of children, no association of statistical significance occurred between any status and any single group of children ($p > .05$).

Although 4.5% of the parents of the adolescent children were unmarried, they had lived together for more than 15 years and had maintained an established home.

This older group of parents also contained the highest percentage of married couples of any group of parents. This is significant, not only because more of them were married, but because of the duration of the marriage. Based on the ages

of the children, the youngest group of parents might have been married only two or three years, or less, whereas the parents of the adolescents had remained married for approximately 15 years. The important fact is that the two natural parents of the children had remained together over a long period of time.

The smallest percentage of parents of adolescents were separated.

Although approximately one-third of the parents of adolescents were divorced, all had remarried when the child (in this study) was very young, thereby providing for this child both a stable home and a fairly consistent set of parents throughout the life-time of the child. This is important.

Two parents were deceased. One child's mother died at the age of 42 years of causes unknown to the investigator. Another child's father died of lung disease.

Average Monthly Income Of Families

In previous divisions of this section of the study, information concerned natural parents. The remaining divisions relate to the child's family as it was constituted at the time the child was admitted to the Place of Safety.

Family income was calculated on income from all known sources, including earnings of one or both parents, grants, child support, or financial assistance from relatives of the child. Table 49 divides family income into ranges and reflects the percentage of families whose incomes fell within each range.

TABLE 49

Percentage Distribution Of Family Monthly Income
For Each Group Of Children

Group Of Children	Less Than R100	R101 to R200	R201 to R300	R301 or More
The Pre-School	45.4	36.4	9.1	9.1
The Pre-Pubertal Group	71.4	14.3	-	14.3
The Adolescent Group	9.0	36.3	36.4	18.2

n = 40 families

The families of The Pre-Pubertal Group of children were found to be significantly associated with earnings of less than R101 per month ($p < .001$).

There was no statistically significant association between the income range of R101 to R200 and groups of children ($p > .05$).

The families of The Adolescent Group were most likely to have an income within the range of R201 to R300 than the families of the younger children ($p < .05$). The families of The Pre-Pubertal Group of children were the least likely group of parents to earn more than R200 per month.

There was no statistically significant association between groups of children and families whose monthly income exceeded R301 per month ($p > .05$). When incomes below R201 and above R201 per month are associated with each group of parents, the parents of adolescent children are associated with the higher monthly income ($p < .05$). In general, as the ages of the parents increased, the level of family income also increased.

Number Of Children In Families

A count was taken of the number of children in each nuclear family group, including step-children. Table 50 reflects the mean number of children in each family of the children in this study.

TABLE 50

Number Of Children In Family Group
For Each Group Of Children

Group Of Children	Mean Number of Children In Family
The Pre-School Group	3.2
The Pre-Pubertal Group	5.1
The Adolescent Group	3.0

n = 40 families

The Pre-Pubertal Group of children came from larger families than the other two groups of children. There was a statistically significant association between size of family and this group of children ($p < .05$).

The larger number of children appearing in the two younger groups (in comparison with the families of adolescent children) was accounted for by the fact that some of the mothers, particularly those in the middle-age range, had married, divorced, and re-married more frequently than the mothers of the adolescent children, the former having had "sets" of children by each marriage or liaison.

Type Residence In Which Families Lived

Note was taken of the accommodation in which each family lived at the time the children were admitted to the Place of Safety. The information was obtained from the official records of each family. Table 51 shows the percentage of families occupying various types of residence.

TABLE 51

Percentage Distribution Of Type Dwelling
Occupied By Families
For Each Group Of Children

Group Of Children	Percentage Of Families Occupying			
	1 Room Only	2 - 4 Room House	More Than 4 Room House	Flat
The Pre-School Group	100.0	-	-	-
The Pre-Pubertal Group	57.1	42.9	-	-
The Adolescent Group	18.2	9.1	63.6	9.1

n = 40 families

There was a statistically significant association between type of dwelling occupied by families and groups of children. The parents of The Pre-School Group were more likely to live in one room than the families of the older children ($p < .001$).

The families of The Adolescent Group were more likely to live in houses containing 4 or more rooms. ($p < .001$).

No statistically significant association was found between families living in 2 to 4 room houses or flats and groups of children ($p > .05$).

Location of Dwellings

The families with children in the two younger groups were highly transient families, while the families with children in the oldest group were much more stable; many had permanent homes. The location of the dwelling at the time the child was removed from parental care is recorded in Table 52.

TABLE 52

Percentage Distribution Of Suburbs In Which Families Lived For Each Group Of Children

Group Of Children	Percentage Of Families	Suburb
The Pre-School Group	54.6	Gardens
	27.2	Woodstock
	9.1	Observatory
	9.1	Rural Capetown
	<u>100.0</u>	
The Pre-Pubertal Group	57.1	Gardens
	14.3	Brooklyn
	14.3	Lower Claremont
	14.3	Rural Capetown
	<u>100.0</u>	
The Adolescent Group	13.6	Observatory
	13.6	Brooklyn
	9.2	Gardens
	9.1	Woodstock
	4.6	Belleville
	4.6	Landsdown
	4.6	Salt River
	4.6	Tambours Kloof
	4.6	Rural Capetown
	4.5	Thornton
	4.5	Milnerton
	4.5	Green Point
	4.5	Plumstead
	4.5	Rondebosch East
	4.5	Pinelands
4.5	Noordehoek	
<u>100.0</u>		

n = 40 families

From Table 52, it is evident that the children from The Adolescent Group lived in more affluent suburbs than the children in the first two groups, particularly the youngest group.

As the age of the children increased, the quality of the neighborhood also increased.

Some Personality Traits Of Parents

The significance and role of parents and parenting in the development of a child's personality have been well-documented. (Freud, 1917; Erikson, 1959; Levy, 1944; Ribble, 1944; Bowlby, 1944; Kanner, 1949; Baldwin, 1955; Sears, Maccoby, Lewin, 1956; Piaget, 1958; Hunt, 1961; Ainsworth, 1962; Mussen, Conger & Kagan, 1963 and innumerable others. While it is not within the scope of this study to focus directly on possible results of individual parental influences upon specific aspects of development, the importance of these influences have not been entirely overlooked. Some of the most important dynamics are recorded.

The official case histories of the children in this study were sifted for information pertinent to the backgrounds which the parental homes had afforded each child prior to his admission to the Place Of Safety. It was decided to document the information in table form rather than in lengthy descriptive form. The items selected for tabulation were the factors which seemed significant

in influencing the child's personality growth and development.

Only information with a high degree of reliability was selected; therefore, unfortunately, attention is focused on objective data rather than the subtleties of inter-personal relationships. This is lamentable, since the quality and nature of relationships are much more important to the child's development than objective facts; for example, a "bad" but loving parent may contribute more positively to a child's personality development than a "good" but rejecting (or absent) parent.

Single traumatic episodes and minor disturbances in family life, or in the life of one of the parents, have been disregarded even though the episode or situation may have had considerable influence upon the child and his development. Only influences of a serious and long-standing nature were recorded.

The data has been divided into categories of presentation, and much of the material could be tabulated in one or more categories equally well. However, recording the datum only once, and in a discreet category, facilitates surveyance of the information which represents significant factors which have affected the child's development as well as his ability to function optimally in the "here and now".

The categories utilized include: (a) incidence of medically diagnosed alcoholism or drug addiction, (b) psychiatrically or psychologically diagnosed psychopathology, (c) other medically or psychologically diagnosed major psychiatric disorder, (d) other significant instability, (e) chronic serious friction among family

members in the home, (f) number of marriages of each parent, (g) deviate child-rearing practices, (h) history of legally-defined criminal record, (i) serious chronic physical illness or disability of a parent, (j) history of frequent family moves, and (k) general basic attitude of parents towards the child.

Alcoholism And Drug Addiction

This category and the categories of Psychopathic Personality and History of Psychiatric Illnesses have been separated from the general category of Chronic Instability because the instances of the latter were so frequent and numerous that it seemed advantageous to sub-divide this broad group of behaviours in order that more specific variables operating within the home lives of these children might be observed.

Many studies of various aspects of alcoholism have been undertaken. In attempting to describe the alcoholic personality, many psychological studies have employed a wide range of theories and techniques. Reviews of research have been published by Chotlos and Deiter (1959), Hampton (1951), Syms (1957), Jellinek and McFarland (1940), Messerman and Yum (1946) and countless others.

These studies include animal studies, controlled studies of human subjects, cross-cultural studies, and follow-up studies. A great deal is known about alcoholism, the alcoholic, and the families of the alcoholic. Many attempts have been made to devise psychometric measures of alcoholism per se; however, there still remains no clear-cut method of diagnosis. In this study, no attempt

has been made at diagnosing the alcoholic. The material presented in this section is obtained from the official case histories of the children, and alcoholism is defined only in terms of psychiatrically or psychologically diagnosed cases of what is known as "gamma alcoholism", symptoms of which include craving for alcohol, withdrawal symptoms if alcohol ceases to be imbibed, and loss of control of drinking once it has begun. (Jellinek, 1960).

The work of Hirsh (1962) is helpful in the attempt to better understand something about the homes from which the children come; he discusses the female alcoholic and ways in which she differs from the male alcoholic

First, from the onset of moderate social drinking it usually takes far less time for a woman to become an alcoholic. Second, although they may not consume as much as men, they tend to become more intoxicated, more frequently, more quickly and, in the final stages, they become sicker alcoholics. Third, their psycho-sexual life appears to be more completely involved in their alcoholism. Fourth, they show more "acting out" and impulsive "living out" of underlying personality and instinctual problems when intoxicated than men do. (Few women alcoholics behave much the same drunk as when they are sober, as in the case with many men alcoholics. Their intoxicated behaviour is not only different and intra-psychically more intense but much more devastating in effect.) Fifth, they not only make more suicidal attempts but actually more women alcoholics suicide successfully. Sixth, if their alcoholism is checked, they more frequently develop other serious psychopathological states of symptoms, so that they remain chronically ill (p. 1070) .

A number of drugs, including alcohol, have long been used by man for their psychological effects, but other substances have also been employed for their pleasurable effects, for example, coffee, tobacco, and cannabis, commonly referred to as "dagga" .

Most frequently, dagga is dried and made into cigarettes ("reefers") and smoked for their intoxicating effect. Ewing (1967) describes

There is no physiological dependence developed to the substance. Subjects experience disorientation, hallucinations, and a loss of a sense of time. On examination, they may show drowsiness, tremor, some ataxia and nystagmus. There may be increased sensitivity to pain and touch, and many subjects are talkative and outgoing with other members of the group participating in the experience (p. 1008, 1009) .

This description gives an indication of what the child of a dagga-using parent might experience in his daily life with the smoker -- what it means to be a child in this environment.

Among the first to psychiatrically diagnose drug addiction as psychopathy, or people whose basic personalities were of a psychopathic nature, were Henderson and Gillespie (1940). Eysenck (1959) suggests that introverted individuals in stress situations adopt the behaviour patterns of their associates following a classical Pavlovian conditioning model and would become addicts if this were the pattern of the behaviour of their associates. He postulates that psychopaths who become addicted may do so because of their under-socialization.

Walton (1960) formulated a learning approach based on instrumental rather than classical conditioning. All approaches, however, agree that drug addiction is highly associated with a lack, or faulty, incorporation of social norms and values into the super-ego structure.

Parents of children in this study seem remarkably addicted both to alcohol and drugs.

More than thirty-seven percent of the total number of fathers in the study group were psychiatrically diagnosed alcoholics, all of whom had, at one time or another, been treated in a psychiatric hospital or rehabilitation center. Almost as many mothers as fathers were also alcoholics, 34.3%.

Table 53 reflects the percentage of parents who were alcoholics, or both alcoholics and drug users. None used only drugs.

TABLE 53

Percentage Distribution Of Parents
Who Were Alcoholics Or Alcoholics And Drug Users
For Each Group Of Children

Group Of Children	P E R C E N T A G E		O F	
	Fathers	Mothers	Fathers	Mothers
	Alcoholics	Alcoholics	& Drug Users	
The Pre-School Group	36.3	36.3	25.0	-
The Pre-Pubertal Group	57.1	28.6	42.9	14.3
The Adolescent Group	31.8	27.3	9.1	4.5

n = 80 parents

Among the parents of the two groups of younger children, alcoholism was manifested to a higher degree than among parents of the adolescent children. One-eighth of both parents of the two younger groups of children were alcoholics, while only one-twenty-second of both parents of adolescent children were alcoholics.

Mothers used drugs to a lesser degree than fathers who were dagga smokers rather than users of other drugs. Only one mother of a child in the middle group was both an alcoholic and

a drug addict, and the drugs to which she was addicted were of the opium rather than the cannibas variety.

Among the older children, 9.1% of the fathers and 4.5% of the mothers were both alcoholics and drug users.

There was no statistically significant association between the incidence of alcoholism among the fathers, or among the mothers, and any group of children ($p > .05$). When the fathers and mothers were combined and both parents associated with each group of children, no statistically significant association was found ($p > .05$). In quite a few families, both parents were alcoholics. Nevertheless, the investigator does not view alcoholism, per se, as a major contributor to the disturbance of the children as it appears to be more frequently than not, associated with the psychopathic personalities of parents. The investigator views this addiction as a symptom of the psychopathic and acting-out personalities of the parents in this study.

Psychiatric Disorders

Table 54 reflects the incidence of psychiatric disorders among the parents.

TABLE 54

Percentage Distribution Of Psychiatric Disorders
Among Parents
For Each Group Of Children

Group Of Children	Percentage Of Parents With Disorders	
	Fathers	Mothers
The Pre-School Group	-	-
The Pre-Pubertal Group	14.3	-
The Adolescent Group	18.2	-

n = 80 parents

The diagnoses of psychiatric disorders included Sexual Deviance (Incest), Schizoid Personality, Depression, and Schizophrenia.

The incidence of psychiatric disorders was not associated to a statistically significant degree, with any single group of children ($p > .05$).

Psychopathic Personality

Prichard (1835) is accredited with being the first to use the term "moral insanity" and "moral imbecility". Maughs (1960) has traced this concept to the present concept of the psychopathic personality (Wolman, 1965).

The dynamics are not definitely known yet, although there have been many writers and many theories regarding the nature and etiology. Organic brain disease (Maudsley, 1896; and Frosch & Morthis, 1954) has been suggested. Silverman (1949) reported that disturbed parent-child relationships were seen in 80% of the cases he studied. (Wolman, 1960, 1965) discusses damage to the ego. However, although etiology is not yet fully understood, most theorists agree that the psychopath is characterized by amoral, anti-social actions impulsively and irresponsibly carried out with the purpose of satisfying immediate narcissistic needs and desires. Little concern is taken for consequences, and the individual manifests little guilt. He does not seem to learn from experience, and overt anti-social behaviour is common.

Only those cases where a definite diagnosis has been made are recorded. Kindred maladaptive behaviour patterns are recorded under the classification of Other Chronic Instability; however,

it is evident that it is merely a question of a formal diagnosis having been made, or made known, for, in many instances, the same type behaviour of parents is reflected in each of the two categories, however, not for the same individual. If Psychopathic Personality has been diagnosed, the information is recorded in this section. If the formal diagnosis is lacking or unknown, the datum is recorded as Other Chronic Instabilities. Table 55 shows the percentage of parents who were psychopathic personalities.

TABLE 55

Percentage Distribution Of Parents Who Were Diagnosed Psychopathic Personality Disorders For Each Group Of Children

Group Of Children	P e r c e n t a g e	
	Fathers	Mothers
The Pre-School Group	36.3	63.6
The Pre-Pubertal Group	71.4	14.3
The Adolescent Group	4.5	4.5

n = 80 parents

When comparing incidence of psychopathy and groups of fathers, a statistically significant association was found to exist between the psychopathic personality and The Pre-Pubertal Group of fathers ($p < .01$). The fathers of adolescents were least likely to be psychopaths. Association was also found between the psychopathic personality and mothers of The Pre-School group of children ($p < .001$).

When the fathers and mothers were combined into one group

and the three groups of children compared, there is a high degree of association between the youngest group of children and parents manifesting psychopathic personality disorders ($p < .001$).

Other Significant Instability

Only the chronic, serious instabilities which clearly affected the children and other family members have been included. The occasional and minor disturbances were omitted. As already mentioned, chronic alcoholism, drug addiction, and psychiatric disorders have all been recorded separately. Table 56 reflects the incidence of other serious, chronic personality maladjustments.

TABLE 56

Percentage Distribution Of Parents Who Manifested
Other Serious, Chronic Instabilities
For Each Group of Children

Group Of Children	P e r c e n t a g e	
	Fathers	Mothers
The Pre-School Group	100.0	90.9
The Pre-Pubertal Group	85.7	71.4
The Adolescent Group	36.4	59.1

n = 80 parents

The fathers of the younger children were less stable than the fathers of the adolescents, when the three groups were compared ($p < .001$). The nature of the instabilities of the former appeared to be somewhat different and more serious than the nature of the instabilities of the older fathers. They included total abandonment of the child within a few months after birth, non-support of

family, desertion of family resulting in dire poverty for the family, chronic unemployment except for an occasional few days' work to "fulfil" Court Orders, alcohol abuse (by non-alcoholics), selling family assets in order to purchase alcohol and dagga, refusal to work, exaggerated immorality, i.e., husband, wife, Coloured woman, and children sharing one room on occasions, and attempted suicide.

The instabilities of the older fathers included abandonment of family, non-support of family, desertion of family, and alcohol abuse, and general inadequacy, inability to maintain steady employment and support the family. While these instabilities are described in the same terms as those of the younger fathers, the degree of the latter was less severe.

No statistically significant association existed between chronic instability and groups of mothers ($p > .05$).

The type of instabilities manifested by both groups of mothers were chronic prostitution, alcohol abuse (by non-alcoholics), attempted suicide, chronic severe "nervous conditions", committal to work colony, chronic severe depression, desertion of family, abandonment of children, inadequacy and instability to maintain lasting marriages or care for their children, repeated and long-standing extra-marital liaisons, reproduction of illegitimate children, and overt cruel rejection of one or more children in the family, gross neglect of a child, and refusal to support the child in the absence of a father. One woman maintained two separate "families" at the same time, including husbands and children.

If the group of fathers and mothers are combined and compared by groups of children, a statistically significant association is found between the youngest children and parents manifesting serious instabilities ($p < .001$).

Among the fathers, the most frequent instabilities were chronic unemployment and inability or refusal to support families, alcohol abuse, and desertion of families.

Among the mothers, the most common instabilities were sexual promiscuity or prostitution, rejection of children, frequent illegitimacy, and serious "nervousness".

Criminal Record

"Crime" is a legal and social concept and varies, not only inter-culturally, but also intra-culturally, i.e., within most fairly homogeneous Western societies, what is "criminal" for a female may not be "criminal" for a male (or visa versa), or what is "criminal" in a highly complex metropolitan area may not be adjudged "criminal" in a rural area.

Theories of crime are conventionally categorized into biological or genetic theories, psychiatric theories, sociological theories, and psychological theories. The latter generally emphasize learning experiences and conflicts in the early life of the individual.

Among criminal populations, nosological classifications are made, usually based on clinical and/or sociological observations. Usually, distinctions among offenders are made on some classification similar to the one mentioned by Pennington (1956).

Criminals:

- (1) with psychosis
- (2) intellectually deficient (I.Q. ordinarily under 79)
- (3) without psychosis or intellectual deficiency (normal)
- (4) psychopathic personalities

In this study, 15.8% of the parents were known to have been convicted of some criminal act, usually misdemeanors. In Table 57 the percentage of criminal parents is recorded by sex of parents.

TABLE 57

Percentage Distribution Of Parents With
Known Criminal Records
For Each Group Of Children

Group Of Children	P e r c e n t a g e	
	Fathers	Mothers
The Pre-School Group	36.4	36.4
The Pre-Pubertal Group	42.9	14.3
The Adolescent Group	4.5	9.1

n = 80 parents

The felonies and misdemeanors for which the fathers had legal convictions were: unpayment of debts, child desertion, failure to support family, associating with undesirables, child abuse, assault with violence (including women and children), possession of drugs, and immorality (with Coloureds).

Association between fathers without criminal records and fathers of adolescents was statistically significant ($p < .05$).

The criminal behaviour of mothers included prostitution, possession of drugs, sleeping in a public place (park benches),

abandonment of child, providing drugs to juveniles, and child abuse. No statistically significant association was found between incidence of crime among mothers and groups of children, although the mothers of adolescents manifested the lowest crime rate. This is not surprising since, often, the Police are reluctant to arrest women unless their crimes are flagrant. When the incidence of crime among both parents was combined, and the three groups compared, there was a statistically significant association between criminal parents and The Pre-School Group of children ($p < .05$).

Serious Family Friction

Only unusual degrees of friction between parents, including serious quarrelling or fighting, were recorded. General incompatibility was overlooked. However, on investigation, it was discovered that the friction was, indeed, both serious and chronic. Hostility was openly and physically expressed in many cases, particularly among the younger parents. Table 58 shows the percentage of families in which serious discord prevailed.

TABLE 58

Percentage Distribution Of Families
Manifesting Serious, Chronic Friction
For Each Group Of Children

Group Of Children	Percentage Of Parents
The Pre-School Group	72.8
The Pre-Pubertal Group	71.4
The Adolescent Group	73.7

n = 40 families

Statistically, there was no significant association between incidence of serious, chronic friction within families and groups of children ($p > .05$). The nature and quality of the friction was different, however, for in the younger families, the parents physically fought, whereas in The Adolescent Group of parents, the friction was expressed at a verbal level.

Among families of the younger children, the friction was directly associated with alcohol abuse. Each of the fathers of the younger children who were diagnosed alcoholics physically assaulted his wife and children when intoxicated. In 64% of the families in which serious friction existed, the children were physically beaten by drinking parents. In these same families, the parents also physically assaulted one another, and in some cases, the husband beat both the wife and the children severely. Only one of the mothers, however, separated from her husband because of this circumstance. Generally, both the wife and the children remained in this environment, at least until the child was old enough that he could run away from home. In the remaining 36% of the families of younger children in which serious family friction existed, the hostility was expressed on a non-physical plane, although the friction was severe and intense. In these cases, the mothers, rather than the fathers, were alcoholics, or neither parent was a diagnosed alcoholic.

Among the families in which serious friction was absent, 60% were one-parent families, and in the remaining 40%, adequate

information regarding family life was unavailable, and the incidence of family friction was not established.

While a high percentage of older parents was known to manifest serious friction in the families, the manner in which it was expressed was less primitive than among the younger parents. This was largely due to the lesser degree of alcoholism among the older fathers. However, within this group of older fathers, those who were alcoholics or excessive dependent drinkers physically assaulted their wives and children also. These, however, composed only 18.2% of the older parents in whose families serious friction prevailed. Among the remainder, the discord was expressed verbally and usually centered around disciplining the children rather than because the parents were incompatible with one another.

Whereas in the younger group of children (and parents) family friction and abuse of alcohol were associated in 82% of the cases, among the older group of parents, these two variables were associated in 44% of the families.

Number Of Marriages Of Parents

Divorce is often symptomatic of personal and inter-personal maladjustment. Table 59 is a frequency distribution reflecting the number of marriages of each parent in the sample in order that an idea of individual differences might be ascertained.

TABLE 59

Frequency Distribution Of Number Of Marriages Of Parents
For Each Group Of Children

Group Of Children & Child's Number	Number Of Marriages	
	Fathers	Mothers
<u>The Pre-School Group</u>		
Child No. 1	U ++	0
2	2	2
3	U	2
4	U	3
5	U	0
6	1	1
7	1	1
9	1	3
11	0	2
12	U	1
14	U	3
<u>The Pre-Pubertal Group</u>		
Child No.17	1	1
18	1	1
19	2	3
20	U	1
21	U	3
22	1	1
26	1	1
<u>The Adolescent Group</u>		
Child No.27	1	1
28	1	1
29	1	1
30	U	1
31	U	3
32	2	3
33	1	1
34	2	2
35	1	1
36	2	2
37	1	2
38	1	1
39	1	1
41	2	1
43	U	0
44	U	1
45	2	1
46	2	1
48	1	1
50	U	2
51	1	1
52	1	1

++ = Unknown

n = 80 parents

Although three of the parents of the younger children had never married, the mean number of known marriages of the fathers was 1.1 marriages. The mean for the mothers was 1.6 marriages. Only one parent of a child in The Adolescent Group was known never to have married, and the reason for this was because the mother had no I. D. Card.

The mean number of marriages for both fathers and mothers of The Adolescent Group of children was 1.3 marriages each.

There was no significant association between number of marriages of parents and groups of children ($p > .05$). In general, however, mothers of both groups married more frequently than the fathers, and the mean number of marriages of the mothers of the young children exceeded those of the older children.

Serious Physical Illness Or Disability

Only two parents of the total number were physically handicapped. One mother was partially blind, having lost one eye in an accident in childhood. Another mother was a polio victim who was confined to a wheel-chair. She was, however, able to drive her car and was quite mobile.

None of the fathers were seriously ill or disabled.

In the interviews which the investigator had with the parents, the following question was asked, "What do you consider your general state of health to be?" The parents were asked to reply on a five-point scale:

Very Good Good "In Between" Good and Poor Poor Very Poor

Fathers

Half of the fathers of the two younger groups of children agreed to be interviewed by the investigator. Of these fathers, 37.5% said their health was "very good". The remaining 62.5% stated that their health was "good". None indicated any degree of poor health.

Sixty-four percent (64%) of the fathers of older children were available to be interviewed. Of these, 7.1% stated that their health was "very good". An additional 64.3% said their health was "good". The remaining 28.6% said their health was "in between poor and good". None were "poor" nor "very poor", as declared by them.

No statistically significant associations occurred between stated health of fathers and groups of children ($p > .05$).

Mothers

The investigator interviewed 81% of the mothers of the younger children. Of this number, only 6.2% stated that their health was "poor". The remaining 93.8% indicated "good" health. None stated that their health was "very poor" nor "in between poor and good".

All of the mothers of the adolescent children were interviewed. "Poor" health was indicated by 25% of these mothers. An additional 4.5% indicated that their health was "in between poor and good", and the remaining 70.5% stated that their health was "good". None were "very poor", "poor" nor "very good" in health.

It is possible that the older mothers expressed a degree of "poor" health because of increased age (menopause) or because of psychosomatic complaints.

were abundant among the parents of the two younger groups of children. Some children received regular, violent physical beatings from fathers or step-fathers. Many children lived together with parents in one room with as many as 4 or 5 people sharing one bed. A large percentage of the children lived in an environment in which one or both parents were almost always intoxicated. A few children were abandoned by parents and left with casual friends, acquaintances, or unknown relatives. Some children witnessed exaggerated immoral practices of parents; this was especially true of the children who lived with parents in a single room. Almost none of the children had lived in any other place and had never lived in a house. The record of one child revealed that the mother, father, children, and maid all slept together in one room, with the three adults sharing one bed.

Many of the children suffered acute hunger, exposure from inadequate clothing, and repeated embarrassment because of being inadequately, or poorly, clothed. Most had experienced the shame and anxiety of being evicted from dilapidated living quarters with no where to go.

One child had been chained by his father. Another child told of being so hungry that she looked for mice to eat.irate teachers, school principals, neighbors, relatives, and other people were a part of every-day life.

Three children were illegitimate. All of the children in the two younger groups except four had been deprived of one or both parents prior to the age of three years.

Parents Of The Adolescent Group

Deviate child-rearing practices were as common among this group of parents as among the younger parents. Some of these children were also severely and regularly physically beaten by intoxicated fathers.

Two children had spent most of their lives in children's homes. Some also had been deserted by parents at an early age.

A large number of the children in this group experienced serious disagreement between their parents as to how the children should, or should not, be disciplined and reared.

One child lived alone with his alcoholic mother in a single room which also served as a brothel.

Two children had highly punitive, rejecting, cruel step-parents who later appeared before the Court on charges of child abuse.

One girl's parents condoned an uncle's incestuous relationship with the child from a very early age.

Another girl lived with her unmarried mother who had had two illegitimate children and who frequently entertained male friends at home. This child, herself, was illegitimate and was aware of the fact. She, too, was pregnant and unmarried.

Another child's mother allowed male youths to occupy her bedroom with her on a "live-in" basis; this same mother also condoned the daughter's use of "hard" drugs.

Two mothers were prostitutes despite the fact that they lived at home with their families.

Approximately one-third of the adolescents had been deprived of one or both parents from an early age. Two of the children knew that they were illegitimate children, and one other child grew up in a home where the parents had never been married, and he was cognizant of the situation. Two other children knew that they were illegitimate children.

More than half of the children were aware of the sexual promiscuity of one or both of their parents over a long period of time.

A large percentage lived in a home in which one or both parents were frequently drunk, thus suffering the deprivations and indignities such a parent could afford an adolescent.

Group Comparisons

While the child-rearing practices of the parents were similar, there was more violence of a physical nature among the younger parents, and the children suffered more physically than the older children. The sufferings and deprivations of the adolescents tended to be more emotional than physical in nature.

Parents' Perception Of Reasons For Child's Removal From Their Care

The parents who were available to be interviewed were asked questions similar to the ones the children were asked in an attempt to ascertain how the parents perceived the causes for their child being removed from their care. They were asked, "What happened (precipitating event) that was 'the last straw'. thus making it necessary for your child to be temporarily taken into care?" and

"Apart from the above (precipitating event), what do you think is the real reason (or cause) which made it impossible for you to care for your child at this time?"

Parents Of The Pre-School and The Pre-Pubertal Groups

Only 11 parents of the younger group answered these questions, three fathers and seven mothers. These 10 parents had 13 children in the Place of Safety. Both parents of four of the children answered the above questions. Table 61 reflects, in one column, the legal reason for the child being taken into care, and, in another column, the reason given by the parents. While it may be true that some of the parents may have misrepresented, or concealed, their honest thinking about these questions, this deception within itself may indicate the parents' conscious or unconscious denial of the actual situation, or their need to enhance their esteem in the eyes of the investigator.

If the child's parents were not available to be interviewed about these causes, the child's study number is omitted in Table 61.

Two of the fathers blamed the mothers for the situation, and one other father blamed the child. Four mothers placed the responsibility for the child's removal on "circumstances" (Fate) over which they implied they had no control; one other mother seemed to blame father's drinking for the trouble; two mothers blamed the child; and two additional mothers gave no reason.

It is an important observation that none of these 10 parents assumed any degree of personal responsibility for the fact that they had not, and could not, rear their children.

TABLE 61

Child's Number, Professional Reasons And Reasons Stated By Parents
Explaining Need For Child To Be Taken Into Temporary Care
The Pre-School Group

Child's Number And Professional Explanation	Child's Number And Parents' Explanation
<p>2. Mother alcoholic and psychopath. Child abandoned by both parents. Two children. Neglected and deserted.</p>	<p>2. Father: Mother drinking too much, and father had no job. Mother: Gave no reason.</p>
<p>3. Parents separated. Father alcoholic; mother psychopath. Father did not support the child. Mother unemployable due to "nerves".</p>	<p>3. Father: - Mother: I left my husband and could not cope at the time on my own or give them what I wanted to. I had no one to help me or the children at all.</p>
<p>6. Father psychopath; did not support family. mother unemployable. Five children extremely neglected. Mother "nervous".</p>	<p>6. Father: - Mother: My husband and I were separated, and I could not support the children, and he wouldn't.</p>
<p>9. Mother alcoholic and psychopath. Father heavy drinker. No fixed home. Parents financially and emotionally unable to care for child. Family destitute. Child neglected.</p>	<p>9. Father: Mother drinks too much and she does not care for her future or the children's future. Mother: Gave no reason.</p>
<p>11. Parents unmarried. Both parents psychopaths. Father does not support family; mother "nervous" and unable to support self and children. Homeless and destitute.</p>	<p>11. Father: - Mother: I had left my husband, and I had no one to help me with the children.</p>
<p>12. Father alcoholic. Parents in process of divorce. Mother destitute and unable to support child. Homeless.</p>	<p>12. Father: - Mother: Father is a heavy drinker and did not work regularly. We separated.</p>

The Pre-Pubertal Group

Three parents, two mothers and one father, of children in The Pre-Pubertal Group were available to answer the questions in regard to their children's need to be taken into care. Table 62 reflects their answers.

TABLE 62

Child's Number, Professional Reasons And Reasons Stated By Parents Explaining Need For Child To Be Taken Into Temporary Care The Pre-Pubertal Group

Child's Number And Professional Explanation	Child's Number And Parents' Explanation
19. Parents divorced. Mother alcoholic and addicted to drugs. Unemployable. Father did not support children. Mother hospitalized. Children left alone.	19. Father: - Mother: I was ill with my nerves and worry (financial) and had no one to care for the children.
22. Parents could not control child and wanted to place him for adoption. Father tied or chained child. Child truant and pre-delinquent. Child in danger of physical harm.	22. Father: The child became uncontrollably disobedient. My children have become too demanding in their need and desire for affection. Mother: My son just could not obey us. We both have to work to make ends meet.

n = 3 parents

The Adolescent Group

Twenty-nine (29) parents of older children answered the questions pertaining to their child's being removed from parental care. There were 7 fathers and 18 mothers who had 22 children in the Place of Safety. (The 7 fathers were married to 7 of the 18 mothers who answered the questions, thus leaving 11 children whose fathers did not reply.)

Table 63 records their answers.

TABLE 63

Child's Number, Professional Reasons And Reasons Stated By Parents
Explaining Need For Child To Be Taken Into Temporary Care
The Adolescent Group

Child's Number And Professional Explanation	Child's Number And Parents' Explanation
<p>27. Truant from school. Pre-delinquent. Parents could not control the child. Father had abandoned family for 5 years in child's earlier life. Mother and father unmarried. Mother alcoholic.</p>	<p>27. Father: He is naughty and disobedient. He keeps bad company. Mother: He is naughty. He keeps bad company.</p>
<p>28. Both parents alcoholics. Child rejected by mother; severely beaten by father. Child ran away from home and refused to return.</p>	<p>28. Father: Mother drinks too much. Child ran away from home. Mother: He ran away from home. He is jealous of the younger children.</p>
<p>31. Child constantly runs away from home. She will not attend school. Child abuses alcohol and drugs. Stays over-night with boy friends. Three children, all behaving the same.</p>	<p>31. Step-father: Continual disobedience and violent displays of temper. Refusal to attend school or work; would not allow me to help her with her problems. The cause is lack of control in early life, thus making for too much freedom, allowing her to do as she pleased due to divorce of parents. Also alcoholic father. Mother: She became uncontrollable at this stage of her life because of a lack of a father...; also because he never cared for her as a child. He never accepted her or her sisters as his own children. The girls are uncontrollable; refuse to complete education; do not want to accept authority.</p>

TABLE 63 (Continued)

Child's Number, Professional Reasons And Reasons Stated By Parents
Explaining Need For Child To Be Taken Into Temporary Care
The Adolescent Group

(Continued)

32. Mother alcoholic and addicted to drugs. Parents divorced. Father's whereabouts unknown. He did not support children. Child had had 2 step-fathers. Mother constantly in and out of rehabilitation centers. Child absent from school because she was looking after the younger children in the absence of both parents.

33. Child frequently drunk, even at school. Smokes dagga. Truants a great deal. Destructive of property. Mother threatened to leave home if father tried to discipline child. Child beyond parental control.

34. Parents divorced. Mother re-married but step-father refused to have the child. Father remained unmarried for many years, and after marriage made a home for 2 siblings of this child, but did not take this child and a sister of hers. Since early childhood, this young girl has lived in an institution.

35. Mother alcoholic. Child repeatedly ran away from home to stay over-night with various boy friends.

32. Father: -

Mother: I went to the hospital because I was ill. I was ill with my nerves and worry and had no one to look after the children.

33. Father: I don't know.

Mother: He is getting very fond of sharp objects such as knives, darts and needles.

34. Father: -

Mother: I have never refused to care for my child. . . . circumstances have always kept me from being in a position to care for her.

35. Father: She ran away. She is naughty.

Mother: She is naughty.

Table 63 continued/...

TABLE 63 (Continued)

Child's Number, Professional Reasons And Reasons Stated By Parents
Explaining Need For Child To Be Taken Into Temporary Care
The Adolescent Group

(Continued)

36. Child defiant of parents, particularly father. She and her younger sister ran away to Johannesburg where they lived in a "hippie" commune, taking drugs, living with boys, and drinking heavily. Refused to return home or to school.

36. Father: They both ran away from home. (The older one) thinks she is old enough to conduct her own life without her parents' supervision. (The younger one) is talked into things... Both are rebels against authority. They want to make their own rules.

Mother: She ran away from school. Both daughters left home on their own accord, but we were lucky they were found and put in a safe place.

37. Child repeatedly ran away from boarding school. She refuses to return. She is uncontrollable at home; bitter towards step-mother. Natural mother alcoholic who deserted family when child was 3 years old. Child remained with father.

37. Father: Child ran away from boarding school. Cannot trust her, and she is a bad influence on the younger children.

Mother: She ran away from school. She cannot be trusted not to run away again. She carries knives and threatens people with them.

38. Both parents alcoholics. Father deceased (two years ago). Mother no longer drinks. Mother accepted employment where she could not keep the child who had to go and live with a married sister and an alcoholic brother-in-law. Child ran away; refused to return. Attempted suicide.

38. Father:

Mother: My husband is deceased, and I had to go to work.

TABLE 63 (Continued)

Child's Number, Professional Reasons And Reasons Stated By Parents
Explaining Need For Child To Be Taken Into Temporary Care
The Adolescent Group

(Continued)

39. Child habitual prostitute. Refused to attend school. Parents cannot control her. Expelled from school because of frequenting docks and her influence on other school girls.

39. Father: We would send her to the married children until the parents are back to normal again.

Mother: The child runs away from home. She was afraid we had found out why she was expelled from school.

41. Parents divorced. Father supports wife and children, but re-married and has no contact with them. Mother has been suspected of possessing and dispensing drugs to juveniles. Boy-friends live with daughters in the home, with mother's approval. Child ran away from home and lived with "hippies" in Johannesburg. Takes drugs, abuses alcohol, lives with boy friends, and refuses to attend school.

41. Father: -

Mother: The child would not attend school and ran away from home and lived with young vagrant friends in Cape Town who are slightly older but not working. She has by law to attend school until December, 1972, but she will not attend. She resents school or being kept away from undesirable friends.

43. Child elder of 2 illegitimate children. Never had a father. Mother works days and evenings to support family. Child has no supervision. She was recently pregnant and left school as a result. Had miscarriage. Mother's own immorality had influence on adolescent.

43. Father: -

Mother: The child won't cooperate. She is immature.

44. Mother psychopath and an adopted child herself who said that children "takes everything"(from parents) and gives nothing back". Child engaged in prostitution. Refused to remain at school. Has been in an institution (children's home) since very young age.

44. Father: -

Mother: The child is uncontrollable. I feel I have given everything to my children. Their father was an alcoholic, and since we divorced, I have not been able to control my children and take care of them.

TABLE 63 (Continued)

Child's Number, Professional Reasons And Reasons Stated By Parents
Explaining Need For Child To Be Taken Into Temporary Care
The Adolescent Group

(Continued)

45. Parents divorced since child was 3. Mother refused to have child live with her and her husband. The father did not re-marry, and the child has had no mother. Father disinterested in child, who ran away seeking his mother. She sent him back to his father. Child refused to return to Cape Town; refused to return to school.

46. Mother alcoholic and prostitute. Parents separated. Father heavy drinker. Frequently beat child. Father arrested for child abuse. Child truant and beyond parental control.

50. Both parents alcoholics. Parents divorced. Mother deserted family. Step-father and mother did not like nor want child. Step-father a heavy drinker. Child ran away.

51. Father psychopath. Mother extremely rejecting of child. Both parents condone sexual relationship between child and paternal uncle. Child prostitute and refuses to attend school.

52. Father schizophrenic for 11 years. Parents divorced since child very young. Mother supports self and child, but child attached to father whom he never sees. Child ran away.

45. Father: Mother had to go to the hospital.

Mother: -

46. Father: Mother drinks too much. She has no control over the child.

50. Step-Father: The child ran away from home. The mother is an alcoholic.

Mother: No reason given.

51. Father: -

Mother: The child frequently runs away from home.

52. Father: -

Mother: He wanted to run away. He refused to go to school, and he did not work.

As with the younger parents, the older parents also tended to blame either their spouses, the child, or "circumstances beyond their control" for the fact that they were unable to care for their children. They seemed to have little insight into the reality problems, and they assumed little personal responsibility for the plight of the children.

In another section of this study, the children's explanations for their circumstances were recorded, and, generally, the children indicated more realism in their appraisal of the situation than the parents. It is not known by the investigator whether the parents consciously, or unconsciously, denied their problems, or whether they simply did not choose to disclose them more candidly.

SECTION E: SYNOPSIS OF RESULTS

Synopsis of Findings And Some Implications

Although the children had many common experiences and characteristics, individual group findings were of major importance, as the latter appear to have had the greatest import in influencing the development and functioning of the children.

In summarizing significant facts resulting from this research, some group characteristics will, firstly, be mentioned. Secondly, some characteristics common to all the children will be discussed.

The Pre-School Group

These children, whose mean age was 2 year, had lived all their young lives in one room with their two siblings, their mothers, and their fathers or step-fathers.

They arrived at the Place of Safety in a shabby, dirty, under-nourished, neglected state. They cried excessively and clung to their cribs or to the adults in their environment.

Psychological testing reflected that this group of children were functioning, intellectually, at a level lower than the children of the other two groups. When associations were made between Intelligence Quotients below 91 and groups of children, The Pre-School Group was associated with low intellectual functioning. Table 64, a table designed for this synopsis, is a percentage distribution of children functioning in each I. Q. range.

TABLE 64

Percentage Distribution Showing
Levels Of Intellectual Functioning
For The Pre-School Group

I. Q. Below 70	I. Q. 71-80	I. Q. 81-90	I. Q. 91-111	I. Q. 111-120	I. Q. 121 Or Above
12.5	12.5	37.4	18.8	18.8	0.0

n = 16 children

The children demonstrated lags in verbal and social skills. As pointed out by Anastasi (1968), both inherited and environmental factors influence one another in terms of the nature and degree of the contribution of each. The intellectual functioning of these children seemed to be greatly influenced by the fact that they had had little opportunity to learn many of these skills. For example, some children could not drink out of a cup, eat with a fork, or remove their coats, but when one considers the fact that perhaps these children may not have possessed cups, forks, or coats, it would, then, not be surprising that they had not successfully learned to manipulate these artifacts of our culture.

Precocious skills related to survival in an environment where the care-taker was frequently unavailable, or where care-taking was limited.

None of the children in The Pre-School Group had had the advantage of attending a nursery school, creche, or kindergarten. Their life experiences had consisted of contacts with their parents and their friends and relatives.

Their fathers and mothers had a mean age of 28 and 26 years, respectively, and had a Std. VII, or less, education.

The fathers were primarily unskilled workers. The mothers were housewives, although some of them worked part-time, mainly, in unskilled jobs. The income of this family, whose mean size was five, was less than R200 per month. They lived in one room in a slum area. About one-quarter of the natural parents were still married, but many did not live together.

The most significant factor about the parents which adversely influenced these children was the combination and interaction of personality dynamics between the two parents, as determined both from case history material and from projective testing. (Discussions with the children also substantiated the information.)

The fathers were characterized by their dependency on others and by their inability to assume adult responsibilities. The mothers were characterized by their psychopathy. If the two mothers who were known prostitutes were included in the group of psychiatrically diagnosed psychopaths, every child in The Pre-Pubertal Group had at least one parent who was a psychopathic personality, usually mother.

The fathers were further characterized by their heavy drinking and chronic instabilities other than psychopathy

or mental illness. (All of the fathers except two abused alcohol, and all were chronically unstable.) It was this dependency and inability to assume responsibility that was of importance among the fathers. As a complement to their own personalities, they were married to psychopathic wives, who, dynamically, exerted too much stress and met too few dependency needs for these men to tolerate. As a result, the fathers deserted their wives and children. The mothers were left with the very young children whom they could neither emotionally nor economically care for, and society had to come to the rescue.

This group of children may be conceptualized as the children of the dependent, irresponsible father and the psychopathic mother. To the children, the significance of this fact lay mainly in two areas of deprivation fostered by the personality characteristics of the parents. One was the poor patterns of parenting, and the other was the perpetuation of the poverty and ignorance into which the children were born.

Because of his own personal inadequacies which had accrued as a result of his own earlier deprivations, these dependent, inadequate fathers had little or nothing, emotionally, to give to their children, for, they, themselves, were too ungratified.

The characteristics of the psychopath are well known. Obviously this mother lacked the personality traits needed for succoring and rearing her children.

The Pre-Pubertal Group

These children had a mean age of 8 years. They had lived either in one room with their parents (or step-parents) and four siblings, or they had lived with their families in small houses shared by two or more other families.

They, too, arrived at the Place of Safety dirty, inadequately clothed, and under-nourished. They were more physically neglected than the other children. Furthermore, they had sustained physical assaults from their fathers.

Intellectually, these children were functioning primarily in the normal range of intelligence. Table 65 is a percentage distribution similar to Table 64.

TABLE 65

Percentage Distribution Showing
Levels Of Intellectual Functioning
For The Pre-Pubertal Group

I. Q. Below 70	I. Q. 71-80	I. Q. 81-90	I. Q. 91-111	I. Q. 111-120	I. Q. 121 Or Above
0.0	30.0	10.0	50.0	0.0	10.0

n = 10 children

In addition to the personal and inter-personal problems stemming from their homes and their low socio-economic backgrounds, these children experienced a great deal of trauma at school. Most of them were frequently absent from school, moved from place to place quite often, lacked school clothing and supplies, and suffered embarrassment at school in regard to themselves, the conduct of their parents, and their home environments.

Despite the group's adequate intelligence, many of the children had already failed or were behind in school because of absenteeism due to illness or other reasons, or because of their emotional problems. Academic success was limited, and the children seemed to derive the greatest satisfaction at school from play with other school children, although school children did not comprise their primary peer groups.

The fathers and mothers had a mean age of 38 and 35 years of age, respectively. Like their younger counterparts, each parent had a Std. VII, or less, education. The fathers were significantly unskilled or semi-skilled workers. The mothers worked outside the home more than the mothers of the younger children, but they were slightly more skilled. However, the type of work engaged in by both parents of these two groups of children was similar.

Parents of this group had more children than the other two groups of parents, but family incomes were significantly lower.

The parents of this group of children were, to a large extent, similar to those of The Pre-School Group, except that the personality characteristics of the parents were in reverse.

All of these fathers were medically diagnosed psychopaths, alcoholics, both alcoholics and dagga smokers, or a combination of all three, providing a clear picture of the anti-social psychopath, who was statistically associated with this group of parents. Incidence of criminality was highest (although not statistically significant) among this group of fathers, and many had been warned by Magistrates regarding their non-payment of debts, non-support of family, immorality, drunkenness, and assaults.

Mothers of the children in this group were characterized by their dependency, their low self-esteem, and their rejection of the children.

The dynamic interaction between these parents appeared to be particularly destructive to these children. The inability of the anti-social psychopath to be closely and constructively involved with others in a mutually gratifying relationship has been frequently documented. They have little, emotionally, to give to anyone, including their spouses. Unfortunately, these men were married to women who were extremely dependent individuals, who were portrayed both in the case history material and the projective tests as being dependent mothers, but with two different "clusters" of personality traits.

One group of mothers was either alcoholic themselves, or were characteristic of the "wives of alcoholics" whose self-worth is so low that they have to gain self-esteem from being married to dependent males who are weaker than themselves and with whom, comparatively, they appear strong and "worthy". Both of these females were, however, extremely dependent individuals. As in the case of the fathers of the younger children, these mothers had been too emotionally deprived themselves to be able to succour others. They were emotionally depleted and had little or nothing to give to their children. However, an additional dynamic is important: these mothers did not want to share with their children what little ability the father had to meet dependency needs. This is one of the reasons these mothers were so rejecting of the children. Since the psychopath is highly rejecting of others, this group of children received the least, emotionally, and were also the most rejected, of any of the children. The very young children probably received at least a pittance of gratification from their psychopathic mothers, for often

even the inadequate can give more liberally than the unwilling. The dependent mothers frequently abandoned their children.

It is, then, not surprising that these children were extremely immature in ego-functioning, angry, and presented themselves as "small, cunning animals" who had to be sly and watchful in order to survive. In the CAT protocols, they portrayed themselves as "starving to death" and in a life-and-death struggle to obtain even a little "feeding". Because they could not obtain it, but had not completely lost hope, they constantly circulated between hope, frustration, anger, shock, hopelessness, and self-denunciation.

The Adolescent Group

The adolescent arrived at the Place of Safety reasonably well dressed and in good health. He was taken into care, not because of physical neglect, but, primarily, because of his delinquent, or pre-delinquent, behaviour.

Their parents were unhappily married and quarrelled a great deal, but they did not physically assault one another. Their environment was conflictual but not as highly threatening as the environment of the younger children who were frequently hit or beaten.

Normal, or above, intelligence was significantly associated with these children. Table 66, especially prepared for this synopsis, shows the percentage of children functioning in each I. Q. range.

TABLE 66

Percentage Distribution Showing
Levels Of Intellectual Functioning
For The Adolescent Group

I. Q. Below 70	I. Q. 71-80	I. Q. 81-90	I. Q. 91-111	I. Q. 111-120	I. Q. 121 Or Above
0.0	7.6	7.6	65.5	11.7	7.6

n = 26 children

The fathers of these children had a mean age of 38 years, and they had a Std. VIII education, or less. The mothers had a mean age of 35 years, and they had a mean education of Std. VII. The fathers were significantly associated with skilled work or ownership of small businesses. The mothers, for the most part, were either full-time housewives, or full-time employees outside the home. A higher percentage of these mothers were semi-skilled than the mothers of the two younger groups of children. Some of these mothers worked in offices rather than in shops or factories.

The parents of the adolescents had maintained their marriages longer, and in greater numbers, than the younger parents.

The families of these children were not as large as the families of the two younger groups of children. The families of adolescents lived in larger houses, moved less frequently, and, generally, had higher incomes (R200 or more per month).

Approximately one-third of the parents of adolescents were medically diagnosed alcoholics. However, in contrast to the younger parents, in only one family were both parents alcoholics. Incidence of drug usage was comparatively low among these parents. Only one father and one mother were psychopaths. However, incidence of psychiatrically diagnosed mental illness was more common among the fathers of adolescents than among younger fathers. A low incidence of crime and a greater degree of stability was also positively associated with this group of parents. In general, the parents of the adolescents provided the most stable environment for their children of any of the three parental groups.

To view more clearly the effects on the children of the dynamic interaction between the parents, the adolescent males will be discussed separately from the adolescent females.

The males in the sample had dependent fathers who exhibited one of three types of personality patterns.

One group of fathers were passive, dependent, withdrawn individuals. A larger number of these fathers had been diagnosed as schizophrenic, depressed, or schizoid personality types. They appeared to be poorly identified adult males, with low self-esteem. They were sober, hard-working men, but relatively uninvolved with their families. In order to improve their own self-esteem,

inter alia, these men married dependent, narcissistic, women. However, these women were angry with males (possibly because their husbands had become passive and withdrawn as a result of their illness). They punished their husbands by being unfaithful to them, and they punished their male children by openly rejecting and depriving them.

Other passive, withdrawn fathers, years earlier, had married less dependent women who quickly abandoned both them and the child.

Both of these sets of parental interaction placed the male child in an unenviable position. Some grew up in the atmosphere of the uninvolved father and the rejecting mother, while other boys were reared solely by their unmarried fathers.

The second dependent father was non-alcoholic, and like the first father, was unaggressive. However, he had married a wife who was dependent, alcoholic, or who, years earlier, had deserted the family.

The third dependent father was an alcoholic or an excessive drinker. He was married either to the alcoholic wife, or the abandoning wife.

In this third circumstance, the boy was severely traumatized by one of two situations. He had two rejecting parents, including a father who was dependent and inconsistent in his relationship with the youth, in a manner somewhat similar to other "drinking" fathers, or else he had no mother at all and was reared by his intemperate, aggressive negative-positive father.

The most significant dynamic influencing all of the male adolescents was the dependency of their fathers. Some fathers were dependent and ungiving; some were dependent, unaggressive, but negative; and others were dependent, but, when drinking, aggressive and negative but passive and solicitous when sober.

Complementary to the dependent fathers were the rejecting, forsaking mothers, for each mother, in her own way, deserted her son -- either through pronounced, overt rejection, through being child-like herself and abhorring the responsibility of any child, but particularly a son, or through physical desertion.

Each situation rendered the male adolescent somewhat

devitalized and emasculated. He received little or no succourance from his narcissistic, dependent, rejecting mother nor from his uninvolved, dependent father. The male youth was deprived of both the acceptance and love of the mother and the strength of the father to guide him in his sexual, occupational, and social-role identifications.

The primary detriment to this child was the negative relationship he had with his same-sex parent.

The adolescent females were differently influenced by the personalities of their parents.

Only two daughters had fathers who suffered from a psychiatric illness, and even in these cases, the father did not become withdrawn and uninvolved with their daughters. None of the girls had alcoholic fathers living in the family. (The alcoholic fathers of girls had abandoned the family when the child was young.) As a group, the fathers of these girls, however, were dependent, passive individuals who were more accepting of the female children than the male children. Some were withdrawn and neither positive nor negative towards the girls, while others were passive, uninvolved, and openly rejecting. From the opposite-sex parent, then, these adolescent girls received either unmistakable rejection, or virtually no emotional involvement --neither positive nor negative.

In fantasy, however, these girls recalled natural fathers as "perfect, magical fathers" who could make all things "good and right" for them.

The mothers of these girls, except for a small minority, were characterized by their dependency. However, their personalities were reflected in four different patterns. Some of the mothers were withdrawn; some were heavy drinkers (or alcoholics) who were aggressive when drinking; some abandoned the girls; and others acted-out sexually or aggressively, or by using alcoholism as a form of acting-out. Most of the girls, however, had sexually acting-out, non-alcoholic mothers.

To the girls, the significance of the personality of the mothers was the disinterest and uninvolvedness of the mothers. The mothers, themselves, seemed to be so dependent that they had little, or nothing, of an emotional nature, to give to their daughters. For the most part, in addition, they were narcissistic and threatened by the attractiveness, youth, and sexuality of their adolescent daughters. Not only did the mothers' acting-out

behaviour serve as an example with which the daughters could identify, but the adolescents' age and physical maturity gave them a weapon (their sexuality) with which to "punish" their uninvolved, dependent, rejecting parents.

Figure 3 depicts the investigator's conceptualization of the personalities of the parents of the three groups of children. It was, seemingly, this variable -- the dynamic interaction of the personalities of the two parents -- that so dramatically influenced the children and created the uniqueness of each of the three groups of children.

FIGURE 3

Depiction Of Personality Types Of Parents
For Each Group Of Children

I. The Pre-School Group

The Abandoning,
Father Who Could
Not Assume
Responsibility

The
Psychopathic
Mother

II. The Pre-Pubertal Group

The
Psychopathic
Father

The Inadequate-
like, Dependent
Mother With Low
Self-Esteem

III. The Adolescent Group

The
Dependent
Uninvolved
Father

The
Dependent
Rejecting
Mother

It is the dependency and the rejection of the parents that is so remarkable.

The Children As A Whole

The presentation of the three groups of children, separately, points out important factors regarding the relationships each of the three groups of children had experienced with their parents and some characterizing events in their past lives.

While it appears that there are some group differences -- and these differences seem to relate to parents -- the children had many common experiences and traits.

Not only had they experienced emotional deprivation and trauma, but to a greater or lesser degree, all had also experienced social, economic, and cultural deprivation. This finding, within itself, is of tremendous import, and carries with it many powerful implications.

At the most primitive level are the physical deprivations imposed by poverty. Food is frequently limited, and often children's diets consist mainly of carbohydrates, tea, and sweets. Clothing is often of poor quality and in insufficient quantity. Items such as top coats, umbrellas, rain coats, hats, and shoes are frequently lacking. Living accommodation is too small, and family members are too crowded. Quarters are inadequately and poorly furnished. Beds are shared; other furniture is frequently "make shift", or absent.

There is little money for transportation, and often families lack medical care because they do not have transportation to get

to the hospital, even if medical treatment is gratis.

Recreation is limited, and the enriching "cultural" advantages available to the children of more affluent families, such as visits to the museum, town, plays, music, books, and the like) are seldom enjoyed by these children. The cheap bioscope is usually the extent of their recreational facilities.

Influences of the low socio-economic environment are not, however, restricted to the discomfort and unfulfillment of daily living. Attitudes towards self and others, quality of language, patterns of communication, development of the ability to cope with (erotic and aggressive) drives on a verbal, symbolic level rather than on a physical, primitive level, and personal values are but a few of the developments seriously influenced by one's socio-cultural background.

Intellectual functioning is also impaired by the negative influences of a deprived social-economic-cultural environment.

If the children in this study had suffered from only one group of deprivations, these alone, would have been sufficient to interfere with adequate functioning in almost every area of their lives. However, when the deprivations are compounded, the results are even more detrimental. From the moment of conception, the combination of these social, cultural, economic, and emotional influences come into operation, for the mother (and father) deprive and traumatize the infant even in utero.

After birth, the deprivations and stress increase. The

combination of these factors influence not only the physical and intellectual development, but also emotional development. From very early life, there is a lack of ego development which interferes with consciousness, awareness of self and others, differentiation of self from others (Erikson's "Who am I?"), reality-testing, development of inner controls, communication skills, use of conscious reasoning, problem-solving, and the development of adequate cognitive skills. The child is, furthermore, curtailed in his ability to cathect to significant objects in his environment, which interferes both now and later, with his inter-personal relationships.

By the time the child has lived in this depriving and traumatizing environment a few years longer, he is markedly lagging in his ability to relate positively to others and has likely developed negative interactional patterns with people in general. Probably, he is fearful of his environment and battling with a great deal of anxiety (the result of a life-long accumulation of fears, lack of care, and stimulation).

This combination of ego immaturity, continuously increasing anxiety, lack of trust in himself and others, and continued neglect by the care-taking figures in his life further interfere with his development and functioning.

Parents who tend to be immature and inadequate, themselves, and whose personality functioning is further handicapped by social class values and influences, are handicapped in their

desire and realization of the need to discipline and adequately socialize their children, particularly at this time in the child's life when the socialization process is critical.

Social-cultural-economic-emotional deprivation and trauma also impede psychomotor, language, and social development as well as other aspects of functioning, e. g., the child is also hampered in his ability to understand and adaptively influence, or control, his environment. He even inadequately explores his environment, constantly failing to learn.

Indications of the deficiencies and handicaps just discussed were graphically demonstrated, even by the children younger than school age. These observations were apparent both on psychological testing and when the investigator watched the children, or communicated verbally and non-verbally with them.

As children continue to live in highly depriving and emotionally painful environments, they become increasingly handicapped. When the time arrives for them to begin to formulate their sexual identifications, if the parents, and the social class influences, are dependent, "empty", and insipid, the child is again deprived. Particularly if the child has a weak, poorly-identified, withdrawn same-sex parent (who also grew up in a similarly unenriched environment and has remained therein), this factor, in combination with his other negative life experiences and circumstances, grossly interferes with the all-important identification processes.

Ego-centricism and narcissism remain primary characteristics of the children. They are "takers" instead of "givers".

By school age, the children are ill-equipped to cope with academic challenges, and they may approach developmental tasks either fearfully and with an attitude of defeat, or with bravado and pseudo-sophistication. In addition, the longer he remains in school, the further he is likely to lag, so that by puberty, he has failed, has lost interest, and probably truants.

The children in this study demonstrated these theoretically-based expectations very clearly.

School involvement lagged. Most of the children were in Standards below their age expectations. The quality of their scholastic performance was poor. On the sentence completion test, in particular, the children indicated few positive attitudes towards school or academic accomplishment. The teacher was not positively perceived, and although the children seemed to enjoy play and social activities at school, they were not really a part of the peer group. Frequently deprived children cannot cathect to peers unless the peers are giving, succouring, or protecting children.

Intellectual functioning tended to be average to low average. The children, as a group, were neither grossly physically nor mentally handicapped. A relatively high percentage (about one-fifth) appeared to be organically brain injured. This, too, is not surprising when one considers such influences as the nutrition of the mother (poor diet and perhaps alcohol and drug abuse)

during pregnancy and the poor pre- and post-natal care both the mother and the infant may have received.

Among the adolescents, who should have acquired a certain amount of maturity, magical thinking, immature thought processes, and almost all of the personality characteristics described as pertaining to the very young child were still very much in evidence. This observation includes every individual child in the study.

The CAT and the TAT, particularly, drew attention to the immaturities, lack of gratification from earliest infancy, inability to master developmental stage tasks, and poor impulse control. Anger towards parents for their deprivations and rejections, and fear of this anger, was a constantly recurring theme throughout the study.

The incomplete sentence test, the human figure drawings, and the wishes further drew attention to the children's excessive need for infantile gratifications, for cultural stimulation, for help in attaining personal achievements, guidance, training, discipline, and an opportunity to expend sexual and aggressive drives in a constructive, rather than a destructive, anti-social channel.

The children indicated a remarkably good understanding of some of the problems at home. In fact, their surpassed their parents in this respect.

Lack of super-ego development was an additional handicap to the children, almost from the youngest to the oldest. It censored inconsistently and inadequately, thus further burdening the ego.

Throughout this study, the children demonstrated the immaturity, exaggerated negative aggression, dependency, fearfulness, poor impulse control, low self-esteem, under-development of intellectual potentials, ego-centricity, ineptness in social relationships, need for excitement and stimulation, generalized anger and hostility, depression and pessimism, expectation of disappointment and suffering, lack of discipline, deep feelings of worthlessness, hypersensitivity to criticism, lack of identity, and the insatiable need to be "given to" which is so frequently associated with the severely socio-culturally and emotionally deprived and traumatized individual.

Timely, appropriate intervention needs to interrupt these pathological processes. Some discussion of this occurs in the Summary which serves as a preface to this dissertation.

It is sincerely hoped that the increased understanding of these children, their parents, their life circumstances and experiences, and the dynamic interaction of these factors will serve to ameliorate, or to some degree avoid, some of the human suffering experienced by the children, the parents, and society when a child is removed from parental care.